

4

PARENTS OF CHILDREN WITH HEARING IMPAIRMENTS ACCESSING COUNSELLING SERVICES: RESEARCH RESULTS

4.1 INTRODUCTION

In this chapter I will present the research results from the questionnaire to parents and the interviews that were conducted. I will do this by first presenting the results by means of tables and graphical representations (e.g. bar charts and pie charts) and then by discussing each one of these findings. Results from the questionnaire to counseling organizations will also be presented. I will also present results from parents' views on how they thought counseling could be made more accessible. This chapter will only serve the purpose of presenting the results. In the next chapter I will discuss the research results from this study with the broader available literature and also by integrating it with the theoretical framework that has been discussed in chapter 2 of this thesis.

4.2 PRESENTATION AND INTERPRETATION OF RESULTS – AN OVERVIEW

Three hundred (300) parents of children with hearing impairments from the five main cities of the country, namely Harare, Bulawayo, Gweru, Masvingo and Mutare, completed three hundred questionnaires. Interviews were also conducted with the same parents to cross check the questionnaire responses. Two hundred and eighty two (282) parents responded to the open-ended questionnaire. In addition to 300 parents, a total number of 28 organizations took part in this study. Five special schools, five hospitals, three counseling organizations and 15 churches completed 28 questionnaires prepared for counseling service organizations. All 28 organizations responded to the open-ended questionnaire.

There was a 100% response rate mainly because the questionnaires were self administered and collected on the same day. It is possible that parents expected the study to bring quick solutions to their problems and so everybody wanted their contributions to be put forward. It could also have been due to the fact that it was emphasized to parents that if they wanted

to leave early, they could either put the questionnaires in the box from which they took them or hand them to me directly. Most parents spent the day with their families supporting their child with a hearing impairment and only left at the required time, half past four in the afternoon. The questionnaire response rate was exceptional although not all the questions were fully completed.

Throughout this study, graphical representations and tables are identified by the relevant chapter number, which is used as a prefix, followed by the sequence number in which they appear in the chapter.

4.3 QUANTITATIVE ANALYSIS ON THE QUESTIONNAIRE TO PARENTS

The word “parents” refers to representatives of the families that took part in the study, in the form of a wife or husband/or both. If both parents took part in the study, they completed one questionnaire and were considered as one parent (a couple). Participants in this study refer to parents and therefore the terms parents and participants or parent-participants will be used alternatively to avoid monotony. Although frequencies of results are shown in both raw scores and percentages, I will use percentages to report the results in the graphic representations. Before I present the results, I will provide biographical details of children with hearing impairments and of their parents.

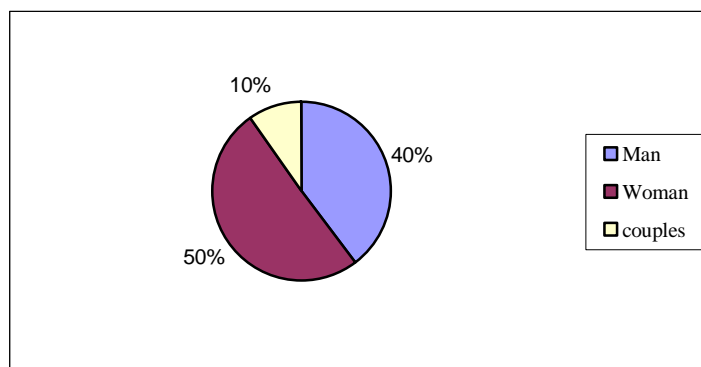
4.3.1 BIOGRAPHICAL DETAILS OF PARENTS OF CHILDREN WITH HEARING IMPAIRMENTS AND OF THEIR CHILDREN

Items ‘i’ to ‘v’ on the questionnaire are represented by tables 4.3.1.1 to 4.3.1.5 that contain biographical details of parents of children with hearing impairments and that of their children.

FIGURE 4.3.1.1 (ITEM I) GENDERS OF PARTICIPANTS IN THE STUDY

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Men	119	39.7	39.7	39.7

	Frequency	Percent	Valid Percent	Cumulative Percent
Women	152	50.7	50.7	90.3
Couples	29	9.7	9.7	100.0
Total	300	100.0	100.0	

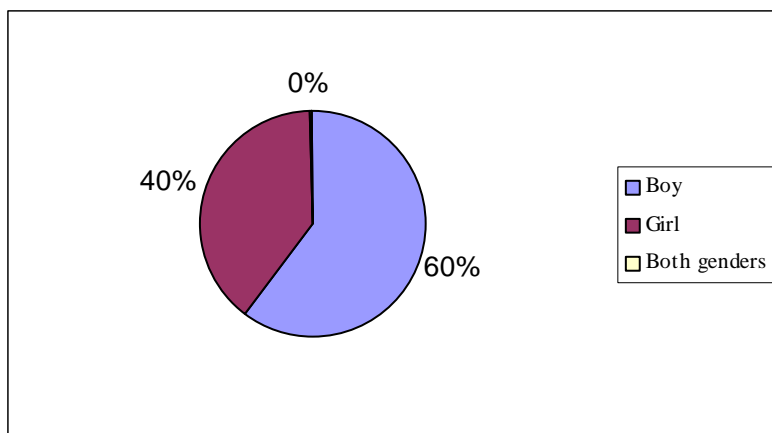


Of the 300 parents who responded to item (i), 40% were men, 50% were women and 10% were couples. It is interesting to note that there is such a high number of men in this sample, because usually mothers are much more involved with a child with disability. However, it can also be explained that the parents' main reason for coming was not the study but to spend a day with the family, interacting and sharing ideas with other parents, which has always been the tradition. It is also at such meetings that parents discuss the future of their children with the school authorities and have to make a commitment by signing documents for secondary or vocational education, especially for those children completing primary education. This could have necessitated the attendance of a large number of fathers. Studies by Bristol and Gallagher (1986:92) and Kazak and Marvin (1984:69), point out that fathers of children with disabilities play a peripheral parental role when compared to mothers. Seligman and Darling (1989:153) assert that through their attitude towards their wives and families, fathers affect the way in which mothers interact with a child with hearing impairments. Moores (1996:31) points out that traditionally, fathers have not played a large role in continuous relationships with professionals such as counselors, specialist teachers, speech therapists and psychologists. In most cases fathers would not take the responsibility of attending counseling, parental or consultation meetings (Moores & Meadow-Orlans, 1990:306). However, in their study, Cartwright, Cartwright and Ward (1995:398) noted that fathers have also only recently become a source of study in

the families of children with disabilities. In this study, the high percentage of participants who were fathers, will contribute to this emerging body of knowledge.

FIGURE 4.3.1.2: (ITEM II) GENDER OF CHILDREN OF PARTICIPANTS IN THE STUDY

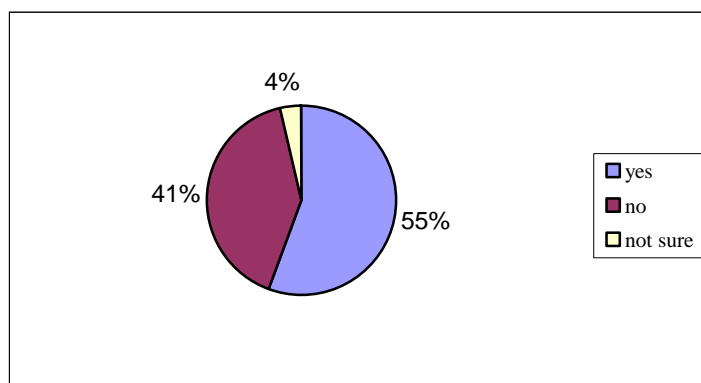
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Boy	180	60.0	60.0	60.0
	Girl	119	39.7	39.7	99.7
	Both	1	.3	.3	100.0
	Total	300	100.0	100.0	



Out of 300 participants, 60% of the parents' children were boys, 40% of the parents' children were girls and .3% of the parents had a girl and a boy with a hearing impairment. However, in the graph percentages are rounded off to the nearest ten and so .3% is indicated as zero percent. According to Cartwright, Cartwright and Ward (1995:271); Meadow (1996:86) and Moores and Meadow (1990:347), deafness is more prevalent in boys than in girls although the difference is not significant. A study by Vernon and Andrews (1990:158) indicates that after screening a pool of children, out of 566 children who were confirmed to be having hearing impairments, (286) 51% were boys and (280) 49% were girls.

FIGURE 4.3.1.3 (ITEM III) MY CHILD WAS BORN DEAF

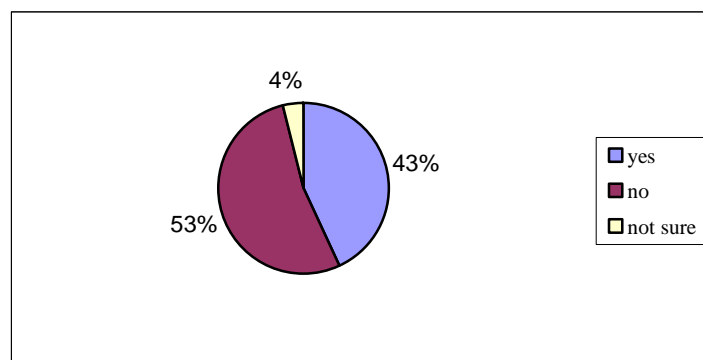
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	165	55.0	55.0	55.0
	No	123	41.0	41.0	96.0
	Not sure	12	4.0	4.0	100.0
	Total	300	100.0	100.0	



Out of 300 parents who responded to item (iii), 55% of the parents' indicated that their children were born deaf, 41% of the parents indicated that their children became deaf later, and 4% of the parents did not know whether their children were born deaf or whether they acquired deafness later. A study carried out by Moores and Meadow (1990:123), indicates that out of data presented on 200 children with hearing impairments, 55% were born deaf, 43% acquired deafness later in life through diseases and accidents and 2% were not known. The two acknowledged that it was sometimes impossible to ascertain when and how a child became deaf. In another study by Moores (1996:85), where he carried out an analysis on 619 children with hearing impairments, he established that (290) 47% were born deaf, (252) 41% acquired deafness through other means and (77) 12% were deaf through unknown causes. It seems therefore that there is a high correlation between the etiological factors for the children of the participants in this study, and that of other studies that relate to children with hearing impairments.

FIGURE 4.3.1.4 (ITEM IV) MY CHILD BECAME DEAF LATER

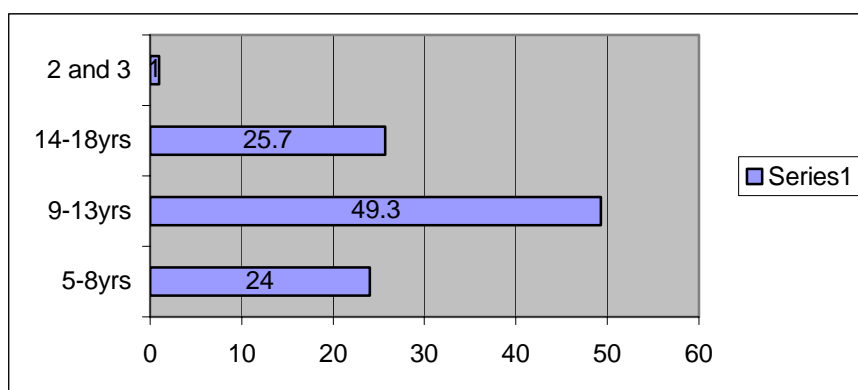
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	129	43.0	43.0	43.0
	No	159	53.0	53.0	53.0
	Not sure	12	4.0	4.0	100.0
	Total	300	100.0	100.0	



Out of 300 parents who responded to item (iv), 53% indicated that their children did not become deaf later, while 43% of the parents indicated that their children became deaf later and 4% of the parents indicated that they did not know whether their children were born deaf or they acquired deafness later. It is interesting to note the inconsistency in responses to question (iii) and question (iv) When the statement was given as “My child was born deaf” 55% indicated “yes” and when it was stated “My child became deaf later” 53% indicated “no” instead of 55%. The same with children who are said to have become deaf later, in (ii) they are indicated as 41% and here they are indicated as 43%. This may mean that some parents were not quite sure as to whether their children were born deaf or acquired deafness later, as pointed out earlier on by Moores and Meadow (1990:123). It is interesting to note that parents can remain hesitant as attributing the causes of hearing impairment in their child.

FIGURE 4.3.1.5 (ITEM V) HOW OLD IS YOUR CHILD?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5-8yrs	72	24.0	24.0	24.0
	9-13yrs	148	49.3	49.3	73.3
	14-18yrs	77	25.7	25.7	99.0
	2 and 3	3	1.0	1.0	100.0
	Total	300	100.0	100.0	



(2 & 3) refers to parents with more than one child with hearing impairments in the age groups 14-18 years and also 9-13 years respectively.

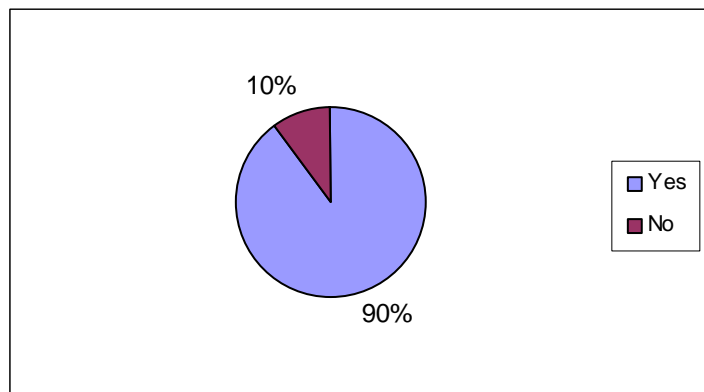
Out of 300 parents who responded to item (v), 24% had children between the ages of five and eight, 49% had their children between the ages of nine and 13, 26% had children between the ages of 14 and 18 and 1% of the parents had children between nine and 13 and also between 14 and 18. In developing countries screening methods are very poor due to inadequate equipment and lack of qualified personnel (Nolan & Tucker, 1981:49 and Moores & Meadow, 1990:114). Most children with hearing impairments are identified at a late stage and therefore are enrolled late as well at the ages of nine or 10. This is further confirmed by the findings of Chimedza (1986) when he carried out a study in Zimbabwe in special schools for children with hearing impairments. Some children are hidden due to superstitious beliefs while others are hidden due to feelings of inadequacy and/or ignorance (Baine, 1988:16 and UNESCO 1981:48). Such children are sometimes discovered at a late age and put in a special school in standard one at the age of 10 years. This may explain

why 49% of the parents have children between nine and 13 years and 25% have children between the ages of 14 and 18 years. From my own experiences as a teacher of children with hearing impairments for 23 years, it is very likely that parents of some of these children come from rural areas where they have limited resources in terms of transport and even lack of knowledge of special schools and the procedure of enrolling a child in a special school. They may also take time to acquire the required boarding or and tuition fees for the child. By the time the necessary funds are secured, the child will have lost a considerable amount of schooling time.

