

What They Should Know, But Don't Know to Ask

Tris Ottolino
Charlotte Kirby

Program for Hearing Impaired
Northern Illinois University
DeKalb, Illinois

Introduction

According to the Alan Guttmacher Institute, nearly one million young women become pregnant each year before they reach the age of 20. It also reported that 85% of teen pregnancies are unintended (Alan Guttmacher Institute, 1994). The *USA Today Weekend* (1997) concurs with the 1994 statement of one million women becoming pregnant each year as well as with these additional statistics:

- Nearly 60 percent of teen mothers are living in poverty at the time of the birth.
- U. S. teenagers have the highest pregnancy rate in the Western World: twice as high as England, New Zealand, or Canada; three times higher than Sweden.
- Each year, the U. S. government spends about 34 billion on costs associated with teen pregnancy.

Statistics such as these are what prompted the Program for Hearing Impaired (PHI) to develop a course that would address many of the issues that young deaf people encounter on a daily basis. Because of limited communication, deaf children and young deaf adults frequently miss much of the information that hearing individuals take for granted (Baker-Duncan, Bethoyln, Highly, & Gibson, 1997; Joseph, Sawyer, & Desmond, 1995; Kluwin, 1993). Within the Program for the Hearing Impaired, it seemed that every year one or two young women would either enter the program pregnant or would become pregnant while in attendance at PHI. In some instances, the young woman wanted to become pregnant, and in other instances the individual would have very little knowledge as to how the pregnancy happened. Both of these situations needed to be addressed. The PHI staff was concerned with both issues because of obvious reasons. It became apparent that the students who attend PHI should understand relationships better. Most importantly, it is believed that the students, both male and female need to understand basic friendships and relationships within the family before they begin to develop relationships with others.

Self-Esteem

Relationships can be complicated. It does not matter if the relationship is with the family, a friend, or a partner. It is hard to find the balance between being caring toward another person and making sure your needs are met as well. The main thing for each member of a relationship to remember is respect. With respect comes dignity and self-esteem. Self-esteem is how one thinks of oneself. Self-esteem is very important in how one's life is molded in society. Self-esteem is developed in many ways. One of the most important ways, however, is by accepting others around them. When adolescents believe their parents do not accept them, their self-esteem suffers.

If adolescents believe they are worth something, it is easy to share themselves with others. Individuals who believe they are worthy of others will develop friends more easily than the individual who has low or no self-esteem. Goffman (1974) stated that if a deaf child has grown up in a family that considers the child's deafness a stigma, the child is likely to have low self-esteem. The main issue with deaf children in families is that they be accepted fully as members of the family and that communication flow as freely as possible. By doing this, individuals will have a good start on developing friendships and trust with others.

Friendships

In order for individuals to truly be able to share themselves with others, they must be comfortable with themselves. It has been our experience with our students that many have a difficult time interacting socially with each other as friends. Literature suggest that teenagers, no matter hearing or deaf, are vulnerable to feelings of loneliness (Brennan, 1982; Erikson, 1963; Ostrov & Otter, 1978; Sullivan, 1953). Deaf adolescents, however, may be more susceptible than their hearing peers. Diver (1990) suggests the following:

Any deviation from the norm in this time of peer group relationship can lead to isolation and result in severe psychological ramifications for the individual. Adolescents who are physically different... have a difficult time gaining acceptance from their peers.... These individuals may have problems separating themselves from their parents, and displaying strong self-image and self-confidence.

It does not seem to matter whether adolescents are attending mainstreamed programs or residential programs. In the long run, it has been found that deaf adolescents typically suffer from boredom and depression because of isolation from friends. Students who attend mainstreamed programs are more apt to see themselves deviating from the norm. In studies, it has been suggested that deaf students who are mainstreamed, particularly during adolescence but also at the college-level, experience isolation from peers and teachers. In addition, they may lack the support needed to be successful (Carlson, Strong, & Gold, 1992). Although students who attend residential schools have plenty of friends, they are separated from their home environment. This may keep them from their parents for long periods of time. Neither setting is perfect, thus fostering the isolated feelings the students might have.

Communication

Another factor that comes into play for deaf adolescents is the communication barrier. According to Erikson (as cited by Carlson, Strong, & Gold, 1992), achieving an ego identity and a capacity for intimacy are major interrelated tasks of adolescents. Developing an identity involves identifying with a group as well as with individuals. It is believed that because many deaf adolescents had difficulties developing language as children, they depend more on their family members as adolescents. In addition, they may have more difficulty establishing close friendships. Parents tend to be more over-protective than normal. This seems to be especially evident when adolescents begins to date, drive, or look for a job. This over-protectiveness, although well-meaning, prevents individuals from developing in such a way that they can become responsible for their daily activities. In the long run, they have not had the opportunity to develop ways to communicate on their own with the hearing world.

