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DISCUSSION OF RESULTS

5.1 INTRODUCTION

In this chapter I will discuss the results of the research findings in relation to the ways parents of children with hearing impairments accessed counseling in Zimbabwe during the period 1999 to 2000. I will start with a discussion of the biographical details of the participants in the study in order to frame the results that follow it. The difficulties that parents experienced in raising their children with hearing impairments, that further motivated some of them to seek counseling services will be looked into. Details of where parents obtained counseling, their perceptions of the counseling they received and the relationship between counseling and accepting and coping with their children with hearing impairments are also discussed. Quantitative results will be discussed first, followed by qualitative results, all obtained from data generated from parents of children with hearing impairments. Results from counseling organizations, both of quantitative and qualitative data will also be discussed. All results reveal a number of important issues pertaining to the counseling of parents of children with hearing impairments and the accessibility of counseling services.

5.2 GENDERS OF PARTICIPANTS IN THE STUDY

Results indicate that out of 300 participants who responded to the item on gender, 120 (40%) were men, 150 (50%) were women and 30 (10%) were couples. The high number of participants who were fathers is encouraging, because fathers are often under-represented in studies on the parents of children with disabilities. The high percentage can probably be explained by the fact that the data was gathered during enrolment days at schools, when fathers are often present. A number of studies (Moore, 1987:257, Meadow, 1980:384, Kauffman, 1992:169 and Heward & Orlansky, 1988:643), indicate that fathers of children with disabilities show less interest in and commitment to their children than their counterparts with non-disabled children. However, a study by Hallahan and Kauffman

(1994:498) with fathers and mothers of children with disabilities indicated that while mothers are more involved than fathers, there is a gradual increase in the number of men who are taking an active role in the life of a child with disabilities. As pointed out by Dale (1984:69) this could be caused by the general wide spread knowledge on disability and its causes that is gained through the media, literature and televised educational programmes. The number of father-participants in this study is also indicative of this trend.

5.3 GENDER OF PARTICIPANTS' CHILDREN

Out of 300 parents who responded to the item on gender of children, 180 (60%) of the parents' children were boys and 120 (40%) of the parents' children were girls. Only one parent (0.3%) had a boy and a girl but this incidence became insignificantly small as the larger pool of the data was analyzed. As indicated in figure 4.3.1.2, this biographical detail confirms that of other literature concurring the prevalence of hearing disabilities in children. Cartwright, Cartwright and Ward (1995:271) and Moores and Meadow (1990:347), precisely point out that deafness is more prevalent in boys than in girls, although the difference is not always significant. The fact that one parent had a boy and a girl with a hearing impairment, may imply that the causes were hereditary.

5.4 NATURE OF HEARING LOSS

Out of 300 parents who responded to the question of whether their children were born deaf or became deaf later, 55% of the parents indicated that their children were born deaf while 41% indicated that their children became deaf later while 4% indicated that they did not know whether their children were born deaf or they became deaf later. The results of a study by Moores and Meadow (1990:123) as indicated in figure 4.3.1.3 show a high correlation with the findings of this study. A small inconsistency appears in parents' responses to the same questions asked the other way. For example the statement "My child was born deaf" 55% indicated that they agreed with the statement. When the opposite statement was given, "My child became deaf later", 53% of the parents indicated "no" instead of 55%. As pointed out earlier on in figure 4.3.1.4, the implication may be that some parents are not quite sure whether the child was born deaf or became deaf later, especially if the child's hearing impairment was discovered at a very late stage. Hunt and

Marshall (1994:364) assert that it is difficult to be certain whether the child was born deaf or became deaf later, if the screening system is not implemented at birth or is not effective.

5.5 AGES OF PARTICIPANTS' CHILDREN

Of the 300 parents who responded to the question on children's ages, 24% indicated that they had children between the ages of five and eight years, 49.3% indicated that they had children between the ages of nine and 13 years, 25.7% indicated that they had children between the ages of 14 and 18 years, while 1% indicated that they had children between nine and 13 years and also other children between the ages of 14 and 18 years. The high percentage of children in the age groups nine to 13 and 14 to 18 is likely to be caused by late discovery of hearing impairment. Heward and Orlansky (1988:582) in their study carried out in America specify that late identification of hearing impairment delays correct placement and causes loss of time on the part of the child. Children whose hearing impairments is discovered late lose out on early intervention programmes that help the formation of speech patterns, listening skills, speech and lip reading as well as correct concept formation (Martin & Clark, 1996:192 and McCormick, 1988:270). It is encouraging to note that 24% of the parents indicated that their children were between five and eight years, this being the most appropriate age for speech development and auditory training (Webster, 1986:153).