4.3.2 QUANTITATIVE RESULTS ON COUNSELING

FIGURE 4.3.2.1 (ITEM VI) DID YOU RECEIVE ANY COUNSELING AT ALL?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	270	90.0	90.0	90.0
	No	30	10.0	10.0	100.0
	Total	300	100.0	100.0	

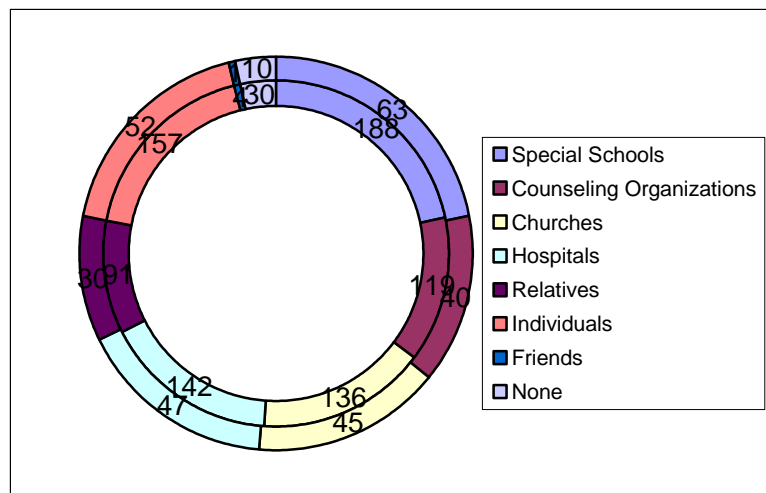


Out of 300 parents who responded to item (vi), 90% said they received counseling and 10% said they did not receive counseling. Nystul (1999) and Kirk, Gallagher and Anastasiow (1997) point out that most parents of children with hearing impairments go through counseling in one way or another. According to Moores (1996) most parents receive counseling from professional counselors, individuals, members of the extended family, specialist teachers, and psychologists or from churches. On the definition of counseling

Howard (1992:37), points out that counseling has always existed and will continue to exist and therefore almost everyone has a chance to receive counseling. Hallahan and Kauffman (1994:498) assert that some parents confuse counseling with advice. They further point out that sometimes parents are given both and may find it difficult to distinguish the one from the other. For the purposes of this study, I assume that the use of the term “counseling” in the formulation of the question may also include advice giving for the participants in the study.

FIGURE 4.3.2.2 PARTICIPANTS’ SOURCES OF COUNSELING

Sources of Counseling	Count	Column%
Special Schools	188	63.1
Counseling Organization	119	39.9
Churches	136	45.3
Hospitals	142	47.3
Relatives	91	30.3
Individuals	157	52.0
Friends	4	1.3
None	30	10.0



All 300 parents responded to sources of counseling indicating where they were counseled. The results indicate that (188) 63% of the parents got counseling from special schools, (119) 40% from registered counseling organizations, (136) 45% from churches, (142) 47%

from hospitals, (91) 30% from relatives, (157) 52% from individuals, (4) 1% from friends and (30) 10% did not get any counseling at all. Moores and Meadow (1990:137) pose it that the child with hearing impairments presents the family with specific problems that may result in shock, shame, guilt, anger, sadness, denial and finally failure to adjust (Featherstone, 1980:498). Many move through a grieving process as though the child had died (Turnbull & Turnbull, 1990:24). With all these terrifying feelings going through the parents' minds, counseling is needed to help parents work through their emotions and come to terms with their problems. Many parents approach various professionals for counseling, advice and treatment of the child. According to Hallahan (1992:522) parents of children with hearing impairments visit doctors, counseling clinics, school counselors in special schools as well as registered counseling organizations. Hallahan and Kauffman (1994:489) further point out that some parents turn to other parents who have children with hearing impairments and share experiences. As noted by Featherstone (1980:496) many parents have found parents' support groups to be effective in both sharing experiences and offering emotional support. While families obtain a lot of support from friends, relatives and members of the extended family, they prefer to get counseling from professional counselors in counseling organizations and special schools as well as from churches (Vernon & Andrews, 1990:141). In their research in which they interviewed 120 parents, Hardman, Drew, Egan and Wolf (1993:295), indicate that most parents do not bother much about the source of counseling as long as they get help for their children. Considering all the above factors, it is clear that parents do not have hard and fast rules as to who to approach for counseling as long as they obtain professional help for their children.

4.3.3 NEGATIVELY PHRASED ITEMS

Table 4.3.2.1(a) indicates results of participants to the negatively phrased items. I present these results by indicating the cumulative sum for all the responses on each of the scale points. I also present it as percentage of the total number of responses for a given question.

TABLE 4.3.3.1(a) NEGATIVELY PHRASED ITEMS

Questions	Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
1. Parents of children with hearing impairments do not need.	8	2.7	8	2.7	2	.7	112	37.3	170	56.7	300	100.0
2. Counseling is totally different from advice.	34	11.4	93	31.2	15	5.0	106	35.6	50	16.8	298	99.3
4. Counseling did not help us to understand the needs of our child.	14	4.8	21	7.2	17	5.8	154	52.9	85	29.2	291	97.0
5. Counseling does not help parents to accept the idea of having a hearing impaired child in the family.	13	4.4	35	11.9	15	5.1	141	48.0	90	30.6	294	98.0
6. Children who are hearing impaired should be looked after by the Social Welfare.	15	5.1	53	18.1	12	4.1	163	55.6	50	17.1	293	97.6
8. We do not allow our child to play with other children in our community because they may not treat him well.	19	6.4	37	12.5	10	3.4	121	40.9	109	36.8	296	98.6
9. My child does not relate well and interact effectively with other members of the family.	19	6.3	88	29.3	14	4.7	124	41.3	55	18.3	300	100.0
10. Most people, who counseled us, told us what to do.	34	11.8	147	50.9	18	6.2	69	23.9	21	7.3	289	96.3
12. The counseling we received did not help us to cope with the child at all.	6	2.0	59	20.1	17	5.8	152	51.9	59	20.1	293	97.6

Questions	Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
15. It is almost impossible to plan the future of a child who is hearing impaired.	82	27.8	141	47.8	20	6.8	40	13.6	12	4.1	295	98.3
16. People who counseled us did not give us guidance at all.	28	10.0	47	16.8	63	22.5	104	37.1	38	13.6	280	93.3
21. Parents can equally do well for their child without guidance and counseling.	19	6.5	81	27.8	43	14.8	105	36.1	43	14.8	291	97.0

TABLE 4.3.3.1(b) POSITIVELY PHRASED ITEMS

Questions	Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
7. Counseling helped me to plan the future of my child.	25	8.4	62	20.9	18	6.1	131	44.1	61	20.5	297	99.0
11. Counseling is a must for parents of children with hearing impairments.	8	2.7	14	4.7	16	5.3	144	48.0	116	38.7	300	100.0
13. I am aware of organizations that offer I in Zimbabwe.	42	14.2	78	26.4	16	5.4	100	33.9	59	20.0	295	98.3
14. My child fits well and interacts effectively with family members.	14	4.7	60	20.0	10	3.3	158	52.7	58	19.3	300	100.0
17. Without counseling one cannot fully accept having a child with hearing impairment in the family.	19	6.4	41	13.9	11	3.7	137	46.3	88	29.7	296	98.6

Questions	Strongly Agree		Agree		Undecided		Disagree		Strongly Disagree		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
18. With or without help from other organizations, it is parents' responsibility to fully cater for their children who are hearing impaired.	15	5.1	48	16.3	7	2.4	146	49.5	79	26.8	295	98.3
19. We allow our child to make friends and play with other children in our neighborhood.	8	1.7	19	6.4	11	3.7	193	65.2	65	22.0	296	98.6
20. The problem with counseling is that one is not provided with answers.	28	9.9	108	38.2	52	18.4	81	28.6	14	4.9	283	94.3
22. Counseling really helped us to understand the child.	8	2.7	16	5.4	16	5.4	156	52.9	99	33.6	295	98.3
23. Counselors also referred me to other professionals for further help.	36	12.4	74	25.5	22	7.6	110	37.9	48	16.6	290	96.6
24. Counseling helped us to cope with our child who is hearing impaired.	3	1.0	27	9.1	16	5.4	166	56.1	84	28.4	296	98.6
25. Guidance and counseling are important for both parents and the child.	26	8.8	71	24.1	12	4.1	114	38.6	72	24.4	295	98.3
26. It is difficult to separate counseling from advice.	39	13.3	97	33.1	33	11.3	97	33.1	27	9.2	293	97.6

Table 4.3.3.1(b) above indicates results of participants to the positively phrased items. Again I present these results by indicating the cumulative sum for all these responses on

each of the scale points. I also present it as a percentage of the total number of responses for a given question.

Tables 4.3.8.1 to 4.3.8.26 are a further analysis of parents’ responses to the whole questionnaire, item by item.

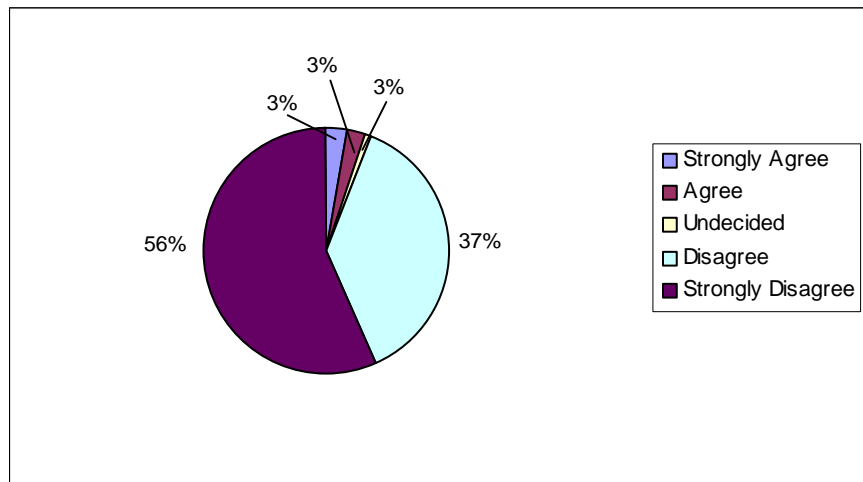
All 300 parents responded to items 1, 3, 9 and 14. Two hundred and ninety eight (298) responded to items 2 and 11. Two hundred and ninety seven (297) responded to item 7. Two hundred and ninety six (296) responded to items 8, 17, 19 and 24 and 295 responded to items 13, 15, 18, 22 and 25. Two hundred and ninety four (294) responded to item 5 while 293 responded to items 6, 12 and 26. Two hundred and ninety one (291) parents responded to items 4 and 21. Two hundred and ninety (290) responded to item 23. Two hundred and eighty nine (289) responded to item 10. Two hundred and eighty three (283) parents responded to item 20 and 280 responded to item 16. Results are indicated in the respective tables and summaries of results.

In the next section I will present the results to each of the items graphically, to give a visual representation of the results per item. I will use both graphs and tables for this purpose, mainly to give a vivid clear picture of the results. In the short synopsis that follows each graph and table, I will combine the results on each side of the response scale in order to form three categories for responses: Agree, Disagree and Undecided. The graphic representation will therefore give a slightly more nuanced version of the results, whereas the syntactical description will delineate the results by simplifying the continuum of these responses.

FIGURE 4.3.8.1 (ITEM 1) PARENTS OF CHILDREN WITH HEARING IMPAIRMENTS DO NOT NEED COUNSELING

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	8	2.7	2.7	2.7
	Agree	8	2.7	2.7	5.3
	Undecided	2	.7	.7	6.0
	Disagree	112	37.3	37.3	43.3

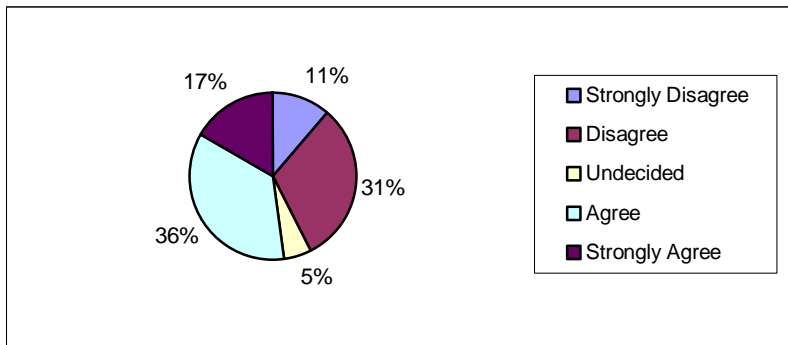
		Frequency	Percent	Valid Percent	Cumulative Percent
	Strongly Disagree	170	56.7	56.7	100.0
	Total	300	100.0	100.0	



Of 300 parents who responded to item 1, 6% agreed with the statement, 93% disagreed and 1% was undecided.

Table 4.3.8.2 (Item 2) Counseling is totally different from advice

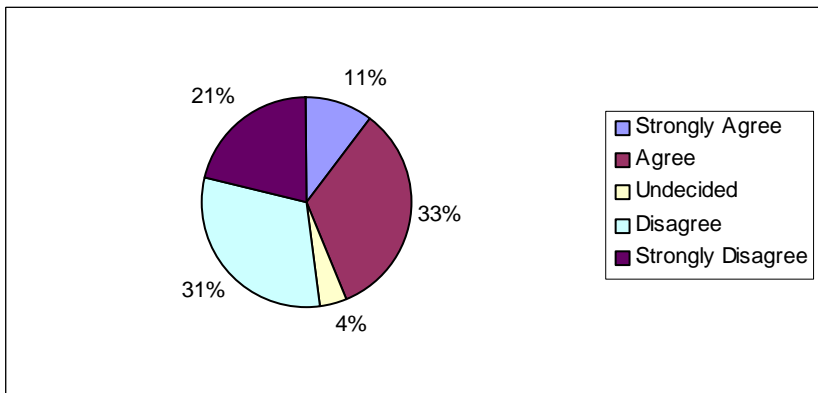
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	34	11.3	11.4	11.4
	Disagree	93	31.0	31.2	42.6
	Undecided	15	5.0	5.0	47.7
	Agree	106	35.3	35.6	83.2
	Strongly Agree	50	16.7	16.8	100.0
	Total	298	99.3	100.0	
Missing	System	2	.7		
Total		300	100.0		



Of the 298 parents who responded to item 2, 53% agreed with the statement, 42% disagreed and 5% were undecided.

FIGURE 4.3.8.3 (ITEM 3) I AM NOT AWARE OF ANY ORGANIZATION THAT OFFERS COUNSELING IN ZIMBABWE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	32	10.7	10.7	10.7
	Agree	99	33.0	33.0	43.7
	Undecided	12	4.0	4.0	47.7
	Disagree	93	31.0	31.0	78.7
	Strongly Disagree	64	21.3	21.3	100.0
	Total	300	100.0	100.0	

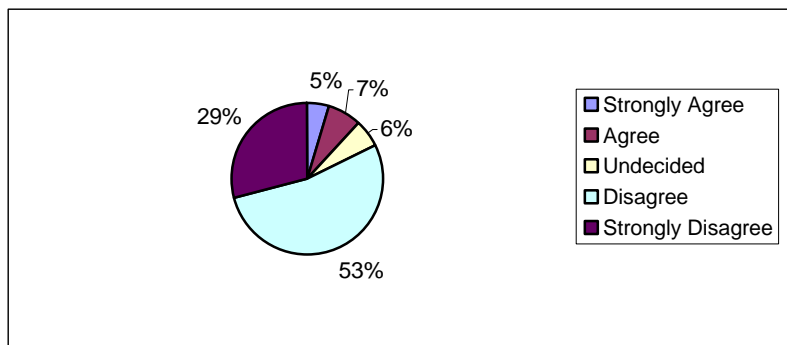


Of the 300 parents who responded to item 3, 44% agreed with the statement, 52% disagreed and 4% were undecided. It is interesting to note that the groups of parents who are aware

and those who are not aware of counseling organizations are almost equal. The indication is that there are almost as many people in this group of participants who are not aware of counseling organizations as those who are aware, with the latter being a slightly larger group.

