

**PIVOTAL ROLE OF PARENTS IN DEVELOP LISTENING
SKILLS AND SPOKEN LANGUAGE AMONG
AUDIOMETRICALLY DEAF CHILDREN**

Shahid Ali*

Prof. Dr. Nasir Sulman**

Abstract:

Development of listening skills followed by learning of spoken language spontaneously is an essential pre-requisite to mainstream audiometrically deaf children. Parents play pivotal role to achieve this essential goal. Without full involvement and participation of parents, the latest gadgets (Cochlear Implant, sophisticated digital hearing aids, FM System) and sessions of traditional speech therapy in which therapy is offered to teach imitation with exaggerated movements of articulators cannot mainstream the audiometrically deaf children. Population of the study consisted of audiometrically deaf children, who were using cochlear implants, and their parents. Only those audiometrically deaf children become independent, participating and contributing member of our hearing society who possess spoken language which has been developed on the bases of strong listening skills. Spoken language is the language of hearing society that has been developed and maintained on the bases of listening. So it is obvious that those deaf who possess both (i.e. listening skills and spoken language) can be integrated in the hearing society successfully. Children who are trained through lip-reading with emphasis on visual clues, exaggerated movements, shapes of articulators and less involvement of parents usually could not continue their studies in normal schools with full bloom. Despite of less resource, support group works very effectively to provide awareness, spread out information and empower members about the required services as well as the auditory development skill.

* Research Scholar, Institute of Education & Social Sciences, Hamdard University, Karachi, Pakistan

** Research Supervisor, Institute of Education & Social Sciences, Hamdard University, Karachi, Pakistan

Key words:

Auditory skill: The term audiology refers or relating to the sense of hearing (Having to do with hearing (The Free Dictionary, 2013).

AudiometricallyDeaf: Audiometrically deaf refers a hearing loss more than70dBHL (ACENTA, 2011).

Communication: By any means an individual relates his / her ideas, experiences, feeling and knowledge to another, and it includes writing, sign language, gestures and speech (Nicoosi, Harryman, &Kresheck, 1989)

Development: It is a process of development by which children come to communicate and understand and the language during early childhood (Encyclopedia of children's Health, 2013).

I. INTRODUCTION

1.1 Background of the Study:

Speech & language are the fundamental to personal development throughout life (AminaSiddiqui, 2008) and each of them have a developmental manner, stages and procedures. Hearing impaired individual or children, who are having profound type of sensorinural type of hearing loss, have ability to acquire and positively use their language, speech and listening skills with the help of technological development (e.g. cochlear implant or digital hearing aids), hearing screening of the neonatal and advanced signal processing method of hearing / auditory. (Rhoades, 2006) stated that the contemporary advancement in execution of the Auditory-Verbal Therapy program to intervene and educate the young individual who has hearing loss and Ling (2002) also has reported this technological advancement. An adequate use of hearing technology helps in a better way to progress in the outcomes of language & speech for children with hearing impairment in different method or program of educational approaches. Geers (2005) described it as a "moving target". Although moving target effects does not make to compare the earlier studies with later once appropriately, these challenges have been kept in mind while comparing the available researches.

This study aims to study the current investigation that describes the progress of development in expressive language and receptive language of individuals with the deficiency of hearing, who were trained by the Auditory-Verbal therapy program and parents or caregiver work as a primary facilitator.

Various educational options are available for children who have hearing deficiency. Total communication method, auditory-oral therapy, cued speech method, bicultural/ bilingual program and auditory verbal therapy are approaches used in different educational setups for hearing impaired children. Two languages are focused in bilingual / bicultural educational program (such as sign language & English), in which sign, reading and writing are used to teach English language which is known as a secondary language (Easterbrooks, 2002). Spence & Marschark (2005) described that Total Communication is one of the communication approach in which individuals with hearing impairment use combination of oral, manual, and aural modes in teaching and communication. National Cued Speech Association (2007) stated that cued speech is one of the communication systems which is based on the sense of vision that contains eight hand formations in four distinctive positions which associate with the normal movement of mouth in speech so that sound of the spoken language look different. Moog (2000) revealed that in auditory-oral approach an individual with hearing loss is taught to combine speech reading and other cues with their residual hearing, thus spoken language will be better comprehended and used in the classroom with the group of hearing impaired children (Schwartz, 1996). In Auditory Verbal Therapy Approach listening skills and spoken language are developed through audition and parent works as the child's natural language teacher (Pollack, 1970). Auditory Verbal Therapy is a one-on-one and parent-centered approach in which different application of strategies, procedures, techniques and conditions are used to elevate the ability of spoken language through listening skills (Easterbrooks, 1994; 2005).

