PARENTING BEHAVIOR OF HEARING IMPAIRED PARENTS

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Abstract

Purpose of Study: The purpose of this study is to explain the parenting behavior of parents with hearing impairment in an attempt to find out how they take care of their children.

Methodology: Five hearing impaired parents are involved as an informant of the study. The method used is an instrumental case study with depth interview as a data collection technique and content analysis as a method of data analysis. The theoretical perspective used is four aspects of parenting behavior from Bornstein.

Results: The results showed that among the four aspects of parenting behavior, the participants have little or no difficulties in nurturant caregiving, maternal caregiving, and social caregiving. With their hearing difficulties, they can do it with help from their parents or relatives. However, they experience difficulties in social caregiving, particularly in responding child’s emotional expressions and building communication with them, and in didactic caregiving particularly in handling disruptive behavior.

Implications/Applications: The results of this study imply the need to conduct further research about parenting behavior of hearing-impaired parents, and parenting alliance between hearing impaired parent and their own parent. It also implies the need to conduct parent training that suitable for hearing impaired parents, especially in handling children emotion and disruptive behavior, to help them better care for their children.

Keywords: parenting behavior, hearing impairment, hearing impaired parents, parents with special needs, child care, caregiving

INTRODUCTION

Various studies have shown the importance of interaction between parent and child, especially in cognitive, social, and emotional development. According to Kagan (1999), parents can influence their children at least through three mechanisms. The most visible and easily measured is the interaction between parent and child. For example, parents giving praise to a three-year-old who can eat cleanly, a father punish his son for not going to bed, read a bedtime story about the prophets, and so on. Daily activities that involve rewarding certain behaviors, the punishment of undesirable behavior, and the transfer of knowledge from parent to the child have a cumulative effect. Failure to overcome disobedience and/or aggressive behavior correlates with social behavior in children while showing interests in activities performed by the child correlated with the degree of responsiveness in children Kagan (1999). The consequences will also appear on the skills of the child in older ages, such as positive feedback from parents can encourage language acquisition in children and facilitate the mastery of academic skills that will also improve confidence in school age. Conversely, a child with uncontrolled aggressive or violent behavior will have a tendency to be aggressive to his peers and will eventually experience rejection and also have an effect on the acceptance of others (Schwartz et al., 1997; Rubin et al., 1998; Florsheim et al.1998, in Kagan 1999).

The interaction between the child and the parent or caregiver will be the first foundation of the development of social and emotional competence in early childhood. Quality of parent-child interactions plays an important role in the formation of healthy behaviors, not only in childhood but also throughout their life span NICHD (1997). The interaction becomes a means of children’s emotional-social development through warm and responsive scaffolding that encourage the emergence of new socioemotional skills, as well as nonresponsive behavior that does not support or even directly block the emergence of competence and resulting in emotional-social problems Landry et al. (2001). Hence one of the most important acts on early childhood care is to help children growing emotional and social competence by providing support to parents and caregivers about things that can be done to encourage the formation of positive emotional and social behavior.

When interacting with parents and children hold the responsibility for holding the “cue communication”, or send and receive cues accurately within its environment. Interpretation and timely response from both sides are important components of the
dialogue Huber (1991). This will become a problem for parents who experience barriers in communication, ie parents who have a hearing impairment. As stated by ASHA (Heward, 2003) that one of the effects of hearing loss is on speech that is not the same as individuals who have normal hearing. Individuals with hearing impairment have less vocabulary compared to other normal individuals, and the difference is greater along with age. They are easier to learn concrete words than abstract words. They also have deep difficulties in distinguishing the question from the statement. Most of the deaf students write a sentence in the form of short and incomplete sentences, or with the improper arrangement. They also talk with a strange intonation. This is caused by the inability to hear their own voice when talking, so they can not control the sound they produce. As a result, most of them talk too loud or too slow. Their conversation is often difficult to understand because they use too many voices like "s", "sh", "f", "t", and "k", which they can not hear.