FIGURE 4.3.8.4 (ITEM 4) COUNSELING DID NOT HELP US TO UNDERSTAND THE NEEDS OF OUR CHILD

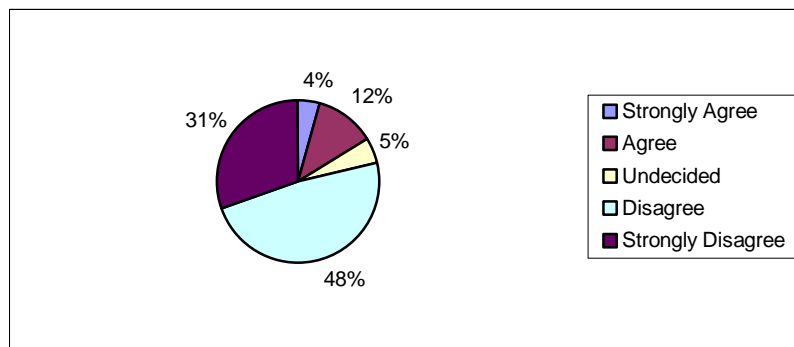
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	14	4.7	4.8	4.8
	Agree	21	7.0	7.2	12.0
	Undecided	17	5.7	5.8	17.9
	Disagree	154	51.3	52.9	70.8
	Strongly Disagree	85	28.3	29.2	100.0
	Total	291	97.0	100.0	
Missing	System	9	3.0		
Total		300	100.0		



Of the 291 parents that responded to item 4, 12% agreed with the statement, 82% disagreed and 6% were undecided. It appears that most parents were of the opinion that they benefited from counseling in understanding the needs of their child.

FIGURE 4.3.8.5 (ITEM 5) COUNSELING DOES NOT HELP PARENTS TO ACCEPT THE IDEA OF HAVING A HEARING IMPAIRED CHILD IN THE FAMILY

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	13	4.3	4.4	4.4
	Agree	35	11.7	11.9	16.3
	Undecided	15	5.0	5.1	21.4
	Disagree	141	47.0	48.0	69.4
	Strongly Disagree	90	30.0	30.6	100.0
	Total	294	98.0	100.0	
Missing	System	6	2.0		
Total		300	100.0		

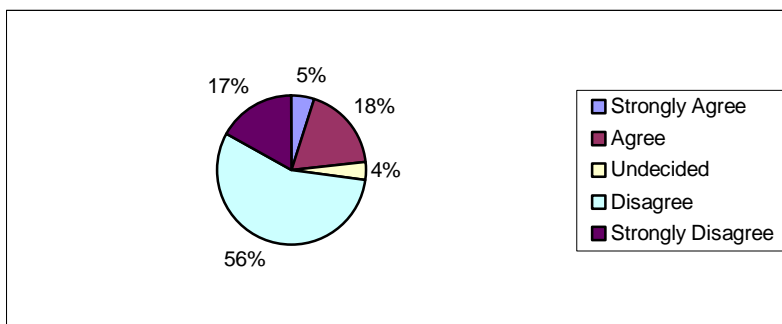


Of the 294 parents who responded to item 5, 16% agreed with the statement, 79% disagreed and 5% were undecided. It would appear that parents believe counseling helps them to accept and integrate the child with hearing impairments into the family. Studies carried out by Cartwright, Cartwright and Ward (1990:398) and Hallahan and Kauffman (1994:496), indicate that counseling did not only help parents of children with hearing impairment to accept their children, but further increased their bonding and family integration.

FIGURE 4.3.8.6 (ITEM 6) CHILDREN WHO ARE HEARING IMPAIRED SHOULD BE LOOKED AFTER BY THE SOCIAL WELFARE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	15	5.0	5.1	5.1

		Frequency	Percent	Valid Percent	Cumulative Percent
	Agree	53	17.7	18.1	23.2
	Undecided	12	4.0	4.1	27.3
	Disagree	163	54.3	55.6	82.9
	Strongly Disagree	50	16.7	17.1	100.0
	Total	293	97.7	100.0	
Missing	System	7	2.3		
Total		300	100.0		



Of the 293 parents who responded to item 6, 23% agreed with the statement, 73% disagreed and 4% were undecided. A number of authorities, Tucker and Nolan (1984:115); Kirk, Gallagher and Anastasiow (1997:380); Seligman and Darling (1989:225) contend that although parents go through shock, anger, guilt and denial, they own total responsibility for their children with hearing impairments. A study by Turnbull and Turnbull (1990:187), in which they interviewed 250 parents, indicated that all parents expressed feelings of love and responsibility for their children.

FIGURE 4.3.8.7 (ITEM 7) COUNSELING HELPED ME TO PLAN THE FUTURE OF MY CHILD

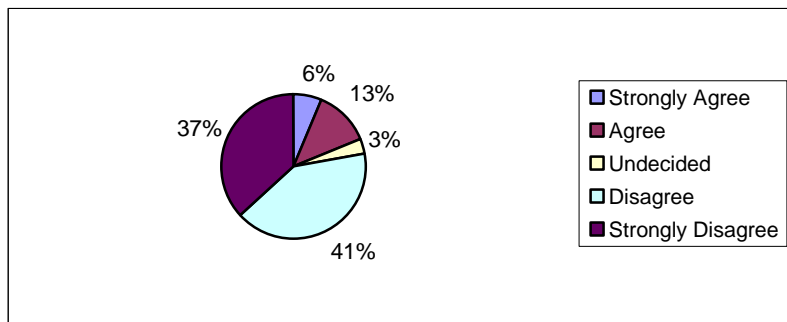
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	25	8.3	8.4	8.4
	Disagree	62	20.7	20.9	29.3
	Undecided	18	6.0	6.1	35.4
	Agree	131	43.7	44.1	79.5
	Strongly Agree	61	20.3	20.5	100.0
	Total	297	99.0	100.0	

Missing	System	3	1.0		
Total		300	100.0		

Of the 297 parents who responded to item 7, 65% agreed with the statement, 29% disagreed and 6% were undecided.

FIGURE 4.3.8.8 (ITEM 8) WE DO NOT ALLOW OUR CHILD TO PLAY WITH OTHER CHILDREN IN OUR COMMUNITY BECAUSE THEY MAY NOT TREAT HIM WELL

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	19	6.3	6.4	6.4
	Agree	37	12.3	12.5	18.9
	Undecided	10	3.3	3.4	22.3
	Disagree	121	40.3	40.9	63.2
	Strongly Disagree	109	36.3	36.8	100.0
	Total	296	98.7	100.0	
Missing	System	4	1.3		
Total		300	100.0		

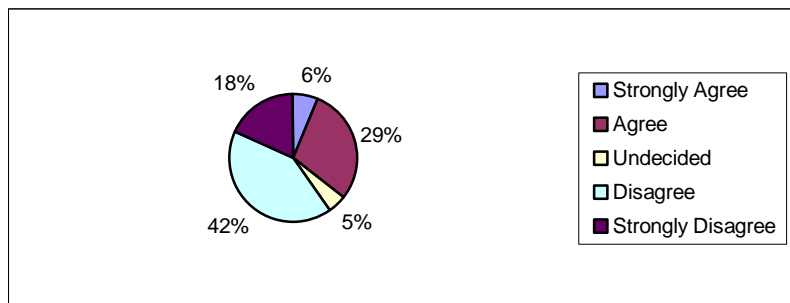


Of the 296 parents who responded to item 8, 19% agreed with the statement, 78% disagreed and 3% were undecided. This question was included in the questionnaire mainly to find out if parents had been given adequate guidance in terms of how they should facilitate the socialization process of their child with hearing impairments. Tucker and Nolan (1984:113) contend that, when counseling parents of children with hearing impairments, there should be proper guidance given in terms of how parents

should handle other siblings and the importance of interaction between the child in question and his/her siblings as well as other children of the same age. This process is important for the social, psychological and language development of the child with hearing impairments. Therefore I wanted to establish whether parents were made aware of this important aspect concerning their child with hearing impairments. Not allowing the child to interact with other children would deprive him/her quality time of socialization with children of the same age.

FIGURE 4.3.8.9 (ITEM 9) MY CHILD DOES NOT RELATE WELL AND INTERACT EFFECTIVELY WITH OTHER MEMBERS OF THE FAMILY

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	19	6.3	6.3	6.3
	Agree	88	29.3	29.3	35.7
	Undecided	14	4.7	4.7	40.3
	Disagree	124	41.3	41.3	81.7
	Strongly Disagree	55	18.3	18.3	100.0
	Total	300	100.0	100.0	

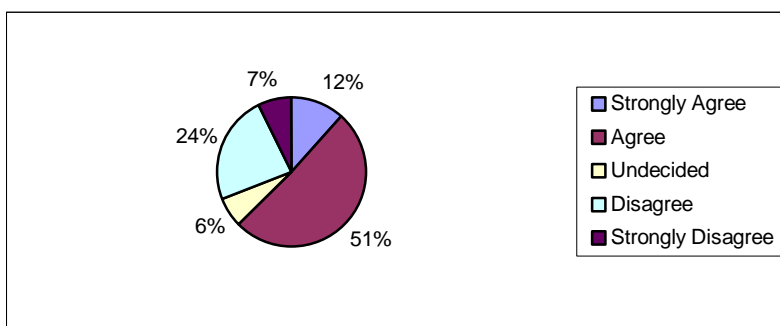


Of the 300 parents who responded to item 9, 35% agreed with the statement, 60% disagreed and 5% were undecided. This question is significant in terms of how the child with hearing impairments relates to his/her siblings. According to Hallahan and Kauffman (1994:499) although a large body of literature pertains to parental reactions, recent studies indicate that siblings frequently experience the same emotions of shock, fear, anger and guilt. Parents have an important role to play ensuring that there is effective interaction amongst all the children. Guidance and counseling has a part to play in order to help parents promote

family harmony. Parents need proper guidance and counseling to facilitate and promote understanding among their hearing children and the child with a hearing impairment. Another study by Moores (1996:263) indicates that if parents are not counseled and guided they may pay almost all their attention to the child with hearing impairment and neglect other children. This may create feelings of not being loved in other children.

FIGURE 4.3.8.10 (ITEM 10) MOST PEOPLE WHO COUNSELED US TOLD US WHAT TO DO

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	34	11.3	11.8	11.8
	Agree	147	49.0	50.9	62.6
	Undecided	18	6.0	6.2	68.9
	Disagree	69	23.0	23.9	92.7
	Strongly Disagree	21	7.0	7.3	100.0
	Total	289	96.3	100.0	
Missing	System	11	3.7		
Total		300	100.0		

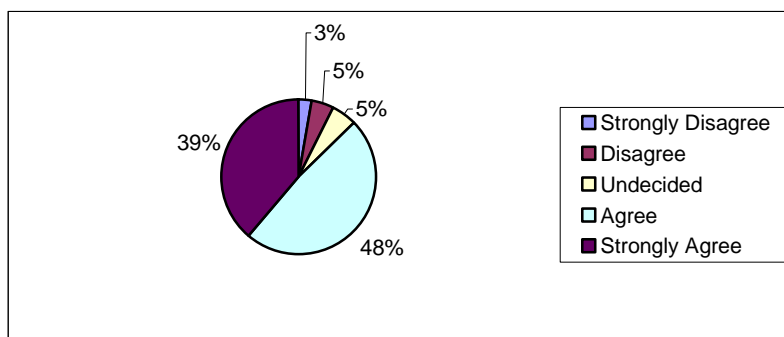


Of the 289 parents who responded to item 10, 63% agreed with the statement, 31% disagreed and 6% were undecided. Different counselors employ different basic counseling techniques depending on the needs of the clients. Most western counseling techniques are non-directive while most traditional techniques are directive. Counseling techniques are vitally important in establishing counseling relationships, empathy, listening skills and creating a conducive environment for the clients to work through their emotions and think rationally in order to find possible solutions to their problems (Nystul, 1999:193 and Hallahan & Kauffman, 1994:498). In this case the counselor facilitates the conversation

and gives the client an opportunity to look at his/her problem from a positive standpoint. Whereas traditional counseling is directive and involves advice giving (Mbiti, 1990:15). This is mainly carried out by elders in the church, community and members of the extended family (Richards, 2000:149). However, it must be pointed out that in both western and traditional approaches, there are non-directive and directive counseling.

FIGURE 4.3.8.11 (ITEM 11) COUNSELING IS ESSENTIAL FOR PARENTS OF CHILDREN WITH HEARING IMPAIRMENTS

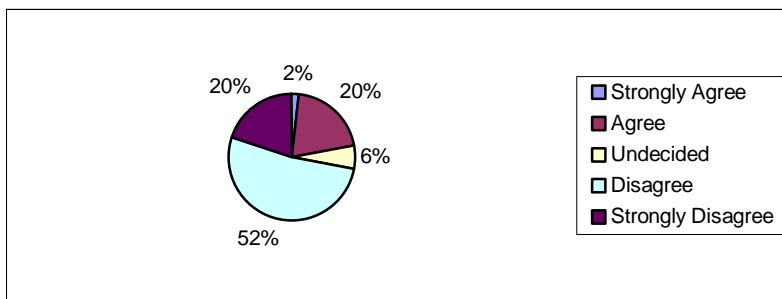
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	8	2.7	2.7	2.7
	Disagree	14	4.7	4.7	7.3
	Undecided	16	5.3	5.3	12.7
	Agree	144	48.0	48.0	60.7
	Strongly Agree	116	38.7	38.7	99.3
	Missing	2	.7	.7	100.0
Total		300	100.0	100.0	



Of the 298 parents who responded to item 11, 87% agreed with the statement, 8% disagreed and 5% were undecided. These results clearly complement the literature that validates the counseling need of parents of children with hearing impairments (Luterman, 1991:316; Martin & Clark, 1996:193 and McConkey & Templer, 1986:68). As pointed out by Moores (1996:374), the question is not whether parents need counseling or not but whether they are able to access the counseling services they desperately require.

FIGURE 4.3.8.12 (ITEM 12) THE COUNSELING WE RECEIVED DID NOT HELP US TO COPE WITH THE CHILD AT ALL

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	6	2.0	2.0	2.0
	Agree	59	19.7	20.1	22.2
	Undecided	17	5.7	5.8	28.0
	Disagree	152	50.7	51.9	79.9
	Strongly Disagree	59	19.7	20.1	100.0
	Total	293	98.8	100.0	
Missing	System	7	2.3		
Total		300	100.0		

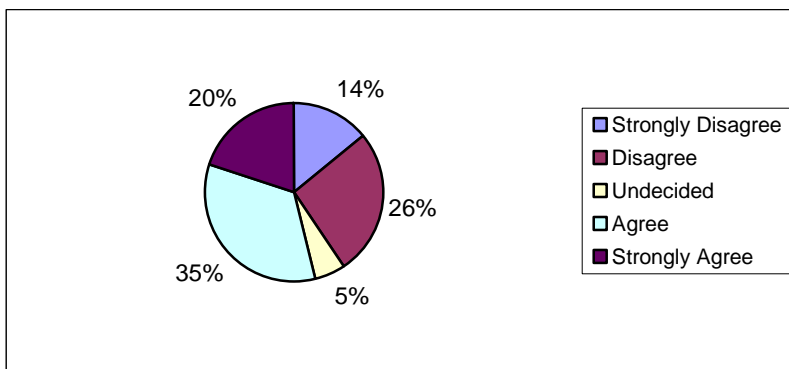


Of the 293 parents who responded to item 12, 22% agreed with the statement, 72% disagreed and 6% were undecided. These results indicate that counseling helped most of the parents to cope with their children with hearing impairments. A study by Hardman, Drew, Egan and Wolf (1993:279) indicates that most parents of children with hearing impairments who received counseling and were interviewed, reported that they were able to cope although they continued to experience communication and behavior challenges from time to time.

