Hearing impairment

[ ]

- **These flashcards contain information about working with people with hearing impairment in low resource areas.**
- **These Flashcards are made for the use of fieldworkers.**
- **These flashcards are based on the information about hearing impairment from the RehApp**

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The goals of the flashcards are:

- To meet the needs of people with disabilities and their families.
- To improve knowledge and skills of fieldworkers in providing basic (functional) rehabilitation services for people with disabilities and their families.
- To enhance participation in daily, family and community life.
- To improve the quality of life of people with disabilities and their families.
- To support you (as fieldworker) in the process of guiding a family by providing you with a resource you can keep with you on your phone (offline) or in your bag.

What can you do with these flashcards:

- To help guide your visits to families that have a family member with hearing **impairment**.
- Make an inventory of the needs of the person with **hearing impairment** and his/her family.
- Learn about the implications of a disability for the person and their family.
- Use them to do an assessment.
- Use them to set goals for a person with **hearing impairment**.
- Use them to help you discuss interventions with the family.
- Use them to help you keep client records.
- Use them to help you monitor process.

Index:

Note: These flashcards contain information about **hearing impairment**. *The content is organised according to the ICF domains. These cards don't replace the knowledge and skills of doctors and therapists. We advice you to seek their advice first.*

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Hearing impairment

Hearing impairment

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Card 1

Introduction

From the moment we are born we use our hearing to make sense of the world around us.

Hearing helps us to:

- ❑ Connect with our families
- ❑ Listen and speak
- ❑ Communicate our needs
- ❑ Play and learn
- ❑ Work
- ❑ Socialize
- ❑ Sense potential dangers
- ❑ Listen to music
- ❑ Hear important and warning sounds



Being able to communicate effectively allows us to contribute to and be part of our community.

Hearing loss is when a person is unable to hear as well as someone with normal hearing. Hearing loss ranges from mild to profound. It can affect one or both ears. Nearly one in sixteen people worldwide have hearing loss that impacts their daily lives.

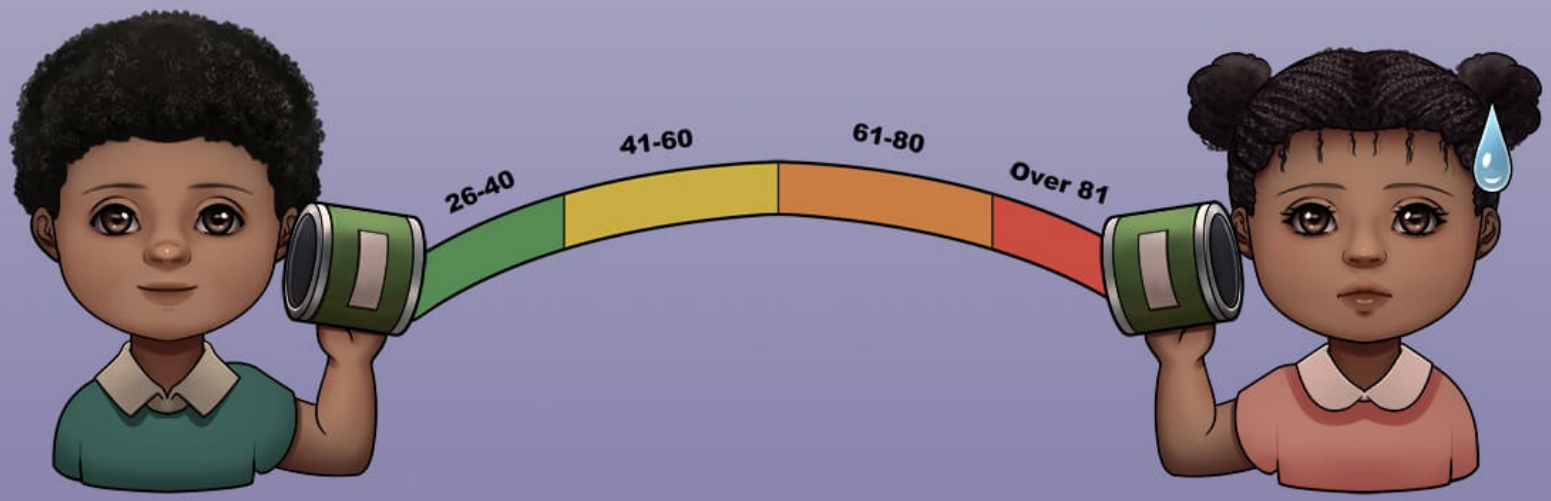
Hearing loss affects people of all ages, as well as families and economies.

Hearing loss is also called an "**invisible disability"**, not just because of the lack of visible symptoms, but because it has long been stigmatized in communities and ignored by policy-makers.

