

Factors Impacting The Quality of Life of Children With Hearing Loss: A Literary Review



Social Science

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ABSTRACT

Research indicates that children with hearing loss can have marked difficulties. These difficulties that influence the quality of life need to be reviewed to reform interventions. A systematic search of key databases and specialized journals identified 25 papers that investigated the factors that affect the quality of life of the children with hearing loss. The main factors investigated were the children's communication competency, age, and level of mainstreaming, which overall were positively associated with peer interactions. Some studies also found that females were more likely to have positive social interactions. A wide range of factors were associated with social interactions between deaf and hearing children. The role of communication gained the highest consensus across studies. Other factors were involved in more complex interactions. Insight into the factors enable to bring into focus of developing competence in children with hearing loss to have positive physical, emotional and social experiences apart from skill attainment and developmental gains and henceforth, enhancing their overall quality of life.

INTRODUCTION

It is well recognized that hearing is critical to speech and language development, communication, and learning. The earlier the hearing loss occurs in a child's life, the more serious the effects on the child's development. Similarly, the earlier the problem is identified

The children with hearing loss need to be capacitated with not only skills in listening, use of hearing aids, speech and language skills but also need to be capacitated to endure the fullest Quality of life.

The concept of World Health Organization (WHO) Quality of Life Group on health, that quality of life is concerned with the individual's perception of their position in life in the context of the cultural and value systems in which they live, and in relation to personal goals, expectation, standards and concerns above mere absence of the disease.

Allan cover (2008) rightly pointed out that some impairments influence some domains of Quality of life. A clear insight into the experiences of the children with hearing loss and their quality of life comes through the understanding the functional impediments, losses and difficulties imposed by the hearing loss.

FACTORS SHOWN IN THE STUDIES TO HAVE INFLUENCE ON THE QUALITY OF LIFE

2.1 Overall development and adjustment

Hintermair (2010) in his study to assess the psychometric properties of the Inventory of Life - Quality of Children and Youth (ILC) could measure Quality of life of mainstreamed children with hearing impairment found that Quality of life of mainstreamed hearing-impaired children is not much impaired as compared to that of with children with good hearing but the quality of life was significantly associated with factors such as communicative competence, intelligence, academic achievements, and participation.

Amy M. et. al. (2011) using their newly developed tool The HEAR-QL: Quality of Life Questionnaire for Children with Hearing Loss has reported that children demonstrated significantly poorer QOL than their peers with normal hearing on the newly developed HEAR-QL. These findings demonstrate that a true difference in QOL likely exists between children with and without hearing loss, particularly in environments where the impact of hearing loss on children might be particularly keen, e.g., school and social settings.

Heward (2000) observed that there is a significant effect on

every aspect of a child's psychosocial development, self-esteem, self-efficacy, emotional development and social competence and overall perceived quality of life. Qyewumi et. al. (2012) in an analysis of emotional and behavioral disorder among primary school children with hearing impairment observed that children with hearing loss present more behavioral and social problems than their hearing peers.

Oyewumi et.al (2013) in the study on influence of personality factors on quality of life among adolescents revealed that self-esteem and onset of hearing loss have a relationship with the quality of life. This implies that hearing loss imposes a serious challenge on the overall psycho social development of the individuals.

2.2 Age of Onset

Munoz-Baell et. al (2000) explained that there is huge difference in the problems created by the hearing loss acquired in the adulthood and hearing loss present since birth and hearing loss acquired during early childhood. Congenital hearing loss sustains more linguistic problem. The communication difficulties in children with congenital hearing loss, in turn may lead to social rejection, little education, low status jobs and low income which by and large have serious impact on the quality of life (Strong and Shaver, 1991). Schirmer (2001) clarified that problems of hearing loss acquired in the early childhood is primarily with the adjustment in the changes the hearing loss has brought in their life. The child has to learn to adopt and adjust to new communication strategies, to establish new identity and face the fact that they can no longer hear, hence the quality of life is affected by completely different issues.

2.3 Academic achievement

Research on the academic achievement of students with hearing loss indicates that they lag far behind what is expected of their hearing peers at similar ages or grade levels (Allen, 1986). By high school, about 50% of a national sample of students with hearing loss was performing at a below-basic proficiency level in reading comprehension and math problem solving (Traxler, 2000).

Lauwerier L (2003) examined the cognitive function of hearing-impaired children from a review of the literature. Most studies showed that deaf children are similar to normal children in virtually all aspects of cognitive function; many studies also emphasize pronounced differences in their academic achievement. Besides the degree of hearing loss and the age at onset of deafness, environmental factors (such as parental support and educational methods) seem to play an important role in the

cognitive development and academic success of these children.

2.4 Type of school

Now with the concept of 'inclusive education' gaining impetus over a past two decades, Burton and Mayer, 2007, mentioned that inclusion would teach children with hearing loss to function well in both the hearing and the deaf communities which ultimately brings about good quality of life. However, in their formative years children with hearing loss is likely to benefit psychologically and develop good quality of life when being imparted the skills in a special school.

Santhi Prakash (2012) in a study on inclusion of children with hearing impairment in schools concludes that more positive attitudes among teachers foster success in academics in inclusive schools. Students need the support of their peers and their teachers to learn and grow successfully. A teacher who focuses only on a student's deficits is unlikely to focus on a student's strengths.

