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Common Challenges and Type of Support Related to Parental Practices in Early Intervention of Deaf Children

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Abstract

The purpose of this study was to assess *the common challenges and types of support related to parental practices in early intervention of deaf children in Hossana School for the Deaf in South Nation Nationalities and Peoples' region, Ethiopia. This study used qualitative research method to collect data. The study employed interviews, document review and focused group discussion as data gathering instruments. For the study 12 participants were involved. The participants were 3 fathers, 8 mothers and 1 guardian included in the research. The finding revealed that difficulty in recognizing their children's hearing loss i.e. failure to identify it early; traditional mechanisms applied more to identify the occurrence of hearing loss; wrong perception or attitudes about a hearing loss attributed to the change of one's own belief and rejection of the mother, reliance on the medical personnel's view on the improvement of the deafness; medical personnel's difficulty to identify the real occurrence of hearing loss. The sooner a hearing loss detected the sooner that the impact of the deafness can be reduced at source. So, parents as well as persons who are involved in child rearing activities need to concentrate on early identification. Moreover, professionals working in an early intervention programs should give due attention and appropriate evidences to the parents.*

Key words: *Common Challenges, Parental Practices, Early Intervention, Early Detection*

Introduction

According to Stafford (1994) parents are the first to suspect that their child has a hearing problem, but professional may not take these concerns seriously and may job parents off with 'wait' and see advice. Stafford further stated that the sooner a hearing loss is detected, the sooner that the impact of the deafness can be reduced at source. This applies to both mild conductive deafness and more severe sensorineral impairments. If some of the long term consequences of conductive deafness are to be avoided, vigilance and care over treatment must be taken, together with the implementation of appropriate helpful strategies at home and in school.

For the child with a severe sensoneoral hearing loss, the prospect of developing a sophisticated range of social, linguistic and

ISSN: 2455-3220
Volume 02 Issue 07
July- 2016

educational skills are crucially dependent up on early diagnoses. Stafford optimistically noted that, as diagnostic services improve, more babies and infants will have their deafness detected and hearing aids provided within the first year of life.

According to National Center on Hearing Assessment and Management (1995), infants identified with a hearing impairment after having received a diagnostic audiological evaluation should be enrolled (as with their family) in an early intervention program prior to six months of age. Early intervention will facilitate speech and language acquisition, academic achievement, and social and emotional development. The early hearing detection and intervention process begins with universal new born hearing screening all new borne should be screened for a hearing impairment prior to their discharge from the hospital (Kargan & Baydik;2004).

According to National Center on Hearing Assessment and Management (1995), infants identified with a hearing impairment after having received a diagnostic audiological evaluation should be enrolled (as with their family) in an early intervention program prior to six months of age. Early intervention will facilitate speech and language acquisition, academic achievement, and social and emotional development.

In identifying infants with hearing loss and enrolling them in early intervention programs, an early hearing detection and intervention program should encompass these three basic components are newborn hearing screening, audiological diagnosis, and early intervention. It was that universal newborn hearing screening does lead to earlier identification and treatment. When hearing loss is detected beyond the first few months of life, the most critical time for stimulating the auditory pathways to hearing centers of the brain is lost, significantly delaying speech and language development (Elssmann, et.al, 1987). Infants identified with hearing loss can be fit with amplification by as young as 4 weeks of age. With appropriate early intervention, children with hearing loss can be mainstreamed in regular elementary and secondary education classrooms.

Recent research has concluded that children born with a hearing loss who are identified

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July- 2016

and given appropriate intervention before 6 months of age demonstrate significantly better speech and reading comprehension than children identified after 6 months of age (Yoshinago-Italano et al, 1998). Even mild hearing loss can significantly interfere with the reception of spoken language and education performance. Research indicates that children with unilateral hearing loss are ten times as likely to be held back at least one grade compared to children with normal hearing (Bess, 1985; Bess 1998).

Current reports in many developing countries indicate that the detection of hearing impairment is predominately passive parents reporting of suspected impairment following abnormal reactions to acoustic stimuli retarded speech development or complete lack of speech is usually the first sign of potential problem. For many years, the process of detection had been limited by the subjective nature of the available screening methods, such as parental suspicion, destruction tests, play audiometry, and visual reinforcement audiometery (Bola, 2000).

