1 INTRODUCTION, PROBLEM STATEMENT AND RESEARCH DESIGN

1.1 INTRODUCTION AND STATEMENT OF THE PROBLEM

The present system of guidance and counseling by individuals and/organizations in Zimbabwe does not seem to address the problems faced by parents of children who have hearing impairments (Richards, 2000:147). This is evidenced by the fact that many parents of children with hearing impairments fail to cope with the needs of their children. Richards (1996:94) pointed out that most parents of children with disabilities are not aware of how they can access other counseling services available in the country apart from special schools. These parents frequently fail to access the services they require. Makoni (1996:5) endorses the fact that counseling services in Zimbabwe are limited and not many people know where they are situated. This lack of fit between the needs of families and the provision of services may be accounted for in a number of ways. Some of these explanations concern the families while others relate to the provision of the services. Early in the 1990s Lea and Clarke (1991:159) carried out a study in the United States of America and found that even families who requested help from health professionals, thus seeming eager to help themselves, often failed to attend appointments possibly due to difficulties in traveling to specialized centres, lack of funds, lack of knowledge of what the services offer or fear of stigmatization. It appears their expectations tend to lack a thorough understanding of the child's problems. It is generally the practice of these parents to come back to the school where their children learnt, for guidance and help after failing to cope in day-to-day life. In some cases parents dump children in special schools for years and then pitch up during the final year of primary or secondary school (Makoni, 1996:4). Stewart (1986:113) points out that most parents who do not receive proper guidance and counseling fail to cope in any practical way with their hearing impaired children.

Guidance and counseling, according to Backenroth (2001:27), is of utmost importance in order for the family to lay a good foundation in preparing and planning ahead for the future of the child with disabilities. Therefore it is important to know how parents of children

with hearing impairments access counseling services. Backenroth (2001:27) goes on to point out that counselors should collaborate with family organizations, educators and managers in order to lay foundations for the development of competencies required in the labor market. A study carried out by Burnett and Van Dorssen (2000:243) indicates that in counseling, clients transfer what they have learnt to subsequent problem situations rather than returning for further counseling each time a difficult situation arises. They also found that parents develop lifelong skills to cope with difficult situations that are encountered throughout the passage of life. However, depending on the quality of the counseling service, Howard (1996:46) points out that if parents are not properly and adequately counseled, they will continue to seek further counseling or resort to alternative means. He attributes poor counseling to unqualified and inexperienced 'counselors'. Where appropriate counseling is offered, parents are empowered to control their situations. In their research study Blackorby and Wagner (1996:393) found that, out of 8000 youngsters with disabilities aged 13 to 21, who were enrolled in special schools, only one third of the children were employed. Upon investigation, it was noted that most of those children who were employed had parents who had received guidance and counseling.

The situation in Zimbabwe is not an exception. During my 23 years of teaching and working with both parents and children with hearing impairments, I witnessed many children with hearing impairments who dropped out of school and others who could not get stable jobs. Those who were employed either got part-time jobs or were in positions that offer little opportunity for advancement. With the high unemployment rate in Zimbabwe, it has become extremely difficult for people with disabilities to get employment particularly if no career guidance and planning has been put in place. It would stand to reason that counseling plays an important role in helping parents to cope, plan and prepare their children for independent living. Another study by Frank and Sitlington (1997:49) in the United States of America from 1985 to 1986 with high school and college students, indicate that statistics of students with disabilities who drop out of high schools and colleges due to lack of parental support and counseling, continue to get worse. They reported that only 8% completed high school and earned a diploma, while the rest dropped out due to a number of reasons such as lack of parental support, lack of counseling and lack of proper career guidance. Intuitively I agree with Frank and Sitlington's findings as they relate well to my experiences in Zimbabwe working with students with hearing impairments at high school

and at vocational level. Students with disabilities need a lot of support from their immediate families, family organizations and educators if they are to make it in life. The role of parents has been reflected in a variety of parental functions, noted by (Roffey, 2001:33) as moral support, developing community school relations, future planning and parental guidance. It is of paramount importance for parents to access counseling services if they are to nurture, plan and support their children with hearing impairments. Counseling empowers parents (Roffey, 2001:46) to take an active role in the education of their children. If such parents do not access guidance and counseling services, there is likely to be a negative effect in the lives of children with disabilities (Gartner, *et al*., 1991:95).

