

Challenges on Learning Islam among Deaf Muslim in an Indonesian Context: Deaf Teachers Perspective

Ns. Mardiyanti¹ and Luh Putu Suta Haryanthi²

¹Faculty of Medicine and Health Science Islamic State University, Jakarta, Indonesia. ²Faculty of Psychology Islamic State University, Jakarta, Indonesia

ABSTRACT

Optimal learning facilitation is the most helpful support for deaf people to learn Islam. However, due to lack of knowledge on how to teach Islam, parents tend to let these children grow up without giving appropriate facilitation on learning Islam. The aim is to investigate issues and problems related to learning Islam among deaf Muslim from the perspective of deaf teachers in an Indonesian context. The method is semi-structured, in-depth FGD using a sign interpreter. Thematic analysis was used to develop themes. Eight deaf teachers in Islamic special school voluntary participated in this project. Findings are divided into problems and solutions themes. Three problems revealed from the participants; limited sign language skills and sign interpreter during Islamic teaching; limited literacy skills as the only mode of communication to hearing people; and discouragement of learning Islam from the society. Three themes as a solution to the problems revealed from the participants include accessible information through Muslim organization and deaf foundation, visual learning through internet and hearing peers, parents' and society adjustment by learning sign language. Although hearing loss may impact on understanding Islamic concept, providing sign language, interpreters, accessible educational information as well as society adjustment to deaf people, can help them learn Islam optimally in an Indonesian context.

KEYWORDS: deaf, Islam, disability, Indonesia

INTRODUCTION

Hearing loss can negatively affect social emotional development, literacy, language and speech as well as learning abilities.¹ It also hampers cognitive skills on understanding Islamic concept.² This may prevent them from understanding the Islamic values and performing worship. Meanwhile, Islamic teaching to all mankind including deaf people is a communal obligation for Muslim. However, there is very few literature describing how deaf people should learn Islam and which methods best facilitate the learning process.

Current available methods to facilitate Islamic practices among individuals with hearing impairment are varied worldwide. These include web-based educational materials, online videos explaining prayer for the deaf, smartphone application, *halaqah* and conferences for deaf Muslim, FAKIH method for Arabic teaching, and other accessible methods through deaf organization.³ These methods mostly are practiced in developed countries only, hence, not available in developing countries where poverty remains high. This research aimed to investigate issues and problems related to learning Islam in Indonesian context from the perspective of deaf teachers. Current situation of Indonesia was described, followed by literature on deafness, and Islamic teaching for people with

hearing impaired. Findings and discussion was explored to describe why such findings happen in the situation of Indonesia.

Situation in Indonesia

It is estimated that two to six newborns from 1000 live birth born with permanent hearing loss; two-third of them live in developing countries.^{4,5} Indonesia is the fourth country with approximately 4.2% of deaf people after Sri Lanka (8.8%), Myanmar (8.4%) and India (6.3%).⁶ Indonesia is one of the developing countries in East Asia and the Pacific falling into the lower middle-income range. It's poverty ratio is 8.3%, with the total population of 254 million.⁷ The level of Infant Mortality Rate (IMR) and children Under-five Mortality Rate (UMR) remains high (32 and 40 per 1,000 live births respectively), in line with the Maternal Mortality Rate (MMR) at 359 per 100,000 live births.⁸ These issues have impacted the healthcare policy and regulation in Indonesia community health centres (Puskesmas) as the public primary healthcare services. The policies were mainly enacted to reduce the IMR, UMR and MMR as well as malnutrition numbers rather than preventive program such as universal hearing screening programs.⁹

The causes of permanent hearing loss in developing countries are numerous including birth asphyxia, difficult delivery, neonatal jaundice and neonatal seizures, consanguineous marriage and family history of deafness.⁵ These causes may indicate that a large number of hearing loss occurs in Indonesia due to the high number of high risk newborns. Therefore, a universal hearing screening

Ns. Mardiyanti
Rehabilitation Nursing Department School of
Nursing, Faculty of Medicine and Health Science
Islamic State University, Jakarta, Indonesia.
Email: mardiyanti@uinjkt.ac.id

program as suggested by the Joint Committee of Infant Screening in 1994 should be implemented in Indonesia.