Card 2

Introduction

Hearing Loss Grades



26-40 dB	41-60 dB	61-80 dB	Over 80 dB
Mild	Moderate	Severe	Profound

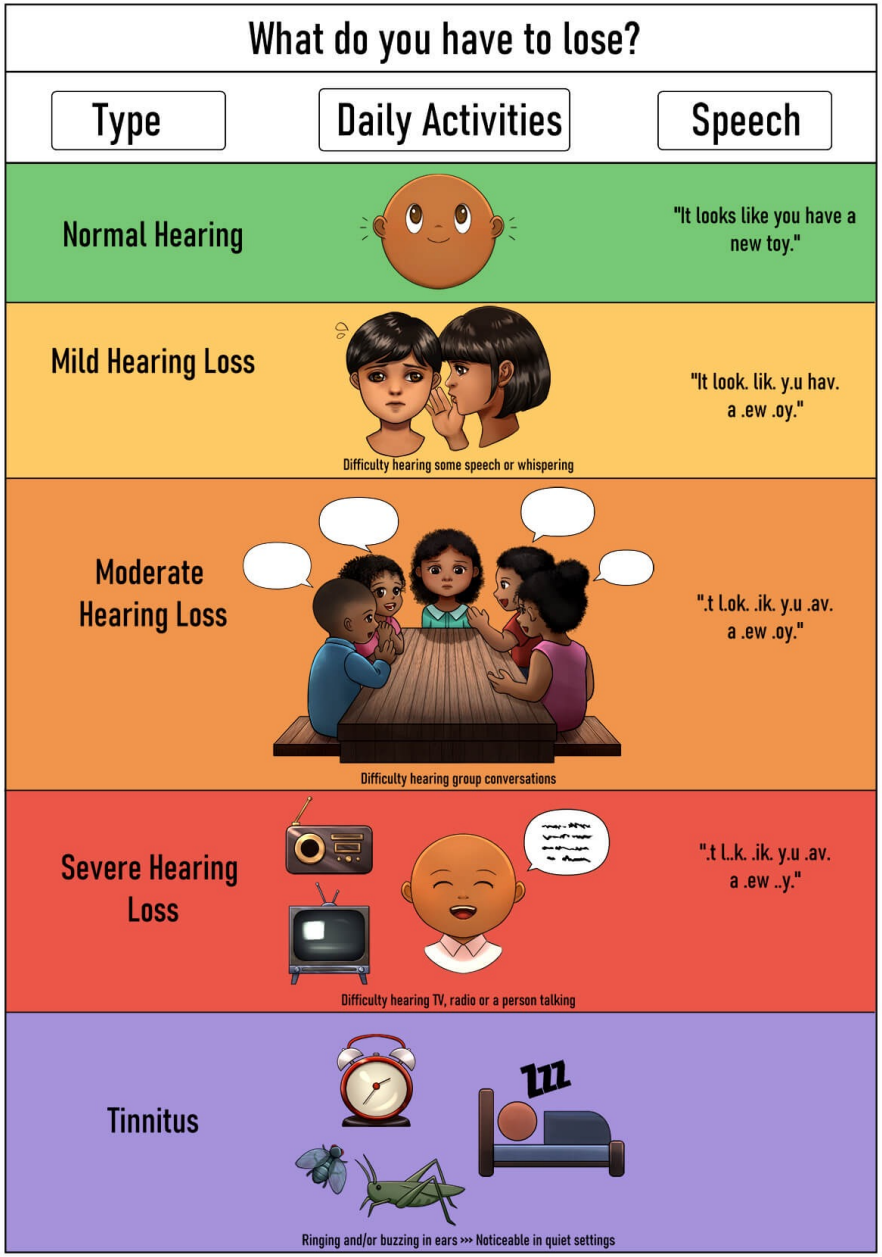
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Card 3

Introduction

Definition and characteristics of the different levels of hearing loss

Degree of hearing loss	Hearing loss in decibels (dB)	Functional characteristics
Slight/mild	26 – 40 dB	The person has trouble hearing and understanding soft speech, speech from a distance or speech in a background of noise.
Moderate	Children: 31 – 60 dB Adults: 41 – 60 dB	The person has difficulty hearing regular speech, even at close distances. This may affect language development, interaction with peers and self-esteem.
Severe	61 – 80 dB	The person may hear only very loud speech or loud environmental sounds, such as a siren or a door slamming. Most conversational speech is not heard.
Profound	Over 81 dB	The person may perceive loud sounds as vibrations. Speech and language may deteriorate.



The way humans perceive their world is mediated through sensory experiences. Of all the senses, it is hearing which fundamentally facilitates communication and fosters social interaction, allowing people to forge relationships, participate in daily activities, be alerted to danger, and experience life events.

For children hearing is key to learning spoken language, performing academically, and engaging socially. Hearing loss poses a barrier to education and social integration. Children with hearing loss can benefit greatly from being identified early in life and offered appropriate interventions.

Card 4

Introduction

Card 5

Introduction

Deaf-blindness: loss of vision and hearing to varying degrees.
Although affecting all ages, deaf-blindness occurs most commonly in elderly people.