Previous research shows that these conditions affect their parental behavior. Some of the hearing impaired parents who grow up in normal-sounding families do not learn or model parenting skills from their own parents or spouses. Hearing impaired adult shows that they experience limited, uncomfortable, and confusing interaction patterns with their parents who normal-sounding. Therefore socialization or transfer of normal hearing parents’ values, expectations and parenting to their hearing-impaired child can experience a very large distortion. Besides, normal-hearing parents often interrupt the parenting practice done by their hearing-impaired child, thus disturbing the parenthood authority and disrupt the boundaries between the nuclear family (led by the person with the disability) and their relatives (Singleton and Tittle, 2000). With the complex difficulties experienced by hearing-impaired parents, this study aims to find out more specifically about their parenting behavior, in an effort to understand how they care and what difficulties they face when taking care of their children.

LITERATURE REVIEW

Hearing Impairment

Definition of hearing impairment

Hearing impaired people are individuals who lose all or part of their hearing ability so that they are not or less able to communicate verbally and although they have been provided with help, they still need special education services. Individuals with hearing impairment are characterized by the fact that they are not capable of hearing, late in language development, often using sign language in communication, lack of responsiveness, obscure speech, strange/monotonous sound quality, often tilting their heads in hearing, lack of attention to the vibration, discharge of pus from both ears. Someone is said to be deaf or hearing impaired if meeting at least six of these characteristics Nasional (2004)

Classification of hearing impairment

Streng (1958, in Somad and Hernawati (1996) ) classifies hearing-impaired individuals into five groups: mild loses (loss of listening ability 20-30 dB), marginal loses (loss of listening ability 30-40 dB), moderate loses (loss of listening ability 40-60 dB), severe loses (loss of hearing ability 60-70 dB), and profound loses (loss of listening ability 75 dB and above). Individuals with mild, marginal, moderate, and severe lose still have hearing residue that can be helped with hearing aids, whereas individuals with profound loses don’t. This has implications for their ability in education, where the first two categories can still be educated in public schools, while the last three categories must undergo education in special schools or in inclusive schools.

Effects of hearing impairment

Impacts of hearing impairment are particularly evident in speech and language skills, academic achievement, and social and emotional functioning. The impact is influenced by various factors, the type, and level of deafness, the attitudes of parents and siblings, the opportunity to acquire the first language (both verbally and cues), and the presence or absence of other difficulties Heward (2003).

Parenting

Definition of Parenting

Parenting is the process of maintaining and providing for the physical, emotional, social, and intellectual development of children from infancy to adulthood. Parenting refers to child-rearing activities rather than just parent-child biological relationships (Brooks, 2011). According to Shahan (2003), in terms of childcare, parents have a responsibility to organize, raise, and prosper the child and become the source of pleasure, satisfaction, and achievement. Meanwhile, Berns (1985, in Bigner (1994) ) states that parenting also teaches children to socialize, in which parents teach children the knowledge,
skills and character traits that can make the child grow into a more effective and functional person. In addition, parenting also is seen as a process of socialization of parents in influencing their children to behave in accordance with the social environment based on beliefs, values, and views on the social expectations of parents themselves. However, parenting is not just a one-way process for children, but a parent-child transaction (Jacobson, 2004).

Aspects of Parenting

Bornstein (2002) formulated four aspects of parenting: nurturant caregiving, maternal caregiving, social caregiving, and didactic caregiving. Nurturant caregiving aspect involves the physical fulfillment of children, keeping the children well and preventing them from being sick, taking care of children from infancy such as providing food, taking care of children regularly, taking care of and supervising the child, and providing comfort to the child. The treatment is done from the age of the baby until the end of childhood. Material caregiving include the way in which parents supervise, organize, and regulate the physical environment of the child, such as home and surrounding environment, provide stimulating objects such as toys, books, or other daily tools, providing physical limitation related to the child’s experience, the provision of time for children to play with objects and interact with people around them. Social caregiving encompasses parental behavior in building emotional attachment and regulates mutual interaction between parent and child. It can appear in the form of behavior like physical touch, eye gaze, speech, or smile. It also includes parental support to help children manage their behaviors and emotions, teaching children how to communicate, and also help children build meaningful interpersonal relationships in a prolonged time. The didactic caregiving aspect involves various strategies that parents use to stimulate children and to understand and learn about what is happening in the immediate environment, allowing children to observe, imitate, and learn their own outside world, but with parental supervision.

