Building Communication with Deaf Children during The Covid-19 Pandemic

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ABSTRACT

The COVID-19 pandemic has changed the behavior of children with special needs. During this time, the role of family communication is important to maintain the children's development and resilience. This paper discusses the dynamics of family communication to cope with stress and to maintain the resilience of children with hearing impairment during isolation at home. Sixty-two deaf adolescents undergoing home quarantine were invited to answer questions online. Further, emotional reactions and family resilience were used as variables to obtain responses regarding their activities and communication within the family during isolation. The data were then analyzed by using simple frequency calculations to describe new realities. In this study, the number of family members at home was considered to decide family types. The results showed that (a) there was family interaction of deaf children through religious and house arrangement activities, with a stronger level from nuclear families, (b) deaf children felt more negative emotions in interactions in the family, (c) The existence of stronger family ties through the management of family relationships and communication was owned by deaf children from the nuclear family, and (d) stronger family belief systems were owned by deaf children from extended families. The conclusions of this study reveal different forms of interaction and emotional responses based on the family type of deaf children, the existence of relationship maintenance as a family protection factor, and emotional experiences as a form of adaptation to new normal situations. The findings in this study are important as an illustration for treating deaf children through interaction and communication approaches in dealing with adjustments to the new habits during the COVID-19 pandemic

Keywords: family communication, resilience, deaf children, COVID-19.

1. INTRODUCTION

Family plays an important role to look after deaf children in protecting their rights to feel safe and providing facilities that support their development of difficulties. However, since the beginning of the COVID-19, the Indonesian government has implemented a protocol to prevent the spread of the virus through house isolation. This protocol results in several changes in the dynamics of family life for children with special needs. Home isolation is one of the main recommendations to minimize physical and social interactions between people and communities [1]. With all work and school activities carried out at home over a distance, the care for the development of children in the family becomes more challenging and has an impact on the relationship life in the family.

Many studies have examined the impact of isolation on the children such as mental health problems [2][3][4][5][6], anxiety [7], public health [8][9], lifestyle [10], and social relations problems [11]. Furthermore, the home quarantine may also affect the children at the individual level such as depression [12], stress [13], irritability [14], anger [15], confusion [16], fear [17], sadness [18], anxiety [19], and other emotional disorders. Luckily, the role of the family is seemingly capable of reducing negative experiences due to psychological stress [20], interaction [21], and psychosocial support [11].

For families with deaf children, isolation is like a two-sided coin since it may serve as an opportunity as well as a threat in fulfilling the children's developmental needs, especially the need for education and health which is more than other normal children. By stopping the learning process at school and shifting the learning method at home, the family becomes a place of learning. Thus, the role of parents can be a guide for their children's education.

Treatment for deaf and hearing-impaired children (DHH) needs to receive major attention during a pandemic [22], as it is a critical period in language development with a long impact.

During the pandemic, the learning experience of deaf children has been configured for a long time. The learning-at-home concept is carried out remotely with the assistance of online technology [23]. This alternative method is considered easier for students so that they can learn independently and still interact with instructors and other students [24]. Although alternative methods are available, the challenges in preparing the method are frequently linked to technical difficulties that can hinder the learning process [25]. In addition, other researchers report that children do not feel comfortable learning online, which may cause them to feel frustrated [22]. In addition to learning support facilities and the availability of sign language translators, children also need more roles from parents to assist them. This situation seems to affect the emotional state of the child when he is with their family.

Parents' involvement is also increasing in fulfilling the health of their deaf children. During the pandemic, the children's hearing development therapeutic activities have also shifted to remote health services, such as telehealth [25]. Additionally, it is also generally shifted to care by parents in the family. The process of looking after deaf children in the family seems to be a learning process for parents and families to adapt to new norms [26]. The parents or family are required to succeed in applying several ways to overcome problems to achieve their family resilience [27]. On the other hand, families can show that they have more authority and are more effective in implementing family functions. New normal conditions during a pandemic can change family habits in interaction patterns [28], such as daily conversations [29] and new experiences in giving story messages [30] related to their difficulties face in the family.