People who are deaf and blind commonly:

- Report an overall low quality of life
- Feel socially isolated due to communication difficulties and lack of public acceptance
- Have reduced participation in social events due to mobility challenges
- have difficulties with daily functioning
- experience feelings of loneliness, anger, frustration, depression, insecurity, uncertainty about the future; worthlessness
- and face stigma on a daily basis.

When compared with other disabilities, individuals with deaf-blindness are more likely to live in poverty and be unemployed, with lower educational outcomes.

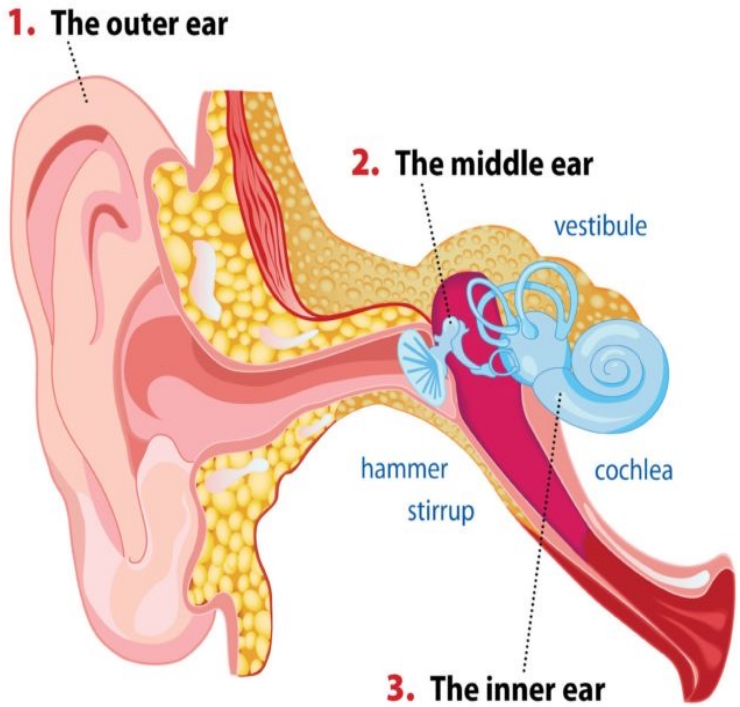


Body functions and structures:
Information and
Actions to take

[Insert photos/illustrations representative of the impairment for body functions and structure]

How do we hear?

- Our two ears work together to help us differentiate a variety of sounds, including loud or soft sounds, and determine the direction of the source of sound.
- Together, our ears help us recognize someone's speech in many different environments.
- Sound enters and travels through the three parts of our ear before the signal reaches the brain, where it is processed. We are then able to identify the sounds and understand words.
- The ear starts functioning even before we are born, and language develops rapidly in the first few years of life.



Card 6

Body functions and structures

Common causes of hearing loss before, during, or immediately after birth include:

- ❑ Hearing loss is inherited directly or indirectly from parents.
- ❑ Premature birth and/or low birth weight.
- ❑ Birthing difficulties where the baby may suffer a lack of oxygen (hypoxia).
- ❑ Infections in the mother, such as rubella (German measles), syphilis, cytomegalovirus infection and toxoplasmosis during pregnancy
- ❑ Use of certain medicines that damage hearing.
- ❑ Jaundice, especially where it was not treated

It is important to note that many babies and children with hearing loss may have no obvious cause. For this reason, it is important to screen all babies for hearing loss soon after birth.

Common causes of hearing loss in children:

- ❑ Infections such as mumps, measles, and meningitis.
- ❑ Medicines, e.g. certain anti-malarial drugs like Quinine, antibiotics such as gentamycin
- ❑ Ear infections
- ❑ Glue ear: fluid that remains in the middle ear after a cold or ear infection
- ❑ Injuries to the head or ear: can cause hearing loss depending on the location and severity of the injury
- ❑ Wax or a foreign body (e.g., beads, insects) in the ear canal, a foreign body trapped in the ear canal can lead to infection
- ❑ Loud sounds, e.g., listening to loud music through headphones/earphones or in places with speakers

Card 7

Body functions and structures

Card 8

Body functions and structures

When to suspect hearing loss in a child?

- ❑ Child is not speaking or showing evidence of speech and language development at a level expected for children of their age
- ❑ Child often asks you to repeat what you say.
- ❑ Child turns up the television volume or has trouble hearing what is being said over the phone.
- ❑ Child is performing poorly at school or has behavioral problems. In many cases, this could be due to hearing loss since the child is not hearing instructions properly and won't respond correctly (because she can't hear well).
- ❑ Child has any features suggesting an ear infection, such as:
  - history of discharge (pus) from the ear/s, also referred to as runny ears
  - complaint of pain, feeling of blockage, or ringing in the ears
  - fever with earache



Some children and adults may experience hearing difficulties despite normal hearing of pure tones and sounds. These may have an **auditory processing disorder (APD).**
This may manifest as poor hearing and auditory comprehension in some circumstances, but it results from the poor processing of auditory information in the brain.