METHOD

This research is an instrumental case study that aims to reveal the parenting behavior of hearing-impaired parents. Data collection was done by using an in-depth interview method on five hearing-impaired couples. The participants are a married couple that has children with age range from 1 – 8 years old. The focus of the interview was on childcare activities. Parents involved in this study were recruited through a religious teacher in Masjid Baitul Makmur Surabaya Indonesia who taught hearing-impaired people to recite. Interview guides were prepared using the parenting theory of Bornstein (2002) perspectives. Since all participants communicate using sign language, the interview is done with the help from the religious teacher that has the ability to speak sign language. Table 1 describes the demography of the couples based on their socioeconomic, deafness category, child’s age, and education.

RESULTS

Family Condition

Due to economic difficulty, four of the family live in their parent’s house, while one family (3rd couple) life separately from their parents but entrusted their child to their parents. The 1st couple lives in the home of B’s parents. This is because they are not yet economically well established. The 2nd couple, C worked as a laborer in a factory, while D is a housewife. At the beginning of the marriage, they live in a boarding house, but due to unfavorable economic conditions, they return to C parents’ house. However, C’s parents don’t speak sign language, so communication between the two is not smooth. The 3rd couple both work in the factory, and their children are entrusted to F’s parents. The 4th couple lives in G’s parent’s house. The 5th couple lives in J’s parent’s house, but their first child is entrusted to I’s parents, because they find it difficult, both economically and skillfully, to take care of all the kids at once.

Nurturant Caregiving

Almost all of five couples get help from surrounding in taking care of their child, especially in nurturant caregiving. Only the fourth couple that does the caregiving by themselves. A and B assisted by B’s parents and B’s siblings. C and D do nurturant caregiving with D’s mother’s help. F’s parents lived in a good economic condition that their parenting was assisted by a household assistant. So in the case of nurturant caregiving, child care is performed by the household assistant. G works as a laborer, while H is a housewife, so she can take care of her child intensively without much help from her parents. Besides, both of her parents are elderly, so they cannot be much help in the process of parenting. All his brothers have married and no longer live in the house.

According to the participants, the social support they get to bring in advantages and disadvantages. B’s parents and younger siblings helped a lot in parenting, but consequently, B and A find it difficult to apply consistent rules to children, as grand-
mothers tend to fulfill all of her grandson’s desires. This adds to B & A’s lack of understanding of the importance of consistency in implementing rules at home.

Material caregiving

The couples do material caregiving by providing toys to stimulate their child development, giving opportunities to use their time to play with or without other children, and ensuring their environment is safe. The 1st couple has provided games, objects, and play opportunities for stimulation of their son, but they have not agreed on the time and play rules for him. The 2nd couple gives emphasis on ensuring the safety of their children. They also provide stimulating objects and opportunities for the children. They give a chance to socialize with the people around them. However, they have concerns about the adverse environmental impacts on their children, since they live in an environment that they think is not safe. 4th couple ensuring their children have enough chance to play with their peers. H feels capable enough to maintain the safety of his child’s environment by explaining to his son about the prohibition of playing dangerous objects. At home, H does not provide a stimulating object for her daughter, but she gives her daughter the opportunity to play with her peers.