The early identification of children with hearing impairment is an important public health objective of different countries. Currently, many of hearing impairment children are not identified until the second year of life or later despite advances in the technology in available for the early detection of hearing impairment. This delay in identification contrasts with some available statistics from other developed countries where the age of identification has been reduced to less than one year of age.

The consequences of a late diagnosis of hearing impairment are significant delays in spoken language and literacy without appropriate and timely identification and intervention, early childhood hearing impairment interferes with the development of oral/aural communication, impedes academic performance, and results in long-term vocational consequences.

Detection does depend in the first place on suspicion. There are many grounds for suspecting a hearing difficulty. We shall be examining some of the informal signs which should alert adults to the possibility of a child having a hearing impairment, together with the formal assessment which can be made to identify a hearing loss. A helpful distinction is usually drawn between

ISSN: 2455-3220
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July- 2016

processes of identification and diagnosis (Stafford, 1994).

Recent clinical studies indicate that early detection of hearing loss followed with appropriate intervention minimizes the need for extensive habilitation during the school years (Center for Disease Control and Prevention website 2002 and Ross, 2001).

Basic Research Questions

Based on the background information stated above the study is designed to answer the following question:

1. What are the common challenges of parents during the course of development of the hearing impaired child?
2. What is parental and medical personnel's view in detection of hearing loss?
3. What are parental resistances against deafness?
4. What methods are used to identify hearing loss?
5. What are parental perception and consequence of hearing loss?

Research Method

The intention of this study was to collect empirical data specific to common challenges and types of support related to parental practices in early intervention. In order to meet this purpose a qualitative study design was employed to investigate the real condition of parental challenges and practices. The research was conducted in depth discovering of the condition of the parental challenges and practices in the course of hearing impaired children development in early intervention.

Participants

Purposeful sampling was used to select parents of children with hearing impairment to participate in the study. All participants were selected from a school for the deaf in reference to their children's age level. However, the situation insisted us to use the available sample size of the participants which is confined to thirteen. These participants, of which one audiologist, three fathers, eight mothers and guardian (sister) of children with hearing impairment who are preschoolers from the age of 0-6 and age 7-10 were the subjects of the study.

Data gathering instruments

Interview

Prior to the interview session rapport was made with the school director as well as the

audiologist. The audiologist was referred by the director of the school, as he was recognized key person in the K.G program of the school. The objective of the project and the specific tasks that would take place were described to both of them in their respective offices. An appointment was also set so as to proceed with the Focused Group Discussion with the parents of the deaf children. Right after a repeated call, the congregation of the parents was obtained and were introduced the objective of the study. A tape recording was used with the consent of the participants. A report writer was assigned among the data collectors while the other one was chairing the discussion. Audiological audiogram results of each child were reviewed.

Data Collection Procedures

An interview guide was developed to keep the interview format dependable. The guiding questions assisted to make sure that all the participants had similar opportunities to contribute information. This type of interviewing was used to obtain certain types of information. The particular phrasing and order of questions varied according to direction and flow of the interview.

Findings

In order to enhance the strength of the findings of the study, data from each of the source were reviewed. Based on the themes, initial codes were established. Using these codes the data were again reviewed and transcribed into English Language.

Audiological Background Information about Deaf Students

- List of deaf students required for selection of parents was checked in the assistance of the audiologist 0-6 ages; and teacher-representative of lower primary deaf children of age 7-10
- Audiological Results: 0-6

  Of all selected children in preschool (KG1 & KG2) had bilateral profound with sensorinural hearing loss without speech, except one child with better response in the left ear without speech.

