

Title

Living with hearing and speech impairment: challenges and options

Author

Tafadzwa Ngonidzaishe Jakaza¹ and Dorothy Nyakudya²

¹Social Work Graduate Teaching Assistant, University of Zimbabwe, Email: tjakaza60@gmail.com

²Sista2sista Youth Officer, National Aids Council, Zimbabwe

Abstract

The exclusion of the people with hearing and speech impairment from mainstream society has been in existence since time immemorial mainly because their reality has been little or misunderstood. The people with hearing and speech impairment have often been thought to be “mentally retarded” and therefore are not able to participate in day-to-day activities in their various societies hence their ultimate exclusion. Sometimes the hearing people have been known to disassociate themselves

with the people with hearing and speech impairment out of fear of not knowing how to interact with them properly. This paper seeks to look into greater detail the exclusion of the people with hearing and speech impairment in Zimbabwean context. It will include definitions of the condition, its prevalence, causes, theories or models explaining disability, problems experienced by the people with hearing and speech impairment as well as possible solutions and recommendations to mention just a few.

Key words

disability, exclusion, hearing and speech impairment, Zimbabwe

Introduction

The exclusion of people with hearing and speech impairment from mainstream society has been in existence since time immemorial mainly because their reality has been little or misunderstood. The people with hearing and speech impairment have often been thought to be “mentally retarded” and therefore are not able to participate in day-to-day activities in their various societies hence their ultimate exclusion. Sometimes the hearing people have been known to disassociate themselves with the people with hearing and speech impairment out of fear of not knowing how to interact with them properly. This paper seeks to investigate greater detail the exclusion of the people with hearing and speech impairment in Zimbabwean context. It will include definitions of the condition, its prevalence, causes, theories or models explaining disability, problems experienced by the people with hearing and speech impairment as well as possible solutions and recommendations to mention just a few.

Background information

Prevalence of hearing and speech impairment

Being a “minority” is not enough justification for the exclusion or rather being forgotten as that is a bias and a negative influence towards sustainability. The minority groups especially the people with hearing and speech impairment should be included in the socio-economic and political spheres so that their views and concerns can be heard and addressed just like any other able-bodied person. According to the World Health Organisation (2015). Over 5% of the world’s population that is 360 million people have disabling hearing loss (328 million adults and 32 million children). The majority of people with disabling hearing loss live in low- and middle-income countries. Approximately one third of people over 65 years of age are affected by disabling hearing loss. The prevalence in this age group is greatest in South Asia, Asia Pacific and sub-Saharan Africa. Mandipa and Manyatera (2014) noted that although there have been four censuses in Zimbabwe since independence, none of them provided statistical data on the prevalence of deafness and hearing loss in the population or disability in general. This is an indication that the people with hearing and speech impairment are forgotten since they are not being recognized even in non-material benefitting programs like census. Dube (2011) in a Manica post article noted that there were an estimated 135 000 (2.5%) school children in Zimbabwe have some degree of deafness. Choruma (2007) estimated that persons with disability constituted about 1.4 million of the total population in Zimbabwe and these were inclusive of people suffering from hearing loss and deafness, yet they have not been given a chance to publicly express themselves or participate in development programs that is why there is no recorded literature to prove the successes of the people with hearing and speech impairment and dump in Zimbabwe thereby denoting that they are indeed a forgotten and excluded spice.

Definitions

Abdelaziz (2012) defines hearing loss as a condition which exists when there is diminished sensitivity to the sounds normally heard. He defines deafness as a degree of loss such that a person is unable to understand speech. Visual communication includes Sign language, lipreading, speechreading, and reading and writing. Auditory communication includes voice, hearing, and hearing aids and devices. Nouns such as mute, hearing mutism, deaf, dumb and hard of hearing are no longer used as they are offensive to many people with hearing and speech impairment. In Shona language, a person who does not hear or has hearing problems is called *matsi* or *munhu asinganzwi* (a person who does not hear), while the one who does not talk is called *mbeveve* or *munhu asingagone kutaura* (a person who does not speak).