In this study the guidance and counseling situation for parents of children with hearing impairments during the period preceding the economic collapse in Zimbabwe will be explored. A review of literature indicates a paucity of documented research on counseling for parents of children with hearing impairments in Zimbabwe. Lack of research work and empirical evidence within this sector of the educational system is regrettable, particularly in view of the additional potential vulnerability of the parent body. The recent expansion of guidance and counseling in the field of education, as with all other public services, has brought with it a necessity to use the increasingly stringent funding allocations to the best human and financial advantage. Unfortunately, counseling in special education is not a priority and has been overshadowed by counseling in the area of HIV and AIDS that presently tops the list. As pointed out by the World Health Organization and UNAIDS, (1987:78), Dilley, Pies, and Helquist (1993:92), the outbreak of the AIDS epidemic in Southern Africa, created a lot of fear, panic and uncertainty that upset medical research and presented a great challenge. Most institutions embarked on research to find the cure for AIDS and to counsel those already infected. For a considerable period of time, from 1986, the focus of research was and remains on AIDS (Barnett & Blackie, 1992:46). The same authors endorsed that in Southern Africa where resources are limited, AIDS had become the main attraction for researchers and government officials while research in special education continued to lag behind. According to World Health Organization and UNAIDS (1998:29) however, the support given to children with disabilities remains a major issue of concern worldwide.

The availability of parental guidance and counseling services for parents who have children with hearing impairments may impact on the long-term support given to a child with a hearing impairment within his or her own family. Any preferential access to counseling by one group over another must inevitably infringe equal-opportunity considerations and limits the realization of individual potential and aspirations. According to Nystul (1999:10) counseling helps an individual to come to terms with his/her problem by viewing it from a different perspective and finding solutions to it. It has been noted that parents take time to accept the idea of having a child with hearing impairments in the family and some of them live with these feelings for the rest of their lives (Howe, 1996:369). Such long lasting effects which are likely to cause negative attitudes towards the child with hearing impairments, have been attributed to lack of counseling from the time the child is born (Burn, 1992:579; McLeod, 1994:42; Luterman, 1991:64, and Thomas, 1989:87). It is important for educationists to identify the organizations involved in guiding and counseling parents of children with hearing impairments as well as the qualities of the services offered. In this context counseling refers to a service provided by those who have mastered the necessary skills to enable clients find solutions to their problems. Alongside counseling is appropriate guidance, which is intended to enable the parent to plan and prepare for his child's educational and future career needs.

Most studies carried out on counseling in special education (South of the Sahara), as pointed out by Kisanji (1990:37), McConkey and Templer (1986:78) and Ross (1988:102), pay more attention to teachers and children and less attention to parents. This study sought to explore the counseling situation of parents of children with hearing impairments in Zimbabwe during the period 1999 to 2000. The research study focused on:

* Parents of children with hearing impairments
* Counseling service organizations
* Individual counselors

There are five distinct but related aspects to this inquiry. The first seeks to find out whether parents of children with hearing impairments received counseling or not. The second will establish whether the same parents are aware of service organizations that offer counseling. The third finds out parents' perceptions about the counseling they received. The fourth will

establish the qualifications of the counselors. The fifth explores parents' views on how counseling services could be made more accessible.

1.2 RESEARCH QUESTION

In what ways did parents of children with hearing impairments in Zimbabwe access counseling services during the period 1999 to 2000?

1.3 OBJECTIVES OF THE RESEARCH

The objectives of the research were to:

- investigate whether parents who received or did not receive counseling were aware of organizations that offered guidance and counseling.
- find out parents' perceptions on whether or not counseling helped them to cope with their children.
- to establish the qualifications of the counselors who counseled parents of children with hearing impairments.
- explore recommendations by parents on ways in which counseling services could be made more accessible in Zimbabwe.

1.4 PURPOSE OF THE STUDY

The main purpose of the study is to explain the ways in which parents of children with hearing impairments accessed counseling services in Zimbabwe during the period 1999-2000.

This research will explain whether parents of children with disabilities received any counseling and from where the parents in question got counseling. The qualifications of the counselors involved will also be known. The study will also explore whether the parents who received counseling were able to cope with their children thereafter. Parents' perceptions of the counseling they received and their views on how the counseling services can be made more accessible will be explained.