FIGURE 4.3.8.13 (ITEM 13) I AM AWARE OF ORGANIZATIONS THAT OFFER COUNSELING IN ZIMBABWE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	42	14.0	14.2	14.2
	Disagree	78	26.0	26.4	40.7

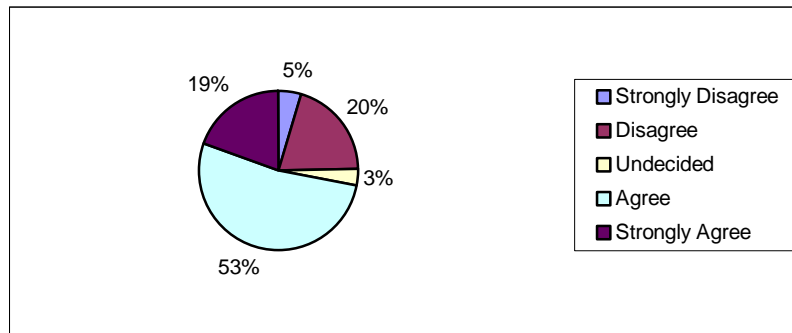
		Frequency	Percent	Valid Percent	Cumulative Percent
	Undecided	16	5.3	5.4	46.1
	Agree	100	33.3	33.9	80.0
	Strongly Agree	59	19.7	20.0	100.0
	Total	295	98.3	100.0	
Missing	System	5	1.7		
Total		300	100.0		



Of the 295 parents who responded to item 13, 55% agreed with the statement, 40% disagreed and 5% were undecided. As indicated in figure 4.3.8.3, parents who were aware of counseling organizations are in the majority by only 13.3%.

FIGURE 4.3.8.14 (ITEM 14) MY CHILD FITS WELL AND INTERACTS EFFECTIVELY WITH FAMILY MEMBERS

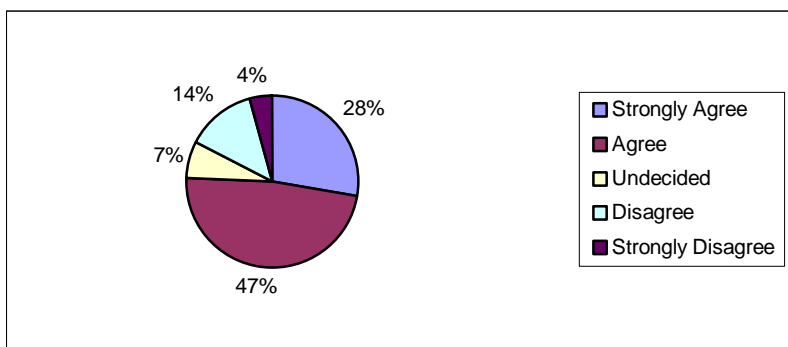
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	14	4.7	4.7	4.7
	Disagree	60	20.0	20.0	24.7
	Undecided	10	3.3	3.3	28.0
	Agree	158	52.7	52.7	80.7
	Strongly Agree	58	19.3	19.3	100.0
	Total	300	100.0	100.0	



Of the 300 parents who responded to item 14, 72% agreed with the statement, 25% disagreed and 3% were undecided. As indicated in figure 4.2.8.9, siblings are an important component of a family structure. Parents are affected by the presence of a child with hearing impairments amongst his/her hearing siblings. Therefore counselors who deal with parents of children with hearing impairments, (Kirk, Gallagher & Anastasiow, 1997:374), have to include the subject of siblings since they are part of the family network and they complete the family cycle. In their study, Moores and Meadow (1990:140) established that if parents are not properly guided about how to strike a balance in terms of sharing resources, love and attention between the child with a hearing impairment and the hearing children, the latter might be frustrated and in turn frustrate the former together with the parents.

FIGURE 4.3.8.15 (ITEM 15) IT IS ALMOST IMPOSSIBLE TO PLAN THE FUTURE OF A CHILD WHO IS HEARING IMPAIRED

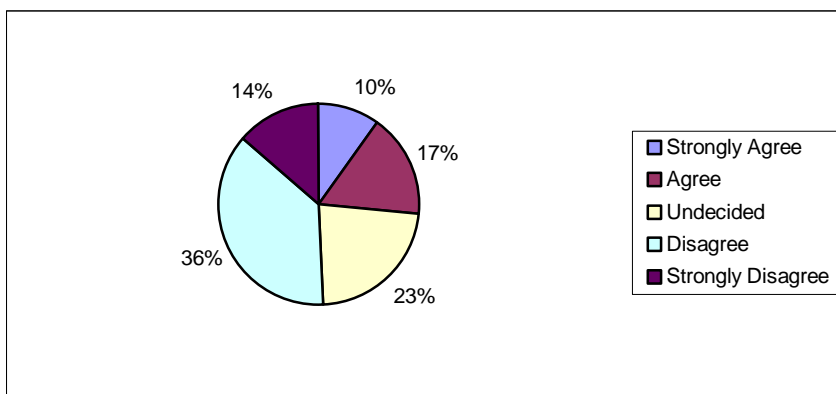
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	82	27.3	27.8	27.8
	Agree	141	47.0	47.8	75.6
	Undecided	20	6.7	6.8	82.4
	Disagree	40	13.3	13.6	95.9
	Strongly Disagree	12	4.0	4.1	100.0
	Total	295	98.3	100.0	
Missing	System	5	1.7		
Total		300	100.0		



Of the 295 parents who responded to item 15, 75% agreed with the statement, 18% disagreed and 7% were undecided. Throughout the literature there is an indication (Hallahan & Kauffman, 1994:510; Cartwright, Cartwright & Ward, 1995:118 and Neel, *et al.*, 1988:211) that children with a hearing impairment, when offered a job, will do it well. However, in reality there is a huge problem in them being able to secure employment. In fact, as pointed out by Edgar (1987:558), most of them drop out of school before they complete secondary education. Studies of what happens to such students during and after their high school years suggest that a high percentage of them have difficulty in making transition from high school to work. Many drop out of school, experience great difficulty in finding and holding a job, do not find work suited to their capabilities and do not receive further training and education, thus becoming dependent on their families (Edgar, 1987:559; Neel, Meadows, Levine & Edgar, 1988 and Rusch, Szymanski, & Chadsey-Rusch, 1992:13). It seems that these factors may be impacting on the views the parents hold for planning for the future of their children with hearing impairments.

FIGURE 4.3.8.16 (ITEM 16) MOST COUNSELORS DID NOT GIVE US ANY GUIDANCE AT ALL

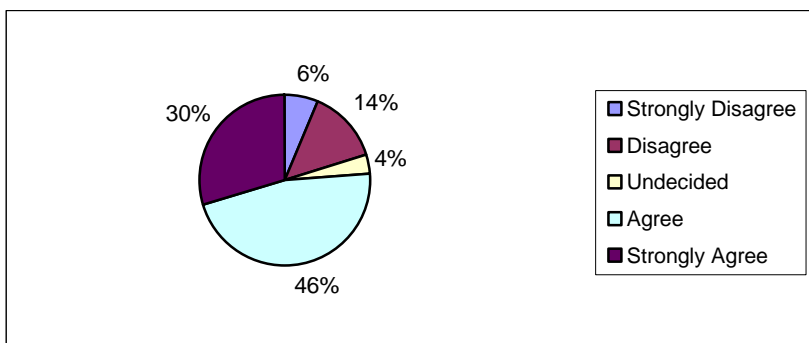
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	28	9.3	10.0	10.0
	Agree	47	15.7	16.8	26.8
	Undecided	63	21.0	22.5	49.3
	Disagree	104	34.7	37.1	86.4
	Strongly Disagree	38	12.7	13.6	100.0
	Total	280	93.3	100.0	
Missing	System	20	6.7		
Total		300	100.0		



Of the 280 parents who responded to item 16, 27% agreed with the statement, 50% disagreed and 23% were undecided. These results indicate that most parents were counseled, guided to approach other professionals, and directed to suitable schools to have their child enrolled. Hendrick, MacMillan and Barlow (1989:77) and Wolman, Bruininks and Thurlow (1989:104) contend that effective counseling should include guidance and referrals. It would appear that most professional counselors inform and provide their clients with information pertaining to available services and resources.

FIGURE 4.3.8.17 (ITEM 17) WITHOUT COUNSELING ONE CANNOT FULLY ACCEPT HAVING A CHILD WITH HEARING IMPAIRMENT IN THE FAMILY

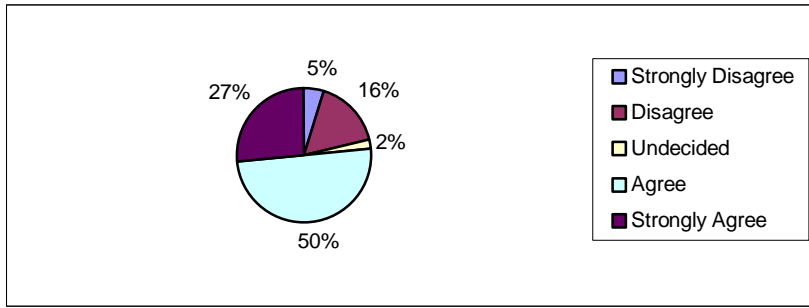
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	19	6.3	6.4	6.4
	Disagree	41	13.7	13.9	20.3
	Undecided	11	3.7	3.7	24.0
	Agree	137	45.7	46.3	70.3
	Strongly Agree	88	29.3	29.7	100.0
	Total	296	98.7	100.0	
Missing	System	4	1.3		
Total		300	100.0		



Of the 296 parents who responded to item 17, 76% agreed with the statement, 20% disagreed and 4% were undecided. These results confirm the findings of Turnbull and Turnbull (1990:496) who point out that although all the parents of children with hearing impairments they interviewed expressed that they experienced shock, denial, sadness, anger, fear and anxiety, they eventually accepted their positions after a lot of consultation and counseling. As indicated in figure 4.3.8.5, Cartwright, Cartwright and Ward (1995:400) assert that engaging parents in guidance and counseling from an early stage helps them to gradually accept their children with hearing impairments and participate actively in their educational programmes.

FIGURE 4.3.8.18 (ITEM 18) WITH OR WITHOUT HELP FROM OTHER ORGANIZATIONS, IT IS PARENTS’ RESPONSIBILITY TO FULLY CATER FOR THEIR CHILDREN WHO ARE HEARING IMPAIRED

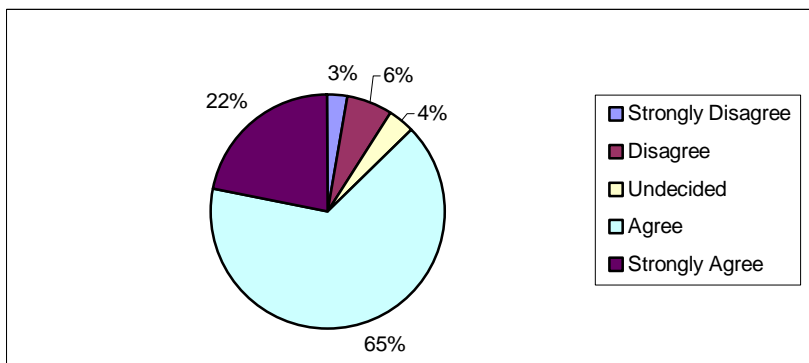
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	15	5.0	5.1	5.1
	Disagree	48	16.0	16.3	21.4
	Undecided	7	2.3	2.4	23.7
	Agree	146	48.7	49.5	73.2
	Strongly Agree	79	26.3	26.8	100.0
	Total	295	98.3	100.0	
Missing	System	5	1.7		
Total		300	100.0		



Of the 295 parents who responded to item 18, 77% agreed with the statement, 21% disagreed and 2% were undecided. As indicated in figure 4.3.8.6, despite the difficulties parents go through, there is overwhelming evidence that they (parents) eventually accept, and take full responsibility for their children (Gartner, Lipsky & Turnbull, 1991:324 and Fear & Woolfe, 1996:371).

FIGURE 4.3.8.19 (ITEM 19) WE ALLOW OUR CHILD TO MAKE FRIENDS AND PLAY WITH OTHER CHILDREN IN OUR NEIGHBORHOOD

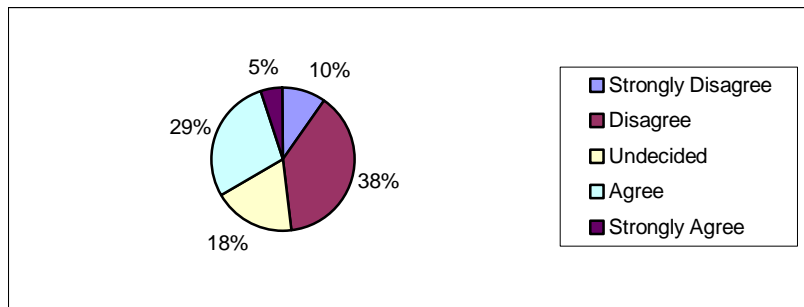
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	8	2.7	2.7	2.7
	Disagree	19	6.3	6.4	9.1
	Undecided	11	3.7	3.7	12.8
	Agree	193	64.3	65.2	78.0
	Strongly Agree	65	21.7	22.0	100.0
	Total	296	98.7	100.0	
Missing	System	4	1.3		
Total		300	100.0		



Of the 296 parents who responded to item 19, 87% agreed with the statement, 9% disagreed and 4% were undecided. These results corroborate what is indicated in figure 4.3.8.8. It appears parents have been made aware of the importance of child interaction and its benefits. As pointed out by Moores and Meadow (1990:125), children with hearing impairments should be integrated into the community from an early age if they are to enhance their social, psychological, and cognitive development.

FIGURE 4.3.8.20 (ITEM 20) THE PROBLEM WITH COUNSELING IS THAT ONE IS NOT PROVIDED WITH ANSWERS

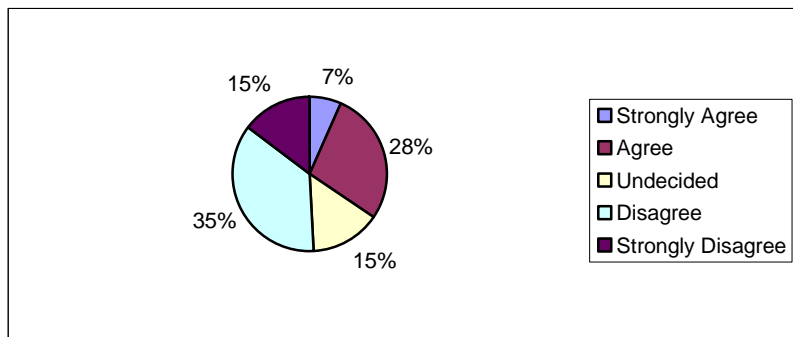
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	28	9.3	9.9	9.9
	Disagree	108	36.0	38.2	48.1
	Undecided	52	17.3	18.4	66.5
	Agree	81	27.0	28.6	95.1
	Strongly Agree	14	4.7	4.9	100.0
	Total	283	94.3	100.0	
Missing	System	17	5.7		
Total		300	100.0		



Of the 283 parents who responded to item 20, 34% agreed with the statement, 48% disagreed and 18% were undecided.

