

# SOCIETAL STIGMA TOWARDS INDIVIDUALS WITH HEARING LOSS: A MAJOR OBSTACLE TO AUDIOLOGICAL REHABILITATION

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**Abstract:** Stigma is defined as an undesired difference: a pejorative attribute that implies intolerance. It is a negative and often unfair beliefs which may appear at societal, interpersonal, and individual levels. Individuals with hearing loss are often stigmatized. They are seen as old, having weakened cognition. Hearing loss affects about every third adult over the age of 40 in Western societies with 11.4% - 20% prevalence in sub-Saharan Africa. Hearing aid has been proven as an efficient management for the condition, yet, studies have shown that only one-third of those with hearing loss own hearing aids. The use of a hearing aid is often culturally connected with old age and weakening of cognitive competence. Thus, people with hearing loss face a dilemma: avoiding being seen as old and with weakened cognitive competence by not using hearing aid, potentially resulting in categorization as a person with limited social or cognitive skills through hearing impairment. Societal attitudes, misconceptions and stereotypes towards individuals with hearing loss should change and individuals with hearing loss themselves should be counselled to embrace audiological rehabilitation, speech therapy and medical treatment in order to be fully reintegrated into the society.

**Key Words:** Societal Stigma, Hearing Loss, Hearing Aid, Audiological Rehabilitation.

## 1. INTRODUCTION:

Stigma is defined as an undesired difference: a pejorative attribute that implies intolerance [1]. According to Thornicroft, besides being related to insufficient or inadequate knowledge (stereotypes), stigma leads to prejudice, discrimination, and social withdrawal of the stigmatized person, and entails the social exclusion of the individual [2]. Individuals with hearing loss are perceived as being “old,” “cognitively diminished,” “poor communication partners,” and generally “uninteresting by the general population [3]. Kochkin noted that hearing loss is often misunderstood as an intellectual challenge or a deficiency in personality and character [4].

Stigma may appear at societal, interpersonal, and individual levels [5]. Further, it may manifest itself as the institutional legitimization of a stigmatized status, it may be observable in the perceptions and actions towards those who possess the stigmatized condition, or it may appear as an individual’s anticipation of being exposed to stigmatization and to the internalization of the negative beliefs and feelings associated with the stigmatized condition [5]. Hearing loss is invisible and this makes it possible for people to deny or minimize it because they do not want to be identified as someone with a stigmatizing trait, they are likely to avoid or reject management options. Studies have shown that by 10 years of age, most children are aware of cultural stereotypes of different groups in society, and children who are members of stigmatized groups are aware of cultural types at an even younger age [6]. Even in the area of job opportunity, individuals with hearing loss are discriminated and usually engage in menial jobs because of the prevailing lack of opportunity to white collar jobs. This paper aimed at reviewing societal stigma among individuals with hearing loss and providing recommendations that would reduce or eliminate the stereotypes.

## 2. ORIGIN OF STIGMA TOWARDS HEARING LOSS

Stigmatization towards hearing loss can be traced back to Babylonian laws, pre-Christian laws, religious texts, and to the writings of Aristotle and Saint Augustine: persons who could not hear or speak were likened to animals that were not capable of having intelligence or faith in God [7]. Based on the above description, it can be deduced that societal stigma towards individual with hearing loss originated from some antiquated stereotypes and false assumptions. Another source of stigmatization towards individuals with hearing loss can be traced to treatment or management of hearing loss. hearing loss sometimes requires specific assistive listening devices such as hearing aids. According to Martin and Clark, the inherent limitations of hearing aids often necessitate the use of a variety of technologies, including various assistive listening devices (ALDs) and vibratory or visual alerting systems. All these visible rehabilitation options might be responsible for undue societal stigma towards individuals with hearing loss [8].

## 3. EFFECT OF STIGMA:

**Unwilling to Seek Help** – Individuals with hearing loss are sometimes reluctant to seek help about hearing loss because of societal stigma attached to visible treatment or management options.

**Feeling of Shame** – People with hearing loss are ashamed of their conditions because of the way the society treats them.

**Loss of Hope** – Hearing loss stigma can lead to loss of hope simply because of how the society stereotype people with hearing loss.