The present paper attempts to address the emotional problems that arise and the interactions of the families to cope with the pressure of taking care of their deaf children during the pandemic. While research on the impact of self-isolation on the stress of normal individuals is available, the research investigating the attitudes of deaf children during the pandemic is scarce. This is so especially to those which study the interaction of activities and how family members can negotiate their relational world in building, enhancing, and optimizing crises and family barriers during the pandemic.

2. LITERATURE REVIEW

2.1 Social Construction Theory

Social construction is a theory that leads to social roles created through the use of language [31]. It focuses on how family members interact and negotiate their respective relational worlds. The theory pays special attention to understanding and interpreting patterns of interaction and related meanings. Social construction theory values family interactions as an important part of activities so that there is a reflective relationship between the individual level and the social level. By recognizing the nature and social reality that is built, there is an impact of the assumptions embedded in everyday communication. [28]. Previous research has found that nuclear families tend to have stronger intimacy and depend on communication in determining the roles and expectations of family members [32][33]. The social construction approach affirms that every family depends on discourse because they are subjected to interactions. They will greatly rely on interactions to make themselves communicative [32]. Social construction encourages the main role of communication on family traits which are seen as strengths when the family is part of a dependency that is created and legitimized in an interaction [34].

2.2 Family system

A family is a multidimensional unit that performs various functions in society. It includes various aspects such as family size, family function, and relationships between family members, etc. The definition of the family can be grouped based on the family structure [35][36]. Based on the family structure, the family is grouped into two types, named as the nuclear family, and the extended family [38]. The nuclear family is used to describe a family group consisting of father, mother, and children who live in one house. Meanwhile, the extended family is a large family system consisting of father, mother, and children, grandparents, aunts, uncles, and even some cousins who live together in one household. The function of the family based on the family system approach is also determined by intrapsychic factors, namely when a person finds himself, the push and pull, as well as emotional demands in the family. Apart from that, there are family roles and expectations, family boundaries and hierarchy, conflict, culture and family belief values. Resilience in the family system can act as a facilitator or a barrier to family health.

2.3 Family Resilience

Resilience is defined as the positive side of individual differences. It serves as a response to pressure and

adversity [38]. Personal resilience in family members cannot be separated from family resilience [27], because it involves family functions. When deaf children face difficulties and are different from other children, they still have the capacity to generate resilience even though the treatment given by their families is a challenge. Recent research shows that many families still struggle to understand the situation of their children with disabilities and it has an impact on their children's development. Family resilience appears as integration of positive family behavior, including a function of competencies that must be held by each member of the family as a whole [39]. Other studies have shown that family resilience is considered a process that demonstrates the success of multiple families when coping strategies are used [40]. Family resilience refers to the active process of building, enhancing, and optimizing family crises and barriers [41]. The relational perspective as resilience assumes relationships in the adaptation process, maintains relationships, and increases individual resilience [41]. The concept of resilience is also inseparable from family communication serving as their main support. Therefore, it allows them to seek close interaction between them in producing a meaning. Family resilience also illustrates the relationship between beliefs and family organization systems, including the process of solving problems.

3. METHODS

3.1 Participants

This research involved 62 deaf adolescents who experienced independent isolation with their families at home. The sample was chosen by using a simple random sampling technique. Data on nuclear and extended family types (Reiss, 1988) were treated as family demographics. 93 deaf adolescents were initially invited to take part in an online survey. 74 participants responded to the invitation and 62 of them filled out the questionnaire. Respondents were well informed regarding the confidentiality of their responses. Then, the data was collected for 29 days (June-July 2020) during the isolation period of COVID-19. The data was collected using an online questionnaire that was adapted from the literature mentioned in the earlier section. Respondents were asked to answer all items and consent was obtained from each participant. The data provided information about family demographics, family interactions in activities at home, emotional reactions [42][43] and family resilience [27] during the isolation period of COVID.-19.