1.5 THEORETICAL FRAMEWORK

I will use humanistic counseling to guide the conceptualization of the terms "guidance" and "counseling". According to Colledge (2002:75) humanistic counseling is largely associated with the work of Carl Rogers (1952), Fritz Perls (1969), Eric Berne (1966) and William Glasser (1968). Humanistic counseling focuses on counseling relationships, human values, beliefs, support networks, feelings of belonging and worthiness (Colledge, 2002:82). Emphasis is on the client's responsibility and capacity to overcome challenges of life through understanding of one's problems, insight, problem solving, making of informed choices and decisions, as well as change and growth. The study will also reflect on psychodynamic counseling which is the work of Sigmund Freud (1938) and Alfred Adler (1913) and behavioral counseling, which is largely associated with Krumboltz (1966). Central to psychodynamic and behavioral counseling in relation to this study is denial of parents, of having a child with hearing impairments in the family and the change of behavior by parents, necessary to accept and be able to cope with the situation. Humanistic counseling can be compared to the counseling situation in Zimbabwe, where parents of children with hearing impairments need to access helping relationship services where they can be accepted, understood in terms of their cultural values, beliefs and social networks and thus be empowered to change their behavior and attitudes in order to find solutions to their problems. Given the extensive and growing literature on the multicultural challenge to practitioners of counseling, Sue and Sue (1990:123) and Mearns and Thorne (2000:78), point out that the humanistic approach is multi-culturally and universally applicable since it focuses on individuals with their different needs, values, beliefs and support systems. In their study with Kenyan and Zimbabwean university students studying counseling at the university of Durham in the United Kingdom, McGuiness, *et al*. (2001:298) found that the humanistic approach could be applied in any culture without necessarily violating the norms, beliefs and values of the people involved.

In the conceptualization of "parents of children with hearing impairments" I will use the explanations by Moores (1987:187), Meadow (1980:214), Kauffman (1992:172), Hallahan and Kauffman (1994:314), Nolan and Tucker (1981:78) and Harry (1997:98) who have written and carried out a lot of work in the area of hearing impairment. The above authors agree that once a family has a child with hearing impairments, the parents' course of life

changes. Hardman, Drew, Egan and Wolf (1993:278) point out such parents need professional help in terms of diagnosis, treatment, counseling and relevant schools to approach. These parents go through shock, grief, guilt, anger and denial (Dale, 1984:59), and counseling is likely to be their hope in dealing with their emotions in order to come to terms with their situation. Kretschmer and Kretschmer (1978:106) pointed out that parents take time to accept the situation and the child. Once parents do accept the situation, it marks the starting point of progress in terms of early intervention, treatment, correction and planning for individual educational programmes. Therefore the importance of counseling to such parents cannot be underestimated.

The body of literature on children with hearing impairments is dominated by research on language development, reading and deafness, (Webster, 1986:52; Meadow, 1980:67 and Webster & Ellwood, 1987:152), integration, mainstreaming and inclusion, (Hegarty, 1987:183; Dale, 1984:37; Chorost, 1988:10; Chimedza, 1986:9 and Dean & Nettles, 1987:28), and the testing and screening of hearing impairments, (Tucker & Nolan, 1984:123; Green, 1986:17 and McCormick, 1988:245). I will use the concepts explained by Hardman, Drew, Egan and Wolf (1993:277), Hallahan and Kauffman (1994:309), Ogden, (1996:51) and Kauffman (1992:168) to define my understanding of children with hearing impairments. They assert that children with hearing impairments have a hearing loss ranging from slight to profound. Hearing loss affects children's educational development in many ways, academically, socially, and psychologically due to poor language development, concept formation and communication as a whole. This explanation is complemented by the work of Kirk, Gallagher and Anastasiow (1997:235), Cartwright, Cartwright and Ward (1994:134), Kretschmer and Kretschmer (1978:215) and Nolan and Tucker (1981:79).

1.6 DEFINITION OF KEY CONCEPTS

In the next section, I will provide synoptic definitions of some of the key concepts that will be used in this study. However, each of these concepts will be further elaborated upon in the discussion of the theoretical/conceptual framework for this study (see chapter 2).

