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ANALYSIS OF PARENTAL CARE OF HEARING IMPAIRED CHILDREN

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Analysis of Parental Care of Hearing Impaired Children

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Abstract – Cognitive development entails more than maturation of the child's brain. Cognitive development is the product of the child's attempts to understand the family, neighborhood, school and the world at large during the period of rapid brain growth and learning. Hearing loss is linked to a faster cognitive decline and cognitive impairment. The effects of deafness on cognitive development are, therefore, quite diverse and complex due to the multitudinous ways in which families, societies, and cultures, react to and interact with children who are born deaf and hence do not spontaneously learn to talk and comprehend speech. In this paper, an attempt has been made to investigate the attitude of parents of hearing impaired children and parents of normal children towards their children.

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Keywords: Cognitive, Children, Deafness

INTRODUCTION

Hearing is the ability to perceive sound. A person suffering from hearing impairment has difficulty in perceiving or identifying sound clearly due to auditory problems. The impairment may be unilateral or bilateral. Early identification of hearing abilities means an early start for young children who are deaf or hard of hearing and their families. Families with infants identified through a newborn hearing screening program are able to make the most of their babies' first months of life by providing an optimal foundation for cognition, social-emotional language, and development. Researchers have found that when a baby's hearing abilities are identified early and children and families receive excellent intervention services by one year of age, these children can attain language skills near the level of their hearing peers by the time they are five years old (Moeller, 1998; Yoshinaga-Itano, 2006). In fact, the benefits of early identification and early intervention have exceeded many people's expectations and have positively changed the outlook for children who are deaf and hard of hearing and their families.

REVIEW OF LITERATURE:

Hearing impairment simply means - inability of someone to hear as completely and as adequately as normal hearing people. Since those who can hear, hear 24 x 7 x 365, they take hearing for granted. Actually hearing is extremely important. Hearing:

- Keeps people aware of signals and sounds which may ensure our safety and security;
- Constantly provides the people with information about the surroundings;
- Helps people acquire language;
- Gives people pleasure and artistic satisfaction;
- Keeps people linked with each other's.

Hearing loss is assessed across frequencies, measured in Hertz (Hz), and intensity, measured in decibels (dB). Thresholds are reported for classification purposes as a pure-tone average of the better ear across the frequencies within the range of human speech sounds, usually from 250 to 4.000 Hz.

Classification	Degree of Hearing Loss
Mild	$21-45~\mathrm{dB}$
Moderate	46 – 60 dB
Moderately severe	61 – 75 dB
Severe	76 – 90 dB
Profound	> 91dB

The median reading level of the deaf, population does not reach the level required for a person to be considered literate (i.e., the 6th to 8th grade level and beyond). Indeed, the median reading levels of the

deaf student population have not changed much over the past century (Chamberlain and Mayberry, 2000).

DEAFNESS:

Deafness creates a barrier to reading development. However, if the barrier were insurmountable, no deaf students would read proficiently. It is important to remember that these reading statistics are median reading levels. Half of deaf high school students read below the fourth grade level but half also read above this level. In fact, whether sign language can provide the cognitive foundation that spoken language provides for reading development has been a matter of considerable debate for decades. Only recently has the question been investigated in a systematic fashion (Chamberlain and Mayberry, 2000). If sign language development interferes with reading development, then there should be a negative relation between deaf children's sign language skills and reading ability but recent research has found the opposite relation. Recent research shows a positive correlation between sign language skills and reading development.

Some research projects have attempted to describe deaf children's self-esteem by assessing these through teachers' and parents' self-report. Current technological developments and an increasing use of sign language in clinical settings are enabling assessment using sign language by Deaf and hearing professionals with native sign language skills. This situation is increasingly allowing deaf children to report directly on their wellbeing (Fellinger & Holzinger, 2004; Van Gent, 2004; Mejstad, 2004; Byrne, 2001). However, deaf children are still found to be more vulnerable to low self-esteem, as a result of life conditions.

EARLY IDENTIFICATION OF HEARING LOSS:

Significant hearing loss present at birth is one of the most common major disabilities. Early detection can prevent further disabilities in speech, language and cognition in the child's development. It is established that hearing loss, if present, should be detected before the infant is 6 months old. In a developing country like India, simple and practical preventive measures for universal screening need to be developed for this purpose. In majority of the hospitals in India, there is neither a universal neonatal screening nor a high risk screening for hearing, as a routine.

CONCLUSION:

The lack of knowledge about the nature of deaf children makes it difficult for hearing parents to look beyond their own life experiences to understand the deaf child's needs. The acknowledgement of a world where language and life is visually experienced is not part of their lives. Deaf children, in the early stages of their development, have no need to produce oral expression, as it is not a part of their living experience.

REFERENCES:

- Carney, A. E., & Moeller, M. P. (1998).
 Treatment efficacy: Hearing loss in children.
 Journal of Speech, Language and Hearing Research, 41, S61-S84.
- Yoshinaga-Itano, C. (2000). Assessment and intervention with preschool children who are deaf and hard-of-hearing. In J. G. Alpiner, & P. A. McCarthy (Eds.), Rehabilitative audiology: Children and adults (3rd ed.)(pp. 140-155). USA: Lippincott Williams & Williams.
- Mayberry RI, Chamberlain C, Waters G, Doehring D: Reading development in relation to sign language structure and input. Manuscript in preparation, 2000.
- Fellinger, J. & Holzinger, D. (2004). European Society of Mental Health and Deafness Special Interest Group: Deaf children and families. Hamburg, Germany, 2–4 June.
- Van Gent, T. (2004). The relationship of selfesteem to psychopathology in deaf adolescents. European Society of Mental Health and Deafness Special Interest Group: Deaf children and families. Hamburg, Germany, 2–4 June.
- Mejstad, L. (2004). Mental Health and Mental Problems in Deaf and Hard of Hearing Children and Adolescents. European Society of Mental Health and Deafness Special Interest Group: Deaf children and families. Hamburg, Germany, 2–4 June.
- Byrne, A. (2001). Counselling and deaf children: A road to positive mental health.