Bal-Chava (1994) noted that type of school have a great influence on the perceived quality of life of adolescents with hearing loss. It is more likely that children who go to special school where all the other students have same issues will tend to have a good quality of life. These children do not have to face the negative attitudes from their hearing counterparts and so they demonstrate an enhanced quality of life.

2.5 Social interactions

Kluwin TN., et al.(2002) studied on the social processes and outcomes of in-school contact between deaf and hearing peers and indicated (1) that hearing students were more socially mature than deaf students in public schools, (2) that deaf students interacted with deaf classmates more than hearing ones, (3) that deaf students were somewhat accepted by their hearing classmates, and (4) that self-esteem was not related to extent of mainstreaming.

A pilot study that investigated the health-related quality of life (HRQOL) of children with unilateral hearing loss carried out by Borton SA (2010) identified that even children with unilateral hearing showed large variance in the variance in the score in social functioning.

2.6 Speech, Language and Communication

Kiese-Himmel C, Ohlwein S.(2002) in their study on vocabulary of young children with sensorial deafness announced that children with congenital hearing impairment, with severe-to-profound hearing impairment (> 70 dB) and bilingual children demonstrated on average the smallest receptive and expressive vocabulary. An early fitting with hearing aids did not correspond with a better lexical development when a severe-to-profound hearing impairment existed. Severity of a hearing impairment and nonverbal intelligence significantly predicted the average size of the receptive vocabulary. A moderate hearing impairment, high non-verbal intelligence, and gender (female) emerged as the strongest significant predictors of the expressive vocabulary.

Pittman A et al., (2009) in their study examined the Immediate and long-term effects of hearing loss on the speech perception of children. The results of this study suggested that hearing loss affects speech perception adversely and that amplification does not fully compensate for those effects. However, the data suggest that over the long term children may develop compensatory strategies to reduce the effects of hearing loss.

2.7 Gender

Gender is considered to be an important cultural phenomenon in India. Gender according to Wade and Travis (1999) is describes as "all duties, right and behaviours a culture considers appropriate for male and females". Gender is also perceived to have an impact on the quality of life. Sar Abadani- Tafreshi (2006) studied that quality of life and gender among the students and concluded that there is a significant difference in e quality of life between males and females.

2.8 Use Of Hearing aids

The study of Susan F (2002) reveals that women and men differ in how they adjust to impaired hearing aid. Negative perceptions associated with hearing loss and hearing aid use re affected by age. Younger women perceive greater stigma than older women. Less stigma is associated with hearing aid use than hearing loss, suggesting a positive effect of hearing loss management.

In a study on the effect of attitude on benefit obtained from hearing aids, D. N. Brooks (1989) argues that the hearing loss, perceptions of stigma associated with hearing aids, lack of support or even overt hostility from close relatives, and withdrawal from social contacts affect the outcome in terms of daily use of the aid.

2.9 Family relationships

Ian et al. (2008) in a review of processes and outcomes in Family-Centered Services for Children With a Disability identified that family-centered approach in the habilitation the children with disability helps the child manifold. First, he says that the family and not the professional is the constant in the child's life. Second, the family is in the best position to determine the needs and well-being of the child. Third, the child is best helped by also helping the family, and this help may extend to an understanding of the family's community and to providing information that the family needs. Finally, family choice and decision making in the provision of services, showing respect and affirming families' strengths, enhancing their responsibilities in the child's development. Child-based outcomes included developmental gains, enhanced skill development and better psychological adjustment. Family-based outcomes included increased knowledge about the child's development, increased participation in therapy, better psychological well-being, increased feelings of competency as a parent and enhanced sense of control.

IMPLICATIONS FROM THE REVIEW

The review highlighted that factors like onset of hearing loss, gender, Intelligence quotient, parental disposition, attitude towards disability, age at which the child began schooling, type of school, personality affect the quality of life in children with hearing loss

The review further indicates that hearing loss should no longer be viewed as just a medical condition. While the hearing tests can quantify the hearing loss, they cannot predict the effect of the hearing loss and the impact on the overall child development. The hearing threshold, speech discrimination ability and suitable amplification are measures that may not clearly determine the child's functioning in school and social situations. The children need to develop competence to have positive experiences across various environmental settings. Deafness per se but some environmental factors are also influential on the adjustment of the children with hearing loss. Ultimately, in a broader perspective the child should not only possess the necessary skill set but also develop overall well being to realize the maximum potential. Thus, the goal of Habilitation or Rehabilitation is achieved.

Further, Inclusive Education programs should begin at a young age, promoting one-to-one relationships between children with hearing loss and hearing children. More light need to be thrown upon how children with hearing loss perceive the quality of life. Investigations in diverse areas need to be pursued to understand and alleviate the negative impact of hearing loss on the quality of life of children with hearing loss. The review also highlighted that deaf children who were involved in community activities and extracurricular activities had more positive social interactions. While the direction of causality is not known, increasing children's social experiences will likely increase opportunities to practice and develop communication and social skills.

These factors determined through thorough investigations need to be put forth across family, professionals, policy makers so as to provide better situations for the children with hearing loss to participate equally in this society. Understanding of the major

impediments to quality of life will change the perspective of the services, strengthen policies of the government and inculcate positive attitude and better adjustment towards the hearing loss among the children.

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