Card 9

Body functions and structures

Common causes of hearing loss in adults include:

- ❑ Loud sounds:
  - Prolonged noise exposure from working in noisy places (e.g., factories with loud machinery, the music industry, working with guns and other weapons);
  - Listening to loud music through headphones, earphones, or in places with speakers;
  - Single exposures to a high-intensity sound like a blast or an explosion.
- ❑ Medicines that can damage hearing (certain antibiotics, antimalarials, anticancer medicines, and injectables for drug-resistant TB)
- ❑ Injury to the head or ears, untreated, prolonged ear infections
- ❑ Age-related hearing loss: Our hearing may decline as we age. About one in three people older than 65 years has age-related hearing loss.

How to recognize hearing loss in an adult?

- ❑ Not respond when called to or may respond inappropriately.
- ❑ Speak much louder than usual (this is because their own voice sounds low)
- ❑ Have difficulty talking over the phone.
- ❑ Become withdrawn, quiet, and isolated.
- ❑ Turn up the volume to hear the TV or listen to music.
- ❑ Report that he can hear but cannot make out what is being said or that others are mumbling.
- ❑ Have unclear speech.
- ❑ Have difficulty hearing high-frequency sounds like doorbells or telephone ringing.
- ❑ Complain of a ringing sound in the ear (tinnitus).
- ❑ Have a history of ear discharge.

Card 10

Body functions and structures



LISTENING AND COMMUNICATION:

The greatest challenge for people with (unaddressed) hearing loss is maintaining communication with others in their environment.
Depending on the severity of the hearing loss, this can range from finding it difficult to listen to quiet speech or speech in noisy surroundings to the inability to hear even loud warning sounds, including alarms.
People with hearing loss often need to ask others to repeat themselves and may find it difficult to communicate in the workplace or to carry on a routine conversation.

LANGUAGE AND SPEECH:

The development of spoken language in children is directly related to their hearing ability. Children with hearing loss experience delayed speech and language development, which are likely to continue into adulthood. Even mild or unilateral hearing losses, which are commonly overlooked, have an adverse impact on speech and language development in children. The language and speech outcomes of children with hearing loss are also greatly affected by the age at which intervention has started, with outcomes being more successful for children identified before six months of age and followed by prompt intervention.



Language is essential not only as a means of communication but also as a contributor to cognitive development, a tool for education, and the basis for social relationships.
When deaf infants cannot access language stimulation early in life, it challenges their overall development.
In children (and also adults) who develop hearing loss after speech development, hearing loss can affect the quality of speech, which may be muffled and unclear if left untreated.

A common tendency to speak loudly has been observed in those with age-related hearing loss, which can create further difficulties within families.

Card 11

Body functions and structures

Card 12

Body functions and structures

Language development:

A deaf child and child with hearing loss benefit greatly from an early introduction to the language. This introduction can be by:

- rehabilitation for verbal communication
  - hearing aid
  - speech therapy
- alternative means of communication:
  - total communication
  - sign language
  - cued speech
  - lipreading



COGNITION :

Language deprivation risks delayed cognitive development in children. Even unilateral hearing loss, occurring in children, affects the development of cognitive skills. The impact on cognition is not limited to children but is clearly evident in adult-onset hearing loss as well. Hearing loss is the largest potentially modifiable risk factor for age-related dementia

Card 13

Body functions and structures

EMPLOYMENT:

The association between hearing loss and employment in adults is evident.

Students with hearing loss often demonstrate a lack of career planning and decision-making skills, which are required for success in the workplace. Overall, adults with hearing loss have increased odds of unemployment or underemployment.

When employed, people with hearing loss often earn lower wages and retire earlier than their hearing peers.



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EDUCATION:
Hearing loss can have a long-lasting impact on an individual's academic outcomes. Unless addressed in a timely manner, those with hearing loss have reduced school performance, slower progression through the academic system, a greater risk of dropping out of school, and a lower likelihood of applying for higher education compared with their hearing peers.

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Body functions and structures

SOCIAL ISOLATION AND LONELINESS:

Hearing loss contributes to both social isolation and loneliness at all ages, more specifically in women and older adults. This can have important implications for the **psychosocial and cognitive health.** People with hearing loss often have a decreased participation in social activities and have a smaller social network, especially in places where access to ear and hearing care is limited.

The impaired ability to comprehend auditory information and maintain conversations may lead to avoidance of potentially embarrassing social situations. Lack of engagement and feeling lonely can result in a cognitive decline.

Furthermore, both can contribute to worsened mental health, leading to experience of depression and distress.