  Pure-tone audiogram results: a range of 93-130dB.
- Audio logical Results:7-10

  Of all selected children in the age range 7-10 revealed;

  (a) Severe sensor neural hearing loss on the right ear profound and sensorineural hearing loss on the left ear without speech 2 children:

ISSN: 2455-3220
Volume 02 Issue 07
July- 2016

Pure-tone audiogram results: a range of 79 - 115dB without speech

(b) Bilateral severe sensor neural hearing loss with some speech 1 child:

Pure-tone audiogram results: a range of 81-88dB

(c) Bilateral profound sensorineural hearing loss without speech 3 children:

Pure-tone audiogram results: a range of 116 - 124dB

(d) Bilateral profound sensor neural hearing loss hearing drops more in the high frequency without speech 1 child:

Pure-tone audiogram results: a range of 72 -78dB

Presentation of the Findings from the Interview of Participants

(i) Concerning the early identification of the occurrence of hearing loss,

One of the participants revealed that there seems a type of delay for early identification of the occurrence of hearing loss. One mother (Y7-1) reported that for being a working mother spending her time out of home and this also is related to limited contact status. The mother describing this instance states that *I was not aware for a long time. Whenever I came back home for lunch as well as in the evening, I found her asleep; and awaken later [no reaction]. Lately, as I tried to think of the situation, she seems to understand everything and only produce the sound "eh….eh…". Meanwhile I questioned myself why does not she utter the common sounds --- Ababa…Mamma?*

In the same vein, a mother [A7-7] right after describing the previous ailment conditions occurred prior to the identification they waited starting from his first year up to the third year and six months. She states the situation in such a way that…….*Now he is healthy; an age of 7 months; he became fat! But cannot control himself properly, he can play but still with delay of seating. Non the less, with great [home therapy] putting the child in a box covering the body with blanket to get seated properly and it realized that he stood and moved with his chest stealthily. With all these aspects we remained without notifying the problem for two years. At the age of two year and fifteen days he stood up and started walking. And we perceived that the child had a delayed development and we expect that he could speak, he reached his third year and six month with no speech. ….this instance was out of the awareness of the father; till he brought*

the child to medical personnel and identified the occurrences deafness…..

Seemingly, most parents uncovered their experience that their preliminary difficulty in recognizing their children's hearing loss; exactly when it occurred. Ascertaining such incident, the mothers (M7-5, and Sr.0-5) at the third year; R7-3 at the third year; (T7-2 and Mu0-1) at the 2nd year and three months late; Y7-1- near to the end of her 2nd year; A77, (Mk0-2 and Md0-3) at the eighth month; identified majority of the children with hearing loss at the age of two years and above about their status of their hearing impairment.

The other basic issue that deals with detection of the hearing loss; that is widely reported mechanisms applied more to identify the occurrence of hearing loss were reported by Mk0-2, N7-6, T72, A7-7, Mu0-1 and N7-6 that *producing destructive testing in the surrounding, like belling- putting grain of stones in a tin from the near; clapping hands; calling the child from a hidden place; observing the speech language delay in play situation as compared to similar age groups*.

(ii) Pertaining to the challenges of the parents of children with hearing impairment in the course of the child's early development.

Most parents, particularly mothers (Ts7-4, Mk0-1, Md0-3,and Sr0-5) exposed about their children's emotional characteristics as *hyperactive, aggressive, disagreeable, having poor appetite and destructive behavior.*

(iii) Concerning the experiences of parents related to perception of the occurrence of the hearing loss is described as follows.

A young mother (Mk0-2) reported that the instances related to high consumption in "CHAT CHEWING" during her pregnancy, as well as waiting for better medical assistance during delivery that was staying for about 24 hrs without any knowledge for the severe consequence; rightly having a new born infant with a weight of 1.75 Kg. Both the family and the mother of the deaf child herself also conceived this condition with the wrongdoing while pregnant to have a deaf child. Despite the belief undertaken by both the mother and her families such an experience divulge that the consumption of chat chewing, poor appetite and lack of due attention for the delivery period appear to be a root to the child's hearing loss.

ISSN: 2455-3220
Volume 02 Issue 07
July- 2016

In line with this, one father (Mu0-1) noted traditional beliefs accompanied with unskilled midwifery practices in the rural area; he attributed to the occurrence of his child's hearing loss.

A mother (M7-5) also reported that about the resembling incidence of a hearing loss recognized due to the change of her own religious belief of the family i.e. shifting from Orthodox to Protestant in the family and rejection that is insisting instances as to depart from her locality.