In developed countries, universal Early Hearing Detection and Intervention (EHDI) have been established as part of the healthcare system. EHDI service comprises of newborn hearing screening by 1 month of age, diagnosing of hearing loss by 3 month of age, providing early intervention started at 6 month of age, providing family support including financial assistant and medical home services.¹⁰ However, the practice of EHDI is not fully successful in many developing countries, including Indonesia. EHDI were not implemented although the Ministry of Health has enacted legislation on hearing screenings through a program called Early Identification and Intervention of Growth and Developmental Delays (SDIDTK program).⁹ As a result, hearing screenings relies on the parents' choice as the service is provided in some private hospitals. This situation is similar to that of a research in 2006. The research found that globalization of EHDI services in 140 developing countries is unsuccessful due to socioeconomic challenges and the burden of childhood diseases.⁴

Deafness

Deaf refers to individuals with profound hearing losses with hearing level is greater than 70 dB.¹⁰ Professionals frequently use the terms prelingual deafness which refers to deafness that occurs at birth or early in life before development of speech and language, and post lingual deafness which refers to those developed after speech and language development.¹¹

Children with a profound hearing loss may receive limited benefits with the use of hearing aids but may acquire oral speech-language abilities through the use of cochlear implant (CI). The earlier the CI is fitted, the better outcomes for the prelingual children because of language skills develop between the age of 18-24 months. Research shows that early CI implantation before the age of two affects the child speech intelligibility.¹² CI is a prosthetic device that is surgically implanted in the inner ear which is recommended for those with severe to profound bilateral sensorineural loss.^{10,11} Most implants are fitted between the ages of two and six years. It is not recommended for children under the age of 12 months.¹¹ Implantation of CI must be followed with rehabilitative interventions from multidisciplinary team which includes audiologist, speech-language pathologist, otolaryngologist, psychologist, educator of the deaf children, and family.¹ Examples of intervention are initial activation of CI and long-term program (mapping) which consists of threshold hearing levels, comfort level, and dynamic hearing change with the use of CI throughout life.¹⁰

Islamic Teaching

Generally, intelligence development between

hearing children and hearing impaired children has similar potential. However, intelligence development is influenced by language skills, information limitation and abstract thinking skills.¹³ Islamic teaching on the other hand, may be difficult as it relates to abstract thinking skills, particularly in profound hearing loss children¹⁴. Research shows that Islamic teaching in hearing impaired children is similar to that of hearing children; the difference is on the method and media. It was found that the effective method of Islamic teaching is through two communication methods^{13,15}. The first is manual method which uses sign language and finger spelling, and the second is oral method which emphasised on speech coaching and lip reading during speech using visual cues. This has been reported to be successful in learning achievement for hearing impaired children in Indonesian special school. Another research shows that imitation, congregation prayer, visual learning, drawing, simulation and demonstration have been reported as effective in teaching Islam to hearing impaired children.¹⁶ However, Waldman found that deaf Muslim encountered specific problems including inadequacy of education due to limited sign language interpreters.¹⁷ In addition, parents of the deaf children and society from non-arabic countries often perceive that teaching Qur'an and Arabic is difficult, so that they were not taught. Similarly, most mosques do not offer sign interpreters for any deaf people thus limit their participation in religious and society activities.¹⁷

METHODS

An interpretive qualitative approach with in-depth semi-structured interviews has been conducted to collect data. Focus Group Discussion (FGD) has been conducted together with a sign interpreter. Eight deaf teachers, four females and four males participated in this study. All participants were from an Islamic special school for primary students. The school is one of the famous special school runs privately in Jakarta capital city. As opposed to the other special schools, this school only recruits people who are deaf as teachers. One female participant was a university student who is deaf and worked as a volunteer at the school. Participants' working experience varies from three weeks to three years. The FGD was audio-recorded and transcribed. Thematic analysis was used to analyse the data. Ethical approval has been gained from the ethics committee at the Islamic State University, Jakarta, Indonesia.

