A Study of Certain Selected Variables (Family Environment and Social Adjustment) Related to Hearing Impaired Children

Rajni Dhingra, Sarika Manhas and Neetu Sethi
Department of Home Science, University of Jammu, Jammu 180 006, Jammu & Kashmir, India


ABSTRACT The present study was conducted to assess certain selected variables (family environment and social adjustment) related to hearing impaired children. It further aimed to provide them intervention in need-based areas. The sample for the study comprised of 15 hearing impaired children in the age group of 10-17 years, their parents, siblings and teachers. The entire core sample was selected by random sampling procedure from J&K Samaj Kalyan Kendra, the only institution for hearing impaired children in Jammu (J&K). Tools used for data collection included Family Environment Scale (Bhatia and Chadha 1993) and Social Adjustment Inventory (Deva 1982) along with interviews and participant observations. Results reveal that the disability of majority of the sample was detected late as a consequence of which the speech of these children was affected. Most of the parents were found to provide supportive environment to the hearing impaired children and exhibited adaptability in adjusting to the special needs of their impaired children. The parents also reported incidences of negative social response. Almost all the families scored average on most of the dimensions of Family Environment Scale such as Cohesion, Organization, Active recreation orientation etc, except for the dimension of Independence where majority of families scored low. The results further revealed that on the basis of Social Adjustment Inventory 54% of the children were found to be moderately adjusted followed by 33% and 13% who were negatively adjusted and adjusted respectively. A one-day intervention programme was also organized for the parents of hearing-impaired children in an attempt to provide them expert advice and support.

INTRODUCTION

Modern life places a variety of stresses on the institution of family that constantly challenge its survival and its adaptive mechanism. An impaired child’s presence in a family necessitates adjustment and accommodation on the part of all its members. The parents are hit the hardest and must use internal and external resources not only to meet the special needs of the child, but also to handle their other normal children. Parents do not exist in an emotional vacuum and several pre-existing factors shape their attitude towards disability and task of rearing a handicapped child. The attitudes of their other children, their own parents and extended kin may be important determinants of their behavior (Walker 1989). Most parents are unskilled in recognizing the handicappedness of the child and further, once the child is identified, the society looks upon the child with discomfort. Parents thus often have to face the burden of being “subnormal parents” and stigmatized social interaction thus become a source of stress (Collins, 1986).

Familial attitudes towards a disabled child play a vital role in perceiving the child’s own self. Since all of child’s experiences at home during early years of life contribute to the knowledge of himself, parents need to realize the importance of their role in shaping their impaired child’s personality. The importance of involving parents in the care of hearing impaired children began to be recognized in the west only in 1950’s. In the Indian subcontinent the needs of this group of special children is still by and large overlooked. While in the developed nations of the world, stringent public laws encourage family involvement by specifying the role of the family members in formulating, planning and evaluating services to children with handicapping disabilities (Michel et al. 1990) but none of these are available to the children in this part of the globe.

Researches in the past have shown that the needs and demands of hearing impaired children vary from those of their normal counterparts. The child’s potential for development in terms of social, linguistic areas and in other aspects of achievement is mainly dependent on communication and social interaction. Communication
fosters social relationships and emotional adjustment, but for a child with severe hearing loss, these channels are blocked, sometimes resulting in social maladjustment. Meadows (1980) reviewed literature on social and psychological development of hearing-impaired children and reported that these children appear to be less socially mature than hearing children. Delayed language acquisition may lead to more limited opportunities for social interaction (Myklebust, 1960; Schlesinger, 1978; Cole, 1987; Aruna and Ramana, 1996). In order to necessitate child’s adjustment in society, the family of an impaired child plays a crucial role. Once the disability is detected, the entire fabric of the family undergoes change. In this situation of crisis and stress, the family requires support and assistance for care of these children. Need of good family support for impaired children is also highlighted by various researches (Hadadian, 1995; Jangire and Mukhopadhyay, 1988; Padmaja, 1982). Keeping this as a background, the present research was intended to study the critical components of family environment and social adjustment of hearing-impaired children. Since, little empirical data is especially available from this part of the globe regarding the family environment provided to hearing impaired children in the specific context chosen for study, the present study aimed to fill this lacunae by providing information about the various aspects of family environment. Further, data about social adjustment was gathered in order to relate family environment and social adjustment of the sample group.

