Review Article

Culture as Context for Intervention: Developing a Culturally Congruent Early Intervention Program

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Abstract

Black South African children with hearing loss are affected by the issues facing the deaf population as well as those facing the Black population educationally, socially and vocationally. The cultural context in which the child exists will not only influence the acquisition of communication skills but also the context in which intervention occurs. It is imperative that early interventionists have insight into, and understanding of the ethnographic - and family characteristics that may influence responses to early intervention. A theoretical framework for the design and implementation of culturally congruent early intervention programs for young Black South African children with hearing loss is developed. The aim of this paper is to describe culture as a context for early intervention and to provide a cultural perspective of early intervention for young Black children with hearing loss. Based on these theoretical underpinnings, models are suggested and guidelines are formulated for early communication intervention for young Black South African children with hearing loss. Int Pediatr. 2002;17(3):145-150.

Key words: deaf, intervention, South Africa, culture, hearing and screening

Introduction

Deafness transcends decibels and embraces deaf people, their communities, and their culture. Deafness has taken precedence over ethnicity in the deaf community and it has been erroneously assumed that deafness precludes ethnic and racial group membership. Immersed in both deaf and Black cultures, Black South African children with hearing loss are affected by the issues facing the deaf population and those facing the Black population educationally, socially and vocationally. This population has traditionally been under-served and service delivery to Black children who have hearing loss in South Africa remains problematic.

The diversity in language and culture in South Africa, and the growing awareness and recognition of this diversity, presents a challenge to speech-language therapists in early intervention service delivery to young children with hearing loss. When children acquire language within the context of the family, a dynamic interaction exists between the language development of children on the one hand and the cultural beliefs, family values and child rearing practices on the other. According to Crago, acquiring language and becoming a cultural member are intertwined processes that are deeply embedded in each other. The increasing awareness that differences, across and within cultural-linguistic groups, need to be accounted for, has led to the rethinking of previous practices that defined good interventions as those in which clients incorporated the values, beliefs, and behaviors congruent with White middle-class culture. The inherent problem with the application of traditional practices is that they may not be appropriate for families from other cultures and may create conflict and stress within families. Such a situation is, at best, insensitive, and at worst, destructive, of the cultural and communicative fabric of the child's or family's life.

Cross-cultural differences are not only present regarding communication interaction patterns, but societies also differ with respect to what they consider to be normal or pathologic. Currently the majority speech-language therapists and audiologists providing services to Black children with hearing loss and their families in South Africa are White, middle-class, and they cannot assume that the families whom they serve share their basic ideas and beliefs regarding disabling conditions and interventions. These differences necessitate professionals to develop cultural competence and become committed to honoring cultural diversity through the services provided to families of young Black children with hearing loss. However, each family is unique and should be regarded as an individual unit with its own values, beliefs, practices and needs.

The recognized relationship between culture and language reinforces the fact that cultural issues should be considered by speech-language therapists and audiologists when delivering help to young Black children with hearing loss.

Cultural factors in the South African context that are relevant to the provision of early intervention services are illustrated in Figure 1. A theoretical framework is proposed for the design and implementation of culturally congruent early intervention programs for young Black South African children with hearing loss.
The acquisition of language is a dynamic and complex cultural act. Children acquire communication skills within the cultural context of the family. Young children's language development is influenced by cultural beliefs, family values, expectations, experiences and child-rearing practices.

South Africa is characterized as a multicultural society and has great diversity in geography, language and culture. Currently, the majority of early interventionists belong to a minority cultural group and cultural mismatches between professionals and the clients they serve exist, which is further compounded by language barriers.

Within the multicultural South African society, many factors are present that shape caregivers' perceptions and responses to services for young Black children with hearing loss. Cultural diversity has a profound effect on the way in which families and professionals interrelate cross-culturally and participate together in early intervention programs. It is imperative that early interventionists understand, and have insight in, the ethnographic and cultural factors characteristic of the families of the children that they serve, as these may influence the families' response to early intervention.

The family structure in many families tends to be extended, rather than nuclear and may also be multigenerational. This implies that the mother may not be the primary caregiver and that many children of similar ages are in the care of a single caregiver. The family structure also affects the styles of communication interaction, which tends to be multi-party in extended families, rather than the dyad being the primary communicative context. Language socialization practices differ in given cultures. The patterns of interaction between caregivers and children in different cultures may vary in the use of instructions, questions and the use of stories. The importance of speaking to children and perceptions regarding the importance of language in development differ in cultures. These aspects are all of the utmost importance in the communication development and intervention of young children with hearing loss. Furthermore, beliefs regarding the nature of infants dictate who interacts with an infant and why, as well as what adults teach and what children learn. This socialization process is an important determinant of language development in children with hearing loss, and needs to be taken into account in the assignment of roles to caregivers in the design of culturally sensitive early intervention programs. Certain child-rearing practices, e.g., carrying an infant on the back of the caregiver, are traditional practice, but may have a detrimental effect on the communication development of a young child with hearing loss who is deprived of face-to-face contact and visual cues for communication.