FINDINGS

Findings are divided into two categories. First is the participant's view on problems encountered during Islamic learning. This includes limited sign language and sign interpreter during Islamic teaching; limited literacy skills as the only mode of communication to hearing people; and discouragement of learning Islam from society.

Limited sign language and sign interpreter during Islamic teaching has been reported from the majority of participants. Islamic teaching occurs through preaching in mosques or in any religion activities from parents, family, muslim society or religious leaders.

“When I was in the USA, I saw a muslim organization that has so many accessible materials for deaf muslim, Qur’an, preaching, Friday prayer with many sign interpreters, so complete...here in Indonesia we don’t have that...” (P5)

“ No...I never met a sign interpreter in mosque except once in Bandung when we did Friday prayer, but the sermon was recorded and explain to us the next day by a sign interpreter” (P4)

Two of the participants reported that even when a sign interpreter was provided, the interpreter conveys incorrect message to them. Therefore, they teach the preacher sign language while they receive information about Islam from the preacher.

“the interpreter creates many incorrect sign, I couldn’t accept all of his explanation, so I try to combine to see the preacher and the interpreter and guess what the information is...”(P4).

“we called preacher to come to explain about islam , but he couldn’t use sign language, so we teach him some basic sign language for example “bismillah” we show him how to do. So it’s kind take and give between us and the preacher”(P4)

Limited literacy skills revealed from most of the participants.

“many years ago, there was no communication at all...but when I was here (the school) my friend suggested texting...since then I try to text my parent, though often miss understanding my text...” (P2)

“when I was in junior high school, that was the first time I understand about a word, when I saw so many hearing friends were having mobile phone, they were texting each other frequently, I tried to peek what they do, I took it and asked what it is.. they explain to me that is a word..since then I learn literacy...”(P5)

Discouragement of learning Islam from society

“ustadz said that deaf people aren’t needed to learn Al-Quran comprehensively, and you don’t need to understand the meaning of sholat, just follow other in performing sholat, that’s enough for you, and you’ll be go to jannah”(P4)

However, one of the participants believed that the religion leader (ustadz) might not have an idea about the way of explaining Al-Quran to the deaf people.

Second finding is answering the research question of how deaf people learn Islamic values. Three themes were revealed from the participants. These include accessible information through Muslim organization and deaf foundation, visual learning through internet and hearing peers, parents’ and society adjustment by learning sign language.

Accessible information through muslim organization and deaf foundation has been revealed from the participants.

“recently in Bandung there is Islamic organization who recruit deaf people, my journey of learning Islam start from here, they provide sign interpreter during preaching, though they aren’t really competent...(P4)

“currently we involve in deaf foundation, we share religious information” (P5)

Visual learning through internet and hearing peers

“the first time I know islam is from my high school hearing friends.. I really thankful to her.. she taught me many information about Islamic values, from her I know how and why we do do’a, what we read during sholat, good deeds and bad deeds in Islam...from her I also learn about veil, and when I went to home with covering my head, my parents were so surprise and say...how could you know this....that’s my experience”(P2)

“when I was in high school.. many people said about “dosa” my parents said that too, I don’t understand.. so I search the term through internet...when I understand the meaning of “dosa” in Islam, then I am starting my journey about Islam”(P5)

Parents’ and society adjustment by learning sign language

*“here in this school we have program to facilitate parents learning sign language...(P5)
“Society need to know our language, for example we create an event such as “car free day” we explain basic sign language and search for hearing people who are interested to learn sign language” (P4)*

However, most of them know about islam when they were already adolescence. Their parents were deemed lack of knowledge on how to teach Islamic values to their deaf children; some participants revealed that their parents were only told the don’ts without explaining the reason.

