

PROVIDING EDUCATIONAL SERVICES FOR CHILDREN WITH HEARING IMPAIRMENT

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In the Bolivian Amazon, in a town by the name of Riberalta, exists a wonderful school for deaf children. The Principal is a highly qualified Swiss deaf person married to a wonderful deaf woman from Bolivia. The couple have two hearing boys. One evening, before the children went to bed, the young mother put a cassette tape of German lullabies for her two little boys to hear. She then looked at the author and asked: "Is this music beautiful? I put it on every night for our boys to hear because I want them to grow up also appreciating the culture of their Swiss grandparents". And the answer was: "Yes, it is very beautiful!" This happened in 1998 and it has always been an excellent example of quality education for and of deaf people. These deaf parents were preparing deaf children and their own hearing children to conquer the world.

The area that concerns the education of deaf and hard of hearing children has historically been rich with debate and controversies. Paul and Quigley¹ have written that none of the many educational options have prevailed, and it shows us that, in the education and rehabilitation of deaf and hard of hearing children, there is no 'one way' to teach. There is probably no one strategy, method or philosophy that is beneficial to all children.

Educating a Deaf Child

Once the problem of identifying deaf and hard of hearing children is solved, and the child is adequately tested and diagnosed, then begins the tremendous challenge of educating a deaf child. Professionals often contribute to the confusion of families who become caught up in arguments of polar extremes, especially regarding the controversy over the best educational philosophy for their deaf children: oral/ aural education, total communication or bilingual education, inclusive education, or special education. There is still the question of hearing aids, cochlear implants, sign language, interpreting services, and much more.

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In some countries, these controversies are of less importance because of the limited options offered to deaf and hard of hearing children and sometimes parents are put in the position of having to accept whatever is there, and, unfortunately, have at times to accept less than good programmes.

It should also be pointed out that the area related to deafness and hearing impairment is often divided into two approaches:

- Medical / preventive / curative
- Cultural / socio-anthropological.

In the curative view of deafness there is an emphasis on the pathology, the search for a cure for the problem. In the cultural / anthropological approach, deaf people are seen as members of a linguistic minority. However, these need not be seen as an either/or issue, for they often intersect and complement each other. Deafness is also discussed from many other perspectives: historical, political, linguistic, social and others.

Educational Programmes

What should be offered to deaf and hard of hearing children in terms of education? The answer is relatively simple. Educational programmes should be planned according to the demands of the deaf child's community and, if possible, above and beyond those needs.

Whatever is offered to hearing children should also be available to deaf and hard of hearing children. Each deaf or hard of hearing child, according to his/her capabilities, should be able to lead an independent life after leaving the school system.

What programme should be offered? This depends on the needs and the desires of that community. It may mean:

- Learning to communicate
- Learning to communicate + basic living skills
- Learning to communicate, read and write
- Learning to communicate, read and write + job training.

This child may have an informal or a formal education: pre-school; elementary and secondary school; university, and graduate school.

Education of deaf and hard of hearing children should prepare for life, taking into consideration the capabilities of the person and the availabilities of the local job market. This, for example,



Fig. 1: Teaching sign language in Brazil

Photo: ULBRA

may mean self employment or work in industry, commerce, agriculture, banking, education, services, and many other possibilities.

Where Should Deaf and Hard of Hearing Children be Educated?

In some countries there are many options and families are invited to make a decision. However, in other parts of the world, there may be only one format. Educational options may include the following:

- Residential school
- Day school
- Special classroom in a regular school or an inclusive programme
- Non-formal education
- Community based programmes.

Oral/Aural; Total Communication; Bilingual Education

Even though this discussion may not always be productive, it may be important to demonstrate that there are three basic philosophies for the education of deaf and hard of hearing children:

- Oral/Aural
- Total Communication
- Bilingual Education.

The last two have often had some definition problems and much overlapping and confusion occurs.

In the *Oral / Aural* approach, deaf children are educated through the development of speech communication skills: use of residual hearing, lip-reading, and speech. It excludes manual communication and, therefore, it does not use sign language. Auralism is a development within oralism, in which hearing is seen as the most important sense modality.

Total Communication, according to Reamy and Brackett,² is a term that was used for the first time by Roy Holcomb, in 1968. It began as a compromise between oral philosophies and manual communication, and was seen as a bridge between the two. Total Communication refers to the right deaf people have to learn the use of all forms of communication, thus developing competency in language at the earliest possible age. It involves the national language of the country and

the national sign language (Figures 1 and 2), speech, lip-reading, the use of individual sound amplification, natural gestures, non-verbal communication, manual alphabet, mime, drama, dance, and others. These may be used individually or simultaneously, or in combination, depending on what the deaf person considers is his/her strongest, most comfortable means of communication.

Bilingual Education uses two languages: the sign language used by the deaf community of the country and the language of that country. Bilingual Education considers sign language to be the first language of deaf people. Not all bilingual programmes teach oral communication skills. Aquiline, quoting Grosjean,³ explains that some deaf children will be dominant in sign language, others in oral language and some will be balanced in their two languages. 'Most deaf children will become bilingual and bicultural to varying degrees'.

