



Problems Faced by Hearing Impaired Children in Getting Medical Services

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ABSTRACT

Background: Problems of hearing impairment are the segment of medical domain which is faced by student with special needs. Verity of medical services are available for children with hearing impairment but a very common problem, which exists in Pakistan is the lack of awareness about the importance of medical services and their diagnosis.

Objective: Purpose of study was to identify the problems faced by children with hearing impairment in getting medical services from private clinic.

Methodology: A cross-sectional study was conducted and the convenient sampling technique was used. Population of the study comprised of 70 school children with hearing impairment how were enrolled in class 7th to 10th of public school in Lahore. The instrument of study was questionnaire which was developed in the light of literature review and expert opinion.

Results: 93%(65 out of 70) participants reported that doctors don not understand sign language and all the participants (100%) documented that doctors do not provide them with sign language interpreter. 60% said that doctor do not understand them, 68% said that they don not understand doctors & 71% said they cannot tell the doctors about their disease.

Conclusion: It was concluded that the individuals with hearing impairment do not feel satisfied during the treatment due to the lack of understanding of sign language among the doctors along with the in availability.

Key Words: Hearing Impairment, Medical Service, Doctors, Sign Language

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INTRODUCTION

The term hearing loss is referral to all the degree of hearing impairment from slight to deafness⁽¹⁾. There are three major types of hearing loss 1) Conductive hearing loss, 2) Sensory neural hearing loss, 3) Mixed hearing loss⁽²⁾. The parents have no awareness about the hearing loss they do not know what to do⁽³⁾. Physical medical clinical and educational definitions of deafness and hearing loss are similar⁽⁴⁾. They are based on audio logical measurement of an individual's ability to hear sound of different levels of pitch and loudness⁽⁵⁾. Specialists compare these measurements with average hearing levels to determine the extent of an individual's hearing loss⁽⁶⁾. Number of student born with hearing loss and have bad experience in getting medical service. The main problem is how to communicate with doctor. They are unsuccessful to convey their message to their patient⁽⁷⁾. Variety of medical services available for children with hearing impairment but a very common problem, which exists in Pakistan, the person is identified very late⁽⁸⁾. The

patient has lack of awareness about the importance of medical services and their diagnosis⁽⁹⁾.

Hearing assessment is a complex procedure which is completed by different subjective and objective tests. These tests are chosen according to the nature of client's hearing loss⁽¹⁰⁾. The history of the services for hearing impaired person in Pakistan is not very long. It has made swift progress during the last few years⁽¹¹⁾. Directorate General of special being in 1983-84. The main purpose of this department is to provide medical services to disabled and establish rehabilitation center for special children⁽¹²⁾. Early diagnosis of hearing impairment in children is vital to the interest of the linguistic intellectual social and emotional development of children⁽¹³⁾. But at very rightly indicated by Nasim Yousaf, Pakistan is a developing country and has limited medical provision, so there is no proper system of diagnosis of hearing impairment⁽¹⁴⁾.

According to World Bank evaluation 63% population live in villages⁽¹⁵⁾, the children are mostly born in home assisted by illiterate midwives. Only for major



illness, this rural population goes to qualified doctor. Hearing impairment is rarely detected before the child three and four years old in developing country. When parents feel their child is not talking and not able to respond sound they are taken to Hakim or religious healer or doctor who have limited experience. A few parents who do understand the nature of impairment do go to one of the few audiologists' clinics. In Pakistan (developing country) mostly people do not afford the doctor fee and hearing aid devices⁽¹⁶⁾.

The government is carrying out medical rehabilitation activities through medical rehabilitation activities through the hospital which are located throughout Pakistan during the last few years. Numbers of students born with minor hearing loss can communicate with other persons and get their medical services but children with profound hearing loss have bad experience in getting medical services. The main problem is to communicate with doctors and nurses. For the deaf people sign interpreters, written notes, lip reading, assertive listening device for communication can be selected⁽¹⁷⁾. Purpose of study is to find out the problems faced by children with hearing impairment in getting medical services.