FIGURE 4.3.8.21 (ITEM 21) PARENTS CAN DO EQUALLY WELL FOR THEIR CHILD WITHOUT GUIDANCE AND COUNSELING

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	19	6.3	6.5	6.5
	Agree	81	27.0	27.8	34.4
	Undecided	43	14.3	14.8	49.1
	Disagree	105	35.0	36.1	85.2
	Strongly Disagree	43	14.3	14.8	100.0
	Total	291	97.0	100.0	
Missing	System	9	3.0		
Total		300	100.0		

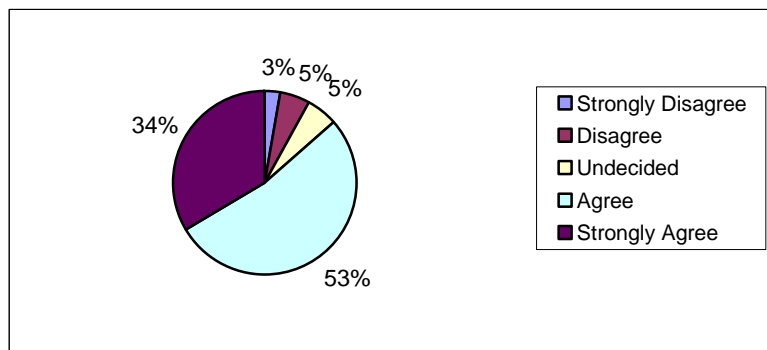


Of the 291 parents who responded to item 21, 35% agreed with the statement, 50% disagreed and 15 were undecided. Although 50% is not a resounding majority, this result indicates the perceived need for counseling by the participants in this study. These results corroborate the findings indicated in figure 4.3.8.11. Most authorities concur that counseling is invaluable to parents of children with disabilities (Tucker & Nolan, 1984:110; Blocher, 2000:38; Bell, 1996:341).

Figure 4.3.8.22 (Item 22) Counseling really helped us to understand the child

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	8	2.7	2.7	2.7
	Disagree	16	5.3	5.4	8.1
	Undecided	16	5.3	5.4	13.6

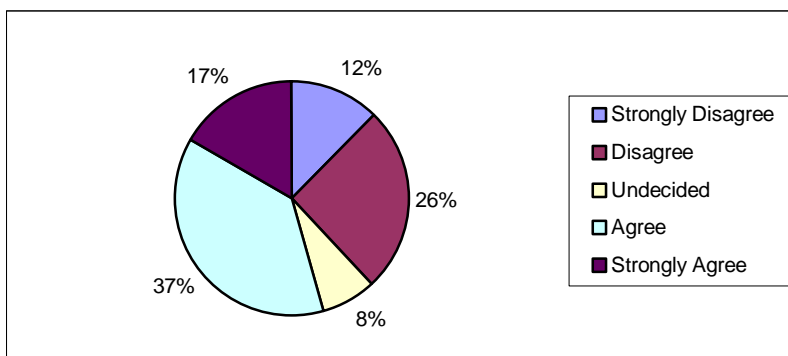
	Agree	156	52.0	52.9	66.4
	Strongly Agree	99	33.0	33.6	100.0
	Total	295	98.3	100.0	
Missing	System	5	1.7		
Total		300	100.0		



Of the 295 parents who responded to item 22, 87% agreed with the statement, 8% disagreed and 5% were undecided. These results endorse the findings of Burnett and Van Dorssen (2000:248), Dale (1984:206) and Moores (1996:352) who assert that most parents that were counseled and interviewed perceived that the counseling process helped them to understand the emotional, sociological and psychological needs of their children. These results are also confirmed in figure 4.3.8.4.

FIGURE 4.3.8.23 (ITEM 23) COUNSELORS ALSO REFERRED ME TO OTHER PROFESSIONALS FOR FURTHER HELP

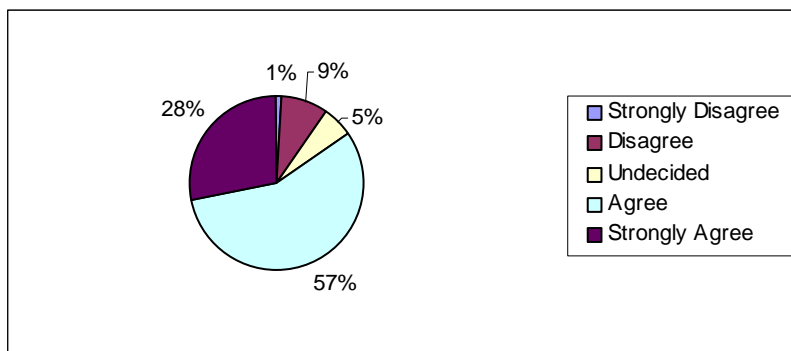
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	36	12.0	12.4	12.4
	Disagree	74	24.7	25.5	37.9
	Undecided	22	7.3	7.6	45.5
	Agree	110	36.7	37.9	83.4
	Strongly Agree	48	16.0	16.6	100.0
	Total	290	96.7	100.0	
Missing	System	10	3.3		
Total		300	100.0		



Of the 290 parents who responded to item 23, 54% agreed with the statement, 38% disagreed and 8% were undecided. Referral in Zimbabwe is done through Schools Psychological Services (SPS) and used to be very effective, particularly during the time of the study. At present the system is still the same but due to economic hardships and limited resources, it has been hard hit by the brain drain and the withdrawal of donor funds. As pointed out by Mutasa (2000:34) the abolition of the department of screening and testing for hearing loss by the Ministry of Education has caused a draw back for both children with hearing impairments and their parents. Screening of hearing impairment is now done in special schools and hospitals as it used to be in the initial stages of special education. According to these results, it would appear that more participants were referred to other professionals for further help than those who were not referred.

FIGURE 4.3.8.24 (ITEM 24) COUNSELING HELPED US TO COPE WITH OUR CHILD WHO IS HEARING IMPAIRED

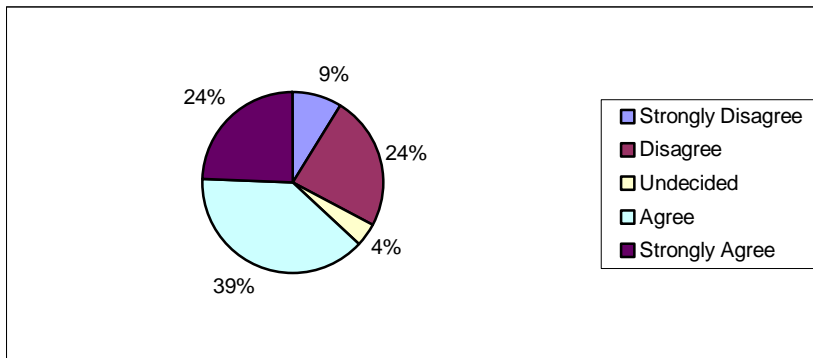
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	3	1.0	1.0	1.0
	Disagree	27	9.0	9.1	10.1
	Undecided	16	5.3	5.4	15.5
	Agree	166	55.3	56.1	71.6
	Strongly Agree	84	28.0	28.4	100.0
	Total	296	98.7	100.0	
Missing	System	4	1.3		
Total		300	100.0		



Of the 296 parents who responded to item 24, 85% agreed with the statement, 10% disagreed and 5% were undecided. As indicated in figure 4.3.8.12 the participants confirmed that counseling helped them to cope with their children with hearing impairments. These results are supported by the findings of Webster and Ellwood (1985:94); Luterman (1991:156) and Kauffman (1992:304), who contend that counseled families that have children with disabilities tend to accept and cope with the upbringing of their children irrespective of the difficulties they go through.

FIGURE 4.3.8.25 (ITEM 25) GUIDANCE AND COUNSELING ARE IMPORTANT FOR BOTH PARENTS AND THE CHILD

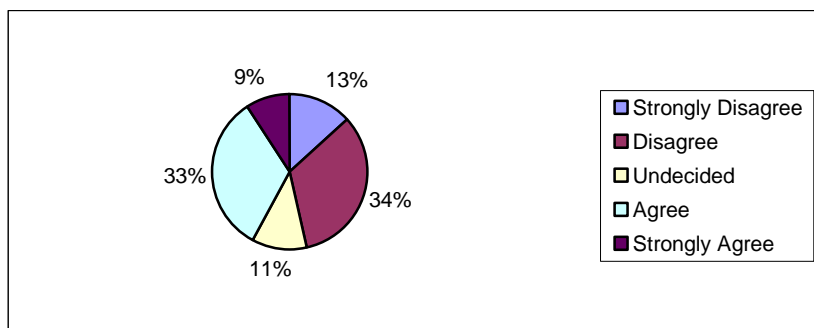
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	26	8.7	8.8	8.8
	Disagree	71	23.7	24.1	32.9
	Undecided	12	4.0	4.1	36.9
	Agree	114	38.0	38.6	75.6
	Strongly Agree	72	24.0	24.4	100.0
Total	Total	295	98.3	100.0	
Missing	System	5	1.7		
Total		300	100.0		



Of the 295 parents who responded to item 25, 63% agreed with the statement, 33% disagreed and 4% were undecided. Studies were carried out by Lobato (1990:183) where he compared families that had children with disabilities. In some only parents were counseled, in some both the parents and the child with disabilities was counseled, while in others parents, the child with disabilities and other siblings were counseled. The most socially, psychologically and emotionally healthy families that seemed to have been progressing well were families that had all their members counseled. Similar findings were reported by Moores and Meadow (1990:127) and Vernon and Andrews (1990:145). It is therefore apparent that counseling is important for all members of the family in which a child with disabilities is born.

FIGURE 4.3.8.26 (ITEM 26) IT IS DIFFICULT TO SEPARATE COUNSELING FROM ADVICE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	39	13.0	13.3	13.3
	Disagree	97	32.3	33.1	46.4
	Undecided	33	11.0	11.3	57.7
	Agree	97	32.3	33.1	90.8
	Strongly Agree	27	9.0	9.2	100.0
	Total	293	97.7	100.0	
Missing	System	7	2.3		
Total		300	100.0		



Of the 293 parents who responded to item 26, 42% agreed with the statement, 47% disagreed and 11% were undecided. As indicated in figure 4.3.8.10 some counseling techniques are directive. The counselor guides and leads the client into a situation where he/she can view the problem in a more rational and positive way (Burnard, 1992:93). Some words of advice may be used in a subtle manner to enable the client gain a more view of his/her problem. Some of the participants may not have been very clear about the distinction between counseling and advice. This question was mainly to find whether participants had in their minds a clear distinction between counseling and advice.

Having analyzed all items one at a time, the next aspect would be to establish the correlations between different variables. These include gender of parents versus their sources of counseling, what they say about coping with their children, gender of children and what parents say about coping as well as age of children and what parents say about coping.

4.4 CORRELATION BETWEEN THE GENDER OF PARENTS AND WHERE THEY OBTAINED COUNSELING, WHAT THEY SAY ABOUT COPING WITH THE CHILD WITH A HEARING IMPAIRMENT, AGE OF CHILDREN AND WHAT PARENTS SAY ABOUT COPING

It is important to note that when the percentage of cells in the table that ‘have expected count less than 5’ is high, especially 20% or more, chi-squared is not reliable. Also when the sign value in the table of the chi-squared along the ‘Pearson Chi-Square’ row or ‘Likelihood Ratio’ row is bigger than (0.05) there is no association or relationship. When it is 0.05 or less then the row and column factors are correlated or there is a relationship.

When the sources of counseling were analyzed one at a time, some of the sources had too few frequencies; therefore sources were combined in order to obtain reliable results.

As pointed out above, in order to obtain a more reliable result, I combined some of the categories with small frequencies to get three sources of counseling, namely:

- Special Schools
- Counseling organizations, Churches, Hospitals
- Relatives, Individuals, Friends

Table 4.4.1 First source of counseling – A1 Gender of parents cross tabulation

			A1 Gender of Parents		Total
			Male	Female	
A1 First Source of Counseling	Special Schools	Count	76	93	169
		% within A1 Gender of Parents	68.5%	69.4%	69.0%
	Counseling organizations, Churches, Hospitals	Count	31	24	55
		% within A1 Gender of Parents	27.9%	17.9%	22.4%
	Relatives, Individuals & Friends	Count	4	17	21
		% within A1 Gender of Parents	3.6%	12.7%	8.6%
Total		Count	111	134	245
		% within A1 Gender of Parents	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.565(a)	2	.014
Likelihood Ratio	9.106	2	.011
Linear-by-Linear Association	.978	1	.323
N of Valid Cases	245		

Zero cells (.0%) have expected count less than 5. The minimum expected count is 9.51.

Now all expected frequencies of counseling sources are larger than 5, so results are quite reliable. Basing on the Sign (p) value of 0.014, we can conclude that there is a fairly strong association between First Source of counseling information and gender of parents. The percentages indicate that about the same proportion of males (68.5%) and females (69.4%) use special schools for counseling. The significant differences arises from the fact that relatively more male parents (27.9%) use Counseling organizations, Churches and/or Hospitals, compared to female parents (17.9%), while fewer male parents (3.6%) turn to Relatives, Individuals and Friends compared to female parents (12.7%).

Table 4.4.2 Second source of counseling – A2 Gender of parents

			A2 Gender of Parents		Total
			Male	Female	
A2 Second Source of Counseling	Counseling Organizations	Count	39	52	91
		% within A2 Gender of Parents	41.9%	51.0%	46.7%
	Churches	Count	17	15	32
		% within A2 Gender of Parents	18.3%	14.7%	16.4%
	Hospitals	Count	24	13	37
		% within A2 Gender of Parents	25.8%	12.7%	19.0%
	Relatives	Count	7	6	13
		% within A2 Gender of Parents	7.5%	5.9%	6.7%
	Individuals	Count	6	16	22
		% within A2 Gender of Parents	6.5%	15.7%	11.3%
Total		Count	93	102	195
		% within A2 Gender of Parents	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.480(a)	4	.050
Likelihood Ratio	9.687	4	.046
Linear-by-Linear Association	.014	1	.907
McNemar Test			
N of Valid Cases	195		

Zero cells (.0%) have expected count less than 5. The minimum expected count is 6.20.

With respect to the second source of Information, there is a moderate association ($p = 0.050$) between second source of information and the gender of the participants in the study. The main sources of differences appear to be in use of Counseling organizations, Hospitals and Individuals. Relatively more males use hospitals (25.8%) than females (12.7%), while more females use Counseling organizations (51.0%) and turn to individuals (15.7%) than males (41.9% and 6.5% respectively). The results are reliable since all expected frequencies are greater than 5.

