

PARENTAL ATTITUDES TOWARDS CHILDREN WITH HEARING IMPAIRMENT

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ABSTRACT

The present study was undertaken to investigate the attitudes of parents towards their hearing impaired children. The sample comprised of 60 parents (30 fathers and 30 mothers) of 0-12 year old hearing impaired children, in and around Mumbai, India. "Parental Attitudes Scale" a self-assessment tool was specially developed for the purpose of the study. The scale has a reliability of .67, consisting of 33 statements. Results indicate that there is significant difference between the fathers and mothers' attitudes with the fathers exhibiting more favourable attitudes towards male children. The findings of the study indicate the importance of counselling focused specifically towards developing healthy parental attitudes which would in turn result in acceptance of the child's disability and facilitate therapeutic progress.

INTRODUCTION

There are 21.54 million children with hearing impairment in India, caused by inadequate healthcare or ear care. Of this number, it is estimated that 8.15 million are school children (1).

For a parent who has practically no knowledge about deafness and has a child stigmatised as "deaf and dumb", this can be a shattering experience particularly as it so often happens, "the cause is unknown." The first reactions are usually panic, guilt, blame and despair. They strive to understand the disability and its implication. They struggle to cope with their own emotions and the reaction of others. Their attitudes towards their child change, resulting in changes in responses towards the child.

These attitudinal changes in turn may have an adverse effect on the child. For hearing parents, it is a very difficult task to accept the disability. Once they come to know about the diagnosis of deafness, they are shocked and traumatised. Parents may start developing

negative attitudes towards the child after the diagnosis, which may not have been present prior to the diagnosis. Their behaviour patterns too, might change.

Dharitri and Vinoda (2) studied behaviour problems in hearing impaired children and parental attitudes. They studied three groups consisting of hearing impaired children attending special school, hearing-impaired children attending regular school and children without impairment. They concluded that hearing impaired children showed more behaviour problems. Some of the behavioural problems increased with age. Mothers of the hearing impaired children showed some favourable attitudes and some negative attitudes.

Umadevi and Venkatramaiah (3) studied attitudes and aspiration of parents towards their deaf children. Family interactions were found to be good in a majority of cases. Parents had higher aspirations for their deaf children and a majority wanted their children to be settled in jobs and to lead an independent life. Charanjeev (4) reports that parents felt that their acceptance would enable the child to be better adjusted, feel confident and secure and get along well with everyone.

The parents of newly diagnosed hearing-impaired children may experience guilt, which is manifested in several ways (5). The period immediately following the diagnosis was found to be particularly stressful for parents. Mourning “the lost normal child” leads to shock, recognition, denial, acknowledgment and constructive action (6). Parents can look at the positive aspects of their child’s in the family. The child can create opportunities for family bonding and growth for each individual member (7).

METHOD

The present study attempted to assess the attitudes of parents of hearing impaired children, just after the diagnosis of the impairment.

The sample comprised of 60 parents, 30 fathers and 30 mothers of hearing impaired children attending speech-language therapy, who fulfilled the following criteria:

- i. Spouse should be alive, ii. neither parent of the child should be a step parent, iii. the child should have congenital or acquired hearing loss before the acquisition of speech and language, iv. child should have average intelligence, v. child should have stayed with parents since

birth, vi. child should not have any associated problem, vii. child's siblings should be free from any serious impairments, viii. the child should be in the age range of 0-12 years.

A 35 item questionnaire was developed in English and was given to 3 judges with 15 years or more of experience in the field of speech and hearing. Necessary changes suggested by the judges were incorporated in drawing up a final version of the questionnaire with 33 items. Secondly, the associated set of instructions were framed. The questionnaire was also translated in the local language. Reliability exercise was carried out for the questionnaire. Guttman split-half reliability is .6651 and unequal-length Spearman Brown' reliability is .67 which indicates questionnaire is reliable for research purpose.

Parents were oriented about the purpose and confidentiality of the study before administering the questionnaire and consent was obtained. Parents were individually administered the questionnaire according to their preferred language. Identification data were collected about age, sex, education, occupation, and income.

The direction of the statement determined the response i.e., "Yes" or "No". Based on the directionality of the statement, 22 'Yes' items secured a score of one and 11 'No' items secured a score of one. Total maximum score obtainable was 33. Higher the score, the more positive/favourable the attitude, and lower the score the more unfavourable the attitude.