Marschark (1993) stated that schools have a vital role in helping deaf students acquire mature social skills. This statement is valid because many of the home environments lack the ability to communicate effectively with deaf individuals as mentioned earlier. In many families, there may only be one deaf individual. This leaves that person alone much of the time when it comes to communication. Rodda (1966) reported that children who have a hearing loss and have little or no communication at home are often left with a distorted or incomplete view of social norms and attitudes. The development of social skills among deaf individuals depends largely on three factors as described by Marschark (1993):

- ready access to explanations of social behaviors;
- the traits of other individuals with whom they interact; and
- access to the visual context of social interchange

Sex Education

As important as social development is sex education. In many instances, the individual who has a disability such as deafness is viewed as different. This opinion could not be further from the truth. Deaf individuals, like all humans, have the same desires,

including sexual desires. Unfortunately, because of the limited communication within the family, not much information is relayed to deaf individuals regarding sexual activity, protection, or diseases.

By the time deaf individuals get the needed information, it may be too late. The deaf adolescent in many instances have become sexually active and may already be at risk for pregnancy or disease. Davila (1985) stated that individuals with hearing impairments remain most affected because the communication is limited. Because the communication is limited, the individuals involved do not get the information they need to prevent the risks involved. Deaf individuals often rely on their peers or the media for information they do not get in the home. Allowing individuals to depend on either one of these sources can prove to be very risky. Friends could be providing inaccurate information. The media, in most cases, is not properly captioned and the individual is depending on visual cues, which could be misleading.

In a study conducted by Joseph et al. (1995), 134 college students who are deaf and hard of hearing were surveyed regarding sexual knowledge. The results of the study revealed that little knowledge existed for the individuals who were surveyed. Yet these individuals stated that they were actively participating in risky behaviors that could lead to pregnancy or worse sexually transmitted diseases.

Sexually Transmitted Diseases

Strunin and Hingson (1987) stated that adolescence is a time of exploration. They further explain that the lack of information about HIV, including how it is transmitted and how it can be prevented, places adolescents at risk. Adolescents tend to live in a world of their own, often believing they are not vulnerable to destruction. Adolescents tend to take great risks with their lives and frequently experiment with dangerous combinations of drugs, sex, and alcohol. According to a study completed by Shafer, Beck, Blain, Dole, Irwin, Sweet, and Schachter (1984), 70% of the adolescents who had been interviewed had experienced intercourse prior to their 19th birthdays. In addition, venereal infection was more common among adolescents than adults.

In another study conducted by Luckner and Gonzales (1993), it was revealed that many of the 204 students who completed the questionnaire knew what HIV/AIDS was, and they realized the potential impact of HIV/AIDS. The study also indicated that many of the participants did not understand how HIV/AIDS was transmitted nor how to prevent it. Part of this naiveté is believed to be a result of the avenues in which deaf individuals acquire information. Since many deaf individuals do not have the same opportunities for incidental learning as their hearing peers, more effort must be made to get accurate information to them as possible.

Finally, in a 1997 study conducted by Baker-Duncan et al., it was found that deaf adolescents still remain at a high risk for acquiring HIV/AIDS because they either do not know which behaviors put them at risk or do not view the behaviors they participate in as risky. Research since 1987 has indicated a greater demand for education in all areas of social relationship for the deaf, but most importantly in the area of HIV/AIDS.

Summary

The first step in developing an efficient sexual education program is to measure the sexual knowledge of college-age deaf and hard of hearing students (Novak, 1997). Novak conducted a survey with twenty-two students from PHI. The results of the survey indicated that when a sex education class is incorporated into a program's curriculum, students build a knowledge base to refer to when faced with issues and decisions related to sexuality.

The Program for the Hearing Impaired developed a course that includes content related to the following topics: making and keeping friends, family relationships, dating, love, marriage, the reproductive system, birth control, sexual activity, sexually transmitted diseases, rape, deciding on a family, caring for a child, and divorce. By offering the course, we hope to address the issues of concern., such young people engaging in activities that they are not fully aware of and the lack of information or misinformation available to them. Lack of communication plays a big part in the lives of many adolescents, but more so in the lives of deaf and hard

of hearing individuals. Finally, by providing the students with the information they need in the areas discussed, it is our hope that the students will be able to deal with the issues that they will confront on a daily basis.



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Handout #1 - Baby Think-It-Over (simulated infant)

Baby Think-It-Over is a realistic infant simulator that is available in a variety of styles. Although the simulators we are demonstrating today represent the Hispanic male and the African-American female, there are other ethnic options. They are: Caucasian, Asian, Native American, and a light-skinned African-American. All dolls are available in female or male. In addition, the simulators are available in normal (head is stationary), realistic head support (head needs to be supported), and drug-dependent. The prices range from \$250 - 289.95.