5.6 PARTICIPANTS WHO RECEIVED AND THOSE WHO DID NOT RECEIVE COUNSELING

Out of 300 participants who responded to whether they received counseling or not, 270 (90%) indicated that they received counseling while 30 (10%) indicated that they did not receive counseling. As pointed out earlier on by Howard (1992:37) in figure 4.3.2.2, people obtain counseling from different sources: from professionals, non-professionals, members of the extended family, individuals and sometimes from relatives. Howe (1993:87) and Howard (2000:94) assert that some counseling sessions are unstructured, taking place in natural conversation where the counselor may not say anything but just listens attentively and empathizes with the client as he/she relates his/her story. Ivey and Ivey (1993:128) asserts that some clients may not interpret this as counseling due to their

expectations of what should come out of a counseling session. These factors may explain why 10% of the parents perceived that they did not receive counseling. It is, of course, possible that they did indeed receive no counseling.

5.7 PARTICIPANTS' SOURCES OF COUNSELING

Participants in this study reported that they obtained counseling from different sources. Out of 270 participants who received counseling, 63% indicated that they received counseling from special schools, 40% from registered counseling organizations, 45% from churches, 47% from hospitals, 30% from relatives, 52% from individuals and 1% from friends. In developing countries, particularly in sub-Saharan Africa (Roffey, 2001:48 and Baine, 1988:56) parents of children with disabilities mainly rely on teachers of special education for professional counseling and expert advice. This is so because these are the professionals they come to know and work with, as they seek to enroll their child in a school. This is endorsed by Werner (1987:204) when he pointed out that parents and the community regard special schools as their savior regarding children with disabilities. To them, special schools have everything for both children with disabilities and their parents. According to Werner, parents' assumptions are that in special schools, all their needs are met, problems solved and the children are fully catered for. However, in reality, special schools have a lot of gaps that other professionals such as psychologists, speech therapists, audiologists and social workers must fill in order for the school to provide a comprehensive service. Most special schools in developing countries cannot afford to employ these professionals full time in schools, though some have them on part-time basis (Meese, 2001:15). The other factor is that developing countries have a shortage of qualified personnel in all the above-mentioned professions (UNESCO, 2001:2). Considering Werner, Roffey and Baine's explanations, it would seem logical to assume that most participants were counseled in special schools simply because they (special schools) were a more readily available source, possibly with a free service. Studies carried out by Gartner, Lipsky and Turnbull (1991:261) indicate that in developed countries, where resources, qualified personnel and registered counseling organizations are readily available, by the time parents of children with hearing impairments visit special schools, most of them would have already received counseling and/or advice from different professionals and/or organizations.

The fact that only 40% of the participants received counseling from registered counseling organizations may be due to the fact that not many parents were aware of counseling organizations, as indicated in figures 4.3.8.3 and 4.3.8.13. Although there is a slightly higher percentage of participants who were aware of counseling organizations (53.9%), it is possible that means of transport, traveling expenses and financial constraints could have prevented them from visiting the counseling organizations all of which are situated in towns. These factors are apparent in table 4.6.2 where participants cited lack of transportation and financial constraints as some of the difficulties they faced in taking children to special schools and hospitals. Lea and Clarke (1991:159) carried out a study and found that 11 families that had requested help from health professionals failed to attend the appointments. Possible reasons given were that they might have failed due to difficulties traveling to specialized centres, lack of funds, lack of knowledge of what the services offered and where the services could be located, as well as fear of stigmatization.

It is interesting to note that 45% of the participants received counseling from churches. Most studies in special education, particularly in developing countries, target children, teachers and to a lesser extent parents (Kisanji, 1992:263; Makoni, 1996:8; Baine, 1988:49 and United Nations, 1997:1). Most of these studies are conducted in a school and/or home environment, but this study included churches, and church environments. In his research article, 'Spiritual issues in counseling' Fukuyama (1997:237), indicates that there are a number of studies in general spiritual counseling that involve families, teachers and students, but a lot more is still to be done in the area of special education. Fukuyama (1997:241) points out that churches play an important role in counseling as long as counselors are well trained and offer spiritual support. It was clear from the literature review in a study carried out by Howe (1996:127) that church counselors who continuously gave their clients moral, social and physical support achieved better counseling results than other counselors who quickly disengaged. According to the above studies there seems to be some indication that churches are an effective source of counseling that could be encouraged to continue to play a major role in counseling parents of children with disabilities.

Only 47% of the participants indicated that they received counseling from hospitals. If the screening procedure were to be effective from birth, this figure would have been much

higher. McCormick (1988:372) and Tucker and Nolan (1984:2) declare that work in guidance and counseling should be co-ordinated by educational audiologists. In the United Kingdom one of the major roles of audiologists is to train the health visitors who carry out the initial screening procedures in hospitals and other health related centres. Part of this training involves counseling parents since audiologists and health visitors are the first to discover hearing impairment in children. They are therefore the ones called upon to break the news to the parents. Audiologists, nurses and health visitors who work in audiological centres and clinics have a counseling background and many parents get their initial counseling soon after the child is confirmed to be having a hearing impairment (Martin & Clark, 1996:78). In Zimbabwe there is a shortage of qualified audiologists and counselors with the result that only isolated cases of hearing impairment are discovered at an early stage. Such children are found merely by chance. The percentage of parents counseled in hospitals has only started increasing from 1999 due to rehabilitation units set up in hospitals. There are serviced by trained specialist teachers for the hearing impaired. A number of nurses are also being trained in counseling by a non-governmental counseling organization that has qualified counselors. Parents in rural areas may not have sufficient money to travel to big hospitals where specialists are stationed. All these factors contribute to the low percentage of parents counseled in hospitals.