MENTAL HEALTH:

Across the life course, people with hearing loss commonly have higher rates of depression and report lower quality of life. Social withdrawal and altered social interactions are frequently observed in persons with hearing loss, as well as feelings of embarrassment, rejection, and anxiety. During conversations, their communication partners experience frustration and anger.

(SEXUAL) ABUSE:

- People with hearing loss or deafness are more at risk of being mistreated or abused by other members of the community.
- There can be fear and miseducation about hearing loss or deafness.
- The consequences of hearing loss on communication and social skills can be unknown.

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Body functions and structures

RELATIONSHIPS: Over 90% of deaf children are born to hearing parents who most often have no fully effective means to communicate with their child. Parents have difficulties developing meaningful communication with their child with hearing loss and in managing the child's behaviour, especially if the child also has other conditions such as autism spectrum disorder.

In adults, hearing loss can have a negative impact on personal relationships, resulting in communication difficulties, misunderstandings, and conflict. The effect is evident for the person with hearing loss and their communication partners.

IDENTITY AND STIGMA: Hearing loss among children, adolescents, and adults is frequently linked with feelings of inadequacy and low self-esteem. People with hearing loss may commonly reflect the stigma associated with hearing loss and the use of hearing devices and try to hide their impairment. Many choose not to use hearing aids because of prejudices.







[Insert photos/illustrations representative of the impairment for activities and participation; e.g.:]





Activities and Participation:
Information and actions to take





Card 16

Activities and participation

A number of factors determine what the impact of hearing loss is on an individual.

These include:

- Age of onset: The initial years of life are optimal for speech and language development. The impact of hearing loss is greatest in those born with or who develop hearing loss soon after birth.
- Degree of hearing loss: This may range from mild to profound. The higher the severity, the greater the impact.
- Age of identification and intervention: The sooner a child is identified with hearing loss, the earlier he/she receives support services, the greater the opportunity for learning spoken language. The Joint Committee on Infant Hearing recommends that all children with hearing loss should receive intervention by six months of age. **Early identification and intervention** are also credited with significantly reducing the increased education costs associated with hearing loss and improving earning capacity in later life.
- Environment: The overall living environment, including access to services, significantly influences the development of a child with hearing loss. Children with hearing loss who have access to hearing technology such as hearing aids and cochlear implants, sign language, and special education can often participate equally with their peers who hear normally. Parent and family support groups facilitate the social inclusion of children with hearing loss.

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Activities and participation

Why is early identification so important?
Early identification of hearing loss in children, when followed by timely and appropriate interventions, can minimise developmental delays and facilitate communication, education, and social development. Hearing screening programmes for infants and young children can identify hearing loss at very young ages. This condition can be detected in children with congenital hearing loss within the first few days after birth.



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A true story: A pregnant mother had never heard of cytomegalovirus infection (CMV) during her pregnancy. Soon after birth, the baby girl failed her newborn hearing test, and it was confirmed she was deaf in her left ear. When the girl reached three years of age, the hearing in her right ear also deteriorated. The CMV infection contracted by her mother during her pregnancy was determined as the cause. Because of early identification and intervention, the girl has grown into a bright young girl who attends primary school and manages very well, proudly wearing a glittery pink hearing aid. CMV infection is an important but relatively unknown cause of hearing loss. It can be completely avoided through counselling pregnant women regarding the sources of infection and hygienic practices, such as regular hand washing, avoiding sharing food, avoiding contact with saliva while kissing a child, and cleaning surfaces that come into contact with a child's urine or saliva.

Card 18

Activities and participation

- Hearing screening programmes for infants and young children can identify hearing loss at very young ages. This condition can be detected in children with congenital hearing loss within the first few days after birth.
- Children born deaf or acquire hearing loss very early in life and who receive appropriate interventions within six months of age can develop at par with their hearing peers in terms of language development by the time they are five years old (in the absence of other impairments).
- Children who develop hearing loss at a later age, regular preschool and school-based hearing screening can effectively identify hearing loss soon after its onset, thereby limiting its adverse impact.





Card 19

Activities and participation

Early intervention leads to better outcomes in children. For instance, infants whose hearing loss is diagnosed up to 3 months after birth and intervention implemented by six months of age can develop speech and language similar to their peers with normal hearing.



Interventions for children with hearing loss include:

- ❑ Rehabilitation: which can include aural rehabilitation, speech and language therapy, auditory verbal therapy, cued speech, and total communication.
- ❑ Learning sign language, especially where hearing devices are not preferred, are not beneficial or are unavailable. This will ensure that the child can communicate and gain an education
- ❑ Families/carers, and teachers support the child in rehabilitation and use of hearing aids or cochlear implants. They learn to use sign language if needed.
- ❑ Counselling and peer-group support for the child/carer/ family
- ❑ Hearing aids or cochlear implants, based on the advice of an ENT doctor or audiologist.

Card 20

Activities and participation

What can be done if hearing loss or ear disease is identified in an adult?