It is available from the manufacturer:

Baby Think-It-Over Company

2709 Mondovi Road

Eau Claire, WI 54701

(715) 830-2040 or <<http://www.btio.com>>

The simulators are 21 inches long and weight between 6.5 and 7 pounds and they are anatomically correct. Each doll cries at random intervals any where from 5 - 35 minutes at a time. While it is crying, the student must attend to it with the special key. If the simulator is left unattended, the computer box will indicate the amount of times it cried and for how long. If the infant cries for more than two minutes, the computer will register the amount of time. In addition, the computer will indicate if it was physically abused and how many times. Additional items are available from the company.

Each student who participated kept the infant for three full days and nights. For the purposes the class, we also purchased the Sonic Alert (baby cry signaler), \$39.95 and Deluxe Remote Receiver, \$44.95. These are available from the following supplier:

HITEC Group International, Inc.

8160 Madison

Burr Ridge, IL 60521

1-800-288-8303 V/TTY

This activity had a strong impact on many students. Statements made by some of those who participated in the project are listed below.

Male, age 20, from Chicago, Illinois : *"I was motivated to learn about the baby before I was given the baby boy. I wanted to take care of the baby. I knew that baby would be a lot of responsibility. In my opinion, babies are for women to care for. After I had baby for the few days, it was a lot of work. I was frustrated because baby cried all the time. It was hard work and the baby was heavy and my arm hurt."*

Male, age 21, from Des Plaines, Illinois : *"I know that caring for a baby and caring for the woman while pregnancy is a lot of work. I want to be able to do that. I know that babies are prize possession and the most important in our lives. They need support and love. After I had the baby, I realized that I did not have enough time for myself and my friends. It was frustrating because the baby cried a lot. I did not get enough sleep."*

Female, age 20, from Chicago, Illinois : *"I was excited and thought it would be fun. After I had the baby for a time, I had to take care of it or get a friend to baby-sit while I worked. It was hard. I was tired can't sleep because the baby crying all time. That baby cried six times. I did miss the baby when I gave it back."*

Male age 19, from Gary, Indiana : *"I like babies, but I do not want any babies right now. After having the baby it was pressure at night because the baby cried a lot. I had to take care of it. I had to walk to class because I was embarrassed to take the bus because people looking at me. I know for sure that I do not want a baby right now, but in the future yes."*

Female, age 19, from Danville, Illinois : *"I have always wanted a baby since I was 13 or 14 and my mom and I did not get along. I knew it was not going to be "walk on water" easy, but I did not think it would be stressful. After having to take care of the baby for a few days, I did not like getting up every two hours. It has not changed my mind about having a baby in the future, but I just know I don't want it at this time. I want to wait until I am married and finished with college. I want to make sure I am prepared financially for the baby."*

Female, age 21, from Tanzania, Africa : *"I want a baby. I would like to stay with the baby for a while. I knew it would be hard work to take care of the baby when it cried. After having the baby, I do not want one now because hard to take care of baby and go to school. Will hope to have a baby when married and finished school."*

Female, age 20, Flora, Illinois : *"I knew I wanted to wait about three years to have a baby. I know I will need to work together with my husband to take care of the baby. After having the baby, I enjoyed the experience. I really love kids. The experience taught me that I should wait until later to have a baby."*

This activity has proven to be successful so far. Prior to taking one of the babies the students typically indicate that they want to have a baby because they are so cute. They do, however, change their minds after taking home one of the simulators.

Handout #2 - HIV Transmission Experiment

This experiment was developed at the Marie Katzenbach School for the Deaf in New Jersey. We thank Cynthia Sternfeld for allowing us to share this with our students and at this conference. If you have any questions regarding this activity or about their curriculum, please contact Cynthia at (609) 530-3137 V/TTY. This activity is used to demonstrate how quickly the HIV virus can spread. Prior to and after the activity, it is important that the instructor discuss with the participants the difference between risky behaviors and safe behavior. Debriefing should take place after the experiment as well.

Materials Needed

- Phenolphthalein, available from:
 - Sigma-Aldrich
 - P. O. Box 14508
 - St. Louis, MO 63178-9916
 - \$17.75
- Test Tubes and Test Tube Stand, available from:
 - Fisher Scientific
 - 1600 West Glenlake Avenue
 - Itasca, IL 60143
 - 1-800-766-7000
- Distilled Water
- Ammonia
- Behavior Signs
- Eye Dropper
- Measuring Cup or Pour Spout
- Marker or labels to mark tubes

Preparation

- Label each tube with a letter or number.
- Prepare as many tubes as needed by filling 3/4 full with distilled water.
- Depending on how many participants, ammonia will be added to tubes. Use two to three drops. If there are 10-15 participants, add ammonia to one tube. If there are 15 to twenty participants add ammonia to two tubes, etc.)
- Remember to note which tube or tubes have the ammonia in them. (The ammonia is acting as the live virus.)
- Randomly pass out the tubes by allowing the participants to select which tube they want.

