

A Study On Parents Perception On Cochlear Implant Children

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Abstract

The study examined family supports after identification of children's hearing loss. On a questionnaire, 50 respondents rated the importance of different aspects of family support, the quality of supports they experienced, and their preferences about informational resources. They verified the importance of informational resources, social-emotional support, and educational advocacy. Families expressed a preference for discussion with other parents of children with hearing loss over discussion with parents of children without hearing loss. Parents perception of the children below 12years of age who had hearing loss and Cochlear Implantation (CI) without any additional disability. 50 parents (mother and father) having children between 1 to 12years who did not have any disability other than hearing loss and had cochlear implants were included in the study. The parents find the information before cochlear implantation sufficient, training about cochlear implant device and more detailed information about the procedure may affect their expectations after the implantation.

Keywords: *Children with Cochlear Implant, Parents expectations, Parents Perception*

Introduction

Children in this group have often been ignored or marginalised. There has also been a tendency either to focus on the child's deafness, with their other needs being seen as somehow secondary, or to look only at their other needs, so that the child's significant hearing loss is overshadowed by their other disabilities. There are a number of reasons why this group of children has had less access to cochlear implantation. Firstly assessment of needs can be complex and it can be very difficult for professionals to understand the implications for a particular child with a particular profile. There can also be difficulties with the audiological assessment of children with complex needs (McCracken and Pettitt 2011). Cochlear implants have become the standard of care in the management of children with severe to profound sensor neural hearing loss (Vincenti V et al, 2014). Along with improved technical performance of the device in providing hearing sensitivity within the speech, there has been an expanded patient candidacy and progressive reduction in the minimum age for implantation over the years. Cochlear implantation has been associated with improved hearing as well as speech and language skills and better academic performance in implanted children (Erbasi E et al. 2016).

Studies have indicated extremely challenging experiences during the implantation and regular use of hearing aid, conduction of auditory verbal educational activities at home and necessity of cooperation with specialists during this process (Luterman D, 2004). Despite the necessity of getting urgent interventions following diagnosis of hearing loss, parents seem to have difficulties in seeking the appropriate centres and specialists. It has also been reported that pediatricians, who are generally the first group contact with the babies, may have an insufficient level of knowledge on informing the parents about hearing loss and Cochlear Implant (CI) applications (Carron JD, Moore RB and Dhaliwal AS, 2006). It is demonstrated in the study that an obligatory and extensive mechanism of addressing issues concerning the nature and characteristics of the disability and the intervention, as well as requirements for the process of intervention is required.

CI process starts a new phase in which complicated emotions such as anxiety, hope and excitement that are experienced by the parents are described following the diagnosis. One of the common study findings indicates that when the parents are given the appropriate information about the process involved in every phase, they can meet the requirements of the process more easily.

Methods and materials

Parents included in the study were randomly selected, regardless of their gender, educational and socio-economic status. In this study, “General Information about family-Child” and “Parents perception” was used as a data collection tools. The questionnaire are evaluates the parent’s knowledge and expectations on cochlear implants. It comprised of questions concerning pre and post operative period.

Data analysis and interpretation

Table No –1: Socio-economic profile

Variables	No.of respondents (n=50)	Percentage (100%)
Gender		
Male	42	84
Female	08	16
Age		
Below 30yrs	29	58
Above 30yrs	21	42
Parents Occupation		
Private	31	62
Government	07	14
Others	12	24
Monthly Income		
Below Rs.15000	36	72
Rs.15001 to 25000	06	12
Rs.25001 & above	08	16

Percentage analysis table shows that CI children parents’ were male (84 per cent) and remaining 16 per cent were female. More than half (58 per cent) of the respondents were below 30yrs of age group and remaining 42 per cent were above 30yrs. Majority (62 per cent) of the respondents were worked in private concern,

24 per cent were others categories of workers like, self entrepreneurs and commission agents and remaining 14 per cent were government employees. Vast majority (72 per cent) of CI children of parents were below Rs.15000 monthly income, 16 per cent were Rs.25,001 and above and remaining 12 per cent were Rs.15001 to 25000.

Research Hypothesis: There is no influence between monthly income of CI children of parents

Table No – 2: One-way ANOVA difference between monthly income status of CI children of parents and their over all perception

Overall perception	n	Me an	S.D	Statistical inference
Below Rs.15000	36	41.31	0.518	F=1.783 0.381>0.05 Not Significant
Rs.15001 to 25000	06	42.12	0.679	
Rs.25001 & above	08	41.35	0.871	

One-way ANOVA *F* test table indicates that mean and S.D values of below Rs.15000 (n=36) 41.31 ± 0.518 , Rs.15001 to 25000 (n=06) 42.12 ± 0.679 and remaining Rs.25001 and above 41.35 ± 0.871 . Therefore, there is no influence between CI children parents' monthly income and their overall perception. The calculated value is greater than table value ($0.381 > 0.05$). The research hypothesis is accepted.

Conclusion

In this study, satisfaction levels of both parents and children were determined to be high. In general, the parents found the informing before cochlear implantation surgery as sufficient, the status of being informed more extensively about education for the cochlear implant device and the surgery may influence their post-implantation expectations. In this regard, it is hypothesized that our study will be helpful in determining knowledge and expectation levels of the parents about cochlear implants. Parents and educators must work together to assist students in achieving their goals. Educational strategies for students with cochlear implants must take into consideration that these students will need direct

instruction to develop and improve communication skills using their cochlear implants. Parents and educators must have realistic expectations and high standards for students with cochlear implants. Related specialists will better understand needs and expectations of the families as well as development and support services to be provided to the patient and his/her family during different phases of cochlear implant process.

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