METHODS AND MATERIALS

The sample for the study consisted of 15 hearing impaired adolescents between the age group of 10-17 years. These children formed the core group and apart from them, their parents and teachers were also included within the purview of the present study. This was done in order to view the social adjustment of hearing impaired children in larger perspective. The entire core sample was derived from an institution namely Jammu and Kashmir (J&K) Samaj Kalyan Kendra (the only school for hearing impaired in Jammu district) through random sampling (lottery method) technique. The major tools used for the study were- Family Environment Scale developed by Bhatia and Chadha (1993), Social Adjustment Inventory (Deva, 1982), Interview guide and Participant Observation. The Family Environment Scale was used mainly to assess the family environment. The respondents were parents. The eight dimensions of the scale were as follows: Cohesion, Expressiveness, Conflict, Acceptance and Caring, Active recreation orientation, Independence, Organization, Control. Social Adjustment Inventory was used to check the social adjustment of hearing impaired children. The respondents were children. Supplementary interviews were conducted with the parents and teachers for gathering information regarding developmental history, medical profile of their children and communication patterns exhibited by the sample children. Participant observation was also used as a method to gather information about their social interaction at school and at home and for the purpose of triangulation. Both qualitative and quantitative measures were used for the analysis of data. Percentages were calculated for quantitative data and content analysis was undertaken for qualitative data.

RESULTS AND DISCUSSION

For all the sample children, the problem of hearing impairment was diagnosed after birth even though there were two sisters in the sample group who had congenital basis for impairment. The mean age of detection of hearing impairment for the sample group was found to be 2.5 years. Due to the late detection of their impairedness the speech of majority of sample children was affected. Majority of children had partial hearing loss in one ear and total loss in another. All the families consulted various specialists regarding their child’s disability, some of them even consulted specialist outside the state while other consulted specialists available in Jammu City. Results indicate that impairment in hearing had little or no influence on other developmental milestones during the early years of life.

Family Environment

Majority of families obtained average score on the various dimensions of the FES (refer Table 1). 93% of families scored average on the dimension of cohesion except for one family, which scored low on cohesion.86.6% of families scored average on expressiveness and 13.3% scored high on this dimension where as not even a single family scored low on expressiveness.
Again, most of the families (73.3%) scored average on the dimension of conflict, 13.3% scored low and 13.3% scored high on this dimension. Similar results were obtained for the dimensions of active recreational orientation and acceptance & caring where majority of the families (73.3%) scored average, 13.3% scored high and 13.3% scored low respectively. These results reveal that families, which provide more acceptance and caring to its children, were also providing more opportunities for active recreation at home. Independence was observed low in majority of families (66.6%), 20% of families scored average and 13.3% scored high on the dimension of independence. This result shows the authoritative status enjoyed by parents in most of the families. Also, most of the families (73.3%) scored average on the dimension of organization, 20% scored low and only 6.6% scored high on organization. On the dimension of control 60% of families scored average, 26.6% scored high and only 13.3% of families scored low. Thus, on an average the scores on family environment Scale revealed that the sample families seemed to have an average degree of Cohesion, Expressiveness, acceptance and Caring, conflict, organization etc.

Interviews with parents revealed that all the parents had mastered sign (gestures) skills for communicating with their impaired children. Similar results were found in a study by Naglieri and Jack (1992) where they found that 73% of sample parents had learned some sign language for communicating with their children. All the families paid extra attention to the needs of hearing impaired and mastered sign language and sign (gestures) skills for communicating with their impaired child. Parents were found to be more sensitive towards their impaired children as compared to their other children. In order to adjust to the special needs of one of the members, the entire family appeared to have undergone the process of learning the skills required, thereby showing the adaptability of the family unit. All the siblings and peers interacted with hearing impaired child through sign language and lip reading and they also seemed to have mastered these skills. Sibling rivalry was rarely reported among sample group, which was similar with the findings of study conducted by Padmaja (1982).