Participants who indicated that they received counseling from relatives amount to 91 out of 300 (30%). Those who indicated counseling by individuals constitute 157 out of 300 (52%) while those who indicated that they were counseled by friends, only constitute four out of 300 (1%). According to the literature, in the African traditional counseling, Shumba (1995:37), Sue and Sue (1990:327) and Baine (1988:84) in one way or another, all point out that relatives and members of the extended family were considered as counselors of a family. There is also a growing trend of families moving away from the traditional extended family to the single-parent family and/or the modern nuclear family (Blocher, 2000:247). This is encouraged by the limited facilities in towns that do not allow for big families. A high percentage of the participants in this study, who indicated that they received counseling from individuals, might have obtained it from professionals, or counselors in their individual capacities or church members or family doctors or any other individuals. Throughout the literature, professional counselors who operate as individuals do offer counseling to many who approach them either for payment or for free (Howard,

1996, 28; Howe, 1996:369 and Ivey, 1980:14). It is interesting to note that friends do not seem to be the best people to approach for counseling. It is possible that they are so close to the family with a child with hearing impairment that they become part of the family that needs counseling. As pointed out by Peltier and Vale (1986:315) a family with a child with disabilities will need counseling together with friends and members of the extended family in order for them to offer appropriate moral and emotional support to one another.

5.8 THE NEED FOR COUNSELING AND ITS EFFECT ON PARENTS ACCEPTING AND COPING WITH THEIR CHILDREN WHO HAVE HEARING IMPAIRMENTS

Out of 300 participants that responded to the statement, “Parents of children with hearing impairment do not need counseling”, 93% disagreed with the statement, 6% agreed and 1% were undecided. In response to the opposite question, “Counseling is a must for parents of children with hearing impairments”, out of 260 participants who responded, 87% agreed with the statement, 7% disagreed and 5% were undecided. The high percentages are a clear indication that counseling is regarded as necessary for parents of children with hearing impairment. These results are confirmed in the literature. A study by Thomas (1989:110) examined the social and emotional adjustment of 84 families of children with hearing impairments. His study indicates that parents who had received counseling developed positive attitudes towards their children and that these further produced emotional and social stability in both children and parents, with a higher correlation in older children. The role of counseling cannot be underestimated. Gartner, *et al.* (1991:36) in their article “Changing views of family participation”, indicate the needs of parents for counseling by presenting direct quotations from the data: “As families of children with hearing impairments, we require guidance and counseling and support, preferably from families that have gone through a similar experience and have successfully integrated into the community.” This is further complemented by Harry (1997:153) when he pointed out that the process of going through anger, guilt, shock and denial requires guidance and counseling to help parents and siblings work through their emotions in such a way that they as a family accept the child.

Analyzed data on participants accepting the child with hearing impairments indicate that counseling in general helped parents to accept their children with hearing impairments. Out of 294 participants who responded to the statement, “Counseling does not help parents accept the idea of having a hearing impaired child in the family”, 16% agreed with the statement, 79% disagreed and 5% were undecided. In response to the direct opposite statement, “Without counseling one cannot fully accept having a child with a hearing impairment in the family”, out of 296 participants who responded, 76% agreed with the statement, 20% disagreed and 4% were undecided. Again this clearly confirms what is in the literature. Cartwright, Cartwright and Ward (1995:398) assert that parents of children with hearing impairments gradually accept their child as part of the family, after a lot of consultations and counseling sessions. However, they point out that not only is the study of families of individuals with disabilities difficult because of the complexity of the interactions that take place, but it is further complicated by the fact that studies rely so much on subjective impressions. One is then dealing with parents’ feelings towards the child, and the siblings and parents’ feelings towards the society’s reactions towards the child. Moores (1996:87) points out that many parents accept their children with hearing impairments after receiving counseling and interacting with other parents who went through a similar situation. Moores and Meadow (1990:140) indicate that parent support groups are more powerful in helping parents of children with hearing impairments accept their children than counselors who have never had children with disabilities.

With regard to parents coping with their children after counseling, in response to the statement, “The counseling we received did not help us to cope with the child at all”. Out of 293 participants, 22% agreed with the statement, 72% disagreed and 6% were undecided. The response to its direct opposite, “Counseling helped us to cope with our child who is hearing impaired”. Out of 296 participants who responded to this statement, 85% agreed, 10% disagreed and 5% were undecided. There was a clear indication that parents of children with hearing impairments were more able to cope with their children after receiving counseling. This result concurs with similar results in the literature. A study by Kirk, Gallagher and Anastasiow (1997:403) indicates that while parents go through difficult times in which they experience, fear, shock, guilt, frustration and grief, eventually with the help of professionals in the field of hearing impairment and counselors, the whole picture normally changes into loving, accepting and coping with the child. In their study

with 24 families that each had a child with a hearing impairment and had received counseling, Meese (2001:93) interviewed parents and siblings to find out if they had accepted and were able to cope with the child. All families indicated that they loved their children and were coping although it was not always easy. One family said, “It is like the world has rejected you, but with counseling and numerous consultations it is rewarding at the end”. Hunt and Marshall (1994:358) assert that even after counseling, parents who have only one child, their first born, who happens to be hearing impaired, take longer to accept and to cope with the children. Such parents are shattered, they do not understand why it happened to them, and in some instances they might not even want to try having another child.