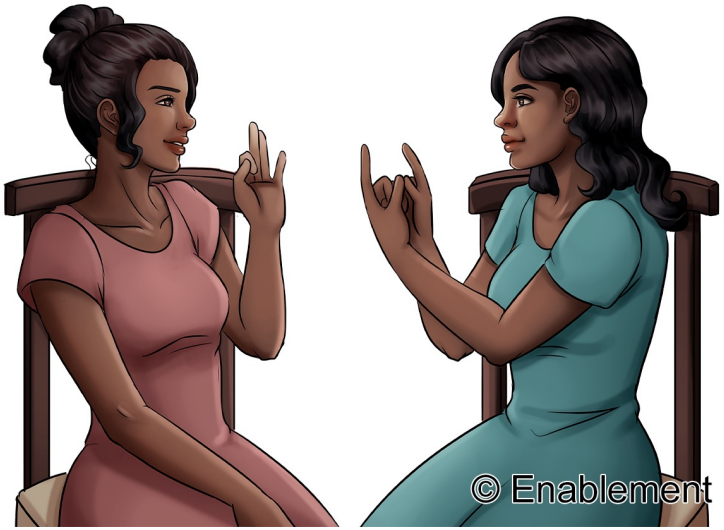
- ❑ It is important to identify the cause of hearing loss and address it, e.g., noise, medicines, and ear diseases.
- ❑ Adults with hearing loss are likely to benefit from devices such as hearing aids and cochlear implants.
- ❑ Adults also benefit from aural rehabilitation and support to get the maximum value from their hearing.

As in children, it is important that hearing loss be identified as early as possible and that rehabilitation and the use of devices are started without delay in adults.



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Activities and participation



The main concern relating to hearing rehabilitation for infants and children with hearing loss is ensuring the timely development of language.

Language acquisition in children ensures optimal cognitive and socio-emotional development and can be undertaken through non-auditory means.

SIGN LANGUAGE:

Access to communication through sign language learning provides a much-needed stimulus for facilitating the timely development of deaf infants.

Early access to sign language is beneficial for many deaf infants and children, including those:

1. who do not have access to hearing care services and hearing technology. It also enables children to gain education through sign language and have proper socioemotional development.
2. who live in environments with access to hearing technology and speech learning. Learning sign language does not hinder or delay the subsequent or simultaneous acquisition of spoken language skills.
3. whose families prefer to use non-auditory communication through sign language instead of, or in addition to, auditory-verbal rehabilitation.

SPEECH READING: understanding spoken language solely by viewing the other person talking. The underlying neurological processes are similar to those for auditory word recognition.

Lipreading is one of the most common means of speech reading. It involves looking at teeth, tongue, facial expressions, body language, and other visual cues to understand what a person is saying.

Speech reading is an integral part of speech perception. It requires training and can be an important part of hearing and speech rehabilitation strategies.

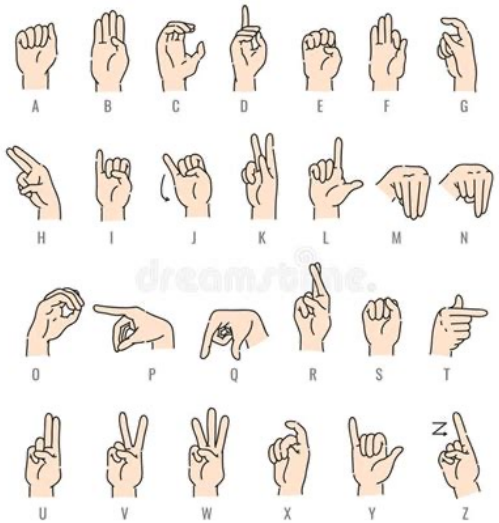


Card 22

Activities and participation

Card 23

Activities and participation



ALTERNATIVE METHODS OF COMMUNICATION:

Especially useful for people with dual sensory loss, such as deaf-blindness:

- Signing: signed communication
    - signed supported languages
    - total communication
    - cued speech

All terms cover communication where spoken language is used with some visual support or cues.

- Finger spelling: involves spelling out words by finger shapes on the hand
- Braille: is a form of written language in which characters are represented by patterns of raised dots that are felt with the fingertips.
- Tadoma: involves the deaf-blind individual placing their thumb on the speaker's lips and their fingers along the jawline to feel the movements of the speaker as they talk.

Card 24

Activities and participation

Key factors for optimal rehabilitation outcomes in deaf infants:

- Family-centred care
- Early intervention
- Multidisciplinary support team
- Strong tracking and follow-up mechanism:
- Life-course approach

Family-centred care: families must be involved at the outset and involved in all decision-making and care provision. Professionals who provide care must be trained in family-centred communication; rehabilitation programmes should be “fit to the family”.



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Activities and participation

Early intervention: infants enrolled in intervention programmes within the first few months of life can maintain language and socioemotional development corresponding to their chronological age.

