

# WHAT DOES THE PUBLIC SAY ABOUT THE “CONTROVERSIAL” COMMUNICATION MODE(S) FOR THE HEARING IMPAIRED IN GHANA? A PILOT STUDY

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## **Abstract**

This study was carried out as a descriptive survey to obtain opinions of the public on preferred communication mode(s) of children with hearing and speech problems and how to intervene effectively to enhance classroom teaching and learning in Ghana. A pilot study on 35 candidates for admission into Special Education Programmes during March, 2000, investigated perceptions people had on communication modes of the hearing impaired. A second pilot study in 2001 – 2002 on documentation analysis also checked on the preferred mode(s) of communication of which 231 heterogeneous educators and resource personnel of special education and 14 parents were involved through convenience and purposive sampling, and focus group interviews. Findings according to ranking order, indicate Oral and Sign Language together, as the most preferred mode of communication followed by the total communication (oral, sign language, gestures, writing and finger spelling). Sign Language alone and Oral Communication alone ranked third and fourth respectively. Justification for preference of any mode of communication was established. Implication, recommendations, and suggestions were made to improve classroom teaching and learning for children with hearing impairment.

## **Background to the study**

Communication means community participation. It has to do with acquisition and abstraction of meaningful information and processing, and storing in short term and long term memory and retrieval of information. It includes language components of phonology, syntax, morphology, semantics and pragmatics (Kirk, Gallagher & Anastasiow, 1993).

Communication socializes people and makes them express their feelings and thoughts. It is either oral or non-verbal but all have their roots in the brain. The sense of hearing is a natural way that human beings listen to sounds and have meanings attached to them in a particular language familiar to the persons involved. Nevertheless, not many people are able to function using the ears as the natural conductor of sounds on speech which is transmitted into that portion of the brain to interpret to make meaning of what is heard. These are people with hearing impairment. This means that the ears cannot naturally function. Either there is a natural defect, damage to the organs caused by tumour, infection, accident or the problems of malfunction is inherited. No matter the causal factor of the hearing problem, hearing impairment impedes the ear to function therefore,

results in making the person, isolated or socially withdrawn, neglected, rejected, abused; the hearing impaired become victims of name calling stigmatized and economically deprived of gaining access to employment and owning property. Dzadze (1999) research findings revealed that some have reading problems and participate less in class. Some dropped out of school because they performed poorly and became truant. Often the person with sensory impairment is judged by the peers as an “idiot” just reconfirming Aristotle’s statement in 355BC that the deaf were dumb and stupid (Bender 1960). The controversy since that time still permeates in the minds of the academia, the public and others who refuse to accept these people with special needs as persons in the first place and to consider the impairment as a secondary problem.

There are over 30 special schools in Ghana with the higher number for the hearing impaired. In these schools, the main communication mode for the children is manualism or Sign Language. The American Sign Language had been used since 1957 when a special school for the deaf was started by Rev. Andrew Forster at Osu, in the Greater Accra region of Ghana. Rev. Forster himself was profoundly deaf and used the American Sign Language. Oralism, and Sign Language were practised by various schools in the 1960s because some children could talk. In addition, Total communication (involving Sign Language, finger spelling, gesture writing and drawing) was used.

However, in the 1990s, the decision to use Sign Language exclusively did not consider parents’ views on preference and children who were post linguals. Gadagbui (1998) submitted that the post linguals and those with potential to speak were lost since they were deprived of speech practice and teaching. The decision could have stemmed out of the fact that Sign Language is a language for the deaf. But the term “Deaf” here was generically used to cover even those with residual hearing and can hear at a certain level of intensity and can talk. In fact, Sign Language is a means of communication using hand symbols with those whose hearing level is 91+ dBHL and their understanding of speech is difficult (Northern and Downs, 1991). If this is the case, those with slight hearing impairment and moderate hearing impairment must be helped with hearing aids to boost their communication. All categories of hearing problems are described as hearing impairment (Martin, 1981) and people in any of the categories must be treated and supported according to their functional needs and not by a whole sale corrective measure. Akondo (2000) interviewed 40 educators and 33 argued that there could not have been a common mode for the hearing impaired. When asked what is the public’s choice on the communication mode 30(75%) of them stated that both speech and sign language should be taught. The reason given was that the parents could easily interact with their hearing impaired they added that Sign Language facilitate teaching and learning as it made their work effective too. Ten (25%) also preferred speech for socialization. In addition, they suggested that the individuals could be exposed to oralism (speech) manualism (sign language) and total communication. Kudogo, Kuusaviih & Mahama (2001) also asserted in their research findings that the five headmasters and 25(62.5%) teachers of special schools interviewed agreed on a combination of different modes of communication instead of a specific one. This assertion was made on the ground that not all the children are deaf. Some have a greater residual hearing than others. All 12 parents interviewed did not agree to the development of a Ghanaian Sign