Families may also differ in their perception of disabilities and a characteristic of African families is often their fatalistic attitude towards disability which leads to an accepting, passive attitude to hearing impairment and
may influence their decision to seek early intervention services for a child with hearing loss. This attitude is in contrast with a family-centered approach which requires families to be active participants in the early intervention approach and may lead to conflict and stress during early intervention. Family-professional collaboration is required to elicit families’ participation in early communication intervention which needs to take place within the context of the lifestyle, values and priorities of the family. Having culturally specific knowledge of a family’s unique interpretation of disability may help professionals anticipate and understand the decisions of culturally diverse families. Professionals need to adjust service delivery to the family’s beliefs about disability, health and healing.

Due to meager schooling and limited access to printed information, many mothers from low-income families are disorientated and confused regarding what to expect relative to developmental norms or the behavior of their children. Often mothers may have a sense that something is wrong, yet they often lack the knowledge to confirm suspicions of a disorder or an appropriate forum in which to find guidance or concrete referrals. Lack of knowledge places caregivers at a disadvantage and they may feel incompetent to articulate their needs. This has major implications for the early detection identification of hearing loss in South Africa. Providing information and knowledge in the low-income family’s home language starts addressing this issue.

Traditionally, within the medical model, the family’s role in early intervention was that of recipients and parental preferences were for child focused intervention which led to unequal power sharing in family-professional relationships. However, the restructured National Health System of South Africa mandates a transition in service delivery from institution-based services to community-based services, and requires caregivers to be empowered and to become active partners in the early intervention process for their children with hearing loss. Caregivers, however, are ill equipped to fulfill these roles at present. The concept of early intervention is an unfamiliar concept to many families. Their view of the professional’s role may cause them to refrain from asking questions and making their needs known due to feelings of inferiority. However, in some cultures this may be a sign of respect. Careful consideration and acknowledgement of the specific cultural patterns of families is required for appropriate interpretation of families’ behaviors. Lack of knowledge also often causes a sense of bewilderment and detachment in families, which in turn may lead to poor compliance and possibly withdrawal from the early intervention programs.

Another factor which may play a role in families seeking early intervention, are their health beliefs and practices. Traditional healers may form an integral part of a family’s approach to illness and health. Technology and Western medical practices may be viewed as an intrusion on accepted and respected traditional activities and rituals. Families may be reluctant to make use of professional services and devices such as hearing aids. Professionals need to collaborate with families to facilitate an eclectic early communication intervention approach.

The African emphasis on community may also impact on the provision of early communication intervention for young Black children with hearing loss and their families. Co-operation, interdependence and the well-being of the group are rated more highly than the individual in African cultures. The emphasis of traditional early communication on the individual needs to be adapted and the community needs to be viewed as a strong support system that may be utilized in service delivery.

A another African concept, namely that of time, needs to be taken into account in the planning and provision of early communication intervention. In Western models, future planning for eventual school readiness and eventual independent communication are fundamental to the process. However, in traditional African culture time is a two dimensional phenomenon, with a long history, a present and virtually no future. Future events are viewed as “no time” and have no place in the concept of time since the future is unknown and cannot be understood. As a result, there is no opportunity for planning and long-term goals or outcomes for early communication intervention. By creating family-professional partnerships, this issue may be resolved.

These factors have to be addressed in an innovative way to provide culturally congruent and sensitive early intervention within the family context in South Africa. Early communication intervention interacts with cultural views and values more than any other set of programs or services. For early communication intervention with young Black South African children with hearing loss to be effective, services have to be culturally sensitive. Figure 2 serves as a guideline for developing a cultural perspective of early intervention.

Interventionists have to acquire knowledge and apply these notions in the development and implementation of early intervention services. Professionals need to acquire a cultural perspective by firstly becoming aware of their own beliefs, values, cultures and practices and biases.

Secondly, they need to be knowledgeable about the facets of culture influencing communication development. Children acquire language within the context of the family. There is a dynamic interaction among cultural beliefs, family values, expectations and experiences and child rearing, which influences the
language development of young children. Cultural variables are the keys to understanding family relationships and dynamics. Professionals thus need to acquire an understanding of these facets of culture in their development of cultural competence.

Thirdly, professionals need to be knowledgeable about the factors that may affect early intervention. A number of factors have been identified in the literature (Table 1).9, 11

Professionals need to be sensitive to these variables when developing programs to serve families of young Black children with hearing loss. An understanding of the way families from culturally diverse backgrounds respond to having a child with a hearing loss is essential in developing cultural sensitivity and competence.9

Fourthly, professionals need to gain a cross-cultural experience and attain cultural competence. Based on knowledge, understanding, sensitivity, experience and respect for cultural differences, professionals can develop cultural competence to enhance the effectiveness of services provided to young Black children with hearing loss and their families.14 In Table 2, the following steps were identified in the process of attaining cultural competence.4,5,8

The challenge is to provide early communication services to Black South African children with hearing loss, in a manner that is consistent with research, based on professional knowledge, respecting the culture of families served and honoring family diversity, in order for the benefits of early communication intervention to be realized.