3.2 Measurement

3.2.1 Emotional reaction.

Measures of emotional reactions of deaf children during the pandemic are categorized into two continuums: positive emotions and negative emotions [44]. Positive emotions include love [27], satisfaction [46], happiness [42], gratitude [47], entertainment [43], and relief [28]. Meanwhile, negative emotions are associated with anger & fear [43], boredom [49], anxiety [50], sadness [51], and despair [52]. In this context, these positive and negative emotional reactions were measured through one item using a Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree).

3.2.2 Family Resilience.

The measure of family resilience includes three aspects: belief system, organizational pattern, and communication [41]. The belief system is assessed from three aspects: meaning-making (4 items), positive outlook (4 items), and transcendence (5 items). Further, organizational patterns are assessed from three aspects: flexibility (3 items), connectedness (2 items), and social support (4 items). Finally, communication is assessed from three aspects: communication (2 items), open emotional (4 items), and problem-solving (4 items). In this research, the measurement of family resilience employed a Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Finally, the data were analyzed with the help of statistical software, named SPSS (v.23.0) to produce descriptive statistics.

4. RESULTS AND DISCUSSIONS

Respondents in the study consisted of 34 nuclear families (54.8%) and 28 extended families (45.2%). Respondents reported that family interactions in religious activities (95.4%), cleaning the house (95.1%), making food (85.1%), eating together (69.6%), watching television (56.8%), and exercise (48.6%) were the six forms of family interaction during the isolation period of COVID-19. The participation rate of the nuclear family (76.7%) was higher than that of the extended family members (56.6%).

Table 1 : Positive Emotion, Negative Emotion and Family Resilience by Family Type

Variable	nuclear family	extended family
	n =34	*n* =28
Positive Emotion	**60.5%**	**65.1%**
Love	64.1%	64.3%
Gratitude	54.7%	65.7%
Happiness	55.9%	57.9%

Entertainment	52.9%	77.1%
Satisfaction	53.5%	57.1%
Relief	81.8%	68.6%
Negative Emotion	**62.2%**	**69.0%**
Anxiety	81.4%	80.6%
Sadness	42.5%	77.6%
Anger	71.2%	46.4%
Despair	45.9%	53.6%
Fear	53.5%	76.5%
Boredom	78.8%	79.4%
Belief System	**68.6%**	**74.8%**
Making meaning	71.2%	77.9%
Positive Outlook	69.4%	67.1%
Transcendence	65.3%	79.3%
Organizational Pattern	**76.9%**	**67.1%**
Flexibility	78.8%	64.3%
Connectedness	77.1%	60.0%
Social resources	74.7%	77.1%
Communication & Problem Solving	**77.4%**	**57.9%**
Communication	77.6%	66.4%
Open emotional	76.5%	52.9%
roblem Solving	78.2%	54.3%

Emotion measurement results show that the extended family (65.1%) has more positive emotions than the nuclear family (60.5%). The types of positive emotions that were stronger in the extended family were entertainment (77.1%), gratitude (65.7%), love (64.3%), and happiness (57.9%). Meanwhile, the stronger positive emotions appearing in the nuclear family are relief (81.8%). Negative emotions appear stronger in extended families (69%) than nuclear families (62.2%), with stronger emotions of sadness (77.6%), boredom (79.4%), and fear (76.5%) owned by the extended family. Meanwhile anxiety (81.4%) and anger (71.2%) are more owned by the nuclear family. In family resilience, the belief system aspect is stronger in the extended family (74.8%) than the nuclear family (68.6%), while the organizational pattern aspect is stronger in the nuclear family (76.9%) than the extended family (67.1%), and the communication aspect is stronger by the nuclear family (77.4%) than the extended family (57.9%).