Hearing Aids, Amplification and the Deaf Community

The use of hearing aids and amplification may be present in all three philosophical models and today a child may, for example, have cochlear implants and still have access to sign language and the Deaf community (often the word 'deaf' spelled with a capital 'D' - Deaf, identifying participants of the Deaf community: Deaf culture, Deaf literature, Deaf poetry, traditions, drama, and folklore). The borders that clearly separated the philosophies in the past tend to be much more open and there is hope for a model that sees the education of deaf and hard of hearing children, not so much from the perspective of the personal beliefs of professionals but from the point view of the needs of that child at that moment.

Quality Education

The only requirement that is universal in all this discussion is that whatever is offered to deaf and hard of hearing chil-



Fig. 2: Brazilian students using sign language

Photo: Elisângela Fagundes (ULBRA)

dren needs to be quality education. The place and the programme should make its community proud and should be visited by everyone who comes to that part of the world, as an example of how that community takes care of its members.

Whatever the educational approach, one aspect remains constant: the need to involve parents in the educational process. There seems to be a consensus that for parent education programmes to be successful, three fundamental points need to be present. The first is that before content is presented, the emotional needs of parents should be dealt with. The second aspect relates to continuity. Programmes for parents should be regular and continuous in nature, because parents very often return to the grieving experience, since the suffering process may not be linear but a cycle. The third suggestion for parent education programmes is that they need to be organised in a way that offers attention to the families, so that individual members of a family are empowered and their self-esteem is strengthened. Parents with strong feelings of self-worth are usually better equipped to educate their deaf or hard of hearing child.⁴ For more on parents of deaf children, please refer to the work of Luterman.⁵

Conclusion

The education of deaf and hard of hearing children should be planned in a way that will equip each child to become an independent citizen, with full access to the resources of his/her community, ready to search for more, having acquired the skills of learning how to learn and having built strong self-esteem.⁶

References

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WHO Report

WWHearing

World-Wide Hearing Care for Developing Countries

Key stakeholders concerned with provision of appropriate and affordable hearing aids and services in developing countries came together recently at a workshop at WHO, Geneva, and agreed to establish a new initiative, *WWHearing – World-Wide Hearing Care For Developing Countries*. Participants came from 18 developing and developed countries and represented governments, NGOs, manufacturers (commercial and not-for-profit), organizations of users and professionals, donors, and relevant experts.

The mission of *WWHearing* will be to promote better hearing through the provision of hearing aids and services in developing countries and underserved

communities within the framework of the *WHO Guidelines for Hearing Aids and Services for Developing Countries*.

WHO estimates there are currently 250 million people world-wide with moderate or worse hearing loss, most of whom could benefit from hearing aids. Two thirds are in developing countries. Current annual production of hearing aids is less than 10% of global needs and approximately 30 million are needed annually in developing countries, together with services and staff to fit them.

At the guidelines launch in 2001, WHO called on the private sector to provide affordable hearing aids in the develop-

ing world and emphasized that prices of hearing aids will remain prohibitive until all stakeholders work together to reduce costs.

The new executive committee of *WWHearing* has drafted the latter's Terms of Reference and operating procedures and has produced guidelines for pilot projects for public-private partnerships in particular developing countries. These will be presented for approval and action at the first meeting of *WWHearing* later this year.

Andrew W Smith
29 April 2004

INTERNET RESOURCES

A Basic Syllabus on Ear Nose and Throat Diseases was developed by the **Baylor College of Medicine Department of Otolaryngology and Communicative Sciences Faculty, Houston, Texas**, as a guide to otolaryngology for medical students. The syllabus can also be used as a training resource for nurses and other Primary Health Care workers and includes chapters on the anatomy of the ear, hearing tests, common diseases of the external, middle and inner ear, hearing and speech disorders. Some of the learning objectives, related to **Primary Ear and Hearing Care**, are:

- Students should be able to perform a basic head and neck examination with equipment available to a primary care practitioner (flashlight/torch, tongue blade, otoscope).
- Students should be familiar with typical clinical presentation, key physical findings, initial treatment, and referral indications for common otolaryngological diseases such as: external otitis, acute otitis media, serous otitis media, ruptured eardrum, cerumen impaction, presbycusis, tinnitus and vertigo.

The **Core Curriculum Syllabus** can be downloaded from: <http://www.bcm.tmc.edu/oto/studs/>

Emedicine Otolaryngology. More advanced, excellent monographs on otology and audiology can be found on: <http://www.emedicine.com/ent/>

Dr Quinn's Textbook of Otolaryngology is at: <http://otohns.net/library/grandrounds.asp> or <http://www.utmb.edu/otoref/Grnds/GrndsIndex.html>

The Report of the International Workshop on Primary Ear and Hearing Care, Cape Town, 12-14 March 1998: http://who.int/pbd/pdh/Docs/Capetown_final_report.pdf

Bobby R Alford's Grand Rounds: <http://www.bcm.tmc.edu/oto/grand/otology.html>

A useful resource on **Evidence-based Medicine:** http://researchinpem.homestead.com/evidencebasedpem_otitis.html

Cochrane Review on Ear Wax Drops: <http://www.update-software.com/abstracts/ab004326.htm>