1.6.1 COUNSELING

Rogers (1957:16) points out that the term 'Counseling' is used in a number of ways: it may be viewed as a kind of helping relationship, a repertoire of interventions or a psychological process, in terms of its goals or relationship to psychotherapy. Capuzzi and Gross (1999:1) define Counseling and Psychotherapy as terms that encompass a number of relationship modalities in which the counselor or therapist needs to be proficient in facilitating the process of counseling in order for the client to identify his/her problems, find possible solutions to them and come to terms with reality. Nystul (1999:2) defines counseling as a dynamic process associated with an emerging profession that involves a professionally trained counselor assisting a client with particular concerns. He goes on to say that in the process the counselor can use a variety of counseling strategies such as individual, group, or family counseling to assist the client to bring about beneficial changes. Some of these are facilitating behavior change, enhancing coping skills, promoting decision making, and improving relationships. More definitions of 'Counseling' are given in chapter 2. As pointed out by Nystul (1999:7), counseling is differentiated from psychotherapy in terms of clients, goals treatment and settings. It is part of the helping profession, which includes psychiatrists, psychologists, mental health counselors and school counselors. According to Locke (1990:47) 'psychotherapy' is the psychological treatment of mental disorders.

However, for the purposes of this study, the terms 'Counseling and Psychotherapy' are used interchangeably to mean the work carried out by professionals in government, non-governmental and private institutions as well as those who are in private practice as individuals or groups.

1.6.2 PARENTS OF CHILDREN WITH HEARING IMPAIRMENTS

These are parents whose children have 'hearing impairments'. Under normal circumstances, as mentioned in section 1.4, these parents go through difficult times during which they experience embarrassment and feelings of inadequacy (Tucker & Nolan, 1984:109). Such parents may differ in many ways due to their family structures, socio-economic status and level of education. Parents of children with hearing impairments are in different categories depending on the nature and severity of the hearing loss and how

hearing loss has impacted on the family (McCormick, 1988:9). Some children are 'hard of hearing' which means they have residual hearing. Such children can hear if whoever is talking to them speaks loudly or shouts. As pointed out by Tucker and Nolan (1984:106) parents of children with such hearing loss may not have had such devastating experiences as those who have children with profound hearing loss. Children with profound hearing loss have very little or no residual hearing at all. They only benefit with the use of hearing aids. Such children are normally referred to as "deaf" (Webster, 1986:39). According to Tucker and Nolan (1984:114) parents of children with moderate hearing loss react to their children's impairments with mixed feelings, feeling bad and yet relieved that at least its not anything worse than hearing loss. These children benefit a lot from hearing aids and speech programmers. The different degrees of hearing loss impact differently on parents (Allen & Allen, 1979:83). In this study, all parents with their different situations are simply referred to as parents of children with hearing impairments.

1.6.3 HEARING IMPAIRMENTS

McCormick (1988:3) defines hearing impairment as either part or total loss of hearing. Webster (1990:17) takes hearing impairment to be a relatively permanent condition of partial or total loss of hearing that necessitates the use of hearing devices. Tucker and Nolan (1984:23) point out that hearing impairment is caused by conductive or sensori-neural hearing loss. Martin and Clark (1996:47) define hearing impairment as an inability to hear due to a number of causes, such as diseases, malformation of parts of the hearing system and accidents. Hearing impairments have varying degrees dependent upon the nature and severity of the hearing loss. However, in this study hearing impairment refers to the condition of 'not hearing' normally due to hearing loss, irrespective of the degree of this loss (Hunt & Marshall, 1994:338).

1.6.4 SERVICES IN SPECIAL EDUCATION

Services in Special Education refer to support given to parents and guardians of children with disabilities. Such services, as indicated by Lynas (1986:176), include counseling, guidance, and referrals to organizations such as Social Welfare who can offer financial assistance and referrals to other professionals such as psychologists, speech therapists and

doctors. Parents are also advised as to whether the child can be mainstreamed, put in a resource room or a special class. Mittler and Mittler (1982:13) point out that advice given to parents is vital since it helps them to plan for the future of their child. In Zimbabwe all Special Schools offer the above-mentioned services. Such services are therefore within the context of this study.

Hegarty and Moses (1988:41) assert that special schools cater for children with special needs. Specialized personnel run such schools. These include specialist teachers, physio, occupational and speech therapists, psychologists, counselors, audiologists, nurses and visiting doctors. In developed countries Hunt and Marshall (1994:86) suggest all the above-mentioned personnel have a part to play in facilitating the educational needs of children with special needs.