Causes

One becomes people with hearing and speech impairment or hard of hearing due to a number of factors. A person can be born with the condition or may acquire it during their lifetime. The causal factors can be hereditary, biological or environmental.

Hereditary causes

The condition can be genetically passed down in families directly or indirectly. This according to Heidi (2003), means that a child can be born people with hearing and speech impairment due to genes passed down or may inherit diseases that cause deafness for example Stickler’s Syndrome or the Usher Syndrome amongst others.

Biological causes

These could exist in the form of diseases or disorders as well as poor prenatal care such as alcoholism during pregnancy. Diseases such as meningitis, measles, syphilis as well as mumps may be responsible for causing deafness especially in young children. People living with HIV/AIDS may also be at risk for developing hearing problems due to the medications they take. There is a wide spectrum of medical conditions some of which not mentioned here can cause hearing difficulties. Aging may also be another causal factor for hearing loss and deafness.

Environmental causes

The recreation and occupational environments of people also influence their risk of developing hearing problems. The World Health Organisation (2015) estimates that persons between the ages of twelve to thirty-five are at risk of hearing problems due to the usage of personal audio devices that are too loud. Hearing loss has also been described as primarily a condition of modern society, Goines and Hagler (2007). This is because in the preindustrial period less people suffered from hearing loss as compared to present times. The emergence of the industrial era brought with it occupational hazards such as noise pollution hence increasing the risk of suffering from hearing loss. However, according to the World Health Organisation Factsheet (2015) more than half of the cases of hearing loss can be prevented through immunization, proper care during pregnancy, avoiding noise as well as certain medications. Early treatment of infections such as meningitis can reduce chances of hearing loss.

Spiritual and cultural interpretations

The above stated cause may be contributory to the existence of the people with hearing and speech impairment and hard of hearing people but in Zimbabwe this condition can also be attributed to cultural beliefs. Tatira (2010) identified some practices are believed to be contributory factors of people with hearing and speech impairment and people with hearing and speech impairment community such as witchcraft, curse, avenging spirits and the quest for riches using black magic “*kuromba*”. Tatira (2010) argues that witchcraft is the ability to harm others supernaturally through the exploitation of mystical power, while other schools of thought like the Maguranyanga (2011) defines witchcraft as a practice commonly done by witches. Tatira (2010) argues that a person may become people with hearing and speech impairment or hard of hearing before and after birth due to witchcraft practices from other members of the community or family. Such actions may be attributed to jealousy or revenge.

Problems experienced by people with hearing and speech impairment

Social problems

The right of people who are people with hearing and speech impairment and hard of hearing to education, access to healthcare services is often not realised. This therefore hinders their access to other rights and creates vast obstacles to reaching their potential and effectively participating in their communities especially in the third world countries hence Zimbabwe is not an exception (UNESCO, 2010). UNICEF (2013) states that it estimated that globally, 93 million children aged up to 14 years live with a moderate or severe disability thus among these are also the people with hearing and speech impairment and hard of hearing.

In developing countries children and young adults with sensory impairments such as the people with hearing and speech impairment and hard of hearing are more likely to be out of school than any other group of children. They have very low rates of initial enrolment in education sector both formal and informal. Those enrolled are likely to drop out of school early due to stigma and discrimination. According to World Bank (2005) having a disability increases one’s risk of being out of school by two and half times which leads to limiting their access to education and health care services. World Bank (2005) goes on to note that it is estimated that 85% of all children out-of-school are disabled and this increases their marginalisation from the mainstream society.

Most people who are people with hearing and speech impairment and hard of hearing in Zimbabwe and are not accorded the same access to education and health care service opportunities as their able-bodied counterparts. This is due to communication barriers, stigma and discrimination. United Nations (2011) noted that the denial of education robs children of the future benefits of education and the opportunity to access other rights like health, employment opportunities or participation in civic affairs later in life. For instance, in Zimbabwe it is very difficult for the people with hearing and speech impairment and hard of hearing people to be employed or get assistance from service providers for there are no employed personnel who are well versed with sign language. It also restricts them from full participation in society due to communication barriers and it limits one’s chances of escaping poverty. Thus, these barriers being faced by people with hearing and speech impairment and hard of hearing people means they are among the poorest in Zimbabwe. Excluding the people with hearing and speech

impairment and hard of hearing people in education has a negative impact on the chances of delivering on the international obligation to achieve universal primary education, a globally agreed target set out in Sustainable Development Goals (UNICEF, 2013).