**Aloneness** – Another effect of societal stigma is aloneness which is secondary to untreated hearing loss. When individual with hearing loss do not seek help, they stay away from friends and family because of communication problems which may eventually leads to depression.

**Misunderstanding from family and friends** – An untreated hearing loss due to societal stigma can lead to misunderstanding among family and friends. Family and friends may complain that they are being ignored when they greet, whereas these individual with hearing loss are hiding the condition because they do not want to be labelled as old or senile.

**Bullying, Physical Violence or Harassment** – Individuals with hearing loss sometimes receive bullying, physical violence or harassment from their society. All these emanate from an unjust, unverified beliefs about hearing loss.

**Self-Doubt** – The belief that one will never overcome his or her handicapping condition due to hearing loss may hinder the ability to achieve goals in life.

### **Hearing Loss Stigma and Acceptability of Hearing Aid**

Much of the stigma behind hearing loss is related to the stigma of having a hearing aid, not necessarily the hearing loss itself. This has been called the hearing aid effect. “The hearing aid effect is the term used to describe the assignment of negative attributes to individuals using hearing aids” [9].

Hearing aids offer a means to alleviate problems of hearing, which in social interactions are often treated as problems of understanding, implying that the cognitive competence of the person with hearing loss may be diminished [3,10]. Furthermore, problems in hearing may result in individuals with hearing loss being perceived as unfriendly as they may not reply when addressed or may ask their co - participants to speak more clearly [11]. In this way, hearing loss, could lead to stigma. To avoid such a stigma, hearing aids offer a solution. Yet, according to various studies [3,12,13], individuals with hearing loss are concerned about the visibility of the hearing aid and how it may change their appearance. Furthermore, the use of a hearing aid is often culturally connected with old age and weakening of cognitive competence [14,15]. Thus, people with hearing loss face a dilemma: avoiding being seen as old and with weakened cognitive competence through not using hearing aid, potentially resulting in categorization as a person with limited social or cognitive skills through hearing impairment.

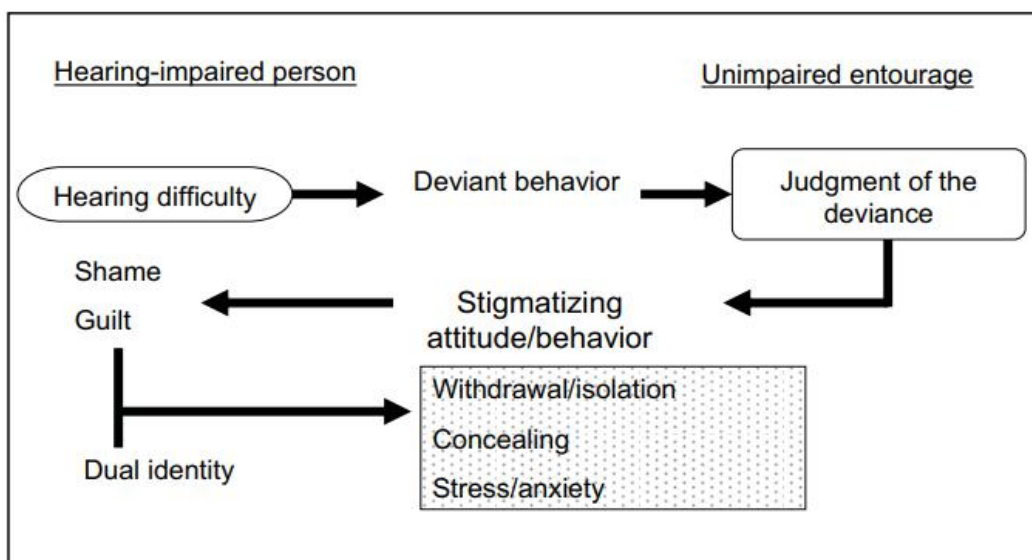
Hearing loss affects about every third adult over the age of 40 in Western societies with 11.4% - 20% prevalence in sub-Saharan Africa [16]. Hearing aid has been proven as an easy and efficient management for the condition, yet, studies have shown that only one-third of those with hearing loss own hearing aids [17,18,19]. However, those with more severe hearing losses are more likely to adopt hearing aids [3,20].