However, in this study special schools refer to schools that cater for children with hearing impairments. The main special schools that offer education to children with hearing impairments in Zimbabwe are, St. Mary's in Bulawayo, St. John's in Gweru, St. Paul's and St. Joseph's in Harare, St. James' in Masvingo along with units in Mutare. These are pseudonyms given to the schools to maintain their anonymity. These are the special schools and units referred to in this study. In these schools and units are specialist teachers, teacher-aids, nurses and social workers. However, there are also resource rooms and units in mainstream schools all over the country, which are not specifically referred to in this study.

1.6.5 SCHOOL COUNSELORS

School counselors, as pointed out by Tucker and Nolan (1984:122), are teachers qualified in both teaching and counseling. Some schools have counselors only qualified in counseling. Hunt and Marshall (1994:37) suggest that effective school counselors must have training in child counseling. In this study school counselors are specialist teachers, qualified in special education with or without additional courses in counseling. Not all teachers in special schools have specialist training. Some of the teachers who have been co-opted to teach in special schools are just qualified to teach in regular schools. Some of the special schools have social workers that visit parents and offer counseling services,

while others rely on visiting social workers. All the special schools in Zimbabwe have nurses who provide medical services to children with special needs. Physio, Occupational and Speech therapists are employed by the government and therefore attend to children in special schools by way of routine visits.

1.6.6 COUNSELING ORGANIZATIONS

Power (1986:125) defines Counseling Organizations as independent or government institutions that offer counseling services to individuals, groups of people and families who may require such a service. Ospow (1996:337) confirms that counseling organizations are institutions with qualified personnel who offer counseling to any individual, group or family members who may need to put their lives in order, strengthen or re-establish their relationships. Such organizations may do this on a voluntary basis or for financial gain. In this study counseling organizations are special schools, independent organizations, churches and counseling units within hospitals.

1.6.7 CHURCHES

According to Fukuyama (1997:241) a church is a Christian denomination or group of people who come together and worship. Wright (1978:83) takes a church as a body of Christians. In this study a church is taken as a group of people who worship together. Therefore churches refer to religious organizations that worship as a group and offer counseling services to either their members only or to their members and also members of the community. As pointed out by Power (1988:65) churches offer counseling as a moral service to their member families and individuals. In many churches there is a perception that if one of their members has a counseling need, it is the church's responsibility to make sure that the need is met and therefore the church works as a family to help their fellow family members (Fukuyama, 1997:237). This means that for the purposes of this study, the counseling that is provided to parents of children with hearing impairments by churches, will also be explored and explained.

1.6.8 SOCIAL SERVICES

Health workers, welfare officers and social workers provide health, welfare and social security services, respectively to the needy (Hegarty, 1987:98). Hart and Bond (1995:207) endorse that in most developed countries each of the following departments, health, education, welfare and security, has a body that caters for people in need particularly children who have been abandoned or are without parents. Social services in Zimbabwe are offered by government organizations that help orphans and the needy. These services are set up in major provinces of the country within which lie the towns where data were collected. Such services are no longer effective due to lack of resources. As pointed out by Chimedza (1996:10) the social services in Zimbabwe continue to collapse with more and more people getting impoverished and scrambling for basic needs within the ever-dwindling resources. While welfare officers and social workers recommend people who are in need, particularly parents of children with disabilities, the government cannot afford to help at all due to lack of resources. The government's coffers have run dry to such an extent that the health and social welfare departments no longer offer free practical assistance. All sectors that used to provide free service to the needy are on the verge of collapse together with the entire economy of the country.

1.7 PARADIGM FOR THE STUDY

I will use the positivist paradigm for this study. According to empiricist theory of knowledge, the primary source of all knowledge is to be found in experience and observation. In this study I used my experiences gathered during the time I worked with children with hearing impairments and their parents. To be objective I had to clear my mind of pre-set ideas and approach the object of study with a clinical or value-free attitude. In order to achieve this, all survey responses were given equal weight. The instrument for this study had a wide variety of options and open-ended questions that would not allow for pre-set ideas. Positivists are of the view that research should be structured, replicable, allow for experimental control, observation, measurement, quantification, generalization and objectivity. Positivism relies on multiple methods as a way of capturing as much of reality as possible. In the positivist version, it is contended that there is reality to be studied, captured and understood. Whereas post positivists argue that reality can never be

fully apprehended, but can only be approximated (Guba, 1990:22). Gergen (1985:266) explicitly points out that there is no objective social reality that can be known with absolute precision. Instead persons, groups and cultures construct the inter-subjective reality that they experience.