5.9 UNDERSTANDING COUNSELING, THE NEEDS OF THE CHILD, TAKING RESPONSIBILITY AND PLANNING THE FUTURE OF THE CHILD

In this study counseling was considered in all its different forms, either one to one between the counselor and the counselee or in-group form, sometimes with more than one counselor. We have also looked at counsel and guidance in the African culture where the elderly counsel the young. Participants understood counseling in different ways and all these were considered. The data collected on the difference between receiving counseling and receiving advice indicate that most participants are aware of the differences but at the same time subscribe to the view that in counseling there is also advice giving. Data collected from the statement, “Counseling is totally different from advice”, yielded the following results; out of 298 participants who responded to this statement, 52% agreed with it, 43% disagreed and 5% were undecided. In response to the direct opposite statement, “It is difficult to separate counseling from advice”, 42% of the participants agreed with the statement, 46% disagreed and 11% were undecided. It is clear that most participants were aware of the relationship between the two. Different counselors apply different counseling techniques. Howard (2000:43), Ivey and Ivey (1993:174) and Nystul (1999:328) all point out that counselors may use a variety of skills depending on the nature and problems of the client. Some clients do well with directive methods while others succeed with non-directive methods. On understanding the needs of the child, data collected indicate that over 80% of the participants agreed that counseling helped them to understand the child

and his/her needs. This result confirms the findings in a study by Hallahan and Kauffman (1994:495) that indicate that after three to four counseling sessions, parents gained confidence in dealing with their children's needs and demands. Parents also made an effort to read and understand more about hearing impairment and the challenges faced by parents of children with hearing impairments. Cartwright, Cartwright and Ward (1995:134) point out that most parents prefer to get advice from, and share information with parents who have children with hearing impairments and have managed to integrate them into their families. Hunt and Marshall (1994:375) assert that 76% of the parents they interviewed indicated that through counseling, parents were encouraged and challenged to acquire more information on the effects of hearing impairment on social and emotional development. This helped them to value child/child interaction and the benefits their children derive from playing with other children in the community.

Turnbull and Turnbull (1990:189) emphasized the importance of stressing to parents the value of child/child interaction and its benefits. Most parents express feelings of shock, anger, guilt, denial fear, anxiety and inadequacy about their child's hearing impairment. According to Kirk, Gallagher and Anastasiow (1997:380) parents do take full responsibility of their own children and counseling usually supports this process. In this study results indicate that over 70% of the parents were of the opinion that their children are their responsibility whether the government helps them or not in terms of their child's hearing impairment. Moores (1987:97) contend that through the use of guidance and counseling parents may shift from one extreme (denial) to the other end providing love and protection. In giving love and protection parents take full responsibility for their children.

Throughout the literature, (Edgar, 1987:559, Meadows, 1980:75, Neel, *et al.*, 1988:211, and Hossie, Patterson & Hollingworth, 1989:174) indicate that there is a growing concern in the education of children with disabilities, about poor transition from primary to secondary education, from secondary to tertiary institutions and then in securing employment. There is a problem in either the education system or the planning by parents and/or educational authorities. Edgar (1987:557) points out that children with disabilities will continue to depend on their families until a system that sets them free is put in place. A system that will enable them to be employable and lead an independent life. In the first chapter of this study, the statement of the problem clearly indicates that parents continue to

come back to the special schools where their children learnt for advice on what to do with the children. Hunt and Marshall (1994:362) confirm that planning the future of students with disabilities remains an area of concern.

In this study, parents acknowledge that it is not easy to plan the future of children with hearing impairments. The problem may be compounded by education systems the world over, particularly in developing countries where unemployment figures are high (Backenroth, 2001:25). People with disabilities seem to struggle more to secure employment and other basic necessities of life such as accommodation (Heward & Orlansky (1988:246). While equal opportunities as advocated by Public Law (PL92-142) in the United States of America, the Education of All Handicapped Children Act (1975) (USA) and the Individuals with Disability Education Act (IDEA, (1986) also in the United States of America, have been accepted world-wide, the reality of the job market is that people with disabilities are still marginalized (Colledge, 2002:78). This is extensively supported by results of the multi-site study carried out by the United Nations (1997:5-7) in Malaysia, Nepal, Pakistan, the Philippines, Korea, Sri Lanka, Thailand and Bangladesh. The results of this study indicate that parents are not confident in planning the future of their children with hearing impairments, probably due to the prevailing unfavorable conditions the world over, regarding the employment of people with disabilities. It is important to review secondary and tertiary education programmes for individuals/students with disabilities so that they become more relevant and realistic to what people with disabilities can do and what industry demands. Blackorby and Wagner (1996:405), in their longitudinal study with post secondary school youth with disabilities, indicate that the majority of students with disabilities do not complete their education, they either drop out of school in secondary education or when doing college work. The study also shows that most of them are not employed and that the few who get jobs are poorly paid.