Social caregiving

In terms of social caregiving, the participants provide time to interact with their child and opportunities for children to socialize with the surrounding environment. However, subjects still do not understand how to respond to the child’s emotional expression. Some couples make efforts to build communication with children. The 1st couple gives their son an opportunity to socialize with others around him. They also feel that they already provide an adequate affection for the child, but they do not understand the proper way to deal with annoying child behavior. During the time of the interview, the method used is to scold and advise the child, which seems ineffective because the child’s behavior is not reduced and the child just adds to the intensity of disruptive behavior. Children are also rarely communicated interpersonally with their mom. During this time, the conversation only happens mechanically, which is associated with nurturant caregiving (i.e. from the questions like “have you eat?” or “have you take a bath this afternoon?”). The 1st couple also has not understood the importance of positive discipline technique in shaping positive behavior. Children are also rarely invited to communicate because of limited time and language skills of children is considered still inadequate. This also experienced by other couples. A 2nd couple, for example, did not apply positive reinforcement in shaping the desired behavior. The 3rd couple stated that they often invite their children

| Participant | Socioeconomic class | Deafness category | Number of child | Child’s age | Education |
|-------------|---------------------|------------------|----------------|------------|-----------|
| 1st couple  | A (husband) & B (wife) | Middle | Severe | 1 | 4 y.o | Highschool (special school for hearing impairment) |
| 2nd couple  | C (husband) & D (wife) | Low | Profound | 3 | 8 y.o, 4 y.o, 11 mo | Highschool (special school for hearing impairment) |
| 3rd couple  | E (husband) & F (wife) | Middle | Profound (wife) and severe (husband) | 1 | 8 y.o | Highschool (special school for hearing impairment) |
| 4th couple  | G (husband) & H (wife) | Middle | Severe | 1 | 4 y.o | Highschool (special school for hearing impairment) |
| 5th couple  | I (husband) & J (wife) | Middle | Profound | 3 | 5 y.o, 3 y.o, 1.5 mo | Highschool (special school for hearing impairment) |
to communicate, but as the previous couple, the conversations carried out were only about school assignments. Nevertheless, F still tries to get involved in taking care of her child if she is not working while her husband does not involve intensively in the care of the child. However, there are no fixed rules about time discipline for children.

The 3rd couple’s first son has behavior problems, such as frequent quarrels and uttering harsh and dirty words. They do not know how to stop the behavior. All that they have done are advising and rebuking him for doing so. They also have not set firm and consistent rules for their children, especially in terms of time discipline. The 4th couple has tried to teach their children to behave, for example how to be responsible for their mistakes, but they still have trouble teaching the children to take responsibility for their own goods. When they face such disturbing behavior, they use a way of threatening, advising, scolding, or even pinching the legs or flicking children’s ears if the behavior is getting outrageous.

Didactic Caregiving

DISCUSSION

Bigner (1994) states that the nurturing done by a parent is influenced by the parenting that their parents used to do. Parents of deaf persons often choose to communicate with their children using sign language compared to reading lips. Unfortunately, not all parents are mastering sign language, so communication becomes obstructed. Deaf children are often unable to convey their feelings, thoughts, and experiences to parents, so they feel isolated from others that matter to them (Gregory, Bishop, & Sheldon, 1995 in Levinger and Orlev (2008)). Unfortunately, 90% of children with hearing impairment are born to parents who have no previous contact with the deaf community, so parents treat them like children with intellectual disabilities or slow growth. Parental treatment and the lack of information of help, of course, affect the behavior of children with hearing impairment when they become parents. For that, they need the opportunity to learn practically the skills that should be owned by parents in general (Levinger and Orlev, 2008).

The extended family can also have effects on parenting. Andayani (2000) notes that when the relationship between the nuclear family and the parents’ family is colored by a large parental influence on the life of the nuclear family, parenting is unclear. The aspect observed mainly is the problem of family rules that become unclear because there is a difference of ideas between mother and father with their parents. However, large families can also be supportive of fathers and mothers in caring for their children. As with some hearing-impaired couples living with parents or families outside the nuclear family, parents find it difficult to establish consistent rules because of differences of opinion or principles between parents and other extended family members. According to the PPCT Model (Bronfenbrenner, 2005), human development is greatly influenced by four interrelated components: (a) the developmental process, involving the fused and dynamic relation of the individual and the context; (the person with his or her individual repertoire of biological, cognitive, emotional, and behavioral characteristics; (c) the context of human development, conceptualized as the nested levels, or systems, or ecology of human development; and (d) time, conceptualized as involving the multiple dimensions of temporality constituting the chronosystem that moderates change across the life course.