Creswell (1994:117) asserts that positivists employ tight, pre-selected and pre-structured conceptual frameworks, sampling frames, research questions, data collection instruments and methods, data reduction, coding and analytical techniques. Positivists claim that quantitative data is objective and empirical, whereas data collected through qualitative designs is often accused of being subjective, anecdotal, and impressionistic. Positivism emphasizes on internal and external validity, reliability and objectivity. Positivists take these disciplines as conventional benchmarks of 'rigor' in carrying out research. On the other hand those who are of the humanistic persuasion that are in favor of the qualitative designs argue that research in counseling, psychology and special education is better conducted through the qualitative designs. Herbert (1993:34) maintains that qualitative research focuses on experiences and feelings rather than facts, subjectivity rather than objectivity. Its concerns are precisely those excluded from scientific methods.

In this study I used both quantitative and qualitative methods as advocated for by Howard (2000:132) when he pointed out that within counseling research, there is need for increased 'methodological pluralism' thus the combination of qualitative and quantitative approaches within the same study. With the use of a reliable and valid instrument, a survey appears to be the most suitable method of collecting data for this study. This data collection method resonates easily with a positivist paradigm. However, the qualitative aspects of this study mean that the positivist paradigm will be utilized in a flexible, reflective way in this study.

1.8 ASSUMPTIONS OF THE STUDY

Based on the initial literature review in this study, I assume that:

- most parents received counseling from special schools.
- parents were not aware of different counseling organizations in Zimbabwe.
- counseling organizations do not have qualified counselors.

1.9 LIMITATIONS OF THE STUDY

The lack of research carried out in Zimbabwe on counseling the parents of children with disabilities, including parents of children with hearing impairments, as well as lack of relevant Zimbabwean literature, contributed to the limitations of the study. The use of questionnaires does not guarantee future reliability. Questionnaires do not give the participants the freedom to express their views on why they respond negatively or positively to certain items. Counseling is also a sensitive topic for research (Lea & Clarke, 1998:170), therefore what a client might say to a counselor is considered 'private and confidential' and yet research is for the public benefit. In this respect some parents might have held back some useful information during counseling. The actual counseling process is an area I have not tackled at all. This leaves the reader with the question of what type of counseling was offered to these parents? However, this aspect is not part of this particular study and therefore has not been included. In order to address these limitations, a review of literature has been widely spread to obtain counseling information from both developing and developed countries. Open-ended questionnaires were used to allow the participants to air their views and give suggestions.

1.10 METHODOLOGY OF THE RESEARCH STUDY

I used the cross-sectional survey method and interviews in conducting this study. The main focus of this study is on guidance and counseling of parents of children with hearing impairments by Special Schools, Hospitals, Churches and Counseling Organizations. Many authorities in the field of Special Education, Martin and Clark (1996:186), Medwid and Weston (1995:192) and Schwartz (1996:148) strongly emphasize the importance of counseling parents of children with hearing impairments, from the time the children are born up to the time the parents are able to cope with their children. Early guidance and counseling helps parents to accept, cope and plan for their children.

I found the survey method to be the most appropriate methodology to explore this theme, since the study covered the main cities in the country and involved a reasonably large but manageable sample. The method enabled me to identify attributes of a population from small groups of individuals as presented in Fowler (1988), Babbie (1990), Sudman and

Bradburn (1986) and Fink and Kosecoff (1985). This method also helped me to make estimated assertions about the nature of the total population from which the sample had been selected. It is also possible to generalize from a sample to a population, drawing inferences about some characteristics, attitudes, or behaviors of this population. In depth interviews were used to cross check questionnaire responses.

1.11 POPULATION

The population comprised of all parents that had children with hearing impairments who were attending primary or secondary education in special schools and units at the time of the study. Through the schools administration records the population was established to be exactly 900 families. All participants were hearing parents. It is important to point out that parents whose children were not attending school in special schools and units during the time of the study were not included in this population. For those included in the population, Masvingo had 194, Harare 197, Gweru 176, Bulawayo 170 and Mutare 163 parents (n = 900). Five major hospitals from the five cities, 30 churches, that claimed to have proper counseling services, six from each city, five special schools from the following towns: Bulawayo, Gweru, Masvingo, Mutare and Harare and three counseling agencies all from Harare, were also to be included.