### **Overcoming Societal Stigma**

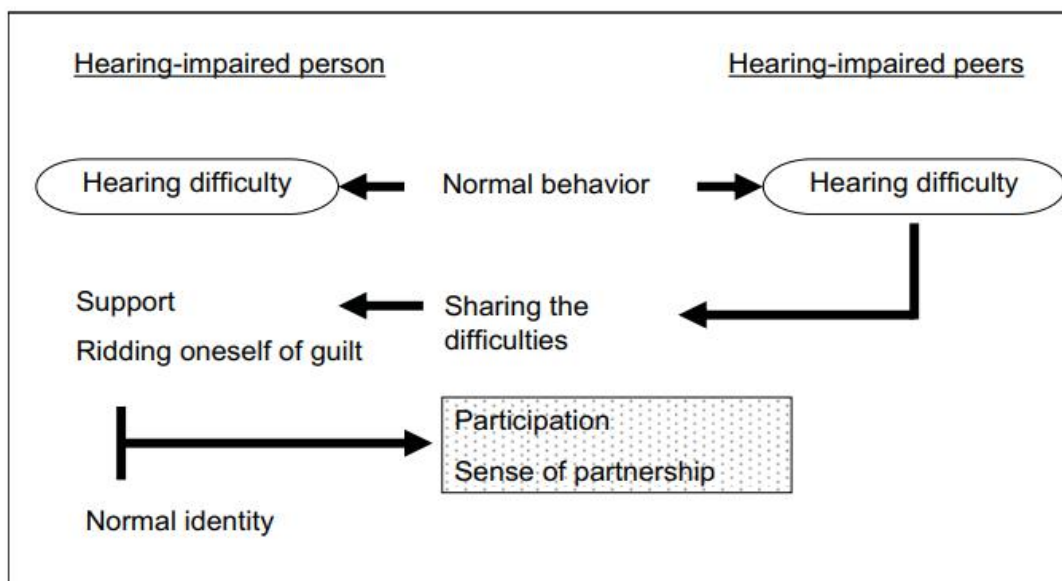
Hétu was the first scholar to address the issue of stigma associated with hearing loss from the perspective of individuals with an acquired hearing loss. In his article, “The stigma attached to hearing impairment” [21]. Hétu based on the generic literature available on stigma from the social sciences and on the results of interviews with adult males with an acquired hearing loss (and their spouses) he proposed two models: one that described the stigmatization process and another one that described the normalization process [21]. Hétu posited that the stigmatization process is the result of the communication breakdowns and other “deviant” behaviours that may occur when people with hearing loss interact with people who have normal hearing (Figure 1). The demeaning and discriminatory reactions of the communication partners to the “deviant behaviors” of the person who has a hearing loss leads the latter person to feel shame and guilt about themselves due to their hearing loss. As a consequence of the stress induced and the feelings of incompetency that

develop, the person’s self-esteem and social identity are diminished. Moreover, many people decide to withdraw from social activities and isolate themselves [21].

Hétu also described a two-step normalization process designed to help the person hearing loss overcome feelings of shame and guilt associated with hearing impairment and regain a more favorable social identity (Figure 2, step 1) [21]. The first stage of the normalization process involves meeting and interacting with other people who have a hearing loss (members of the insiders), so that together they can share their experiences of hearing difficulties and the resulting unsatisfactory social interactions. This therapeutic activity helps the participants realize that unsatisfactory social interactions are the result of the hearing loss, rather than to other factors that may be unjustifiably attributed to them. They come to realize that other people with hearing loss have the same feelings of inaptitude and self-denigration. These realizations serve to trigger the normalization process. In the second stage of the normalization process (Figure 3, step 2), people with hearing loss are encouraged to interact with people in their entourage who do not have a hearing loss. Moreover, they are taught and encouraged to inform their communication partners that they have a hearing loss, and to solicit the use of communication strategies that will optimize the exchange of information. The result of participating in more satisfying verbal conversations (social interactions) serves to further restore a more favorable social identity for the person with hearing loss.