The condition of deafness experienced by the couples, prejudice received from the outside environment, or ignorance or unfair treatment of parents are stressors that are often experienced by people with hearing impairment. This explains why couples who have more social support from family or others can perform better parenting than other couples. Carter & McGoldrick (in Goldenberg and Goldenberg (1985)) mentions that the stressors experienced by families are sources of changes. Two types of stressors are vertical stressors and horizontal stressors. Vertical stressors are the pressures of larger systems such as the state’s economic conditions, prejudices and social attitudes, ideologies. Horizontal stressors are the transition stage of family development from internal side and crisis from the external side like a disaster, war, death, chronic pain. Changes in this kind of change will shake the balance in the family because the family will try to overcome the problems faced so that the balance can be restored. If the family can solve the problem well, then there will be an adjustment, while if the family is not able to solve the problem, what happens is a prolonged crisis.

Husband-wife relationships also have an effect on parenting behavior. A husband-wife relationship should be a complementary and mutually supportive relationship, there is cooperation between husband and wife in taking care of the household. Miller et al. (1993) found that the adjustment of the marriage of the spouses of parents affected the quality of their parenting. On the subject of the mother when the husband-wife relationship is colored by a low positive affection, parenting becomes less warm. While on the subject of the father when the relationship between the husband and wife is not good and experiencing many conflicts then the parenting behaviors are reduced in the aspect of control. It appears that the warmth of the relationship between husband and wife has an influence on the way parents take care of their children.
This is also supported by Simons et al. (1992) that support from couples is associated with more supportive parenting in children. Thus, cooperation between couples will greatly support a more positive form of parenting. Collaboration between two caregivers in carrying out childcare responsibilities is referred to as parenting (Feinberg, 2003; Kagan, 1999).

It is said that the quality of co-parenting relationships can be predicted through the partner’s personality and the characteristics of the relationship that is owned even before the birth of a child. Belsky and Hsieh (1998). Co-parenting aspects, which are different from marital relationships, parent-child relationships, and the family system as a whole, can be used to predict problem behavior in children (McConnell and Kerig, 2002). Studies show that the quality of parenting in parents predicts adaptability in children (McHale and Rasmussen, 1998), whereas parents who agree with each other on how to control children’s behavior, have children who tend to be more obedient (Lindsey and Caldera, 2005). The impact also applies to parent, in which conflict with parenting partners is significantly related to parenting behavior both directly and through psychological distress of parenting (Dorsey et al., 2007). The results of this study show that hearing-impaired parents do parenting along with child grandparent. Egeren and Hawkins (2004) explain that parenting is not only happening between couples who have a romantic relationship, for example between mother and grandmother, or in cultures where childcare is the responsibility of some group members. For this reason, further research is needed in parenting cooperation between deaf parents and their parents.

CONCLUSIONS

The purpose of this study is not to generalize its findings. The aim is to shed insight into the parenting behavior amongst the hearing impaired parents. From the result can be concluded that hearing-impaired parents in this study do some caregiving task (some of the nurturant caregiving tasks, giving toys and opportunities to play, setting rules, and providing proper education) by themselves, but need help from normal hearing others in doing another caregiving task (some of the nurturant caregiving tasks, handling child disturbing behavior with more positive discipline technique). It was also found that parents collaborated with grandparents in doing caregiving.

LIMITATION AND STUDY FORWARD

The present study was not experimental, so it was not possible to determine the effects between social support on parenting behavior of the hearing impaired parents, and parenting behavior to child behavior. Further research is needed to determine the determinants or effects of parenting behavior carried out by hearing-impaired parents. Further research also needs to consider the relationship with children’s behavior, especially in relation to the condition of hearing limitations experienced by parents.

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