Women with hearing impairment are often faced with a constant battle to maintain a sense of dignity and respect when accessing health care. The bulletin noted that women who were people with hearing and speech impairment and hard of hearing would get inadequate medical assistance due to poor communication and had no opportunity to maintain a degree of privacy when accessing health care as they sometimes had to consult medical personnel in the presence of relatives who could translate. Nzegwu, (2004) in agreement also noted that to overcome challenges faced at health facilities, many people with hearing and speech impairment and hard of hearing people rely on relatives and friends to accompany them to appointments and hence may not get the adequate assistance they require due to fear or embarrassment of explaining their conditions in the presence of a relative. Thus, the people with hearing and speech impairment and deaf are excluded from the mainstream society where health care appointments should be a matter of privacy.

Economic problems

The people with hearing and speech impairment and hard of hearing also face a number of economic challenges mainly unemployment, low national budget allocation and lack of legislation to govern employment of the people with hearing and speech impairment community in Zimbabwe. The deaf and people with hearing and speech impairment often face challenges in securing employment and due to social exclusion in various Zimbabwean communities there is a wide gap of unemployment rates among the deaf and people with hearing and speech impairment in Zimbabwe. It is now widely recognized that having a disability has a negative effect upon rates of employment and earnings. Hlatywayo, Hlatywayo and Mtezo (2014) noted that employers were confident that the people with hearing and speech impairment and hard of hearing could be as competent as their hearing counterparts, they could however not employ them because of communication barriers. Their study also noted that employers argued that other co-workers side-lined the people with hearing and speech impairment and hard of hearing in meetings and hence they often missed crucial information and also that clients were often sceptical of the people with hearing and speech impairment and hence this was detrimental to their businesses. These viewpoints explain why high unemployment rates exist in the people with hearing and speech impairment community.

Equally important, the people with hearing and speech impairment are being excluded in the communities of Zimbabwe. They are being excluded in the training and development. The training and educational services seem very important in market development. It has been also noted that one of the environmental factors that have contributed to the entrepreneur success is an educational and short-term training program. The deaf and people with hearing and speech impairment need training in terms of business plan preparation, strategic planning, decision making, negotiation, pricing, market penetration, organization and management, management of the workforce, and handling of cash-flow among other issues (Swanson and Webster, 1992). Most people with disabilities in Zimbabwe are not accorded the same access to job opportunities as their able-bodied counterparts. According to a study by NASCOH (NASCOH, 2002), only two per cent of people with disabilities are employed in the public sector, and overall less than seven per cent of people with disabilities. Such low numbers can be attributed to low educational qualifications and training of the people with hearing and speech impairment and hard of hearing.

Political and policy related problems

Politics, in its broadest sense, is the activity through which people make, preserve and amend the general rules under which they live. On the one hand, the existence of rival opinions, different wants, competing needs and opposing interests guarantee disagreement about the rules under which people live. Therefore, for this argument it will be highlighted how the people with hearing and speech disabilities' different wants and competing needs have been recognized in Zimbabwe's political realm. Very little information from the mass media and the government is accessible in sign language, and mass meetings such as public campaigns rarely have sign language interpreters available. Considering that the survey also observed that the education system has not been effective enough to empower the group of people, it can be assumed that the majority of people with hearing and speech impairment people are functionally illiterate due to the low quality of the low quality of education, hence the written information in newspapers and or flyers is of limited benefit. Also, very few news programs on broadcasted on the national television. Even though People with hearing and speech impairment people are rarely formally denied the right to vote, they are not provided the opportunity to make informed and independent

decisions in political elections, as a result one can be justified to argue that people with hearing and speech disabilities are excluded from mainstream society.