Language since there are over 60 Language in Ghana. Twenty-nine teachers out of 40 interviewed could not suggest which Ghanaian language should be developed into Ghanaian Sign Language. Children must be guided to use a communication mode which suits them. Offei (2003) cited Evans (1988) as submitting that the use of total communication was understood by over 90% of children and their parents as against only less than half of the children or parents who understood all or most of what was communicated orally. Offei further stated that parents are anxious to have their children speak to them but the system made the post linguals worse of. The reason being that their desire to be taught speech and be encouraged to speak is nil. Some special schools have packed the donated auditory trainers, even hearing aids and the accessories until the vagaries of the weather made the aids dysfunctional. In addition, some parents are economically stunted to the extent that if even a ward is supplied with a hearing aid, they cannot purchase the batteries for that child.

In some schools, although the speech trainers are available, the teachers have not got the skills in linguistics, and the methodology of teaching speech to the children who need it.

Early childhood training although is stressed lacks the parental support and collaboration with classroom teachers and heads of special schools. Constraints faced by heads are lack of adequate financial and parental support; poor examination results and lack of effective communication skills among the hearing impaired. Some alleged that because Sign Language is not used in schools that is why the children are performing poorly. However, poor speech does not support them to get employment (Gadagbui & Essel 1997).

It is upon the basis of these problems that this research is being conducted to address these objectives and research questions as follows:

### **Objectives**

- To determine how the public as stakeholders perceive communication modes of the hearing impaired
- To investigate the preferred mode(s) of communication among parents, teachers and the public at large as stakeholders.

### **Research questions**

- 1) What perception has the public on communication for the hearing impaired?
- 2) Which mode of communication is preferred by the public and why?
- 3) What recommendations can be given so that the various communication needs of the hearing impaired can be met?

### **Significance of study**

Findings of this study will enable policy makers be informed as to what other stakeholders feel about the communication modes; what strategies they can adapt to satisfy all children in order to improve teaching and learning and learners' performances in school.

## **Methodology**

### **Research design**

This research uses a descriptive survey which sought the opinions of the public on preferred mode(s) of communication of the hearing impaired. Frequency of opinions are calculated using simple percentages and ranked according to order of preference.

### **Population**

The population consisted of candidates for 2000/2001 Entrance Examination seeking admission into Special Education Programme; the 1998-2001, 3<sup>rd</sup> year students in Diploma programme of Special Education and the Academic Staff of the University College of Education, Winneba; resource personnel from the University of Cape Coast (UCC) Unit School at Kibi; and parents of the hearing impaired in Swedru of the Central Region, Ghana were subjects who participated in the study. All these were stakeholders in educating and supporting children with hearing impairment.

### **Sample and sampling technique**

A grand total of 280 respondents participated in the study, 35 of which were randomly selected through an interview for the pilot study. Two hundred and forty-five (245) participants were also selected through convenience and purposively sampling were engaged through interviews of their opinions for a preferred communication mode of the hearing impaired. The categories of participants were the following: 174 were candidates for Entrance examination for 2000/2001 academic year; 37 Diploma 3 students of 2001; 17 academic staff of Special Education; 3 resource personnel and 14 parents.

### **Instrumentation**

Both structured and unstructured interviews formed largely the process for data collection. A focus group interview on the 3<sup>rd</sup> year diploma students of 1998-2001 and the academic staff of 2000/2001 was conducted. Documentary analyses of answer scripts of candidates for 2000/2001 were made.

### **Validity and reliability of instrument**

The core academic staff members formed the peer consultative group to formulate questions which were sensitive to eliciting related responses to address the issues the study had been purposed to achieve. Questions for the interview were therefore subjected to peer review. As a result, the questions were rated valid for use.

### **Data collection procedure**

These are in two folds. The first was a pilot study on perception of communicate modes of the public. The second was the preferred mode for communication among the hearing impaired.

### **Pilot study – 1<sup>st</sup> phase**

A pilot study on 35 candidates randomly sampled was made. The aim was to have information on people's perception of modes of communication. This was during the year 2000 when entrance examination was conducted for admission of candidates.

Findings indicated that candidates had idea about various ways that the hearing impaired communicate. Examples given were gestures, finger spelling, sign language and a combination of speech and sign language, writing and lip reading. However, the knowledge of the use of gesture dominated the candidates' perception of the modes of communication by the hearing impaired. In addition, majority did not know the difference between gestures and sign language, even though they know that there were symbols used with the hands.