TABLE 4.4.3 THIRD SOURCE OF COUNSELING – A3 GENDER OF PARENTS

			A3 Gender of Parents		Total
			Male	Female	
A3 Third Source of Counseling	Churches	Count	27	34	61
		% within A3 Gender of Parents	38.0%	39.5%	38.9%
	Hospitals	Count	14	26	40
		% within A3 Gender of Parents	19.7%	30.2%	25.5%
	Relatives	Count	17	6	23
		% within A3 Gender of Parents	23.9%	7.0%	14.6%
	Individuals	Count	13	20	33
		% within A3 Gender of Parents	18.3%	23.3%	21.0%
Total	Count		71	86	157
	% within A3 Gender of Parents		100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	<i>9.805(a)</i>	3	<i>.020</i>
Likelihood Ratio	<i>10.004</i>	3	<i>.019</i>
Linear-by-Linear Association	<i>.212</i>	1	<i>.645</i>
N of Valid Cases	<i>157</i>		

Zero cells (.0%) have expected count less than 5. The minimum expected count is 10.40.

Again, the relationship between gender and the third source of counseling information is fairly strong ($p = 0.020$). Relatively more males turn to Relatives while relatively more females turn to Hospitals. Proportions turning to Churches and Individuals do not appear to differ much between genders.

Table 4.4.4 (Item 1) Although we received guidance and counseling, we still cannot cope with the child – A5 Gender of parents

			A4 Gender of Parents		Total
			Male	Female	
A4 1. Although we received guidance and I, we still cannot cope with the child.	Agree/Strongly Agree	Count	61	54	115
		% within A4 Gender of Parents	51.3%	36.0%	42.8%
	Neutral	Count	4	5	9
		% within A4 Gender of Parents	3.4%	3.3%	3.3%
	Disagree/Strongly Disagree	Count	54	91	145
		% within A4 Gender of Parents	45.4%	60.7%	53.9%
Total		Count	119	150	269
		% within A4 Gender of Parents	100.0%	100.0%	100.0%

CHI-SQUARE TESTS

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.492(a)	2	.039
Likelihood Ratio	6.504	2	.039
Linear-by-Linear Association	6.466	1	.011
McNemar Test			
N of Valid Cases	269		

a.1 cells (16.7%) have expected count less than 5. The minimum expected count is 3.98.

There is a fairly strong association ($p = 0.039$) observed between gender and agreement or disagreement with the comment that “Although we received guidance and counseling, we still cannot cope with the child”. Relatively more males (51.3%) agree compared to females (36.0%) while more females disagree (60.7%) compared with males (45.4%)

TABLE 4.4.5 (ITEM 2) COUNSELING HELPED US TO COPE WITH OUR CHILD WHO IS HEARING IMPAIRED – A5 GENDER OF CHILDREN

			A5 Gender of Children			Total
			Boy	Girl	Both	
A5. Counseling helped us to cope with our child who is hearing impaired.	Strongly Disagree	Count	2	1	0	3
		% within A5 Gender of Children	1.2%	1.0%	.0%	1.1%
	Disagree	Count	20	7	0	27
		% within A5 Gender of Children	12.4%	6.7%	.0%	10.1%
	Undecided	Count	4	10	0	14
		% within A5 Gender of Children	2.5%	9.5%	.0%	5.2%
	Agree	Count	92	55	0	147
		% within A5 Gender of Children	57.1%	52.4%	.0%	55.1%

	Strongly Agree	Count	43	32	1	76
		% within A5 Gender of Children	26.7%	30.5%	100.0%	28.5%
Total		Count	161	105	1	267
		% within A5 Gender of Children	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.237(a)	8	.189
Likelihood Ratio	11.201	8	.191
Linear-by-Linear Association	1.818	1	.178
McNemar Test			
N of Valid Cases	267		

a. 7 cells (46.7%) have expected count less than 5. The minimum expected count is .01.

The results in the chi-squared tests table (above) suggest that there is no relationship between coping/not coping after receiving counseling and gender of child, basing on Sign (p) value of (0.189). However, test results in this instance is not reliable since seven cells (46.7%) have expected count less than 5 as indicated under the table. When the percentage exceeds 20%, the chi-squared result becomes unreliable.

TABLE 4.4.6 (ITEM 3) THE COUNSELING WE RECEIVED DID NOT HELP US TO COPE WITH THE CHILD AT ALL – A6 AGE OF CHILDREN

			A6 Age of Children				Total
			5-8yrs	9-13yrs	14-18yrs	9-13 and 14-18	
6. The counseling we received did not help us to cope with the child at all.	Agree/ Strongly Agree	Count	14	25	20	0	59

			A6 Age of Children				Total
			5-8yrs	9-13yrs	14-18yrs	9-13 and 14-18	
		% within A6 Age of Children	22.6%	18.7%	30.8%	.0%	22.3%
	Neutral	Count	5	9	3	0	17
		% within A6 Age of Children	8.1%	6.7%	4.6%	.0%	6.4%
	Disagree/Strongly Disagree	Count	43	100	42	3	188
		% within A6 Age of Children	69.4%	74.6%	64.6%	100.0%	71.2%
Total		Count	62	134	65	3	264
		% within A6 Age of Children	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.347(a)	6	.500
Likelihood Ratio	6.028	6	.420
Linear-by-Linear Association	.563	1	.453
McNemar Test			
N of Valid Cases	264		

a. 5 cells (41.7%) have expected count less than 5. The minimum expected count is .19.

The results in the chi-squared tests table (above) suggest that there is no relationship between coping after receiving counseling and the age of child, basing on Sign (p) value of (0.500). Also test result is not reliable since five cells (41.7%) have expected count less than 5 as indicated under the table. When the percentage exceeds 20%, the chi-squared result becomes unreliable.

I can therefore conclude that analysis of both male and female responses indicates that there was no relationship between age of child and inability or ability to cope with the child even

after receiving guidance and counseling. Similarly there was no relationship between gender of child and coping or failing to cope with child after receiving counseling. The next part of the study sought to establish the reliability and validity of the instrument as a whole analyzing positive items versus their negative counterparts.

4.5 DEGREE OF CONSISTENCY BETWEEN POSITIVE AND NEGATIVELY PHRASED ITEMS

The instrument used in this study has 13 positive items and their 13 direct negative items. The next part of presentation and analysis of results is mainly to cross check the degree of consistency by participants in terms of how they responded to positive and negative items. I would like to establish if for instance participants who marked “Strongly Agree” or “Agree” on item 11 also marked “Strongly Disagree” or “Disagree “ on item 1, which is its negative counterpart. This to a certain extent will establish the validity and reliability of the instrument. As stated by Cohen and Manion (1989:111), it is important to have a valid and reliable instrument that produces reliable data.

In tables 4.3.2.1a and 4.3.3.1b summarizing the raw scores on each item will indicate degrees of consistency/inconsistency. This will be followed by item analysis that shows consistency/inconsistency in terms of percentages per item. Results are indicated in the respective tables.

TABLE 4.5.1 DEGREE OF CONSISTENCY BETWEEN POSITIVE AND NEGATIVELY PHRASED ITEMS

Pair of Items and Attribute	Consistent	Slightly Inconsistent	Moderately Inconsistent	Very Inconsistent	Extremely Inconsistent	Total
1-11. The need for Counseling of Parents of children with hearing impairments.	172	108	12	2	6	300
2-26. Utility of the counseling received.	116	51	80	40	9	296
3-13. Awareness of any organization that offers counseling in Zimbabwe.	222	42	26	3	2	295

Pair of Items and Attribute	Consistent	Slightly Inconsistent	Moderately Inconsistent	Very Inconsistent	Extremely Inconsistent	Total
4-22. Counseling and understanding the needs of our child.	240	37	6	4	2	289
5-17. Counseling and Acceptance of the idea of having a hearing impaired child in the family.	244	40	4	4		292
6-18. Who should look after children who are impaired.	236	39	11	3	4	293
7-15. Counseling in planning for the future of my child.	70	55	87	59	24	295
8-19. Allowing child to play with other children in our community.	130	98	34	24	8	294
9-14. Child's relation and interaction with other members of the family.	157	65	57	15	6	300
10-20. Most people who counseled us told us what to do.	177	49	48	2	5	281
12-24. Coping with child after receiving guidance and counseling.	184	55	22	23	5	289
16-23. Assistance vs. Referral to other professionals for further help.	183	58	23	11	3	278
21-25. Importance of Guidance and counseling to Parents.	185	73	28	2	3	291

TABLE 4.5.2 DEGREE OF CONSISTENCY BETWEEN POSITIVE AND NEGATIVELY PHRASED ITEMS PERCENTAGE

Pair of Items and Attribute	Consistent	Slightly Inconsistent	Moderately Inconsistent	Very Inconsistent	Extremely Inconsistent	Total
1-11. The need for Counseling of Parents of children with hearing impairments.	57.3	36.0	4.0	.7	2.0	100.0
2-26 Utility of the counseling received.	39.1	17.3	27.0	13.5	3.1	100.0
3-13. Awareness of any organization that offers counseling in Zimbabwe.	75.3	14.2	8.8	1.0	.7	100.0
4-22. Counseling and understanding the needs of our child.	83.0	12.8	2.1	1.4	.7	100.0

Pair of Items and Attribute	Consistent	Slightly Inconsistent	Moderately Inconsistent	Very Inconsistent	Extremely Inconsistent	Total
5-17. Counseling and Acceptance of the idea of having a hearing impaired child in the family.	83.6	13.7	1.4	1.4		100.0
6-18. Who should look after children who are impaired.	80.5	13.3	3.8	1.0	1.4	100.0
7-15. Counseling in planning for the future of my child.	23.7	18.6	29.5	20.0	8.1	100.0
8-19. Allowing child to play with other children in our community.	44.2	33.3	11.6	8.2	2.7	100.0
9-14. Child's relation and interaction with other members of the family.	52.3	21.7	19.0	5.0	2.0	100.0
10-20. Most people who counseled us told us what to do.	63.0	17.4	17.1	.7	1.8	100.0
12-24 Coping with child after receiving guidance and counseling.	63.9	19.2	7.8	7.9	1.8	100.0
16-23. Assistance vs. Referral to other professionals for further help.	65.8	20.9	8.3	4.0	1.1	100.0
21-25. Importance of Guidance and counseling to Parents.	63.6	25.1	9.6	.7	1.0	100.0

TABLE 4.5.3 (ITEM 1-11) THE NEED FOR COUNSELING OF PARENTS OF CHILDREN WITH HEARING IMPAIRMENTS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Consistent	172	57.3	57.3	57.3
	Slightly Inconsistent	108	36.0	36.0	93.3
	Moderately Inconsistent	12	4.0	4.0	97.3
	Very Inconsistent	2	.7	.7	98.0
	Extremely Inconsistent	6	2.0	2.0	100.0
	Total	300	100.0	100.0	

TABLE 4.5.4 (ITEM 2-26) COUNSELING IS TOTALLY DIFFERENT FROM ADVICE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Consistent	117	39.1	39.1	39.1
	Slightly Inconsistent	52	17.3	17.3	56.4
	Moderately Inconsistent	81	27.0	27.0	83.4
	Very Inconsistent	41	13.5	13.5	96.9
	Extremely Inconsistent	9	3.1	3.1	100.0
	Total	300	100.0	100.0	

TABLE 4.5.5 (ITEM 3-13) AWARENESS OF ANY ORGANIZATION THAT OFFERS COUNSELING IN ZIMBABWE

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Consistent	222	74.0	75.3	75.3
	Slightly Inconsistent	42	14.0	14.2	89.5
	Moderately Inconsistent	26	8.7	8.8	98.3
	Very Inconsistent	3	1.0	1.0	99.3
	Extremely Inconsistent	2	.7	.7	100.0
	Total	295	98.3	100.0	
Missing	System	5	1.7		

TABLE 4.5.6 (ITEM 4-22) COUNSELING AND UNDERSTANDING THE NEEDS OF OUR CHILD

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Consistent	240	80.0	83.0	83.0
	Slightly Inconsistent	37	12.3	12.8	95.8
	Moderately Inconsistent	6	2.0	2.1	97.9
	Very Inconsistent	4	1.3	1.4	99.3

	Extremely Inconsistent	2	.7	.7	100.0
	Total	289	96.3	100.0	
Missing	System	11	3.7		
Total		300	100.0		

TABLE 4.5.7 (ITEM 5-17) COUNSELING AND ACCEPTANCE OF THE IDEA OF HAVING A HEARING IMPAIRED CHILD IN THE FAMILY

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Consistent	244	81.3	83.6	83.6
	Slightly Inconsistent	40	13.3	13.7	97.3
	Moderately Inconsistent	4	1.3	1.4	98.6
	Very Inconsistent	4	1.3	1.4	100.0
	Total	292	97.3	100.0	
Missing	System	8	2.7		
Total		300	100.0		

TABLE 4.5.8 (ITEM 6-18) WHO SHOULD LOOK AFTER CHILDREN WHO ARE IMPAIRED?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Consistent	236	78.7	80.5	80.5
	Slightly Inconsistent	39	13.0	13.3	93.9
	Moderately Inconsistent	11	3.7	3.8	97.6
	Very Inconsistent	3	1.0	1.0	98.6
	Extremely Inconsistent	4	1.3	1.4	100.0
	Total	293	97.7	100.0	
Missing	System	7	2.3		
Total		300	100.0		

TABLE 4.5.9 (ITEM 7-15) PLANNING FOR THE FUTURE OF MY CHILD

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Consistent	70	23.3	23.7	23.7
	Slightly Inconsistent	55	18.3	18.6	42.4
	Moderately Inconsistent	87	29.0	29.5	71.9
	Very Inconsistent	59	19.7	20.0	91.9
	Extremely Inconsistent	24	8.0	8.1	100.0
	Total	295	98.3	100.0	

TABLE 4.5.10 (ITEM 8-19) ALLOWING MY CHILD TO PLAY WITH OTHER CHILDREN IN OUR COMMUNITY

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Consistent	236	78.7	80.5	80.5
	Slightly Inconsistent	39	13.0	13.3	93.9
	Moderately Inconsistent	11	3.7	3.8	97.6
	Very Inconsistent	3	1.0	1.0	98.6
	Extremely Inconsistent	4	1.3	1.4	100.0
	Total	293	97.7	100.0	
Missing	System	7	2.3		
Total	300	100.0			

TABLE 4.5.11 (ITEM 9-14) CHILD’S RELATION AND INTERACTION WITH OTHER MEMBERS OF THE FAMILY

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Consistent	157	52.3	52.3	52.3
	Slightly Inconsistent	65	21.7	21.7	74.0
	Moderately Inconsistent	57	19.0	19.0	93.0
	Very Inconsistent	15	5.0	5.0	98.0

		Frequency	Percent	Valid Percent	Cumulative Percent
	Extremely Inconsistent	6	2.0	2.0	100.0
	Total	300	100.0	100.0	

TABLE 4.4.12 (ITEM 10-20) MOST PEOPLE WHO COUNSELED US TOLD US WHAT TO DO

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Consistent	177	59.0	63.0	63.0
	Slightly Inconsistent	49	16.3	17.4	80.4
	Moderately Inconsistent	48	16.0	17.1	97.5
	Very Inconsistent	2	.7	.7	98.2
	Extremely Inconsistent	5	1.7	1.8	100.0
	Total	281	93.7	100.0	
Missing	System	19	6.3		
Total		300	100.0		