5.10 CORRELATION OF RESULTS BY GENDER OF PARENTS

In the comparison of counseling, (special schools, counseling organizations, churches, hospitals, relatives, individuals and friends), in relation to the gender of participants, Chi-squared results indicate that about the same proportion of males and females use special schools for counseling. Relatively more male parents use counseling organizations,

churches, and hospitals compared to female parents. Fewer male parents turn to relatives, individuals and friends compared to female parents. It is interesting to note that when I considered only five sources of counseling: counseling organizations, churches, hospitals, relatives and individuals, as sources used by both men and women, the main differences appear to be in use of counseling organizations, hospitals and individuals. In this analysis, more males than use hospitals than females while more females use counseling organizations and turn to individuals than males (respectively). When participants were compared in relation to only four sources of counseling, churches, hospitals, relatives and individuals, more males turn to relatives while relatively more females turn to hospitals. Proportions turning to churches and individuals do not appear to differ by much. There is an indication that the number of counseling sources affects both male and female choices and these choices change when certain sources are taken away.

In trying to establish the position of not being able to cope with the child with hearing impairment, after receiving counseling, males agreed that even after receiving counseling, they could not cope compared to females who relatively tend to disagree. The data established that there was no relationship between male and female participant responses in terms of being able to and not being able to cope with regard to the particular gender or the age of their children after receiving counseling. However, one of the paradoxes in traditional cultures is the fact that generally men *talk* about the importance of counseling, family cohesion and the nurturance of children while women are largely left unassisted to do something about it (Blocher, 2000:254). The tendency to blame mothers for the social and psychological problems of children is a well documented and readily apparent phenomenon in popular perceptions, public policy pronouncements, and even in the social scientific literature (Phares, 1992:658). It is befitting that men join hands with their wives or partners in parenting their children with disabilities. Studies indicate that fathers and mothers provide the same warmth and love to children if they give their time (Neukrug, 1999:66). The next part of this study deals with questionnaire response consistency.

5.11 QUESTIONNAIRE RESPONSE CONSISTENCY

In this section of the study I will indicate the strength of the instrument in terms of validity and reliability. The measure for consistency was administered mainly to check the validity and reliability of the instrument. Hill, Thompson and Williams (1997:537) point out that the validity and reliability of the instrument used, as well as the environment in which the study is conducted determine the quality of data collected. In this study, participants constantly acknowledged the value of counseling in both questionnaire responses and interview notes, particularly for parents of children with hearing impairments. On 22 out of 26 items, participants' responses were very consistent. Items 8 *versus* 19 and 9 *versus* 14 had degrees 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 88.7% 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 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 study is largely dependent on the method and instrument used to collect data. The levels of consistency in the instrument in this study are a clear indication that the instrument measured what it was intended to measure and that it turned out to be reliable. It would therefore stand to reason that the data collected in this study is reliable and valid, which contributes towards the credibility of the study. Inconsistency was only registered on four items: items 2 *versus* 26 and 7 *versus* 15. These items could have been poorly phrased, or not clear or specific. However, as a whole the instrument used in this study produced highly consistent responses.

5.12 QUALITATIVE RESULTS OF PARENTS

Results of qualitative data are discussed in the sequence in which they are presented in chapter 4, item 4.6.2. In these results the first item contains the participants' contributions towards the five major difficulties parents experienced in raising their child with hearing impairments. One hundred and eighty two (182) parents responded to this item. Of the five difficulties given, communication is at the top of the list. One hundred and forty six

(146) parents (52%) indicated that communication was a big problem. According to Cartwright, Cartwright and Ward (1995:147), Hallahan and Kauffman (1994:322) and Hunt and Marshall (1994:361) both parents and children get frustrated when they fail to engage in a meaningful conversation for basic needs and requirements. As social beings, communication is one of our most important means of survival. Without it, the potential of an individual in communicating needs and wants is severely restricted, and yet the ability to carry out a conversation with another person is one of the unique characteristics of human beings. Communication is important to every one to such an extent that lack of it carries social penalties that may give birth to emotional instability. Therefore the power of communication cannot be over-estimated. The parents of children with hearing impairments in this study placed it at the top of the list of the problems they faced.

The second item in terms of the difficulties parents faced was financial constraints. Out of 182 participants who responded, 130 participants (46%) indicated that they did not have enough money to pay for school fees and to buy hearing aids. A good number of these parents are based in rural, semi-urban and low-income areas and they send their children to the only special schools for children with hearing impairments. The schools uniforms, books and stationery are expensive. Parents from rural areas depend entirely on subsistence farming. The inconsistencies of earning a living in this way makes it very difficult for such parents to be able to pay school fees and also buy hearing aids.

