

Function & Sisability

Letter to Editor: Shadow of COVID-19 on the Education of Hearing-Impaired Children

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Cite this article as Jahangir Feizabadi F, Mastour H. Shadow of COVID-19 on the Education of Hearing-Impaired Children. Function and Disability Journal. 2020; 4:193-194. http://dx.doi.org/10.32598/fdj.3.25

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Dear Editor;

ince the onset of the global COVID-19 crisis, people with hearing loss have been experiencing communication difficulties due to the widespread use of face masks and physical distancing. As children return

to school, it is paramount to address these communication issues. Many families have expressed concerns that their children with hearing loss experience greater difficulties in speech understanding when teachers and other students wear masks [1].

Face masks can prevent the spread of the virus, particularly as this spread can occur from people without symptoms. However, covering the lower half of the face reduces the ability to communicate, interpret, and mimic the expressions of those with whom we interact. Thus, positive emotions become less recognizable, and negative emotions are amplified. Besides, emotional mimicry, contagion, and emotionality in general are reduced and thereby bonding between teachers and learners, group cohesion, and learning, of which emotions are a major driver [2]. A child with a hearing aid, despite the mask, hears the therapist's voice vaguely and finds it difficult to understand what the therapist is saying. Lipreading helps to improve communication in hearing-impaired children, thus, the presence of a mask prevents this. Also, the therapist needs to give the child sensory and tactile feedback to correct the pronunciation, but currently, due to the corona risk, teaching correct pronunciation to deaf children is coupled with problems. Masked therapists make some children frightened of the therapist and treatment room. Also, face masks block emotional signaling between therapists and clients.

The use of masks is also associated with problems in people who use hearing aids. Sometimes the mask strap gets stuck to the hearing aid and makes the child clumsy. Before starting the treatment session, parents should check the hearing aid batteries so that the therapist does not have to touch the child's ear and does not transmit the virus to the child.

Therapists usually play with the child during the exercises to create a fun and happy atmosphere and increase the child's cooperation. However, masking has limited the therapist's activity in the treatment room, hence, the

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masked therapist prefers to focus more on sitting in a chair and continuing the treatment. Therapists are also limited in their use of teaching aids because they must use devices that can be disinfected immediately to prepare them for further use. Moreover, group therapies that improve children's communication skills have been removed from the therapists' program, because of the risk of coronavirus disease.

Some families cancel their children's speech therapy programs or visit very irregularly because of the fear of coronation or financial problems caused by the coronation; this has caused their children to regress. Besides, some therapists do not accept clients who come from high-risk cities. Some therapists prevent parents from entering the treatment room to reduce the risk of CO-VID-19; this prevents parents from learning how to correctly do the exercises at home. Therefore, they cannot repeat the exercises effectively, which ultimately leads to a lack of effective learning exercises by the child.

These changes led to a new situation and specifically created new approaches to teaching and learning in our institute. For example, it is recommended that therapists use special shields or masks so that the child can see the therapist's mouth. Furthermore, if sign language were used in educational and rehabilitation centers in addition to reading and listening, such problems would not occur in educating deaf and hard of hearing children owing to this global epidemic.

Also, it is recommended to use masks with childish and happy designs to improve the condition of the therapists. Also, if possible, the child should see the therapist's face by keeping a distance at the entrance to the treatment room to establish good eye contact. Then, the therapist should apply a mask to assess or treat the child. Seeing the therapist's happy and smiling face motivates the child to do the exercises affecting the current situation.

Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly [3]. It is better not to use books and picture cards as much as possible, because it is difficult to disinfect these devices. When this is not possible, there is also the option of telerehabilitation, which has the additional advantage of maintaining rehabilitation with remote supervision and without the risk of exposure to the virus [4].

Ethical Considerations

Compliance with ethical guidelines

There were no ethical considerations to be considered in this research.

Funding

This research did not receive any grant from funding agencies in the public, commercial, or non-profit sectors.

Authors' contributions

Both authors equally contributed to preparing this article.

Conflict of interest

The authors declared no conflict of interest.

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