It is really difficult to compare the fact and finding of various researches on the outcomes for individual with hearing deficiency in the different educational techniques, in view of the facts that these outcomes in heterogeneous population are influenced by the large number of interaction variables (Eriks-Brophy, 2004). Educational approach, age of identification of

hearing loss, audiological intervention, educational intervention, hearing devices, cognitive ability, communication and etiology may impact on outcomes for individual with hearing deficiency (Pyman, Blamey, Lacey, Clark, & Dowell, 2000; Connor, Heiber, Arts, & Zwolan, 2000; Calderon, 2000; Hammes, Willis, Novak, Edmonson, Rotz, & Thomas, 2002; Fryauf-Bertschy, Tyler, Kelsay, & Woodworth, 1997; Dowell, Dettman, Blamey, Barker, & Clark, 2002; Sarant, Blamey, Dowell, Clark, & Gibson, 2001; Youshinago-Itano, Sedey, Coulter, & Mehl, 1998; Svirsky, Robbins, Kirk, Pisoni, & Miyamoto, 2000).

Different educational methods may have clear and subtle disagreement in technique, service development, therapeutic emphasis, strategy, principles, expectation and assumption (Rhoades, 2006; Goldberg & Flexer, 1993). The aim of all educational intervention programs is to develop sufficient language for hearing impaired children so they will be able to communicate. However, not a single program is suitable for individuals with hearing loss for development of receptive and expressive language (Ling, 2002). Advance development in the hearing technology now enable hearing impaired children to develop possible audition, in result of these changes, emphasize on the auditory Verbal and Auditory Oral approaches, have increased for positive progress of listening skill and spoken language development (Ling, 2002; Dorman, 1999). Although very little amount of evidence for effectiveness exists in any of the available educational approach (Yoshinga-Itana, 2004; Sussman, Duncan, Estabrooks, Hulme, Moog, & MeConkey Robbins, 2004; Gravel & O' Gara, 2003). This condition is also existing in the area of speech, language and audiological research investigation, the outcomes of these discipline have never been specially documented and nor have been objectively evaluated. (Eriks-Brophy, 2004).

1.2 Limitations of the Study:

The study was limited to the audiometrically Deaf children who have been using cochlear implants device.

1.3 Previous Work

In Pakistan, no previous work has been done in this field. This is the first academic attempt.

1.4 Justification/scope:

The focus of the study was to:

1. Teach the audiometrically deaf children's parents on how to develop listening skills.
2. Spread awareness in the masses about management of audiometrically deaf children.
3. Once the concept was popularized, parents would be able to get information about communication development, understand their child's language, range of problem, possibilities for rehabilitation of the child and they would be able to spread the information among other parents.
4. Educate and train the parents of individual with hearing loss that how to make sound meaningful to the child's daily life.
5. Introduce a Support group for parents of audiometrically deaf children.

1.5 Objectives

- To find out the age of device fitting
- To find out the imitation of ling's sounds
- To investigate the parental involvement in the development of child's speech, language and hearing skills
- To evaluate the transformation of listening, speech & language skills in daily life
- To explore the keeping check on parents by therapist for given task

1.6 Limitations of the Study:

The study will be limited to the audiometrically Deaf children, who have been using cochlear implants, and their parents.

II. RESEARCH METHODOLOGY

2.1 Sample of the Study:

Population of the study was consisted of both audiometrically deaf children who were using cochlear implants and their parents. Since the population was not so large, the purposive sampling was used to obtain the samples. The total sample size was thirty participants.

2.2 Procedure of Research:

For finding out the selected problem's solution, procedure was divided into following three phases.

Phase I:

Subjects were selected who had been using or had used gadgets (Cochlear Implant, Hearing aids, etc) for at least 2 years and their level of hearing was screened out. The expected candidates were thoroughly examined and their auditory acuity was evaluated by passing through a standard Audiological assessment protocol. Those subjects fell in audio-metrically deaf category were selected for the study.

Phase II:

The parents of subject were interviewed and their case history was taken. Keeping in mind their age at the time of diagnosis and provision of appropriate devices, and type of intervention program offered to them. Those selected subject who have been using devices for at least 2 year was selected for samples.

Phase III:

Intervention program was designed and arranged for parents so that parental support group was organized and their knowledge was examined.

2.3 Instrument of the study:

The case studies, interviews of the parents and assessment of audiometrically deaf children and questionnaires were filled out by parents.

2.4 Data Collection and Analysis

Data was collected through interview method. If respondent felt any difficulty, the investigator explained it at the spot. After collection of data it was tabulated and result was mentioned through percentage method.

Table 1:Age of Device Fitting

Responses	Frequency	Percentage
0 – 2 years	9	30 %
3 – 6 years	15	50 %
7 - 10 years	5	17 %
11 years & above	1	3 %
Total	30	100%

The greater amount of recipients recorded 3 to 6 years (50 %) the second greater number of recipients recorded 0 to 9 years (30 %) and the rest of the recipients recorded 7 to 10 years (17 %) & 11 years and above (3 %).