TABLE 4.5.13 (ITEM 12-26) UTILITY OF THE COUNSELING RECEIVED

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Consistent	113	37.7	39.1	39.1
	Slightly Inconsistent	50	16.7	17.3	56.4
	Moderately Inconsistent	78	26.0	27.0	83.4
	Very Inconsistent	39	13.0	13.5	96.9
	Extremely Inconsistent	9	3.0	3.1	100.0
	Total	289	96.3	100.0	
Missing	System	11	3.7		
Total		300	100.0		

TABLE 4.5.14 (ITEM 16-23) ASSISTANCE VS. REFERRAL TO OTHER PROFESSIONALS FOR FURTHER HELP

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Consistent	183	61.0	65.8	65.8
	Slightly Inconsistent	58	19.3	20.9	86.7
	Moderately Inconsistent	23	7.7	8.3	95.0
	Very Inconsistent	11	3.7	4.0	98.9
	Extremely Inconsistent	3	1.0	1.1	100.0
	Total	278	92.7	100.0	
Missing	System	22	7.3		
Total		300	100.0		

TABLE 4.5.15 (ITEM 21-25) IMPORTANCE OF GUIDANCE AND COUNSELING TO PARENTS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Consistent	185	61.7	63.6	63.6
	Slightly Inconsistent	73	24.3	25.1	88.7
	Moderately Inconsistent	28	9.3	9.6	98.3
	Very Inconsistent	2	.7	.7	99.0
	Extremely Inconsistent	3	1.0	1.0	100.0
	Total	291	97.0	100.0	
Missing	System	9	3.0		
Total		300	100.0		

TABLE 4.5.16 SUMMARY OF ITEM CONSISTENCY BY PERCENTAGE

Negative to positive items	Consistent	Inconsistent	Neutral	Total
1-11	93.3	2.7	4.0	100.0
2-26	56.4	16.6	27.0	100.0
3-13	89.5	1.7	8.8	100.0

4-22	95.8	2.1	2.1	100.0
5-17	97.3	1.4	1.4	100.0
6-18	93.8	2.4	3.8	100.0
7-15	42.3	28.1	29.5	100.0
8-19	77.5	10.9	11.6	100.0
9-14	74.0	10.0	19.0	100.0
10-20	80.4	2.5	17.1	100.0
12-24	82.5	7.8	9.6	100.0
16-23	86.7	5.1	8.3	100.0
21-25	88.7	1,7	9.6	100.0

Participants' responses were highly consistent on 22 of the 26 items, the exceptions being items 2-26, and 7-15. It may imply that these items were poorly phrased, not clear or were not specific enough. As a whole the instrument used in this study produced highly consistent responses. For example responses to items eight versus 19 and nine *versus* 14 have a degree of consistency above 70%. Items 10 *versus* 20, 12 *versus* 24, 16 *versus* 23 and 21 *versus* 25 have degrees of consistency from 80% to 89% respectively. Items 1 *versus* 11 and 6 *versus* 18 were very consistent with 93% degree of consistency. These items can be said to be very reliable. It may mean that they were clear and measured what they purported to measure. It may also be a clear indication that response and positional bias were successfully controlled for and hence objectivity and internal validity were achieved. This further enhances the reliability of the research results. Babbie and Mouton (2001:27) point out that validity and reliability of a research is largely dependent on the method and instrument used to collect data. The results of this study will be discussed in detail in the next chapter.

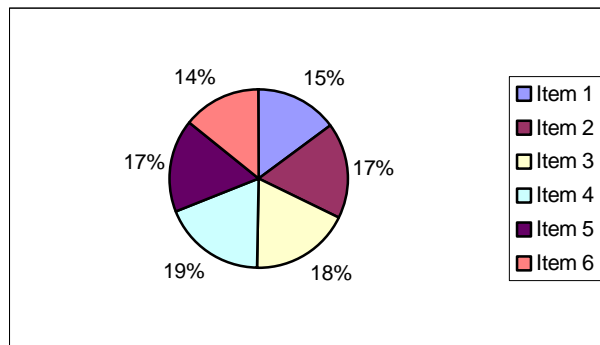
4.6 QUALITATIVE ANALYSIS ON THE OPEN-ENDED QUESTIONNAIRE TO PARENTS

Qualitative analysis was used on items one to six on the open-ended questionnaire to parents. The first item was on five major difficulties parents experienced in raising their children with hearing impairments, the second was on organizations and individuals that counseled them, the third one was on whether the counseling they received helped them or not, that is if they received any counseling at all. The fourth one was on whether they

thought counseling helped them (parents) to cope with their children or not. The fifth one sought their views on what they thought could be done in order to make counseling more accessible to parents, and the sixth was on how guidance and counseling could help them more. The results are presented in the form of charts and tables. The analysis of these responses was made in the following way: a comprehensive overview of the data was gained by reading through all the results of the qualitative part of the questionnaires. The results were then considered item by item by reading the results across items. Key aspects and/or themes that were mentioned by a majority of the participants in their responses to each item were written down. Then the data was checked again and simple counting methods were used to count the number of participants whose responses indicated a particular theme/key aspect.

In the next section these quantified results will be presented by indicating the number of participants that presented a particular theme in the results. This will be followed by a section where examples from the raw data will be shared, to indicate the qualitative dimensions in the responses from the participants.

FIGURE 4.6.1: NUMBER OF PARENTS WHO RESPONDED TO ITEMS 1-6



Each item is presented in a table numbered with a chapter number point item number. For example item 1 is numbered table 4.2.1, item 6 is numbered table 4.2.6, etc. Percentages used in these results have been rounded up or down to the nearest whole number. One hundred and eighty two (182) parents, (15%) responded to item 1, 208 parents (17%) responded to item 2, 218 parents (18%) responded to item 3, 226 parents (19%) responded to item 4, 206 parents (17%) responded to item 5 and 172 parents (14%) responded to item 6.

TABLE 4.6.2 FIVE MAJOR DIFFICULTIES PARENTS EXPERIENCED IN RAISING THEIR CHILDREN WITH HEARING IMPAIRMENTS

Community negative attitude towards the child	68	24%
Teaching the child basic living skills	122	43%
Communication	146	52%
Money for fees and hearing aids	130	46%
Transporting the child to school and hospital	42	15%

One hundred and eighty two (182) parents responded to item 1 and the results were as indicated. Communication seems to be the biggest problem, followed by shortage of financial resources to pay fees and purchase hearing aids for the child. This is followed by teaching the child basic living skills, then societal negative attitude towards the child and finally lack of means to transport the child to school and visit the hospital.

TABLE 4.6.3 ORGANIZATIONS AND/OR INDIVIDUALS THAT COUNSELED THE PARENTS

Parents counseled by church counselors	25	12%
Parents counseled by hospital counselors	62	30%
Parents counseled by counselors in special schools	46	22%
Parents counseled by relatives and friends	75	36%

Two hundred and eight (208) parents responded to item 2, and the results were as indicated. Twelve percent of the parents obtained counseling from churches, 30% from hospitals, 22% from special schools and 36% from relatives and friends. Participants are not very keen to spend a lot of time answering taxing questions, this may explain why only 208 parents responded to this item.

TABLE 4.6.4 WHETHER OR NOT PARENTS RECEIVED COUNSELING AND HOW IT HELPED THEM IF THEY RECEIVED IT

Yes	212	97%
No	6	3%
Helped me to fully accept the child	152	54%

Two hundred and eighteen (218) parent-participants responded to item 3, and the results were as indicated. Ninety seven percent (97%) of the participants agreed that they received counseling. This percentage relates to the one on quantitative data, item (vi) where 90% agreed that they received counseling, 54% agreed that counseling helped them to accept their children with hearing impairments, which also correlates to the earlier findings on table 4.3.8.5. It is interesting to note that 3% of the participants indicated that they did not receive counseling, while 10% indicated so when 300 participants responded, as shown in table 4.3.2.1.

TABLE 4.6.5 WHETHER OR NOT PARENTS THOUGHT THE COUNSELING THEY RECEIVED HELPED THEM TO COPE WITH THEIR CHILD. IF THEY THOUGHT IT HELPED, THEIR VIEWS ON HOW IT HELPED WERE SOUGHT

Yes	196	70%
No	27	10%
Helped me to cope with the child	162	57%

Two hundred and twenty six (226) parents responded to item 4, and the results were as indicated. Seventy percent (70%) agreed that the counseling they received helped the to cope with their children with hearing impairment, 10% indicated that counseling did not help them to cope with their children and 57% indicated that they were able to cope with the child after counseling.

TABLE 4.6.6 PARENTS’ VIEWS ON WHAT COULD BE DONE TO MAKE COUNSELING MORE ACCESSIBLE TO PARENTS

Awareness campaigns using the media, posters and advertisements	100	35%
Seminars and workshops	214	76%
Parents support groups where parents meet share problems and possible solutions	106	38%

Two hundred and six (206) parents responded to item 5, and the results were as indicated. Seventy six percent (76%) of the participants suggested that seminars and workshops would inform more people of the available counseling services, 38% suggested that parents

support groups would help especially when parents who have similar problems share possible solutions to their problems and 35% suggested awareness campaigns using the media, posters, and advertisements over the radio and/or on television.

TABLE 4.6.7 HOW PARENTS COULD BE HELPED MORE THROUGH GUIDANCE AND COUNSELING

Counseling the hearing impaired child	46	16%
Help parents to cope and to integrate the child into the family	86	30%
Help parents to plan the future of the child	70	25%

One hundred and seventy two (172) parents responded to item 6, and the results were as indicated. Thirty percent (30%) of the parents who responded suggested that guidance and counseling should equip them with strategies that will enable them to cope with their children and further integrate them into the family. Twenty five percent (25%) suggested that guidance and counseling should help parents plan the future of their children and 16% suggested that children with hearing impairments should receive guidance and counseling.

4.7 INTERPRETATION OF QUALITATIVE RESULTS ON THE OPEN-ENDED QUESTIONNAIRE TO PARENTS

Parents of children with hearing impairments have an important contribution to make towards the counseling of other parents and students with disabilities. However, very little attention is paid to understanding them in terms of their opinions and knowledge about counseling, their views on how parents can have easy access to counseling and how counseling can be improved (Tucker & Nolan, 1984:112). In answer to the question ‘What five major difficulties did you meet in raising your child with a hearing impairment?’ Out of 300 parents, 182 responded to this question. Several different responses were given but of these five were stood out. Sixty eight (68) participants, (24%) of the parents indicated negative attitude from the community towards the child with hearing impairments. Some of the comments were as follows, **“Amazement attitude from the community as they gaze at you till you are out of sight as if there is something terribly wrong with you and your child”**, **“Some people watch you as you communicate with the child and**

laugh as if they are watching an interesting film", 122 participants, (43%) indicated a difficulty in teaching the child basic living skills. Some of the comments expressed were; **"It was a nightmare to teach her toilet and eating habits, as well as general cleanliness without a language"**, **"Teaching her how to eat, dress, use the toilet and clean herself was difficult and embarrassing if you had visitors"**, 146 participants, (52%) indicated communication problems. Some of the direct comments; **"It was frustrating in failing to communicate with my child"**, **"I felt frustrated to communicate with the child signing without understanding each other, especially where there was a group of people"**, 130 participants, (46%) indicated financial difficulties. Some of the parents' comments, **"Taking the child to the hospital for interviews and treatment was a problem due to shortage of money. This made her go to school at 11 years"**, **"I sold 5 oxen to visit witch doctors and private doctors till all the money was finished before the child started school"**, 42 participants, (15%), indicated transport problems. Some of the comments expressed were; **"It was difficult to carry the child on one's back from the village to the bus stop in order to take him to the hospital. Sometimes I did not have money for bus fare so I did not go to the hospital"**, **"Taking the child to the audiologist, ENT and special school was difficult without a car. Sometimes I would run out of money. My relatives were not eager to help."**

In answering the question 'Which individuals or organizations counseled you?' Two hundred and eight (208) parents out of 300 responded to this question. Forty six (46) participants, (16%) indicated that churches counseled them. Comments from some of the participants, **"Our church, Roman Catholic, counseled me and gave me some money to pay for the child's treatment"**, **"Our pastor counseled me and prayed for the child. Ladies from our church brought money for bus fare to take the child to hospital"**, 112 participants, (40%) indicated hospitals. Some of the direct comments, **"Doctor Powell from the hospital counseled me and treated the child"**, **"Harare rehabilitation centre and doctors there counseled me and advised me where to take the child"**, 82 participants, (29%) indicated special schools. Comments from some of the participants were as follows; **"Special school counseled me and gave the child a hearing aid"**, **"One special teacher counseled us and took the child to the boarding"**, 130 participants, (46%) indicated relatives and friends. Direct comments from participants, **"My relatives counseled us and did not want us to tell many people about our child"**, **"Relatives and**

friends counseled us and supported my family during the difficult times.” In answering the question ‘Did the counseling you receive help you?’ 218 parents out of 300 responded to this question. Two hundred and twelve (212) participants, (75%) indicated ‘yes’ and 49 (17%) indicated ‘no’. Comments from participants, **“Yes, in a sense I had to accept him as he is”**, **“Yes, it helped me to accept my child as he is but it was not easy”**, **“No, there was nothing I got from the counselors”**, **“No, they did not tell us who caused it.”** To the follow up question ‘Why?’ 152 participants, (54%) indicated that it helped them to fully accept their child. Comments to the why question are included in the responses above.

In answering the question ‘Do you think counseling helps parents to cope with their children?’ 226 out of 300 parents responded to this question. One hundred and ninety six (196) participants (70%) indicated ‘yes’ and 27 (10%) indicated ‘no’. To the follow up question, which asked for a reason, 162 participants (54%) indicated that it helps parents to cope with the child. Direct comments from participants, **“Yes, knowing what your child can and cannot do is important”**, **“Yes, it helped me to know that my child can lead a normal life”**, **“No, because they do not give you money to buy hearing aids and pay school fees”**, **“No, because they will not be there when you are with your child in your home.”**

In answering the question ‘What do you think should be done to make guidance and counseling accessible to parents?’ 206 out of 300 parents responded to this question. A number of suggestions were given but there were three outstanding ones. One hundred (100) participants, (35%) suggested awareness campaigns through the media, posters in public places and advertisements. Some direct comments from participants, **“Must have programmes on television, put posters in public places and advertise counseling organizations over the radio and on television”**, **“Counseling organizations must come in the open and publicize themselves”**, 214 participants, (76%) suggested seminars and workshops run by counseling organizations and special schools. Some comments from the participants, **“Hospitals, counseling organizations and special schools must run workshops for parents”**, **“Advertise counseling organizations through the television, seminars and workshops”**, 106 participants, (38%) suggested parents counseling groups, where parents meet, support one another sharing experiences, problems and possible solutions. Some direct comments from the participants, **“Parents support groups can be**

formed and run in all major cities of the country”, “Parents workshops with qualified counselors advising them about counseling services.” In answering the question ‘How can guidance and counseling help you more as parents?’ 172 out of 300 parents responded to this question. Again a number of suggestions were given, with three outstanding ones. Forty six (46) participants, (16%) suggested counseling the child who is hearing impaired. Direct comments from participants were as follows; **“Our deaf children also need counseling because some of them do not do what you ask them to do”**, **“Children with hearing impairments also need counseling because some of them do not know what they are able to do”**, 86 participants, (30%) suggested guiding parents to cope with the situation and to be able to integrate the child into the family. Direct comments from participants, **“Help parents cope and treat the child together with others, not making him special”**, **“Frequent meetings to discuss problems and solutions on how parents can cope and involve the child in family activities”**, 70 participants, (25%) suggested guiding parents to plan the future of their hearing impaired child. Direct comments from participants were as follows, **“We need proper guidance in order to plan the future of these children so that they do not remain a burden”**, **“We should be made aware of what these children can do such as sewing, cooking, art and typing so that we can plan for their future.”** The next part of this chapter deals with quantitative data analysis on the questionnaire to service organizations.