Procedure

- Explain to the participants that they will each receive a test tube with liquid in it. *The participants must not taste, touch or smell the liquid*
- For the experiment, we will pretend that the liquid is a body fluid with high HIV concentration.
- Once each student has a test tube, they are to view the behavior signs.
- If the sign states a behavior that involves a risky behavior, the participant should exchange body fluids with another participant. (Each person must share with the other.)
- Explain to the participants that a couple of the tubes have "HIV" (also explain that they are at no risk because this is just an activity).
- After all of the behavior signs have been displayed, ask the students to wait for their HIV Test. Explain that someone will come around with an eye dropper and will drop liquid into their test tube. (Use the eye dropper to place a small amount of phenolphthalein into each tube. Don't allow the dropper to touch the sides of the tubes.)
- If the liquid turns pink, they are HIV+ and if the liquid stays clear, they are HIV-.
- The facilitator can identify which number or numbers of tubes were originally infected.

Handout #3 – Values Clarification Auction

Materials Needed

- Play money (purchase at a teacher store)
- Values written on cards
- Participants

Preparation

- A day or two prior to the activity, have the participants brainstorm values.
- Depending on the level of the participants you are working with, you may need to define what a value is. (Value – something that is cherished or important to them.)
- Accept all values as given.

Examples:

honest	trust
money	family
car	dog
home	

- Write each of the values on an index card.

Procedure

- List all of the values on the board or on a flip chart so the participants can view them throughout the activity.
- Each participant will receive an equal amount of money. (Example: give each participant \$180.)
- The instructor will read through the values as they are to be auctioned off.
- The highest bidder receives the value. There is no limit on the amount of money that can be spent on one value. There is, however, no sharing of funds.
- Once all of the values have been bid on and purchased, each participant will explain why that value is important to them and why they purchased the value.

Handout #4 – Relationship Outburst

Materials Needed

- *Jr. Outburst* game (need to use the timer, die, score board and game piece)
- Made-up cards to fit your classroom discussions with 10 answers per category. (See examples below).

Procedures

- Split the group into two sides.
- First team rolls the die.
- They will have the amount of time in the timer to supply answers for the category.
- Once time is up, the score is added up.
- If one of the guesses is the same number as on the die, then the team gets that amount of points too.
- Play continues until the first team scores 50 points. Some examples are listed below:

How Partners Build Trust
1. Talk openly
2. Be honest
3. Value commitment
4. Share
5. Compromise
6. Be supportive
7. Provide financial security
8. Be accepting
9. Listen
10. Maintain good health

Other categories and answers are as follows:

How Teen Pregnancy Can Be Prevented

1. Self-respect
2. Being informed about sex
3. Know about birth control options
4. Know responsibilities of caring for an infant
5. Being satisfied with life
6. Don't be pressured by peers
7. Know how to properly use a condom
8. Don't date older people
9. Be careful when choosing a date
10. Wait for love

Signs of Pregnancy

1. Missed period
2. Lighter than normal periods
3. Tender breasts
4. Going to the bathroom a lot more
5. Change in mood
6. Change in appetite
7. Dizzy
8. Vomiting
9. Gaining weight for no reason
10. Tired

Places to Go On a Date

1. Movie
2. Walk
3. Restaurant
4. Bowling
5. Sport event
6. Drive
7. Friend's house
8. Dance
9. Mall
10. Party

Condoms Can Prevent Control

1. HIV
2. Cervical cancer
3. AIDS
4. Gonorrhea
5. Syphilis
6. Chlamydia
7. Pregnancy
8. Hepatitis B, in some cases
9. Genital warts.
10. Stress method

Sexually Transmitted Diseases

1. HIV/AIDS
2. Genital Herpes
3. Syphilis
4. Gonorrhea
5. Chlamydia
6. Genital warts
7. Pelvic Inflammatory Disease
8. Hepatitis B
9. Molluscum Contagiosum
10. Scabies

Types of Birth

1. Condom
2. Diaphragm
3. Norplant
4. Birth control
5. Foam
6. Cream
7. Jellies
8. Sponge
9. No-sex
10. Rhythm

Handout #5 – Article Presentations

Rational

This activity is usually used with the higher level students. This activity will help the students to become more aware of the current issues that relate to the class.

Procedures

- Each student will look for a current article in the newspaper or magazine. Current meaning anything that has occurred in the last year.
- The participants will present their article to the class by following these procedures:
 - Name the source of the article
 - Give the date of the article
 - Summarize the article into a two - three minute summary
 - Provide their opinion
 - Relate the article to the issues being discussed in class

All articles are added to the class folder and can be checked out by any student.