### **Second phase of study**

A total of 245 participants made up of one hundred and seventy four (174) candidates for the 2000/2001 academic year, 37 Diploma 3 students of 2001; 17 academic staff of University College of Education, Winneba, with 3 Resource Persons from the University of Cape Coast, and Unit School for the Deaf Kibi, and 14 parents of the hearing impaired were engaged in an interview at different times over a period of one year on the issue of preference in communication mode(s) for children with hearing impairment.

Two groups made up of the 3<sup>rd</sup> year students and academic staff of the Department of Special Education formed the focus group and were interviewed separately.

The students were interviewed as a whole class during a lecture session as preference for mode in communication formed an aspect of the discussion of topic for that lecture.

The academic staff formed the focus group to discuss the marking scheme on the same issue which formed part of the Entrance Examination questions for candidates of the 2000/01 academic year. The three Resource teachers from UCC and Unit school for the deaf at Kibi were informally interviewed at different points in time between 2000 and 2001.

Basically, the questions set for all participants was simply stated as; "Which of the communication methods would you prefer for the hearing impaired child and why? List 5 of your reasons or preference in choice and Discuss".

For clarity of instruction, a scenario was created in section B of the questions for the Entrance Examination. In a clearly stated paragraph of 90 words the information on Sign Language, Speaking and a combination of the two were given as methods which parents and teachers had been exposed to but raised anxiety levels of some teachers and parents. Candidate should help solve this problem with a parent.

## Findings and discussions

Information from Documentary analyses (examination scripts) of 174 candidates 37 Diploma students, 3 resource persons and 14 parents were tabulated.

On the ranking Order, oral and Sign Language ranked 1<sup>st</sup> with 105 respondents as a preferred method. This was followed with a total score of 74 (30.2 %) for Total Communication (involving speech, Sign Language, gestures or body language, writing and finger spelling).

The 3<sup>rd</sup> in rank was the Sign Language alone with 20 (8.16%) responses. Total Communication with a stress on speech ranked 4<sup>th</sup> with 18 (7.35%) responses. The 5<sup>th</sup> in rank was Oral Communication alone with 11 (4.49%) responses.

Rationale for the ranking order are submitted in Table 1 below to represent the opinions of candidates. Diploma 3 students resource persons and parents on preference mode in communication of the hearing impaired.

Table 1. Preference of communication modes in rank order and justification (n=228)

S/N	Mode of communication preference	Frequency of Response	Justification
1	Oral and Sign Language	105(42.9%)	Society benefits in that child talks, signs and uses hearing aid as a result of residual hearing to communicate better with others. A blend of these methods facilitates lip reading and understanding.
2	Total communication (TC)	74(30.2%)	Caters for those with residual hearing, the profoundly deaf; the prelinguals, and postlinguals, TC offers Sign Language, speech, finger spelling and body language (gestures and facial expressions). The resource person intimated that the deaf at UCC used speech writing to complement the Sign Language.
3	Sign Language alone	20(8.16%)	Best and easy method for teaching and learning Teacher talks less. Caters for whole class. Internationally used. It is easy to understand, can be seen and imitated; makes deaf confident. Carves cultural identify for the deaf. Out of 14 parents, 8 parents preferred Sign Language.

4	Total communication with much emphasis on speech	18(7.35%)	<p>Those who can speak should have supportive services (eg. Hearing aids; frequent speech therapy sessions etc).</p> <p>Those who cannot must use the Sign Language. It enables parents to communicate with their children because parents cannot sign.</p>
5	Oral communication alone	11(4.49%)	<p>Oral communication saves time. Children can listen to words and sentences and sounds thus improving their listening skills. Speech can be used by those with residual hearing and improved with hearing aids with frequent speech therapy sessions; child can lipread for understanding. Oral communication makes integration of children or inclusive education possible. Deaf cannot use speech; need to sign. Not all hearing impaired can speak. Among the 11 advocators for speech, 6 parents preferred speech if used with gestures to make them understand their children with ease and that if speech is taught in school than at home they can communicate with their children they stated that they cannot Sign and that some children can speak so using speech could make them improve.</p>

**UEW (Sped) academic staff responses (n=17)**

The 17(6.94%) of the academic staff debated so much on variables which set pace for choice and needs of each individual child instead of siding with a particular mode of communication. Advantages and disadvantages of each mode were discussed.

Among the core variables were **child’s needs; onset of impairment, functionable hearing levels; parental preference(s); support services such as hearing aids and review sessions; frequency of speech therapy sessions and child’s own preference as he/she is of age to decide.**

**Discussion on the use of Sign Language**

The academic staff submitted that the deaf need the sign language since they had no functional/residual hearing for speech or sounds. They argued that sign language should be introduced early to among the deaf because it is a natural language for the deaf and give them their identity; sign language conveys understanding to them in learning better in instructional setting; that it can make them gain access to job/employment with deaf

employers. But the **disadvantages** are that 99% of people speak; not many people can sign in Ghana; gaining employment is difficult; regular teachers are ignorant about sign language and teachers differ in their philosophies on communication modes. Beside same children have residual hearing and can speak therefore must be assisted to talk.