Negative emotions experienced by deaf children appeared in both types of families. Furthermore, deaf children from extended families showed more emotional reactions (both positive and negative) than deaf children from nuclear families. Although they did not have a significant difference, the two types of families had different types of emotional reactions, such as anxiety, boredom, sadness, and relief experienced by deaf children in the nuclear family type, while anxiety, boredom, entertainment, fear, and sadness were emotions existed in deaf children in the extended family type. Family resilience through aspects of family management patterns and family communication was reported stronger by nuclear families, while family's belief systems were more frequently found in the extended family types.

Family interaction is one of family's coping strategies aiming to maintain relationships between families [53]. Based on joint activities reported by deaf children, mutual interactions through religious activities and making food was a routine performed by the family during the COVID-19 pandemic. As a country with the largest Muslim population in the world, collective religious activities (such as prayer) were in line with the collective culture in Indonesia [54]. This finding confirmed the results that the aspect of religion could not be separated in dealing with the spread of COVID-19. Religious activities were believed to be the solution to the outbreak that occurred in Indonesia [55]. Intergenerational exchanges in the family, unexpected thoughts, and messages could occur during the isolation period of COVID-19 so that turbulence might occur among family members. The turbulence might have an impact on the mood of family members who were not positive in responding to situations in the family. Previous research has found that there was a higher risk of anxiety from families who like to stay at home during isolation [56], possibly referring to all family types found in the results of this study.

The nuclear family type was considered to have a more communal orientation than other family types. In this study, the type of family showed more involvement and communication in activities at home which was exemplified through the predominance of hopeful emotional reactions. These findings explained social constructs that were similar to research results that led to strong closeness and communication in the nuclear family [32][33] The extended family type which was more encouraging for member participation in the family [57], which is explained by the emotional reactions of joy and enthusiasm. The extended family is a type of family with large members. It will certainly increase the number of interactions that affect emotional color, both encouraging positive and negative emotions. In addition, this family tip can encourage emotional support and protection from both immediate and non-nuclear family members. The extended family relationship pattern can be carried out autonomously influenced by the kinship system of other family members as social support so that the family belief system in the findings of this study can be used to optimize family crises and barriers [41].

The rearing of deaf children in the family during the COVID-19 pandemic has indicated that mutual interaction and attachment have created a better understanding of the function of family care and affection. The role of the family in taking care of deaf children seems to be related to the attitude of how families form relationship patterns with their deaf children. Meanwhile, their deaf children's needs in mentoring, relationship maintenance, emotions, and family attachment styles have shown coping abilities to achieve their self-identity in the family. A new social reality in their family life strengthens positive emotions during the isolation of COVID-19. Such emotions can be built through conversation and social support. Family communication plays a role as a form of maintaining relationships with deaf children and is an important and meaningful component in building self-reliance and families of children with special needs during the COVID-19 pandemic in Indonesia.

5. CONCLUSION

This study leads to several key findings. First, family interactions exist among deaf children through religious and household activities with a stronger level of participation from nuclear families. Second, deaf children feel more negative emotions in interactions in the family. Following this, there is a family attachment through the management of family relationships and communication owned more strongly by deaf children from nuclear families. Finally, a stronger family belief system is owned by deaf children from extended families. The study then concluded that there were different forms of interaction and emotional responses based on the family type of deaf children, the existence of relationship maintenance as a family protection factor, and emotional experiences as a form of adaptation to new normal situations. Family care strategies in building positive interactions and communication are very meaningful in building resilience for children and families with special needs. The findings in this study are important as an illustration of how deaf children are taken care of through family interaction and communication approaches during the COVID-19 pandemic. As long as there is no certainty about the COVID-19 pandemic situation, maintaining relationships and closeness must be maintained to meet the needs of deaf children, and it needs to be developed in improving the quality of family health for children's personal development in facing some adjustments in the new normal times

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