Hearing aids are very expensive, bearing in mind that they are imported mainly from Europe. A study by Gelfand, Jenson and Drew (1988:52) indicates that 51% of all parents of children with hearing impairments, from a low socio-economic status had difficulties in obtaining sufficient money for transport, medical treatment and sometimes hearing aids. They also found that children from poverty-stricken families were more likely to be sent for special education before they were ready for school. In this study 122 (43%) of the participants out of 182, indicated that teaching the child basic living skills was also difficult for them. Hallahan and Kauffman (1994:495), Moores (1996:85), Moores and Meadow (1990:117) and Kauffman (1992:304) all endorse the opinion that parents of children with hearing impairments find the first two years particularly difficult to cope with their children. This may be due to the lack of skills necessary to teach the child basic living skills such as toilet, dressing, eating and sleeping habits. The community's negative

attitudes towards the child were one of the aspects mentioned. Sixty eight (68) out of 182 parents, (24%) stated that the community showed a negative attitude towards the child with hearing impairments. Some of the participants indicated that negative attitudes were shown in different ways, such as withdrawing their children from interacting with a child with hearing impairments, looking at the child with suspicion and talking ill about the situation. Cartwright, Cartwright and Ward (1995:401) assert that parents of children with hearing impairments and other disabilities, may suffer from an inferiority complex, feelings of inadequacy and guilty conscience as a result of the way in which society views them in relation to their child with hearing impairments. A study by Webster (1986:78) suggests that while society generally accepts the idea of living together with people with disabilities, when it came to effective interaction, very few indicated a willingness to share accommodation and/or any other facilities. The other difficulty that was cited by participants was transporting the child to school and to the hospital. Forty two (42) people (15%) out of 182 people who responded to this item, indicated serious transport problems. This is a common problem in developing countries where the transport system is poor and unreliable (Baine, 1988:23). In some places the roads are not rehabilitated, meaning that no buses service the areas. As a result parents walk long distances to get to bus stops or they simply give up and stay with the child at home.

On sources of counseling, out of 208 participants who responded, 25 (12%) received counseling from churches, 62 (30%) from hospitals, 46 (22%) from special schools and 75 (36%) from relatives and friends. According to Salkind (2000:98) participants in research studies are generally not keen to write long explanatory notes because it is both taxing and time consuming. This could be the reason why only 208 participants responded to this item. It may also be because this aspect was already covered in the previous section of the questionnaire. A comparison of quantitative and qualitative results of participants' sources of counseling, indicate some differences in percentages. Quantitative data were generated from 300 participants while qualitative data were generated from 208 participants who responded. Quantitative results (figure 4.3.2.2) indicate that 63% of the participants received counseling from special schools while results from qualitative data (table 4.6.3), indicate that 22% received counseling from special schools. Results from quantitative and qualitative respectively: churches 40% *versus* 12%, hospitals 47% *versus* 30%, relatives and friends 31% *versus* 36%. It would be difficult to account for these differences due to

the fact that some of the participants received counseling from more than one source. There is no guarantee that the same participants responded all the time. Participants could have noticed that they had covered the same items in the first questionnaire and therefore did not feel like writing them in an elaborate format. It might also be that most of the participants who did not respond to the qualitative questionnaire received counseling from one or two particular sources, which could also have affected the percentages.

In his research study, Howard (2000:126) indicates that parents of children with disabilities who were counseled by church counselors benefited more than parents who were counseled by secular counselors. Church counselors followed their clients, prayed with them, supported them morally, physically and spiritually. Secular counselors left their clients when they felt they could cope but seldom followed their progress timeously. It is therefore important for counselors to keep the line of communication open even after disengaging. In this study 47% of the participants received counseling from hospitals. Yet most parents go to the hospitals for initial diagnosis and treatment. Parents who visit hospitals are also referred to the Children's Rehabilitation Unit (CRU) where they are counseled and referred to ENT's and/or special school for further help. In this study 22% received counseling from special schools. These are also strategic institutions for parents to receive counseling but their priority is preferably to find a place for their child in the school. Counseling, in these instances, can only occur when the child has been offered a place. Very few parents would visit special schools primarily for counseling. However, it is likely that parents of almost all children enrolled in special schools have an opportunity to receive counseling, even in Zimbabwe. Hunt and Marshall (1995:357) and Hallahan and Kauffman (1994:325) all point out that special schools play an important role in counseling parents of children with hearing impairments during and after the placement of their children. Thirty six percent (36%) of the participants in this study were counseled by relatives and friends. It is interesting to note that, in the literature, there is very little information that explores counseling by relatives and friends. Gibson (1990:49) carried out a study with 54 parents of children with disabilities and established that 46 parents approached their friends and relatives for moral support and advice only. Only six parents in Gibson's study sought actual counseling from relatives and two from friends. This could be so due to the fact that parents of children with hearing impairments are well aware that their relatives are part of the family and so may also need counseling. To this effect

Cartwright, Cartwright and Ward (1995:403), Moores and Meadow (1990:126), Harry (1997:64) and Kauffman (1992:217) are all of the view that relatives of families that have children with disabilities also need counseling so that when, they give support, they do so with a positive attitude. In the quantitative results section, of this study (figure 4.3.2.2) indicates that relatives and friends were the smallest sources of counseling for parents of children with hearing impairments.