Sign language in legislation

Zimbabwe's new constitution sort to give the legal recognition that saw sign language being observed and recognized as one of the official languages of the country as given in Section 6 of the Constitution of Zimbabwe. Although with this kind of recognition the country made a giant leap in efforts to include the people with hearing and speech impairment community in mainstream society, many organizations are not satisfied with the level or scope of this recognition and continue to lobby the government to enhance and improve the status of the sign language. For instance, the political structures have not been able to come up with measures to ensure that every able-bodied citizen is exposed to the basic teachings of sign language, a move which would ensure that the barrier of language is bridged so as to improve interaction between everyone in society. During the consultations for the constitution making process, NASCOH (2010) note that there were over 500 000 people in the country who by the time the constitution making process was carried were either people with hearing and speech impairment or dumb or both but were not considered after the Parliamentary Select Committee (COPAC) failed to enlist the aid of interpreters thereby highlighting the exclusion of the people with hearing and speech impairment community. NASCOH claimed that for a period of over three weeks, COPAC gathered people's views through the outreach teams, and completed obtaining views from several districts of the country, but virtually ignored the people with hearing and speech impairment as they did not have interpreters. This was even though COPAC had a clause that should have catered for people with special needs during the outreach phase. All this is ample evidence that the community of people with speech and hearing disabilities is excluded from major developments of society because even the then Minister of Constitutional Affairs Eric Matinenga admitted to the fact that the people with hearing and speech impairment community had been left out (NASCOH 2010)

However, although the people with hearing and speech impairment and hard of hearing are of excluded from mainstream society, some positive steps have been undertaken to try and improve their situation. Of notable contribution are the efforts made by the people with hearing and speech impairment Zimbabwe Trust in trying to include the people with hearing and speech impairment and hard of hearing into mainstream society. These efforts include the establishment of schools for the people with hearing and speech impairment so that they can at least get some form of formal education while efforts for inclusive education are underway. According to the Open Society Initiative for Southern Africa (OSISA 2016) the organisation has also managed to establish sign language clubs in some schools which serve as a platform for the people with hearing and speech impairment and hard of hearing counterparts to interact with their hearing peers. The People with hearing and speech impairment Zimbabwe Trust in conjunction with the Ministry of Higher and Tertiary education has facilitated the training of people with hearing and speech impairment people as teachers.

Implications and options

In coming up with possible solutions to the problems of the people with hearing and speech impairment and hard of hearing it is also worth noting the prevention strategies that can be taken to prevent a further increase in the discrimination and exclusion of people living with these disabilities. The immunization of children against childhood diseases, such as measles, meningitis, rubella, and mumps, immunizing adolescent girls and women of reproductive age against rubella before pregnancy; screening for and treating syphilis and other infections in pregnant women; improving antenatal and perinatal care, including promotion of safe childbirth are some of the preventative measures that can be taken to prevent deafness in babies and young children.

Following healthy ear care practices as well as screening of children for otitis media, followed by appropriate medical or surgical interventions; avoiding the use of particular drugs which may be harmful to hearing, unless prescribed and monitored by a qualified physician; referring infants at high risk, such as those with a family history of deafness or those born with low birth weight, birth asphyxia, jaundice or meningitis, for early assessment of hearing, prompt diagnosis and appropriate management, as required may also work towards reducing possibility of deafness as an after effect of some medical conditions.

The reduction in exposure (both occupational and recreational) to loud sounds by raising awareness about the risks and developing and enforcing relevant legislation as well as encouraging individuals to use personal protective devices such as earplugs and noise-cancelling earphones and headphones. Early detection and intervention are crucial to minimizing the impact of hearing loss on a child's development and educational achievements.

In instances where deafness has already occurred, a number of strategies can also be implemented to prevent the isolation and exclusion of people who are people with hearing and speech impairment and hard of hearing from mainstream society. These include ensuring that people who are people with hearing and speech impairment and hard of hearing as well as their families are given an opportunity to learn sign language as early as possible. The family is the primary agent of socialization for young children hence it is crucial that effective communication exists between a person and their family.

The community in Zimbabwe should assess existing policies, systems and services, including an analysis of the needs, experiences and views of the people with hearing and speech impairment and dump community. There is need however to identify gaps and priorities to reduce inequalities in basic social services like education and health. As noted by WHO (2011) many countries have good legislation and related policies on the people with hearing and speech impairment community but the implementation of these policies and the development and delivery of regional and local services have protected. Thus, there is need to include these people with hearing and speech impairment community in Zimbabwe in the audits and development and implementation of policies.