Life-course approach: while deaf infants need to receive care and counselling through childhood, care must also be taken to provide appropriate support and guidance through adolescence and adulthood

Multidisciplinary support team: the support of a multidisciplinary team in the care of a deaf child is ideal and would include physicians (neonatologists, otolaryngologists, audiologists, family paediatricians, neuropsychiatrists), technicians, therapists, and social workers among others as required. The composition and skills of a multidisciplinary team depend on the needs of the child and family.







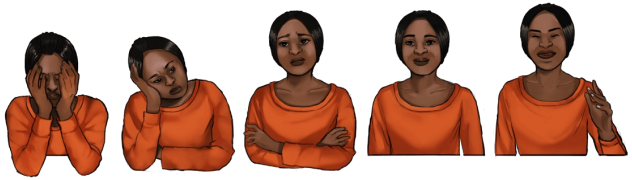


Personal factors:

Information and actions to take







[Insert photos/illustrations representative of the impairment for activities and participation; e.g.:]

- **Communication difficulties** can have lasting emotional and psychological consequences that can lead to feelings of isolation, loneliness, and depression.
- The impact on the family is equally profound. Parents of children who are deaf or hard of hearing must deal with specific challenges, are often at greater risk of stress, have higher out-of-pocket expenses, and lose more work days than other parents. The stress can be further exacerbated by communication difficulties with their children and an increased need for support and financial resources.
- Untreated hearing loss also affects social and economic development in communities and countries.

Stigma and discrimination can remain strong, especially in rural areas. At school, students with hearing loss can be isolated from schoolmates or catch up negative feedback about their disability.



Card 27

Personal factors

Card 28

Personal factors

Lifestyle and personal feelings:

- The impact of hearing loss on a person is determined not only by the severity and profile of the loss but also largely by whether the hearing loss is addressed by effective clinical or rehabilitative interventions and the extent to which the environment is responsive to the person's needs.
- If unaddressed, hearing loss can negatively impact many aspects of life: communication, the development of language and speech in children, cognition, education, employment, mental health, and interpersonal relationships.
- Hearing loss can cause low self-esteem, is often associated with stigma, and can significantly impact the families and communication partners of those living with the condition.

Hearing is a key component of human intrinsic capacity; it is the most relied-on sense for communicating and engaging with others. If not addressed promptly, any decline in hearing capacity during the life course can adversely affect day-to-day functioning.

Hearing-impaired people wish their voices to be heard and be equally treated. They are often frustrated about their impairment and feel bad about the discrimination they face; they wish to be acknowledged as any other citizens.

Education:

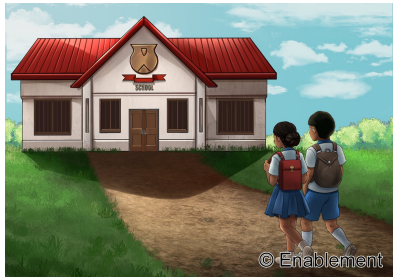
Almost all children with a hearing impairment can reach the elementary education level. Secondary level and schools for the hearing impaired are rare. Meanwhile, education in mainstream schools is mostly delivered in spoken language. There are limited numbers of hearing-impaired people who can reach college level.

People with hearing impairments can go to school and reach higher education if their families support it. They can communicate in written language. At schools, being seated close to the blackboard or teacher would be helpful for them because they can hear and see more from the teacher.



Card 29

Personal factors

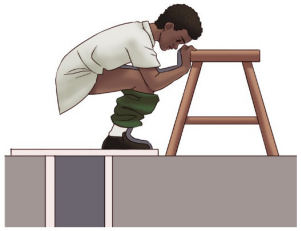




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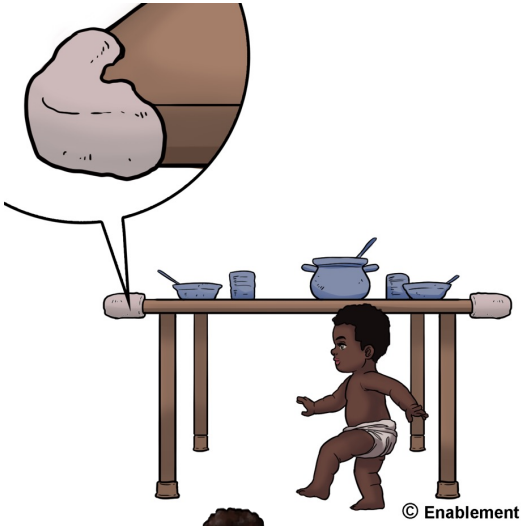






Environmental factors:

Information and actions to take









Card 30

Environmental factors

Key elements in ensuring the best outcomes for children with permanent hearing loss are:

- early identification
- appropriate hearing technology
- professional support for communication, learning, and education
- a family-centred approach

Hearing loss prevention is essential throughout life, from prenatal and perinatal periods to older age. In children, nearly 60% of hearing loss is due to avoidable causes. Likewise, in adults, the most common causes of hearing loss, such as exposure to loud noise and ototoxic chemicals, are preventable.