### **Discussion on the use of Speech**

About the use of speech the staff argued that speech is natural to 99 percent of human beings. Parents stated that speech is easy to acquire by those with functional hearing and those with residual hearing. They also stated that 70 -90 percent of regular teachers use speech for teaching and learning in the classroom. They confirmed that speech is a tool for socialization such as communicating with friends, and within families. It gives access to employment and that, needs can be met with speech.

The **disadvantages** stated include the fact that not many hearing impaired can learn to speak since they can not hear well. Parents can have their own preferences and not for speech.

The speaking public may not accept and understand the hearing impaired when speaking.

### **Discussion on Combination of Sign Language and Speech**

For a combination of Sign Language and Speech, the staff submitted that these two facilitate easy interaction, integration, learning and teaching among hearing and deaf members. Besides, it makes them acceptable since the world of silence is broken through effective communication and they can gain rightful status in employment, marry and intermarry, yet there would be problem.

For instance, lack of interest, commitment and patience and difficulty to sign on the part of hearing public to communicate with the deaf, cause a hindrance in communication.

On the other hand, it was realized that it would be difficult for the deaf to sign and speak at the same time as they would tend to focus more on signing than speech.

As a result of these diverse reasons the staff concluded that the individual needs of each child must be of prime importance in selecting or advising on modes of communication. Besides, consultation with parents in decision making must account for choice, until child is grown to decide on preference in choice.

## **Conclusion**

Findings indicate that there is no single method which children can follow. The public has its own opinions and justifications.

Responses from the 245 participants revealed that the blend of oral and Sign Language was the most preferred for communication. The reason being that the user can swap over to speech to benefit the speaking public. For the deaf they can use Sign Language. Total communication has all the modes in it hence being preferred to Sign Language alone and speech, alone.

The difference between Sign Language alone and Total communication (TC) with emphasis on speech is slim. This is because each mode satisfies people with different needs. The TC does not stress one particular mode but all modes which can run concurrently if possible and the recipient is likely to gain clues to what is being communicated through various modes blended. TC involves tactual, visual and aural skills. Sign Language can also be understood by people who take interest to learn it and practise it in communication with the deaf. Sign Language like speech has got its own structure so it needs to be learnt just as how speech is also caught through the environment.

## **Recommendations**

Based on the findings, it is recommended that children with hearing impairment should not have Sign Language alone but cognizance of the severity, onset, hearing aid, support services and user's own preference and parental decision and support must be the basic requirement in making choice of mode for the child. It is recommended that the deaf having a hearing level of 91+ dBHL may or be allowed to use any of the modes, such as Sign Language, Speech or Total communication. The Sign Language can be Sign the Exact English so that this skill is reflected in writing as it has the structure of a standard English Language. This exercise is capable of minimizing the wholesale failures or poor performance of the Basic Education Certificate of Examination.

Parents and teachers must learn the Sign Language to improve children's communication skills. Communication boosters (eg. hearing aids, Auditory Training Unit) for speech learning and correction must be used in every Special School with a teacher trained in language and speech teaching to assist the post linguals to acquire vocabularies and talk intelligibly using hearing aids all the time and develop listening and lip reading skills along side.

## **Suggestions**

It is further suggested that for the sake of the post linguals, the policy should be flexible to make potential children speak, be supported to learn speech and practice it. Speech and Language Therapists should be trained and be encouraged to teach speech in special schools and the mainstream.

### **Futuristic Implication**

A further research on communication modes needs to be conducted to elicit responses from the hearing impaired children in special schools and the adults.

For replication of findings, another research can be carried out on a larger sample of parents, teachers and other stakeholders.

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One of the three resource teachers who worked with a deaf undergraduate in UCC stated that the American Sign Language was the medium the student used and

These with preference for total communication loved it since they could add

.....was good at speaking and writing English Language despite the student's binaural and profound hearing impairment after contracting cerebral spinal meningitis at age 5. He used writing to supplement information given orally which other interactants failed to understand.

## **Parents' responses**

The 14 parents of hearing impaired children interviewed submitted their view. Eight(8) parents preferred speech and 6 parents preferred Total Communication.

## **Reasons stated for speech or total communication**

That they could not communicate using the sign language. Parents stated that if children used oral communication at school they could communicate with them. They also indicated that some of the children could speak so using speech could make them improve. They felt that adding gestures to speech made speech more meaningful and easy for understanding.