Furthermore, there is need for financial initiatives to help the people with hearing and speech impairment and dump community so that services may be affordable and accessible and may benefit equally from public health care programs as well as to earn a living. In the health care, out of payments options for the people with hearing and speech impairment and dump must be reduced if not removed. There is need for reallocation and redistribution of existing resources. Funding targeted at the people with hearing and speech impairment and hard of hearing community, with priority given to essential elements of rehabilitation including assistive devices should be availed. There is however need for timely payments of the harmonized cash transfer programs for the people with hearing and speech impairment community in all districts.

Sign language should be compulsory to all social workers in all Universities offering social work as a program so that they will not have a challenge in advocating for them. As it is one of the functions of social worker that social workers enhance the problem solving and coping capacity of people so as to enhance their social functioning and well-being. Therefore, sign language would help in making the people with hearing and speech impairment and dump say out their problems and social workers helping them to identify their dormant potentialities and problem-solving skills.

Extensive research is also further recommended. The people with hearing and speech impairment and dump community related research is more essential in understanding disability issues. More research on the needs, type and quality of services needed challenges and barriers to basic social services will benefit the policy implementers. The people with hearing and speech impairment and dump community must be included in the research on issues that concerns them. Moreover, there is also need for stakeholders to collaborate between families and family organizations, governmental and non-governmental organizations, including disabled people's organizations to provide support for families living with people with hearing and speech impairment and dump by arranging respite care which can provide a short care and psychosocial support to improve well-being.

Awareness campaigns are also significant in improving the public understanding the people with hearing and speech impairment and hard of hearing community and confront negative attitudes about disability to improve people's perceptions towards the people with hearing and speech impairment and the dump community. Governments, PVOs and NGOs should conduct awareness campaigns that change attitudes and stigmatizations practices against the people with hearing and speech impairment and the dump community. The media is a powerful tool that can be used to disseminate positive information about the people with hearing and speech impairment and hard of hearing community. These campaigns should be done at community, district and national levels. Formal support workers should be provided with relevant professional training which takes into account the principles of the Convention on the rights of People living with Disabilities (CRPD). There is need for Community-based rehabilitation programmes to train the people with hearing and speech impairment and dump and their families to manage their support needs and create links with self-helps groups for information and advice.

The people with hearing and speech impairment community mainstreaming should be enhanced. This can be necessitated by adopting universal designs that are practical and affordable. Building of special classes, training class needs teachers and ensures an inclusive educational accessibility to enable access for the people with hearing and speech impairment and hard of hearing community. The promotion of sign language in schools and use of braille literature can also help in accommodating people with hearing and speech impairment children and hard of hearing children to access education services.

Conclusion

It can be noted that deafness and muteness as a disability can be caused by a number of conditions such as poor prenatal care, infections such as measles and poor ear care practices amongst other causal factors. The disability can however be prevented through timely consultation and treatment of medical conditions that contribute to its existence. Due to the poor understanding and misconceptions surrounding the issue of deafness and muteness, the people with hearing and speech impairment community are often isolated from mainstream society and has limited access to education, employment, healthcare facilities as well as participation in politics and policy making. The largest obstacle to their inclusion is often the communication barrier which exists because sign language has not been enshrined in the education curriculum of Zimbabwe. Therefore, one could conclude inclusion of the people with hearing and speech impairment community can only be possible if sign language is treated as one of the official languages that are used in Zimbabwe. Policies and legislation should be established and enforced accordingly to ensure the inclusion of the people with hearing and speech impairment community in mainstream society. The social work profession amongst others should play a pivotal role in promoting the inclusion of the people with hearing and speech impairment community into mainstream society through utilizing and integrating the social work methods to inspire collective action in dealing with the plight of people living with this disability.