Table 2:Imitation of Ling’s Sounds

Responses	Frequency	Percentage
16 feet	30	100 %
17 feet	29	97 %
18 feet	29	97 %
19 feet	29	97 %
20 feet	29	97 %
Total	30	100 %

The table-2 shows that majority of the recipients imitated ling sound from distance of 20 feet (97 %). One respondent imitated the ling sounds from a distance of the 16 feet (3 %).

Table 3:Parental Involvement in the Development of Child’s Speech, Language and Hearing Skills

Responses	Frequency	Percentage
-----------	-----------	------------

Never	1	3%
Usually	14	47%
Always	15	50%
Total	30	100%

The table-3 shows that highest number of participants responses “always” (50 %). The second highest quantity of respondents gave response “usually” (47 %). The rest of the participants responded “never” (3 %).

Table 4: Transformation of Listening, Speech & Language Skills in Daily Life

Responses	Frequency	Percentage
Never	01	3%
Usually	08	27%
Always	21	70%
Total	30	100%

The table-4 shows that the highest number of participants responded “always” (70 %). The second highest number of participants responded “usually” (27 %). The rest of the participants responded “never” (3 %).

Table 5: Keeping Check on Parents by Therapist for Given Task

Responses	Frequency	Percentage
Never	03	10%
Usually	09	30%
Always	18	60%
Total	30	100%

The table-5 shows that the highest number of participants responded “always” (60 %). The second highest number of participants responded “usually” (30 %). The rest of the participants responded “never” (10 %).

III. CONCLUSION

It is true, learning through listening is a team effort that provokes and develops the child’s unique personality. Although each member of this team has a significant part, parents play key role in providing their children an integrated environment of listening skills and spoken language.

Many factors involve in the development of individual with hearing loss, parental knowledge and awareness of the special needs are the fundamental components that directly affects on the communication development. Principal aim of this present study was to describe the parent’s role in the development of listening skills and spoken language. Similarly significance of latest gadget (cochlear implants, diagnostic age, device fitting age, device fitting ear, auditory response on ling sounds, aided response audiometry, type of school, support group, facing difficulty by parents about non speech therapy tasks and receiving complaints from school also investigated in this study.

A questionnaire was prepared to record the parental information as well as aided response audiometry was conducted for individuals who were using cochlear implants purposive sampling technique was used for selecting samples.

The results described that majority of cochlear implant user, who were between 3 to 6 years of age and implanted in the right ear, were diagnosed between the age of 6 to 11 months and they have responded between 30 dB to 40 dB on all pure tone frequencies (250Hz, 500Hz, 1000Hz, 2000Hz, & 4000Hz). It has also investigated that majority of parents had never contacted to other parents, who has the same problem child, and had never been a member of any support group. Epstein (1996) and Hoover-Dempsey & Sandler (1997) have broadly defined the term “parental involvement”, likewise this study also state that full involvement of parents can develop spoken language and listening skills spontaneously.

ACKNOWLEDGEMENT

I would first like to thank my research supervisor Prof. DrNasirSulman who guided me throughout the research process. His recommendations and instructions have enabled me to assemble and finish the dissertation effectively. I would also like to thank Lt. Commander (R) Dr. Munir Ahmed and Dr. Mariam Syeda, who throughout my educational career have supported and encouraged me to believe in my abilities. They have directed me through various situations, allowing me to reach this accomplishment. I would also like to thank Aqeel Ur Rehman and Sumera Azam for their help, encouragement and support. Finally, my family has supported and helped me along the course of this dissertation by giving encouragement and providing the moral and emotional support I needed to complete my thesis. To them, I am eternally grateful.

References:**Books:**

- [1] Christiansen, B. J., & Leigh, W. I. (2002). *Cochlear Implants in Children: Ethics and choices*. Washington, D. C: Gallaudet University Press.
- [2] Dalebout S. (2009). *The Praeger Guide to Hearing and Hearing Loss: Assessment, Treatment, and Prevention*. London: Greenwood Publisher.
- [3] Diefendorf, A. O., (2002). *Detection and Assessment of Hearing Loss in Infants and Children in Katz: Handbook of Clinical Audiology*, Baltimore: Lippincott Williams

Journals Papers:

- [4] Yoshinaga-Itano. C. (2004). Level of evidence: Universal Newborn Hearing Screeing (UNHS) and Early Hearing Detection and Intervention Systems (EHDI). *Journal of communication Disorders*, 37(5), 451-465.
- [5] Eriks-Brophy, A. (2004). Outcomes of AVT: A review of evidence and a call for action. *The Volta Review*, 104(1), 21-35.
- [6] Caldern, R. (2011). Parental involvement in deaf children's education programs as a predictor of child's language, early reading, and socio-emotional development: *Journal of Deaf Studies and Deaf Education*, 5, 2; 140-155.