4.8 QUANTITATIVE DATA ON THE QUESTIONNAIRE TO SERVICE ORGANIZATIONS

TABLE 4.8.1 COUNSELING SERVICE ORGANIZATIONS

	N	
	Valid	Missing
Type of Service Organization	28	0
Have Counseled Parents of Children with Disability	28	0
Have Counseled Parents of deaf Children	28	0
Parent counseled	28	0
Have qualified counselors	28	0
No. of Uncertified Counselors	28	0
No. of Counselors with Certificate level	28	0

No. of Counselors with Diploma level	8	20
No. of Counselors with Degree level	1	27
No of Parents Counseled per Year	28	0

All 28 organizations responded to the first seven items and the last one. Eight organizations responded to the qualification of Diploma level and one responded to the qualification of Degree level.

TABLE 4.8.2 TYPE OF SERVICE ORGANIZATION

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Special School	5	17.9	17.9	17.9
	Hospital	5	17.9	17.9	35.7
	Church	15	53.6	53.6	89.3
	Counseling Organization	3	10.7	10.7	100.0
	Total	28	100.0	100.0	

Table 4.8.2 indicates the type and number of organizations that took part in the study. Eight percent (18%) were special schools, 18% hospitals, 54% were churches and 11% were registered counseling organizations.

TABLE 4.8.3 HAVE YOU COUNSELED PARENTS OF CHILDREN WITH DISABILITIES?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	28	100.0	100.0	100.0

All organizations indicated that they have counseled parents of children with disabilities.

TABLE 4.8.4 HAVE YOU COUNSELED PARENTS OF DEAF CHILDREN?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	28	100.0	100.0	100.0

All organizations indicated that they have counseled parents of deaf children.

TABLE 4.8.5 PARENTS COUNSELED

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Mother	9	32.1	32.1	32.1
	Both	19	67.9	67.9	100.0
	Total	28	100.0	100.0	

Of the 28 organizations that responded to item 5, 32% of them counseled women only and 68% counseled couples. It is interesting to note that no man has been counseled on his own.

TABLE 4.8.6 HAVE YOU QUALIFIED COUNSELORS?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	28	100.0	100.0	100.0

Of the 28 organizations that responded to item 6, all 28 indicated that they have qualified counselors.

TABLE 4.8.7 NO. OF UNCERTIFIED I

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	1	3.6	3.6	3.6
	4	3	10.7	10.7	14.3
	5	6	21.4	21.4	35.7
	6	3	10.7	10.7	46.4
	8	4	14.3	14.3	60.7
	10	2	7.1	7.1	67.9
	12	1	3.6	3.6	71.4
	14	1	3.6	3.6	75.0
	15	3	10.7	10.7	85.7
	16	3	10.7	10.7	96.4
	17	1	3.6	3.6	100.0
	Total	28	100.0	100.0	

Of the 28 organizations that responded to item 7, on the number of uncertified counselors, 4% thus four separate organizations, each indicated that they had two, 12, 14 and 17 respectively. Another four groups of three separate organizations thus 11% indicated 4, 6, 15, and 16 respectively. Four organizations, thus 14% indicated that they had eight uncertified counselors, while six thus 21% indicated that they had five. All the 28 organizations had a total of 109 uncertified counselors.

TABLE 4.8.8 NO. OF COUNSELORS WITH CERTIFICATE LEVEL

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	15	53.6	53.6	53.6
	2	8	28.6	28.6	82.1
	3	4	14.3	14.3	96.4
	4	1	3.6	3.6	100.0
	Total	28	100.0	100.0	

Of the 28 organizations that responded to item 8, 54% had one counselor qualified at certificate level, 29% had two, 14% had three and 4% had four.

TABLE 4.8.9 NO. OF COUNSELORS WITH DIPLOMA LEVEL

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	6	21.4	75.0	75.0
	2	1	3.6	12.5	87.5
	3	1	3.6	12.5	100.0
	Total	8	28.6	100.0	
Missing	System	20	71.4		
Total		28	100.0		

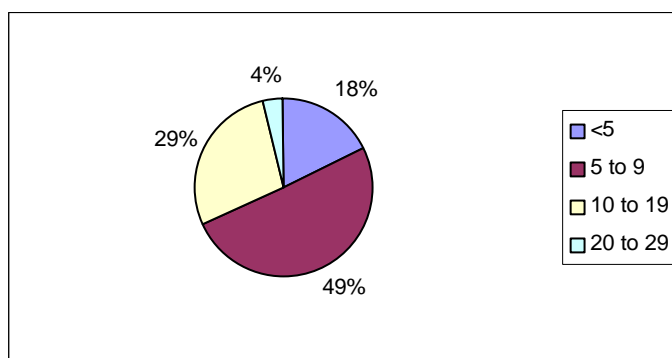
Of the 28 organizations, only eight responded to item 9. From those eight, 75% had one counselor qualified at diploma level, 13% had two and another 13% had three. All the eight organizations that responded had a total of six counselors qualified at diploma level.

TABLE 4.8.10 NO. OF COUNSELORS WITH DEGREE LEVEL

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	3.6	100.0	100.0
Missing	System	27	96.4		
Total		28	100.0		

Only one organization out of 28 responded to this item. The organization indicated that they had one counselor qualified at degree level.

FIGURE 4.8.11 NO. OF PARENTS COUNSELED PER YEAR



Again all 28 organizations responded to the question on the number of parents they counseled per year. Eighteen percent (18%) of the organizations indicated that they counsel less than five parents per year. Fifty percent (50%) indicated that they counsel five to nine parents, 29% indicated that they counsel 10 to 19 parents while 4% indicated that they counsel 20 to 29 parents per year.

Responses of organizations to six questions on the questionnaire to counseling service organizations were analyzed item by item and the results are indicated in table 4.8.12.

TABLE 4.8.12 RESPONSES OF ORGANIZATIONS

		SA	A	U	D	SD	Total
Count	Most parents counseled are able to cope	5	11	3	7	2	28

		SA	A	U	D	SD	Total
	Counselors are well equipped	9	10	1	7	1	28
	Not all counselors know difference between counseling and advice	2	17	4	5		28
	Most parents counseled keep coming back	5	16	1	6		28
	Counselors are not comfortable to deal with parents of children with disabilities.	5	16	1	5	1	28
	Qualified Counselors perform better than unqualified counselors	1	5	1	16	5	28
Percent	Most parents counseled are able to cope	17.9	39.3	10.7	25.0	7.1	100.0
	Counselors are well equipped	32.1	35.7	3.6	25.0	3.6	100.0
	Not all counselors know difference between counseling and advice	7.1	60.7	14.3	17.9		100.0
	Most parents counseled keep coming back	17.9	57.1	3.6	21.4		100.0
	Counselors are not comfortable to deal with parents of children with disabilities.	17.9	57.1	3.6	17.9	3.6	100.0
	Qualified Counselors perform better than unqualified counselors	3.6	17.9	3.6	57.1	17.9	100.0

SUMMARY OF RESULTS

Item	Agree	Disagree	Undecided	Total
1	57.2	32.1	10.7	100.0
2	67.8	28.6	3.6	100.0
3	67.8	17.9	14.3	100.0
4	75.0	21.4	3.6	100.0
5	75.0	21.5	3.6	100.0
6	21.5	75.0	3.6	100.0

On item 1: Most parents counseled are able to cope with their children, 16 organizations (57%) agreed with the statement and nine participants (32%) disagreed while three participants (11%) were undecided. On item 2: Counselors in our organization are well equipped, 19 participants (68%) agreed, while eight (29%) disagreed and one (4%) was

undecided. On item 3: Not all counselors know the difference between counseling and advice, 19 participants (68%) agreed with the statement, five (18%) disagreed and four (14%) were undecided. On item 4: Most parents who were counseled kept on coming back for more help, 21 participants (75%) agreed with the statement, six (21%) disagreed and one (4%) was undecided. On item 5: Counselors are not comfortable to work with parents of children with disabilities, 21 (75%) agreed, while six (22%) disagreed and one (4%) was undecided. On item 6: Qualified counselors perform better than unqualified counselors, six participants (21%) agreed with the statement, while 21 (75%) disagreed and one (4%) was undecided. The next part of the study looks at the qualitative analysis on the open-ended questionnaire to service organizations.

4.9 QUALITATIVE ANALYSIS ON THE OPEN-ENDED QUESTIONNAIRE TO SERVICE ORGANIZATIONS

All 28 organizations responded to the open-ended questionnaire. Out of the 28, 26 responded to item 13, 28 responded to item 14, 19 responded to item 15 and 24 responded to item 16.

The analysis of these results was performed in a similar way to the qualitative analysis from the data that was obtained from the parent participants in the study. It will be presented in a similar fashion.

TABLE 4.9.1 WHAT ORGANIZATIONS CONSIDERED BEING THE MAJOR PROBLEMS OF PARENTS OF CHILDREN WITH HEARING IMPAIRMENTS

Accepting the child	24	86%
Communication	28	100%

Twenty six (26) organizations responded to item 13, the results were as indicated. Eighty six percent (86%) considered accepting the child as one of parents' major problems while 100% considered communication as one of the major problems.

TABLE 4.9.2 WHAT ORGANIZATIONS THOUGHT WOULD BE THE MOST EFFECTIVE WAY OF HELPING PARENTS OF CHILDREN WITH HEARING IMPAIRMENTS

Counseling	23	82%
Prayer	15	54%
Financial assistance	25	89%

Twenty eight (28) organizations responded to item 14 and the results were as indicated. 86% considered counseling to be one of the most effective ways of helping parents of children with hearing impairments, 54% suggested prayer as one of the most effective ways of helping the parents in question and 89% considered financial assistance as one of the most effective ways of helping parents.

TABLE 4.9.3 WHETHER PARENTS WHO WERE COUNSELED BY ORGANIZATIONS WERE ABLE TO COPE WITH THEIR CHILDREN OR NOT

Yes	12	43%
Were able to cope with the child	10	38%
No	9	32%
Were not able to cope with the child	4	14%

Nineteen (19) organizations responded to item 15, and the results were as indicated. Forty three percent (43%) indicated that they received counseling, while 38% of those counseled confirmed that they were able to cope with their children. Thirty two percent (32%) indicated that they were not counseled and out of these and 14% indicated that they could not cope with their children.

TABLE 4.9.4 COMMON PROBLEMS OFTEN PRESENTED BY PARENTS OF CHILDREN WITH HEARING IMPAIRMENTS

Community negative attitude towards the child	22	79%
Failing to cope with the child	18	64%

Twenty four (24) organizations responded to item 16, and the results were as indicated. Seventy nine percent (79%) of the participants indicated community negative attitude towards the child as one of the common problems often presented by parents of children with hearing impairments while 64% indicated failing to cope with the children as one of the common problems presented by the parents in question.

4.10 SYNOPSIS ON THE RESULTS FROM THE SERVICE ORGANIZATIONS

As pointed out by McLeod (1996:312) counseling organizations play an integral part in counseling parents of children with disabilities. Therefore their contributions are of paramount importance if parents are to receive a quality counseling service. Twenty eight (28) organizations responded to the open-ended questionnaire that had four items.

In answering the question ‘What do you consider to be the major problem of parents of children with hearing impairments?’ 26 organizations out of 28 responded to this question. Twenty four (24) organizations 86% indicated accepting the child as one of the major problems. Directs comments were as follows, **“What we have found here is that most parents find it difficult to accept the child and the situation as a whole”, “Parents feel that having a child who has a hearing impairment means there is something inadequate in them.”** Twenty eight (28) participants, (100%) indicated communication as a major problem. Some of the comments from participating organizations were, **“Parents get frustrated when they fail to communicate with their own children”, “It is a devastating experience for parents and the hearing siblings when they see their child, or brother or sister fail to put across his/her demands or requirements.”**

In answering the question ‘What do you think would be the most effective way of helping parents of children with a hearing impairment?’ all the 28 organizations responded to this question. Twenty three (23) participants (82%) indicated counseling. Comments were as follows; **“Counseling should be the first thing before anything else”, “Parents in such a situation need counseling before the family break apart”,** 15 participants (54%) indicated prayer. Comments given were, **“There is nothing impossible with God therefore prayer is the answer to these parents’ problems”, “Through prayer God can heal their children if he forgives them.”** Twenty five (25) participants (89%) indicated

financial assistance. Direct comments were, **“These parents need financial assistance to pay for medical bills, school fees and transport”**, **“Having a child who is disabled in a family is like a curse because it is financially draining and therefore these parents need money to have the child tested and treated.”**

In answering the question ‘Were the parents counseled by your organization able to cope with their children?’ 19 out of 28 organizations responded to this question. Twelve (12) participants (43%) indicated ‘yes’ and 10 (38%) of these gave the reason that they were able to cope. Their actual comments were, **“Yes, many of the parents were so happy because they understood their children’s problems better”**, **“Yes, some of them came back to register their feelings of joy and to thank us.”** Nine (9) participants (32%) indicated ‘no’ and four (14%) of these gave the reason that they were not able to cope. Their actual comments were, **“It is not easy to counsel parents of children with disabilities when you do not know much about what should be done with the child”**, **“It is frustrating to see how these parents suffer, no matter what you tell them the problems remain as long as the child is in the family.”**

In answering the question ‘What common problems have parents of children with hearing impairments often presented?’ 24 out of 28 organizations responded to this question. Two outstanding problems were indicated. Twenty two (22) participants (79%) indicated negative attitude from the community. Direct comments were, **“Parents always complain about their neighbours, relatives and members of the community who withdraw their children from playing with the child with hearing impairments”**, **“Getting into a shop or bus with the child draws everyone’s attention and they all give you the way.”** Eighteen (18) participants (64%) indicated failing to cope with the child as one of the problems. Actual comments from the counseling organizations were, **“Sometimes you hear parents say: can’t you find me a boarding school where I can put him, since they know how to communicate with him”**, **“I have stopped working and I have to be home all the time to make sure that he is safe.”** A number of challenging comments that cannot be accommodated here have been expressed, the ones given here are only a few selected ones.

4.11 SUMMARY OF THE CHAPTER

In this chapter results concerning the demographic information on parents and children have been presented and analyzed. Sources of counseling, parents' experiences, views and perceptions on counseling have been looked at. Contributions of counseling organizations in terms of counseling parents of children with hearing impairment, qualifications of their employees and their experiences in dealing with parents of children with disabilities have been tapped into. Although results have been presented and analyzed, there is need to discuss all the results in detail in order to make them more meaningful. Chapter 5 gives a detailed discussion of the results and their implications for parents of children with hearing impairments and their children. In the next chapter I will discuss the research findings in relation to the existing body of knowledge.

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