1.12 SAMPLE (n = 300)

The sample comprised of families of children with hearing impairments in special schools and units. I used the sample size formula available in Babbie (1990:69) and Fowler (1988:124). Simple random sampling was used to obtain the required sample. Parents were grouped according to the provinces they come from, Masvingo, Harare, Gweru, Bulawayo and Mutare. A random number table was used to prepare cards that were used to randomly select the required sample. Cards were numbered and put in a box. Five boxes labeled with the names of the five towns were mounted in different places outside the administration block. Each box had cards with valid and invalid numbers and parents were asked to pick a card from the box labeled with the name of the town in their province. All parents who volunteered to take part in the study and picked valid numbers up to 300 were considered in the sample. Invalid numbers had the value of their first three digits bigger

than 300. If both a husband and wife took part in the study, they picked up one card and completed one questionnaire. The sampling procedure was conducted in five towns, at special schools for children with hearing impairments, where parents were gathered. The five special schools in the following cities, Bulawayo, Harare, Masvingo, Mutare and Gweru, for children with hearing impairments participated in the study. The sample also included five hospitals, one from each town. All five were included since parents of children with hearing impairments were referred to them for counseling and further help. The only three registered counseling agents, all in Harare, took part in the study. 15 churches, three from each city, were included in the study. These were also sampled through a simple random sampling procedure. Six cards were made for churches that claimed to run proper counseling sessions in each town and three were numbered. The three churches whose church members picked numbered cards were selected to take part in the study. This was done in all the five cities that took part in the study. Parents from rural and urban areas were also involved in this study.

1.13 VARIABLES

Independent variables in this research involve parents of children with hearing impairments, counselors in Special Schools, Hospitals, Churches and Counseling Organizations. Dependent variables involve the questionnaire data on parents of children with hearing impairments, whether or not they received counseling, and from where, as well as whether they were able to cope with their children after counseling.

1.14 PROCEDURE

Letters were written to heads of special schools asking for permission to conduct research at their schools during open days. All heads of special schools granted permission. Letters to heads of counseling agencies were also written and permission was granted to carry out the study. Permission was also sought from pastors of sampled churches. Information was given to all potential participants explaining what the study was all about. Those who volunteered to participate in the study granted informed consent.

A structured questionnaire with multiple choice and open-ended questions was administered to 300 families of children with hearing impairments. The participants of this study came from the five major provinces of Zimbabwe. 60 from Harare, 60 from Masvingo, 60 from Mutare, 60 from Gweru and 60 from Bulawayo. Participants were randomly selected as indicated in the sampling procedure. I organized with heads of special schools to meet parents on open days. Given the time to meet the parents, I explained to the parents the purpose of the study and what parents were expected to do in completing the questionnaires. Parents were given a chance to ask questions on what they did not understand and clarifications were given. I collected the questionnaires, as soon as they were completed. Informal interviews were conducted with individuals during the interval and the lunch break. A different structured questionnaire for service organizations was administered to personnel responsible for counseling at the following general hospitals, Harare, Gweru, Mpilo in Bulawayo, Masvingo and Mutare. The same questionnaire was administered to three registered counseling agencies, all in Harare. Members from 15 churches, three from each of the towns, Harare, Gweru, Masvingo, Bulawayo and Mutare also completed the questionnaire. See the map of Zimbabwe for the location of towns.

FIGURE 1.14.1 THE GEOGRAPHIC DEMARCATION OF THE ZIMBABWEAN TOWNS INCLUDED IN THE STUDY

1.15 INSTRUMENT

As stated, I used questionnaires and interviews to gather data. The questionnaire format made it possible for participants to freely express their views, opinions, and ideas on their experiences in writing. I considered that the anonymity of questionnaires would help elicit more satisfactory information. This claim appears to be corroborated by the assertion of Babbie (1990:198) when he stated that questionnaires are preferable since they avoid the embarrassment of direct questioning and so enhance the validity of the responses. It was intended that the questionnaires would be easy to understand and complete. The patterns of the questionnaires take the following forms:

- the fixed alternative format,
- the multiple choice format,
- the open-ended or self report format.