On the number of participants who received counseling and those who did not, out of 218 participants who responded, 97% indicated that they received counseling while 3% indicated that they did not. Fifty four percent (54%) of those who received counseling, indicated that counseling helped them to fully accept their children. As indicated in section 5.8, most parents who received counseling confirmed that it helped them accept and cope with their children. Both quantitative and qualitative results confirm that most parents received counseling. On whether the parents thought the counseling they received helped them or not and in what way if they were helped, out of 226 participants who responded, 70% indicated that counseling helped them while 27% did not think so, or were from the number that did not receive counseling. Fifty seven percent (57%) felt that counseling helped them to cope with their children. This was also discussed in section 5.8. Results from both quantitative and qualitative data concur that counseling helped parents to accept and cope with their children who have hearing impairments. Neukrug (1999:142) asserts that most parents have a positive towards the welfare of their children and therefore are eager to implement counseling outcomes. This result confirms the findings by Davis (1993:147) who interviewed 27 families of children with disabilities after they received counseling. Out of the 27 families in Davis' study, 25 indicated that counseling helped them to accept, cope and understand their children fully. About parents' views of what they thought could be done to make counseling more accessible, out of the 206 participants who responded, 35% suggested awareness campaigns using the media, posters and advertisements over the radio and/or television. In developing countries as pointed out by Baine (1988:78), there are limited counseling facilities and most of them are set up in urban areas. The majority of the people who badly need such services are situated in rural areas. Therefore for such services to be known there is need to publicize them through the printed media, television or radio. 76% of the participants suggested that seminars and workshops would inform more parents about the nearest available counseling services. Fear and

Woolfe (1996:370) endorse the view that workshops and seminars run by special schools and parents support groups enlighten parents of children with disabilities responding where to find relevant professionals in the fields of medicine, psychology, education and counseling services. Thirty eight percent (38%) of the participants suggested that parents support groups would help by sharing experiences, ideas, the problems they went through and the possible solutions to those problems. They suggested that such groups could also invite professionals to come and address them on topics of their choice. Counselors could also be invited to give advice and inform parents about the available services. Hardman, Drew, Egan and Wolf (1993:301) point out that parents prefer to share information with other parents who have experienced a similar situation and managed to cope. They have quoted some parents expressing their feelings. For example, one family expressed the following: “It would be helpful if a family that has gone through a similar experience and are in a similar situation could share with us the problems they faced and how they solved them”. Parents support groups are the most relevant and powerful means of counseling, giving advice, sharing ideas and referring to other professionals (Kirk, Gallagher & Anastasiow, 1997:371).

Concerning how parents could help more through guidance and counseling, out of 172 participants who responded to this item, 16% suggested that counseling for children with hearing impairments would help both parents and children. Through such counseling children would be helped to understand their situation and how to handle certain situations in relation to their disabilities. Tucker and Nolan (1984:108) suggest that children should be counseled before they are fitted with hearing aids. They further point out that children with hearing impairments need to adjust emotionally, socially and psychologically, and such adjustment can be facilitated through counseling. 30% of the participants in this study suggested that parents be helped to cope and to integrate their child into the family network. Hallahan and Kauffman (1994:495) claim that for families to successfully integrate their children with disabilities into the broader society calls for the counseling of parents, siblings and close members of the extended family. Inclusion in broader society is very valuable for language, social, emotional and psychological development. Twenty five percent of the participants in this study suggested that counseling should include helping parents to plan the future of their children with hearing impairments. This is a topical issue throughout the literature because, so far, there has been very little success in this area (for

example transition to work life) as evidenced by short period and longitudinal studies (Edgar, 1987:556, Frank & Sitlington, 1997:48 and Gartner, Lipsky & Turnbull, 1991:121).

Many students with disabilities fail to complete college work and then, whether having completed or not, often fail to secure reasonably paying employment (Edgar, 1987:555). This is largely attributed to the education system, poor planning by parents and education authorities, general unemployment due to changes in economy and societal attitudes towards people with disabilities (Kisanji, 1993:43). In the next part the quantitative results obtained pertaining to the counseling of parents of children with hearing impairments by organizations is explored.

5.13 QUANTITATIVE RESULTS ON SERVICE ORGANIZATIONS

The 28 organizations that participated in the study were five special schools, five hospitals, fifteen churches, and three counseling organizations. All organizations indicated that they counsel parents of children with disabilities and in particular parents of children with hearing impairments. Out of the 28 organizations that responded to the item on counseling parents or families by gender, nine (32%) of the organizations indicated that they counseled women only and 19 (68%) counseled couples. It is interesting to note that no man was counseled to a family or parent on his own. Bristol, Gallagher and Schopler (1988:30) point out that traditionally fathers have not played a large role in seeking counseling and advice that can help the family in raising a child with disabilities. Studies by Meadow (1980:168), Moores (1987:84) and Hunt and Marshall (1994:359) all indicate that mothers play a far more active role than fathers in raising a child with disabilities. However, Kirk, Gallagher and Anastasiow (1997:29) in their study noted that there is a gradual change such that fathers are becoming more and more involved in family matters, thus supporting their wives in raising a child with disabilities. This may be why there is a substantial percentage of couples counseled. Hallahan and Kauffman (1994:315) endorse that the important factor for family harmony is when mother and father play their roles and take charge of their responsibilities.