**Figure 1: Stigmatization process [21]**



**Figure 2: Normalization process–Step 1 [21]**

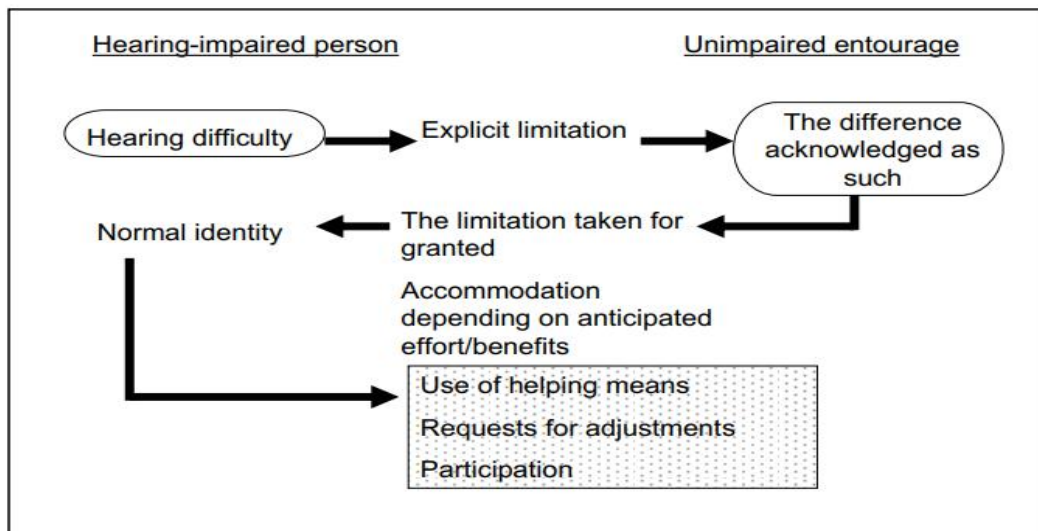


Figure 3: Normalization process–Step 2 [21]

#### 4. STEPS TO TAKE TO OVERCOME SOCIETAL STIGMA:

1. **Assessment of Hearing** - Individuals with hearing loss should know their hearing thresholds. This can be achieved through a hearing assessment called Pure Tone Audiometry (PTA). This audiometric testing would enable people with hearing loss to understand the type and degree of hearing loss. This would also enable them to be able to benefit maximally from amplification devices.
2. **Understanding of Hearing Uniqueness** – Two patients can have the same type of hearing loss and even the same degree (severity) of hearing loss but they hearing difficulties may differ especially under different listening situations. Individuals with hearing loss should understand their unique challenges and find the best way to manage them.
3. **Acceptance of Hearing Loss**- Individual with hearing loss should accept and seek help. Accepting hearing loss and seeking audiological rehabilitation goes a long way to minimize societal stigma and improve the communication abilities of this minority group.
4. **Joining Groups and Associations of Individuals with Hearing Loss** – Stigma succeeds when people see themselves different from others. Individuals with hearing loss should seek hearing loss peers, groups and associations. Joining such groups helps to build their confidence and could remove or reduce societal stigma drastically.

#### 5. CONCLUSION:

Hearing aid has proven to enhancing hearing function and reduce communication issues that are mostly caused by impaired hearing. It might be difficult for individuals with hearing loss to come out and seek help due to misconceptions and stereotypes towards them. However, we advocate that individuals with hearing loss should by all means adopt and use the recommended assistive listening devices irrespective of the stereotypes from the society. In order to have a positive attitude to hearing aid adoption, fitting and use, the following recommendations given could be adopted.

#### 6. RECOMMENDATIONS:

- Society and the general populace should be enlightened about hearing loss. Individuals with hearing loss should not be seen as socially awkward and weak cognitive competence.
- Fear of stigma that is related to hearing aid adoption and use should be eliminated
- In audiologic rehabilitation, counselling should be an integral part of hearing aid fitting
- There should be access to speech therapy for individuals with hearing loss
- Hearing health professionals should integrate spouses, relatives, friends and other close associates of individuals with hearing loss in audiologic rehabilitation.
- Exposition about hearing loss and its management should be well circulated.
- Aesthetic factor should be considered by the manufacturers of hearing aids in order to boost acceptability.
- General medical checkup should be done regularly

### Ethics Statements

As this is a review, no ethics statement is needed.