- ❑ Hearing screening programs for infants and young children can identify hearing loss at very young ages. This condition can be detected in children with congenital hearing loss within the first few days after birth.
- ❑ Children who are born deaf or acquire hearing loss very early in life and who receive appropriate interventions within six months of age can develop language at par with their hearing peers by the time they are five years old.
- ❑ Regular pre-school and school-based hearing screening can effectively identify hearing loss soon after its onset, thereby limiting its adverse impact on children who develop hearing loss later.

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Environmental factors

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Across the life course:	Screening for hearing loss		Symptomatic testing
Newborn:	Children:	Adults:	Older Adults:
Newborn hearing screening	Pre-school and school ear and hearing checks	Hearing screening in high risk occupations	Regular hearing screening

Card 31

Environmental factors

Many small steps can help to prevent hearing loss such as:

Vaccinating your child against rubella, measles, mumps, meningitis.	Ensuring that mothers and babies receive good care before, during and after birth	Protecting ears from loud sounds at work and in the environment
Following safe practices while listening to music over ear/headphones or in places like discos, concerts or parties	Asking your doctor if your medicine can affect your hearing and how this can be avoided	Taking good care of your ears by telling the Dos and Dons l

DOs:



- Ask for a hearing screening test for the baby.
- If you suspect someone has hearing loss, refer them to a health worker.
- Get help from a health worker or doctor in case of persistent earache, ear discharge, or any other problems with the ear.
- See a health worker or attend a clinic to have earwax or foreign objects in the ear removed.
- Assist young children and adults with the care and maintenance of their hearing aids or implants.
- See a health worker or doctor if your child has a cold that is not improving.
- Encourage the use of hearing protection for those working in noisy places.
- Encourage families and teachers of someone with hearing loss to learn sign language.
- Only use medications in your ears that have been prescribed for you by the doctor.

DON'Ts:

- Put anything in the ear—no cotton buds, clips, toothpicks, sticks, or Hopi candles.
- Ignore an ear that has any pus or fluid coming out of it.
- Treat any ear condition with hot or cold oil, herbal remedies, or home remedies.
- Swim or wash in dirty water.
- Listen to loud noises or music for long periods, which can cause hearing loss.



Card 32

Environmental factors

Card 33

Environmental factors

Deaf and hard-of-hearing people can do everything except hear normally!

Some ways people can help the children or adults who can't hear well are:

- ❑ Stand or sit in front of the person so they can see your face when you speak
- ❑ Make sure there is good light for the person to see your face
- ❑ Get the person's attention before you speak to them
- ❑ Do not exaggerate or distort lip movements, as this might make it harder for the person to follow what is being said
- ❑ Try to make sure there are no distractions - especially loud noises
- ❑ Speak clearly and more slowly
- ❑ Don't shout and make exaggerated movements
- ❑ Repeat (say again and again) things many times slowly



- ❑ Use gestures, drawings, pictures - point at things
- ❑ In a group: talk one at a time. This enables the hard-of-hearing person to be included in conversations.
- ❑ Point to your lips so that they learn to watch how the words are formed - this encourages lip-reading
- ❑ Stand close to the person when you speak

What can I do to support someone with a hearing loss or deafness:

- ❑ Encourage them to visit a clinic and get their hearing checked.
- ❑ Support them in the use of hearing aids if they use these.
- ❑ Teach children to self-advocate for their needs at home and school.
- ❑ Encourage people to be open about their or their child's hearing loss and not to hide it.
- ❑ Guide parents in informing school teachers of their child's hearing loss and encourage the teacher to face the child directly as much as possible while speaking to him/her.
- ❑ Children must be included in all activities. Inform parents and teachers about sign language and encourage them to learn it as a means of communication.

For example, encourage children to inform their teacher or parents when their hearing aid stops working or to ask people to repeat themselves if they are unable to hear properly.



Card 34

Environmental factors

Card #

Colophon

For the development of the hearing impairment chapter of the RehApp, we particularly want to express our gratitude for the valuable contributions of …

This was made possible with the support of:

Liliane Fonds
open de wereld voor een kind met een handicap

Enablement

AIFO

caritas Germany

american leprosy missions

Fondazione Don Carlo Gnocchi Onlus

C.D.S²
Illustration . Concept Art . Comics

DAHW
Deutsche Lepra- und Tuberkulosehilfe e.V.

Stichting INTERPLAST HOLLAND

CBR Effata

humanity &inclusion

IFSBH

Karunafoundation
Saving children from disability, one by one

KENTALIS Koninklijke Kentalis

LIGHT FOR THE WORLD

Norges Handikapforbund

NLR

PLAN INTERNATIONAL

Sightsavers

VRHL