Discussion

Early intervention programs should incorporate research, theory and experiential wisdom about best practices with young children and their families.15 Three models that have been described in the literature may be implemented for the development of early interventions services. The ecological model recognizes the multitude of factors that are likely to impinge on development and is founded on the understanding that social units do not act in isolation but interact both between and within levels. It is acknowledged that reverberations across all planes of the child’s development occur if focus of intervention is placed on the ecosystem in which the child with a hearing loss is found. It is for this reason that the ecological model is endorsed as having significant implications for early communication intervention with children with hearing loss and their families.2

Within the ecological framework, four service delivery components have emerged in the design of early communication intervention. These components are supportive counseling, information exchange, facilitation of child communicative competence and education advocacy.2,16 This model is applicable to the South African context and has many advantages for young Black children with hearing loss and their families as it focuses on the family system, culture, family empowerment and power sharing between professionals and families.2 Services should also be comprehensive, coordinated and community-based in order to be effective.17
Culture as Context for Intervention

Based on the ecological model, a number of clinical models have been developed which can be adapted for service provision to young Black children with hearing loss and their families in the South African context. A family-centered, interdisciplinary community-based assessment and consultation model for providing services to families and professionals in small towns and rural areas is described in the literature. Information sharing within an interdisciplinary team is emphasized as well, creating family-professional partnerships. This model could be effective in developing active caregiver participation in early communication intervention with families of young children with hearing loss.

A second model that has many possibilities in the South African context is the one stop model of service. This model proposes integrated and comprehensive services, time and cost efficient services based in a pediatric clinic. The model endorses the characteristics of best practice in early intervention, namely that services are accessible, community-based, comprehensive, interdisciplinary and provide follow-up. This model serves to mobilize caregivers and combats passivity and the flexible, multi-system, multi-problem approach meets the needs of low-income populations.

Table 1 - Cultural factors

<table>
<thead>
<tr>
<th>Family structure and characteristics</th>
<th>Education levels</th>
<th>Family assets</th>
<th>Family in the community</th>
<th>Communication style</th>
<th>Health beliefs and practice</th>
<th>Help-seeking style</th>
<th>Perception of and attitude towards hearing loss</th>
<th>View of professional and family roles</th>
<th>View of early intervention</th>
<th>Knowledge of health and education system</th>
<th>Time orientation</th>
<th>Socio-economic status</th>
<th>Professionals' help-giving style, cultural competence, knowledge and skills</th>
</tr>
</thead>
</table>

Table 2 - Attaining cultural competence

<table>
<thead>
<tr>
<th>Develop awareness of own cultural biases</th>
<th>Understand facets of culture</th>
<th>Acknowledge and honor range of diversity in families' values and beliefs</th>
<th>Develop cultural sensitivity</th>
<th>Develop collaborative partnerships with families</th>
<th>Develop methods of cross cultural communication</th>
<th>Learn to collaborate with interpreters</th>
<th>Minimize cultural bias in assessment (test modification, naturalistic observation)</th>
<th>Identify and address barriers to assessment and intervention</th>
</tr>
</thead>
</table>

Table 3 - Guide for culturally sensitive screening & assessment

<table>
<thead>
<tr>
<th>Ethnographic interviewing and observation</th>
<th>Family stories</th>
<th>Eco-map of family</th>
<th>Define family &amp; draw family genogram</th>
<th>Collaboration trained interpreter</th>
<th>Collaboration caregiver to elicit behavior</th>
<th>Identify and address barriers to screening and assessment</th>
<th>Assessment of child with culturally congruent tools:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing thresholds and listening skills</td>
<td>Early general development</td>
<td>Pragmatics</td>
<td>Gesture</td>
<td>Early language reception &amp; expression</td>
<td>Caregiver-child interaction</td>
<td>Play</td>
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Fair and Louw described a model for early communication intervention services in Primary Health Care for implementation in the South African context. This model emphasizes the role of the family, the delivery of community-based services and focuses on empowerment and the training of others. The community is viewed as an integral team member to facilitate services which reflect the community's cultural background.

The choice of the service delivery model within the ecological framework will depend on the specific context in which early communication intervention services are provided to young Black children with hearing loss and their families. To facilitate the application of family-centered, culturally sensitive early communication intervention services, guidelines were compiled based on recommendations made in the literature.

An intervention program must begin by implementing culturally sensitive screening and assessment procedures that are both family and child centered. The following guidelines for culturally sensitive screening and assessment for young Black children with hearing loss and their families are proposed in Table 3.

Intervention creates changes in attitudes and behaviors, or both. Professionals require cultural experience and knowledge to facilitate these changes and bring much needed sensitivity to cultural differences.

The following guidelines for intervention are proposed in Table 4.

**Conclusion**

The early interventionist is faced with many challenges in order to provide effective and accountable services to clients in the diverse South African context. By developing cultural sensitivity and adapting early intervention programs to be culturally appropriate for young Black South African children with hearing loss, the benefits of early communication intervention may
be realized. The challenge to merge cultural sensitivity with family-focused practices will lead to the promotion of an environment in which dreams and visions for children are shared by both families and professionals.5

References


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