METHODOLOGY

A cross-sectional study was conducted and the convenient sampling technique was used. Target population of the study was children with hearing impairment of class 7th to 10th in public sector of Lahore. The sample of study consisted of 70 children with hearing impairment from different special school. The instrument of study was questionnaire which was developed within the light of literature review and expert opinion. Questionnaires consist of 10 questions. The researcher personally distributed the questionnaire among 70 hearing impaired children in order to gather information. Data was analyzed by using SPSS.

RESULTS

The table I revealed that 59% (41) of participants do not go to doctors alone, 71% (50) reported that doctors do not listen their problem attentively, 68% (46) documented that they do not understand the

doctors. 60%(42) reported that doctor do not understand their disease well and similarly 71% (50) participants reported that they can not tell the doctor about their disease clearly.

Table: I Response of hearing impaired children

Questions	Yes(Y)	No(N)	Y %	N %
Do you go to doctor alone	29	41	41	59
Does the doctor listen your problem attentively	20	50	29	71
Do you understand the doctor	24	46	34	68
Does the doctor understand your disease well	28	42	40	60
Can you tell the doctor about your disease clearly	20	50	29	71
Does the doctor provides you with sign language interpreter	0	70	0	100
Do you tell the doctor about your disease yourself	25	45	36	64
Does your doctor understand the sign language	5	65	7	93
Do you feel that there should be a separate hospital for special people	60	10	86	14
Do you feel satisfaction during treatment	10	60	14	86

100%(70) reported that the doctors do not provide them with sign language interpreters. 64 % (45) participants documented that they tell the doctor about their disease themselves and 93%(65) reported that doctors do not understand the sign language. 86% (60) Participants reported that they do not feel satisfied during the treatment and thus 86% (60) reported that there should be a separated hospital for people with special needs.

DISCUSSION

In Australia, all people who are Deaf or have hearing impairment have the same right to use facilities as do people with hearing. Therefore, all medical facilities must be accessible to all patients and staff, not just to those with normal hearing. Failure to provide fair access to such facilities means the person who is Deaf or has a hearing impairment is discriminated against and it is illegal to discriminate against people of basis of their hearing/deafness disability⁽¹⁸⁾. But studies show that 41% hearing impaired children do not go alone. According to American with Disability Act, medical facilities are provided to hearing impaired children in America, they are provided with sign language interpreters when they visit a doctor⁽¹⁹⁾.

The studies show 100% children say that no child was provided with the sign language interpreter. 71% hearing impaired children says that they



cannot tell the doctor about their disease clearly. Even 93% children says that doctor don't understand the sign language Association of Medical Professionals with Hearing Loss (AMPHL) give knowledge, promote advocacy and mentorship, and it also creates a network for persons with hearing loss involved in or working in health care fields⁽²⁰⁾.

This association also provides online education. AMPHL allows deaf/hard of hearing health care professionals and students to give and receive support from each other regarding obstacles AMPHL helps educate the colleagues and instructors of deaf/hard of hearing health care professionals and students.²¹ this study show that 68% hearing impaired children do not know understand the doctor.

Many organizations play very important roles in the health care services for children with hearing impaired. This organization offers help to deaf people if they face any medical problem, they can get rid of their problems and also gets extremely competent sign language interpreters. Interpreters The organizations involved are: Action on Hearing Loss, ASLI (Association of Sign Language), NRCPD (National Registers of Communication Professionals working with Deaf and Deaf blind People), BDA (British Deaf Association), Sign Health, Signature, Action on hearing Loss, BSMHD (British Society for Mental Health and Deafness) Auxiliary Aids and Services in New York⁽²²⁾. Medical facilities are provided like captioning, maintenance, barrier removal, oral/sign language interpreter, auxiliary aids. These services ensure effective communication with persons with hearing loss in New York⁽²³⁾. This study shows that 86% children's feel that there should be a separate hospital for special people there should be medical services is provided. The children of hearing impaired feel satisfaction during treatment in UK but Pakistan 86% children says that they do not feel satisfaction during treatment⁽²⁴⁾.

CONCLUSION

On the basis of the results presented above in detail, it may be concluded that the students with hearing

impairment seem to be highly conscious regarding their medical problems. They do not understand doctors' discussion and their prescription.