The mother (M7-5) states that *it is related to an heir of my own husband's property, which caused a dispute among the family and the curse of their belief to be as a cause for the hearing loss.*

The mother (R7-3) states that *right after third month he was affected by meningitis.*

The mother (T7-2) as well as (N7-6) state as *the cause is not identified.*

The mother (A7-7) states that *the cause is an accident, the child failed from the back of the caregiver onto his head.*

(iv) Considering to the mechanism of local provision of traditional treatment.

Only one mother (A7-7) indicated about the traditional treatment that applied taking the child to the holly-water and traditional therapist.

(V) Regarding the medical support offered by professional.

Most parents rely on the medical personnel's view on the improvement of the deafness after some year of life and informed to stay that the speech ability to get improved late in life. In such way of dealing with the problem, there seems a failure to understand the severe consequence of hearing loss.

A mother (M7-5) reported that *I took her [the deaf daughter] to Tikur Anbessa Hospital for diagnosis. They told me that she is normal. There were questions forwarded from the medical personnel related to her health condition. And we informed that she had never been ill. After this, they told us that she will develop speech in near future, and advised us for the child to play with hearing peers. Accepting this advice, I enrolled my daughter in the nearby Kindergarten with hearing children; she stayed there for four years. No improvement is observed.*

The other mother (Ts7-4) noted the situation as; after two years follow up for what improvement

ISSN: 2455-3220
Volume 02 Issue 07
July- 2016

will happen upon the development of the child for about two years also stated as *I took the child to the medical center. The medical personnel informed that the condition would be more visible at the age of six to seven and he will develop his speech. We took him back to the hospital at the age of six. And send us back to come at the age of seven. He reached this age. But no change observed.*

A mother (Y7-1) along with description of the health condition that right after three month of a yelling sound of moaning being realized also stated that *I took the child to the hospital. They responded that she reveals delays in language development. She might be able to speak after her 10 years of age*

In the same instance a father (N7-6) he reported that *the child will be able to speak in the near future and as she was four, we have been told to join school.*

One mother (M7-5) as well, reported that the need and application of the necessary assistive device hearing aid was told by the medical personnel able to use right after 10 years old.

In similar comportment a mother (Mk0-2) states that *as an age of four, I took my child to the hospital, the medical personnel looking through the autoscopy of the ear, he said, you need to bring the child after seven years, till then he will be able to speak."*

Medical personnel's appear to reduce the anxiety of the parents, as there is opportunity for the child to learn as any child irrespective of the deafness and precede his/her education with his/her self-same

(vi) Referring to possible intervention support/services, so as to assist the children with hearing loss.

Parental response revealed that medical procedures rendered seem to show certain difficulty about the exact occurrence of the hearing loss. In some respect, some medical institutions seem to entail further investigation on the child so as to provide description about the situation. Hence, there seems medical personnel face difficulty to identify the real occurrence of hearing loss. Eventually, parents roaming around for the cure of their children despite the fact that, the child is really deaf who seeks support and service. Unlike the condition of hearing loss, some encourages the parents stressing on the possible opportunity of curing after a while deals with the placement or enrollment issues it is based on the parents own feelings as well as parental resistance of their children to against special school expecting their

ISSN: 2455-3220
Volume 02 Issue 07
July- 2016

children could speak in the future as he/she joined in the mainstream public regular school. This by virtue is more related to the advices offered by the medical personnel.

Discussion

As stated in the previous section, the main objective of the study was to describe and analyze the common challenges and type of support related to parental practices in early intervention. Hence, the researchers disclosed the situation of the parents of the deaf children, when confronted with the problems in identification and child-rearing practices are notified as follows:

The widely reported mechanisms applied more to identify the occurrence of hearing loss or detection of hearing loss were reported: producing destructive testing in the surrounding, like belling; putting grain of stones in a tin and shaking from the rear; clapping hands; calling the child from a hidden place; observing the speech language delay in play situation as compared to similar age groups. Interestingly, this condition appears to be consistent with the report indicate in Bola (2000), for many years the process of detection had been limited by the subjective nature of the available screening methods, such as, parental suspicion, destruction tests, play audiomertry and visual reinforcement.