RESULTS AND DISCUSSION

The data collected from the sample were subjected to statistical analysis. The sample of the study comprised of 60 parents, 30 fathers with a mean age of 33.43 years and 30 mothers with a mean age of 28.9 years. Kolmogorov-Smirnow goodness of fit test indicates that the scores are normally distributed at p-value .247. On the parental attitudes scale a minimum score of 17 and maximum score of 31 was obtained with a mean score of 25.45 and standard deviation of 3.35.

As table 1 indicates, mean score of fathers at 26.2, is higher than that of mothers (24.7). It can be inferred that fathers exhibit more favourable attitudes towards children with hearing impairment in comparison with mothers. It is further established that the difference in means between attitudes of mothers and fathers is significant at $p < .05$.

Table 1. Attitudes of fathers and mothers

Parents	Mean	SD	t-value
Father	26.2	3.25	1.77
Mother	24.7	3.32	

This finding could be attributed to the mother's expectation of an ideal child, and may also be a reflection of the mother's mourning for the lost "ideal" child. Another could be that since child care in the Indian context almost exclusively rests on mothers, the intensive contact could in fact be leading to maternal burn-out or fatigue, and this could in turn probably lead to unfavourable attitudes towards the child. Another reason is that, the average Indian mother is more emotionally dependent on her child as compared to the father and her disappointment with a disabled child may be more.

Table 2 shows the mean score of parental attitudes for male children is 26.16 and for female children is 23.95, which suggests that parents exhibit more favourable attitudes towards male children in comparison to female children. However, the obtained t-value 2.44 is not statistically significant.

Table 2. Parental attitudes towards male and female children

Child	Mean	SD	t-value
Male (n=36)	26.16	3.04	2.44
Female (n=24)	23.95	3.96	

As table 3 shows mean scores for male children is higher than that for female children, that is, fathers exhibit more favourable attitudes towards male children in comparison with female children. The obtained t-value is statistically significant at $p < .05$ level. This differential preference may well be a reflection of the cultural bias favouring male children.

Table 3. Fathers' attitudes towards male and female children

Child	Mean	SD	t-value
Male n=17	27.33	2.48	2.11
Female n=13	24.84	3.71	

Table 4 depicts the attitudes of mothers towards their male and female hearing impaired children. The mean score of mothers towards male children is somewhat higher than the mean score of female children. The obtained t-value is not significant at $p < .05$. This finding is partially in consonance with the unusual finding of Kurian (8), who reported no significant difference between parents of boys and girls and further supports the cultural preference for the male child.

Table 4. Attitudes of mothers towards male and female children

Child	Mean	SD	t-value
Male n=19	25.31	3.18	1.35
Female n=11	23.63	3.43	

An analysis of birth order with reference to parental attitudes suggest that there is a negative but low ($r = -.23$) correlation. First born children enjoy more favourable parental attitudes in comparison to those born later. The result indicates this relationship at $P = .035$. The difference in attitudes may be attributed to the expectations and excitement of parents with regard to the birth of the first child and is probably not paralleled again.

Analysis of variance was applied to analyse the difference in parental attitudes for three different education levels. Table 5 indicates that there is a significant difference among the different educational levels at $p < .05$. It may be inferred that as the education level of parents increases, the attitudes towards their children with hearing impairment becomes more favourable.

Table 5. Education levels of parents and parental attitudes

Educational level	Number	Mean
Below Class 10	27	24.29
Class 10-12	20	26.15
Graduates and above	13	26.76

The difference between attitudes of parents with lower educational level and those of graduate parents and higher educational qualifications is significant at $p < .05$. Similar trend is reported by Kurian (8) who reports a significant difference in parental attitudes between the lowest and higher socio-economics groups. One possible reason could be that more educated people are more likely to be able to acquire greater levels of information about disability, rehabilitation measures and resources, and can access the latest medical and rehabilitation help available.

CONCLUSION

The conclusions of the study are: 1) fathers exhibit more favourable attitudes in comparison to mothers 2) fathers and mothers exhibit more favourable attitudes towards their hearing impaired sons than towards their daughters. However, this attitudinal bias is statistically significant in case of fathers, but not so with mothers. As education levels improve, parental attitudes also become more favourable.

Since parental attitudes play an important role in the rehabilitation of any disabled child, it may be desirable to include the "Parental Attitude Scale" as a screening tool along with other audiological, speech and psychological assessment. The scale could help in understanding parental attitudes and feelings about their hearing impaired children and serve as a guideline for counseling parents to bring about the attitudinal changes for more effective rehabilitation.

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