Acknowledgements: Dr Chamunogwa Nyoni and Francis Maushe

List of references

- Chitereka C. (2010) *People with Disabilities and the Role of Social Workers in Lesotho*, Lesotho: University of Lesotho
- Choruma, T. (2007) *The forgotten tribe: persons with disability in Zimbabwe*. Progressio, UK
- Combat Poverty Agency (CPA) (1995) *Disability, Exclusion and Poverty: Poverty Briefing No. 4*. Dublin: Combat Poverty Agency.
- People with hearing and speech impairment Zimbabwe Trust (2015) *Zimbabwe Sign Language Bill*, Harare.
- Dube, L. (2011) <http://www.davidcoltart.com/2011/12/plight-of-deaf-and-dump-children-in-education/>
- Government of Zimbabwe (2013) *Constitution of the Republic of Zimbabwe*, Harare, Government Printers
- Hlatywayo, L., Hlatywayo, S. and Mtezo, J. (2014) The Employment of People with hearing and speech impairment Persons: A Zimbabwean Employers Perspective. *IOSR Journal of Humanities and Social Science (IOSR-JHSS) Volume 19, Issue 9 Ver VII*
- Iezzoni, L. I. (2003) Targeting health care improvement for persons with disabilities. *International Journal for Quality in Health Care*. 15(4), 287-299.
- Maguranyanga, B. (2011). *Apostolic Religion, Health and Utilization of Maternal and Child Health Services in Zimbabwe: Collaborating Centre for Operational Research and Evaluation*, 67.
- Mamba, V. (2016) *Sign Language clubs established by the People with hearing and speech impairment Zimbabwe Trust*. Open Society Initiative for Southern Africa. South Africa.
- Mandipa, E. and Manyatera, G. (2014) *African Disability Rights Yearbook*. Pretoria University Law Press
- Mangoma, E. (2015) *National Budget Nothing But Hot Air*
<http://www.newday.co.zw/2015/01/03/2015-national-budget-nothing-hot-air/>
- Manyanya, B. (2003) *Disability and socialism in Zimbabwe*; Harare: SAPES Trust.
- Mtewa, E. (2010) Understanding the Plight of Persons with Disabilities in Zimbabwe and its Policy Implications: A Literature Review and Analysis. *International Journal of Humanities, Volume 2(3)*, 115-123
- National Association of Societies for the Care of the Handicapped (NASCOH) (2002) *Employment of people with disabilities in the public sector of Zimbabwe*. National Association of Societies for the Care of the Handicapped, Zimbabwe.
- National Association of Societies for the Care of the Handicapped (NASCOH) (2010) *People with hearing and speech impairment want constitution restart: National Association for the Care of the Handicapped, The Zimbabwean of 25 July 2010* accessed online at <http://www.thezimbabwean.co> on 30 March 2016

Nzegwu, F. (2004) The experience of visually impaired users of the NHS. Guide Dogs for the Blind Association. Available: www.guidedogs.org.uk/index .

Tatira, L. (2010). *The Shona Culture: The Shona People's Culture*. UK, Lap Lambert Publishing.

The People with hearing and speech impairment Bulletin (2014) People with hearing and speech impairment and Human Rights: Why Words are Important in Describing Persons with Disability. Harare, Zimbabwe

UNESCO (2010). Reaching the Marginalized. EFA Global Monitoring Report. Available at:

UNICEF (2008). World Report on Child Injury Prevention Geneva, Switzerland.

UNICEF (2013) The State of the World's Children 2013: Children with Disabilities. United Nations, Report of the Secretary- General on the Status of the Convention on the Rights of the Child, A/66/230, United Nations, New York, 3 August 2011, p. 8. Quoted in the State of the World's Children 2013.

World Bank (2005) Disability and Development and the World Bank: A Briefing Summary on February 2005, Washington. Available at: <http://web.worldbank.org> .

World Health Organisation (2015) 1.1 billion At Risk of Hearing Loss: WHO Highlights Serious Threat Posed by Exposure To Recreational Noise. Press Release.

World Health Organisation Factsheet (2015) Deafness and Hearing Loss. Media Centre.

Zvarevashe. I. M. (1970) *Beliefs and rituals*, In Clive and Peggy Kileff (1969) *Shona Customs*, Gweru, Mambo Press.