On the qualifications of counselors, all the organizations indicated that they have qualified counselors. Out of 28 organizations that responded to this item, four (14%) separate

organizations each indicated that they had two, 12, 14, and 17 respectively. Another four groups of three separate organizations (43%) indicated four, six, 15, and 16 respectively. Four organizations (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. These results are indicated in chapter 4, table 4.8.7. It would appear that many of the counseling organizations in Zimbabwe have quite a number of unqualified counselors. Howard (1996:15) carried out a study to find out counseling fees charged by counseling organizations and the qualifications of their counseling personnel. The results indicate that most counseling organizations use both qualified and unqualified personnel due to the fact that there are no gazetted rules to indicate who should and should not practice counseling.

Studies carried out by Richards (2000:144) in Zimbabwe, Webb (2000:304) in New Zealand, Howard (1996:78) in the United States of America and Dogan (2000:61) in Turkey indicate that many practicing counselors in developing countries and even in some developed countries are unregistered and unlicensed thereby confirming the findings of this study. Out of 28 organizations that responded to the item of counselors who qualified at certificate level, 15 (54%) had one, eight (29%) had two, four (14%) had three and one (4%) had four. Eight organizations responded to the question on qualifications at diploma level. Of these, six (75%) indicated that they had one counselor qualified at diploma level, while two different organizations (13%) had two and three counselors qualified at diploma level respectively. All eight organizations that responded had a total of six counselors qualified at diploma level. Only one organization (4%) out of 28 responded that they had one counselor qualified at degree level. All organizations had a total of 10 counselors qualified at certificate level, six at diploma level and one at degree level making a total of 17 counselors with some form of qualification. Tables 4.8.7 to 4.8.10 in chapter 4 indicate these results.

It is interesting to note that while clients have more confidence in qualified counselors (Howard, 1996:84), success in counseling depends on dedication and the relationship between the client and the counselor. In their study with 35 parents of children with disabilities, Gibson, Mitchell and Basile (1993:103) indicated that out of the 35 parents, eight were counseled by para-professionals and 27 by qualified counselors. All eight

parents who were counseled by semi-qualified counselors continued to receive moral support and frequent visits after the formal counseling sessions and they managed to adjust and cope with their situations. Eleven of the 27 parents in this study who were counseled by qualified counselors dropped from counseling and 16 continued until they were able to solve their problems. There seems to be strong relationship between follow up after disengaging from the formal counseling sessions and success in resolving one's problems. All counseling organizations counseled between 35 and 62 parents of children with hearing impairments per year. Quantitative results indicate that parents who were counseled in counseling organizations were better able to cope with their children with hearing impairments, after receiving counseling.

There is an indication that counselors in counseling organizations are well equipped generically, but not necessarily well equipped to counsel people with disabilities and/or parents of children with disabilities. Even in counseling organizations, the difference between counseling and advice continues to pose some problems due to the fact that some techniques in counseling include advice giving. The findings of Howard (1996:7) are confirmed in this study by the fact that participants indicated that it is not always the case that qualified counselors perform better than those not qualified in counseling. In his research study which he carried out with 15 counselors, seven trained and eight untrained, Colledge (2002:185) found that the counselors' effectiveness increased with regular interaction with clients, while confidence in counseling ability, generally acquired through qualifications, is after all necessary but not sufficient for effective practice.

Results obtained in this study from qualitative data generated from counseling organizations indicate confirmatory findings to those obtained from parents. All results corroborate in pointing out that communication and financial constraints are the major problems faced by parents of children with hearing impairment. It is also clearly indicated that parents find counseling helpful in order to support them to accept their child with a hearing impairment. This was corroborated in the data from counseling organizations.

5.14 CHAPTER SUMMARY

In answering the research question “In what ways did parents of children with hearing impairments access counseling in Zimbabwe during the period 1999 to 2000?” both quantitative and qualitative results from parents and from counseling service organizations indicate that parents of children with hearing impairments accessed counseling through special schools, hospitals, counseling organizations, churches, relatives, individuals and friends. The greatest number of parents accessed counseling through special schools, followed by individual counselors, hospitals, churches, counseling organizations, relatives and friends respectively. In this study most parents received counseling and are of the opinion that the counseling they received helped them to accept and cope with their children. Most parents expressed the difficulties they went through in raising their children; for example, lack of communication skills, lack of transport, lack of knowledge of teaching the child basic survival skills and financial constraints. They also expressed their views on how counseling can be made more accessible. In this regard parents suggested the use of campaigns through the media to bring about awareness in terms of disability, the existence of counseling organizations and where they are situated. The formation and use of parent support groups to encourage, share ideas and experiences with new parents was highly recommended. In the next chapter I will give conclusions of the research findings in relation to the objectives and assumptions of the study. I will also give recommendations on how sources of counseling can be made known and accessed. Areas of further research will also be highlighted.

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