RECOMMENDATIONS

After the completion of the research following recommendations are given; workshops on Sign language should be conducted to create awareness among the personal working on the field of medicine. There should be a separate counter for hearing impaired patients. Furthermore, sign language interpreted should be provided in private clinic. It may also be recommended that awareness campaign regarding the provision of the facilities of separate counter and sign language interpreter in the clinics should be started on Electronic Media and cyber forum like Face Book, WhatsApp etc.

REFERENCE

1. Downs MP, Sterritt GM. A guide to newborn and infant hearing screening programs. *Archives of Otolaryngology*. 1967;85(1):15-22.
2. Northern JL, Downs MP. *Hearing in children*: Lippincott Williams & Wilkins; 2002.
3. Wold E, Blum T, Keislar D, Wheaton J. Content-based classification, search, and retrieval of audio. *MultiMedia*, IEEE. 1996;3(3):27-36.
4. Fletcher H. Some physical characteristics of speech and music. *The Journal of the Acoustical Society of America*. 1931;3(2B):1-25.
5. Stagno S, Reynolds DW, Amos CS, Dahle AJ, McCollister FP, Mohindra I, et al. Auditory and visual defects resulting from symptomatic and subclinical congenital cytomegaloviral and toxoplasma infections. *Pediatrics*. 1977;59(5):669-78.
6. Davis A, Smith P, Ferguson M, Stephens D, Gianopoulos I. Acceptability, benefit and costs of early screening for hearing disability: a study of potential screening tests and models: National Coordinating Centre for Health Technology Assessment, University of Southampton; 2007.
7. Harmer L. Health care delivery and deaf people: practice, problems, and recommendations for change. *Journal of Deaf Studies and Deaf Education*. 1999;4(2):73-110.
8. Akram B, Bashir R. Special Education and Deaf Children in Pakistan: An Overview. *Journal of Elementary Education*. 22(2):33-44.
9. Stach B. *Clinical audiology: An introduction*: Cengage learning; 2008.
10. Mason JA, Herrmann KR. *Universal infant hearing*



- screening by automated auditory brainstem response measurement. *Pediatrics*. 1998;101(2):221-8.
11. Reynolds CR, Fletcher-Janzen E. *Encyclopedia of special education*: John Wiley & Sons; 2007.
 12. Keay FE. *A History of education in India and Pakistan*: Indian Branch, Oxford University Press; 1964.
 13. Moeller MP. Early intervention and language development in children who are deaf and hard of hearing. *Pediatrics*. 2000;106(3):e43-e.
 14. Ahmed M, Khan AB, Nasem F. Policies for Special Persons in Pakistan Analysis of Policy Implementation. *Berkeley Journal of Social Sciences*. 2011;1(2).
 15. Kalyanpur M. The influence of western special education on community-based services in India. *Disability & Society*. 1996;11(2):249-70.
 16. Singhal A, Cody MJ, Rogers EM, Sabido M. *Entertainment-education and social change: History, research, and practice*: Routledge; 2003.
 17. Srinivasan TN, Bardhan PK. *Rural poverty in South Asia*: Columbia University Press; 1988.
 18. Johnston TA. W(h)ither the deaf community? Population, genetics, and the future of Australian sign language. *American annals of the deaf*. 2004;148(5):358-75.
 19. Acemoglu D, Angrist J. Consequences of employment protection? The case of the Americans with Disabilities Act. *National Bureau of Economic Research*, 1998.
 20. Matt SB. Nurses with disabilities: Self-reported experiences as hospital employees. *Qualitative Health Research*. 2008;18(11):1524-35.
 21. McDonald J. Special Request from Janis.
 22. Lacey M, Gildea D, Consultancy A. Researching models of remote British Sign Language interpreting in the UK and beyond. 2011.
 23. Dalzell L, Orlando M, MacDonald M, Berg A, Bradley M, Cacace A, et al. The New York State universal newborn hearing screening demonstration project: ages of hearing loss identification, hearing aid fitting, and enrollment in early intervention. *Ear and hearing*. 2000;21(2):118-30.
 24. Mohr PE, Feldman JJ, Dunbar JL, McConkey-Robbins A, Niparko JK, Rittenhouse RK, et al. The societal costs of severe to profound hearing loss in the United States. *International journal of technology assessment in health care*. 2000;16(04):1120-35.