Concerning the type of delay for early identification of the occurrence of hearing loss as it is reported that for being a working mother spending her time out of home and this also is related to limited contact status. Seemingly, most parents uncovered their experience that their preliminary difficulty in recognizing their children's hearing loss; exactly when it occurred. Ascertaining such incident, identified majority of the children with hearing loss at the age of two years and above about their status of their hearing impairment. Nevertheless, according to Davis (1989), the early identification of a hearing loss is critical to a child's academic and emotional adjustment particularly in very young children the signs of a hearing loss are lacks of attention or inconsistent attention, lack of vocal interactions or reduced vocal interactions and lack of or reduction in language development. In school-aged children, the signs of a hearing loss are a high degree of frustration with school and with others, low grades or a noticeable drop in grades, or a change in patterns of paying attention.

ISSN: 2455-3220
Volume 02 Issue 07
July- 2016

Furthermore, Davis, noted when a child has a hearing loss during the developmental years, all areas of development can be affected significantly. A hearing loss limits ease of acquisition of interaction with others, the ability to make sense out of the environment, and also acquiring academic skills.

Pertaining to the challenges of the parents of children with hearing impairment in the course of the child's early development, most parents exposed about their children's emotional characteristics as: hyperactive, aggressive, disagreeable, having poor appetite; destructive behavior. In deed such conditions are discussed in various authorities.

With reference to the experiences of parents related to causal factors, as reported that about the resembling incidence of a hearing loss recognized due to the alteration of religious belief departing from the family's belief and rejection causing as to depart from one's locality. On the other hand, though, that requires further investigation what is reported just as 'Chewing Chat" during pregnancy may be a cause for hearing loss.

With regard to the mechanism of local provision of traditional treatment, it still is notified by a participant about the traditional treatment that is practically taking the child to the holly-water; and the existences of traditional therapist as well. This in turn reveals that the applications of traditional remedies appear to stay alive in the contemporary world.

Issues concerning the medical support offered by professional seem to be discernible as most parents rely on the medical personnel's view on the improvement of the deafness after some year of life. Furthermore, parents are informed for a long in order to wait for that the speech ability to get improved. In such way of dealing with the problem, there seems a failure to understand the severe consequence of hearing loss.

Moreover, as it is reported that the need and application of the necessary assistive device i.e. hearing aid was noted to be more appropriate to use it right after 10 years old could devastate the deafness situation an d the timely required services.

In apparently contrary feature, medical personnel appear to reduce the anxiety of the parents, as there is opportunity for the child to get better and learn as any child irrespective of the deafness and precede his/her education with his/her self-same and referring them to the appropriate school for the deaf. However, for

ISSN: 2455-3220
Volume 02 Issue 07
July- 2016

the above detailed descriptions offered by medical personnel, oppose the notion that the earlier hearing impairment can be identified, the earlier the child can be helped (Moores, 1996).

Referring to the possible intervention support/services so as to assist the children with hearing loss, parental response revealed that medical procedures rendered seem to show certain difficulty about the exact occurrence of the hearing loss. In some respect some medical institutions seem to require further investigation to provide description about the situation. There appears medical personnel face difficulty to identify the real occurrence of hearing loss.

However, as Bola (2000), there seems a consistent view as described by parents basic information on hearing loss including how ear works, type of hearing loss, audiogram results, and stimulation hearing loss is not possibly described, particularly, in medical model

Unlike the condition of hearing loss, some encourages the parents stressing on the possible opportunity of curing after a while deals with the placement or enrollment issues it is based on the parents own feelings as well as parental resistance of their children to against special school expecting their children could speak in the future as he/she joined in the mainstream public regular school. This by virtue is more related to the advices offered by the medical personnel.

Conclusion

The main findings of the study revealed that there seemed that difficulty in recognizing their children's hearing loss i.e. failure to identify it early.; traditional mechanisms applied more to identify the occurrence of hearing loss; wrong perception or attitudes about a hearing loss attributed to the change of one's own belief and rejection of the mother, reliance on the medical personnel's view on the improvement of the deafness; medical personnel's difficulty to identify the real occurrence of hearing loss.

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ISSN: 2455-3220
Volume 02 Issue 07
July- 2016

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