### Acknowledgements

None

### Funding

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

### Declaration of interests

We declare that we have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

### REFERENCES:

1. Santos, J. C., Barros, S. & Santos, M. M. (2016). Stigma. The Perspective of Workers on Community Mental Health Services—Brazil. *Glob Qual Nurs Res.* . doi: [10.1177/2333393616670442](https://doi.org/10.1177/2333393616670442) PMID: 28462343
2. Thornicroft G. (2006). *Shunned: Discrimination against people with mental illness* (Vol. 399). Oxford, UK: Oxford University Press. [Google Scholar]
3. Kochkin S. (2007). Marke Trak VII: Obstacles to adult non-user adoption of hearing aids. *Hear Jour*;60(4): 24-51.
4. Kochkin S. (2000). MarkeTrak V: "Why my hearing aids are in the drawer": the consumers' perspective. *Hear Jour*;53(2):34.
5. Bos AE, Pryor JB, Reeder GD, et al. (2013). Stigma: advances in theory and research. *Basic Appl Soc Psych.*; 35:1–9.
6. Brenda Major & Laurie T. O'Brien (2005). "The Social Psychology of Stigma". *Annual Review of Psychology.* 56(1) :393–421. doi:10.1146/annurev.psych.56.091103.070137. hdl:2027.42/146893. PMID 15709941. S2CID 7029680.
7. Roots, J. (1999). *The politics of visual language: Deafness, language choice, and political socialization.* Ottawa, Canada: Carleton University Press
8. Martin F. N., & Clark J. G. (2015). *Introduction to Audiology*, 12<sup>th</sup> Edition. Pearson Education, Inc.
9. Rauterkus, E. & Palmer, C. (2014). The hearing aid effect in 2013. *Journal of the American Academy of Audiology* 25(9);893-903. doi: <http://dx.doi.org/10.3766/jaaa.25.9.10>
10. Heine C & Browning CJ. (2002). Communication and psychosocial consequences of sensory loss in older adults: overview and rehabilitation directions. *Disabil Rehabil.*; 24:763–773.
11. Heffernan E, Coulson N, Henshaw H, Barry J & Ferguson M. (2016). Understanding the psychosocial experiences of adults with mild-moderate hearing loss: An application of Leventhal's self-regulatory model. *Int J Audiol.*; 55:sup3:3–12. 21
12. Jenstad L & Moon J. (2011). Systematic review of barriers and facilitators to hearing aid uptake in older adults. *Audiol Res.* ;1: e25.
13. Meister H, Walger M, Brehmer D, et al. (2008). The relationship between pre-fitting expectations and willingness to use hearing aids. *Int J Audiol.* ; 47:153–159.
14. David D & Werner P. (2016). Stigma regarding hearing loss and hearing aids: a scoping review. *Stigma and Health.*; 1:59–71.
15. Southall K, Gagné J-P & Jennings M B (2010). Stigma: a negative and a positive influence on help seeking for adults with acquired hearing loss. *Int J Audiol.*; 49:804–814.
16. Stevens G, Flaxman S, Brunskill E, Mascarenhas M & Mathers CD, Finucane M. (2013). Global and regional hearing impairment prevalence: An analysis of 42 studies in 29 countries. *Eur J Public Health.*;23(1):146–52
17. Abrams HB & Kihm J (2015). An Introduction to MarkeTrak IX: A New Baseline for the Hearing Aid Market. *Hearing Review.* 22(6):16.
18. Kirkwood, D. H. (2015). HHTM is first to report on MarkeTrak 9. Retrieved from <http://hearinghealthmatters.org/hearingnewswatch/2015/hhtm-exclusive-findingsfrom-new-marketrak-study-show-greater-hearing-aid-use-satisfaction>
19. Lupsakko, T. A., Kautiainen, H. J., & Sulkava, R. (2005). The non-use of hearing aids in people aged 75 years and over in the city of Kuopio in Finland. *Eur Arch Otorhinolaryngol European Archives of Oto-Rhino-Laryngology*, 262(3), 165- 169. doi:10.1007/s00405-004-0789-x
20. Cox, R. M., Alexander, G. C., & Gray, G. A. (2005). Who Wants a Hearing Aid? Personality Profiles of Hearing Aid Seekers. *Ear and Hearing*, 26(1), 12-26. doi:10.1097/00003446-200502000-00002
21. Héту R. (1996). The stigma attached to hearing impairment. *Scand Audiol Suppl.* 43.