Most of the sample’s relatives and neighbors had sympathetic attitude towards hearing impaired child but at the same time they used unofficial labels (typical ways of referring) for these children. All the parents faced problems of negative social response towards their wards. The finding was consistent with the results obtained in the study by Kapoor and Dhyinga (1990) and Pandaya (1975) who found that society viewed these children as a burden and did not have very positive attitude towards them. All the parents highlighted the need for sensitization programmes related to the needs of the special children for the members of the society. These needs were also highlighted in studies conducted by Kapoor and Dhyinga (1990) and Hadadian (1995). Kiger (1995) conducted a study and found similar results that the general public had stereotypical reaction, including the use of specific nomenclature for these children.

### Social Adjustment

Most of the children easily adapted to the new situations and were found to be well adjusted on the basis of observations. Scores revealed (Table 2) that majority of the sample children were found to be adjusted (53.3% moderately adjusted and 13.3% adjusted), where as some were negatively adjusted (33%).

The Social Adjustment Inventory scores revealed that about half of the sample children (53.3%) were moderately adjusted indicating that...
they had learned the ways of adjusting in their given social context and they had learned the means and ways of being part of the social group. Most of the children did not report facing any major social adjustment problem owing to their hearing impairedness. This is probably because these children had ample support from the family members (as revealed through FES) and also from the school, where they were studying. These children seemed to have developed for their own selves, personal adjustment mechanisms, which is evident from the fact that none of the sample children reported incidences of negative self-concept. Very few sample children were found to score high on Social Adjustment Inventory probably because of the minor limitations imposed on them by their impairedness, whereby it becomes difficult for such children to communicate with others. The limitation could also be because of the communication barrier owing to the other person’s inability to understand the sign language or their inhibition to communicate with hearing impaired person. This point gathers conviction due to the reported data where in it was stated that hearing impaired person had lesser communication problems with acquaintances as compared to the strangers. Also, 33% of sample children were found to be negatively adjusted probably owing to certain other factors probably genetic factors and personality type.

**INTERVENTION**

In an attempt to listen to and provide an expert advice for the problems faced by the families of hearing impaired children, one-day intervention programme was organized. A meeting of parents of hearing impaired children studying in a special school for “the hearing and speech impaired” run by Jammu and Kashmir Samaj Kalyan Kendra was organized in the school premises. A team of experts was called which included a Counsellor, Speech therapist, Principal of J&K Samaj Kalyan Kendra, Human Development Expert and the Investigators. An open house discussion was held, parents were motivated to come out with their problems so that they could seek expert suggestions so as to find a solution for the same. Various issues discussed during the course of intervention were

- Managing special children at home.
- Importance of conducive family environment especially for impaired children.
- Various types of hearing aids available in the market and their usage
- Importance of speech therapy for hearing impaired children.
- Dealing with the problem of negative social context.

An effort was made to form a support group of the parents so that they could discuss various issues related to their children and seek collective redressal of their problems.

**CONCLUSION**

On the basis of results presented above, it could be concluded that, all the sample families were found to be providing supportive environment at home. Majority of the families scored average on various dimensions of Family Environment Scale for e.g. Cohesion, Expressiveness, Organization etc. but at the same time the degree of independence provided to the hearing impaired children was found low. The interview data revealed that parents wanted their impaired children to be self dependent but because of their child’s impairedness they felt that they were bound to restrict their impaired child’s activities such as going to market place all alone, visiting friend’s house etc. Parents exhibited more possessive behavior towards the special needs of their impaired child thereby providing lesser independence to their wards. Data further revealed that almost all the families showed flexibility in adjusting to the needs of hearing impaired children, since most of the members acquired special skills in order to meet the special needs of their impaired child. This flexibility was exhibited not only in terms of communication but also for the support provided to the impaired child on various activities such as putting a defense against negative social context or boosting up child’s confidence. Majority of families complained against the usage of negative social remarks and unofficial labels towards their impaired children.

Despite having supportive family environment, one third (33%) of the sample children were found to be negatively adjusted on Social

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Table 2: Scores on social adjustment inventory
A STUDY OF CERTAIN SELECTED VARIABLES

Adjustment Inventory probably owing to certain other factors which need to be investigated further. However, 53% and 13.3% of sample children were found to moderately adjusted and adjusted respectively. Thus the good adjustment pattern exhibited by hearing impaired children can be attributed to good support system available to these children at home. Further, an Intervention Programme was conducted for the parents of these children in an attempt to provide them with expert advice and support.

REFERENCES