“we don’t have religion teaching from parents because of difficulties in communication... most of them only taught the don’ts... don’t do this...don’t do that...”

The themes not only revealed issues and problems of learning Islam in an Indonesian context, but also provide suggestions to fully support deaf students in

learning Islam as their religion.

DISCUSSION

The research findings define some current issues and problems of Islamic learning encountered by deaf teachers in an Indonesian context. Indonesia as the fourth highest country with deaf people population tend to increase the number if many high risks newborn are not screened in the EHDI program. Infants identified with permanent hearing loss through EHDI program are referred, diagnosed, and treated earlier such as through cochlear implants or hearing aids. Infants who are treated earlier demonstrate higher language outcomes compared to those who are not screened.¹¹

Indonesia has a hearing screening program through SDIDTK program runs in the community health centres (namely *Puskesmas*). It called as *Tes Daya Dengar* (refer to hearing ability test) a three months periodically test from the age of three months to 72 months. However, the implementation was low due to lack of financial support and lack of training of the staff as well as unclear referral system.⁹

Another issue is discouragement of society from learning Islam. This means that the society viewed that learning Islam is not compulsory for deaf people. Meanwhile, one *hadith* from *al-Bukhari's* collection mention that 'seeking for knowledge is obligatory for every Muslim, man and woman', another hadith said that 'he who goes forth in search of knowledge is in the way of Allah till he returns' (collection of Tirmidhi). These saying highlights the importance of studying in Islam, no matter in disable or able bodied. In addition, Islam is a blessing for everyone (Qur'an 21:107) and in term of worship, Allah says in Qur'an 2:287 'Allah does not burden a person except according to his ability'. Allah says "O Mankind! We created you from a male and female and from different nations and tribes in order to make you know each other, verily the noblest among you in the sight of Allah is the most pious among you" (Q.49:13). To conclude, learning Islam is compulsory for every Muslim, including people with deafness. However, in term of worship, it depends on one's ability because Allah looks at their pioussness in the heart.

The existing problems may result from the lack of support for the rights of people with disability from the hearing individuals, the community or the government. People should understand that these problems are not solely from the disabled bodies as a result from physical impairment, but also from the society who are not creating accessible information and enabling the abilities of the deaf people. Lack of people providing sign interpreter and appropriate media creates barrier to the accessible information for deaf Muslim.

People need to understand that sign language is the mother tongue of people with deafness. People with

deafness are born to be bilingual¹⁸. Therefore, the participants argued that providing sign interpreter and sign language education are sound more effective for them. However, this may happen because they were within the deaf community who believe that deafness is not a disability but a cultural minority with a language of their own¹¹. Moreover, all of the participants opposed the use of CI. They said that the implants give more negative effects such as bleeding and pain. Interestingly, people within the deaf community also oppose the implants and argued that the process of implants are physically and culturally invasive¹¹.

It has been argued around the world that social approach outweighs medical approach in term of disability services. Social approach means that the society and environment adjust with the condition rather than the people with disabilities. Medical approach is the opposite, by means that the disabled person need to fix his/her impairment to adjust with the situation¹⁹. To conclude, social approach is more applicable in an Indonesian context due to limited financial support for people with disability.

Furthermore, Islam requests us to provide Islamic knowledge even to deaf children as it is a communal responsibility in Islamic law (Fiqh). Islam guides us to be grateful and focus on abilities rather disabilities¹⁷.

CONCLUSION

People who are deaf encounter many problems and issues during Islamic learning. Three problems arise from this study include limited sign language and sign interpreter during Islamic teaching; limited literacy skills as the only mode of communication with hearing people; and discouragement of learning Islam from the society. Problems arise because of limited social approach in an Indonesian context. Three solutions revealed from the participants include accessible information through Muslim organization and deaf foundation, visual learning through internet and hearing peers, parents' and society adjustment by learning sign language. In general, Islam suggests people to do social approach for the wellbeing of people with disabilities.

Limitation

There are some limitations in this study. First, the method of collecting data was FGD rather than individual in-depth interview. This happened because of limited time the interpreter had to conduct individual in-depth interview. Secondly, the use of only one interpreter may limit the findings as he reported that he was still developing sign language, and he was non Muslim, thus his knowledge about Islam may limit his production of Islamic words and terminology.

REFERENCE

1. Rundjan L, Amir I, Suwento R, Mangunatmadja I. Skrining gangguan pendengaran pada neonatus risiko tinggi. *Sari Pediatri*. 2016;6(4):149-54.
2. Awang MH, Zakaria HB, Rahim RAA. Pendidikan Islam Golongan Masalah Pendengaran: Tinjauan Awal Isu dan Cabaran daripada Perspektif Guru. *Sains Humanika*. 2012;58(1).
3. Rahmat S, Othman, N.A., Sulaiman, N.H., Jusoh, M., Izani, M.H., Dzulkarnain, A.A.A et al. Hearing impairment from Islamic perspective: A review. *Seminar 2nd World Congress on Integration & Islamicisation II Focus on Medical & Health Sciences*. 2016.
4. Olusanya BO. Early hearing detection and intervention in developing countries: Current status and prospects. *The Volta Review*. 2006;106(3):381.
5. Olusanya BO, Okolo AA. Adverse perinatal conditions in hearing-impaired children in a developing country. *Paediatric and perinatal epidemiology*. 2006;20(5):366-71.
6. WHO. WHO report on Disability. 2011.
7. Worldbank. 2017.
8. Ministry of Health. Indonesia Health Profile 2010. In: Health, editor. Jakarta, Indonesia 2011.
9. Mardiyanti. The roles of Indonesian community health nurses in the early identification and intervention of developmental delays or disabilities. 2015.
10. Batshaw M, Roizen, N., & Lotrecchiano, G. *Children with disabilities Baltimore: PaulHBrookes publishing Co 2013;7Ed*.
11. Bellon M. *Sensory, physical and multiple disabilities*. . A custom Ed Pearson: Australia. 2015.
12. Zamani P, Rahmanirasa A, Weisi F, Valadbeigi A, Farahani F, Rezaei M. Vowel production in persian deaf children with cochlear implant: is the age of implantation an important factor? *Indian Journal of Otolaryngology and Head & Neck Surgery*. 2014;66(4):407-13.
13. Somantri TSPalBBPRA. *Psikologi anak luar biasa*. Bandung: PT Refika Aditama. 2006.
14. Saidah N. *Kesulitan Mengartikan Konsep Abstrak Dalam Pembelajaran Pai Pada Anak Turanungu Di Slb*. 2009.
15. Martiasari N. *Pendidikan Agama Islam Pada Anak Turanungu Di Slb-b Ngudi Hayu Srengat Blitar*. 2015.
16. Nurfarida I. *Metode Bimbingan Agama Bagi Anak Tunarungu di Panti Sosial Bina Rungu Wicara Melati Bambu Apus, Jakarta Timur*. 2010.
17. Waldman HBP, S.P. Chaudhry, R.A. (2010). *Islamic View on Disability*. American academy of developmental Medicine & Dentistry, *Developmental Medicine and Dentistry Reviews & Reports*. 60-63. *Islamic View on Disability*. American academy of developmental Medicine & Dentistry, *Developmental Medicine and Dentistry Reviews & Reports*. 2010:60-3.
18. Soejanto GS. *Galuh Sukmara Soejanto me berdayakan anak-anak tuli*. 2016.
19. Barnes C, & Mercer, G. (2003). *Disability: key concepts*. Blackwell Publishers Inc: USA. *Disability: key concepts*. Blackwell Publishers Inc: USA. 2003.