1.16 DESCRIPTION OF THE MEASUREMENT TECHNIQUES

Two questionnaires were constructed: one for parents of children with hearing impairments and the other for service organizations that offer counseling. A semi-structured interview questionnaire with 15 items was prepared and will be used to cross check parents questionnaire responses. It covers all aspects of the parents' questionnaire. The questionnaire for parents is divided into three parts. Section A has questions on personal information, whether the child was born deaf or not and who counseled the parents. Section B deals with questions that seek to establish:

- whether or not parents received counseling,
- if parents were aware of counseling organizations,
- if counseled parents were able to cope with their children.

Section C has open-ended questions that seek to establish:

- the difficulties parents faced in raising their child,
- the organizations that counseled them,

- whether counseling helped them or not,
- their views on how counseling could benefit them.

The questionnaire for parents has six items in section A 26 items in section B and six items in section C making a total of 38 items altogether. The questionnaire for service organizations has two sections. Section A has six items that seek to establish whether organizations have counseled parents of children with hearing impairments and how many, as well as the qualifications of counselors in these organizations. Section B has seven items that seek to find out whether the counseling given to parents of children with hearing impairments helps them cope with their children. The questionnaire has a total of 13 items.

Questionnaires used in this study can be found in Appendices D, H and K.

1.17 DEVELOPMENT OF THE INSTRUMENT

Despite a thorough survey of all relevant literature, no suitable instrument was found which could be used in this particular study. Some of the key references that were consulted include, Colledge (2002), Nystul (1999), Babbie (1990), Howard (1996, 2000), Satterly (1981), Shepherd (1984), Oppenheim (1966) and Likert (1967). So instruments were made specifically for this study with the help of Babbie (1990:140, 149)'s examples. Some of the items were developed with the use of ideas from Oppenheim (1966:196).

Focusing on the statement of the problem, the instrument for the study was developed from an original pool of 60 items. Section B had 40 items and section C had 20 items. These items were given to staff and students in the Special Education and Counseling Department at the University of Zimbabwe, who were already qualified teachers. The main focus was on:

- clarity of language,
- relevance of each question to the information required,
- equal numbers of positive and negative items,
- no repetition,
- items covering counseling from positive to negative extremes.

In order to have a balanced pool, items in Section B were grouped into three different categories as mentioned before:

- did the parents receive any counseling?
- who counseled them?
- what were their perceptions of the counseling they received?

With the help of experts in counseling at the Special Education Department at the University of Zimbabwe, the wording of certain questions was altered. Changes that were made by students and staff from the Special Education department reduced the items to 40. Section B had 30 items and section C had 10 items. However, before the questions were rewritten, a number of alterations regarding the order, wording, and what the instrument purported to measure were done with the help of professionals in the Special Education and Psychology departments. During the process the number of items dropped to 36. Section B had 28 items and section C had eight items. Satterly (1981:97) and Shepherd (1984:124)'s response sets were considered. Out of different response sets outlined by Shepherd (1984:124), two of them had relevance to this study. These were the positional set and the category set. With the positional set the respondent repeatedly chooses right hand and left hand responses. This was controlled by randomizing scoring direction. As for category set, the respondent repeatedly chooses one type of response. Balancing positive and negative item responses controls for this.

The final process, which was the pilot project, was aimed at the structure of the whole instrument, its relevance to the research questions, repetition of items, terms used in the wording and clarity of items. The pilot project was undertaken with 20 students who were studying for a Bachelor of Education Degree in Counseling, 20 students who were studying for a Bachelor of Education Degree in Special Education (Hearing Impairment) and 40 parents of children with hearing impairments who were not included in the main study. Some lived in villages, some in small towns and others in big cities.

I then carried out an item analysis to select the best statements for the instrument. This further reduced the number of items to the 38 that made up the final questionnaire. After making sure that the questions in section B had an equal balance of positive and negative

items, they were scattered and numbered 1-26 for the whole questionnaire. Section A had six items, section B had 26 items and section C had six items.

The questionnaire to Service Organizations (Hospitals, Churches, Special Schools for children with hearing impairments, and Counseling Organizations), was developed along the same lines, following the same stages. The final questionnaire had 16 items. Section A that deals with personal information had six items, section B that focused on parents of children with hearing impairments had six items and section C that dealt with counselors' perceptions of parents of children with hearing impairments had four open-ended questions.

1.18 SCORING OF THE SCALE

As emphasized by Dawes (1972:16), scoring must be consistent. Thus if it is decided that on a positive statement a high score of 5 is for Strongly Agree, then a score of 1 should be for Strongly Disagree. Negative statements must be scored with a 1 for Strongly Agree and a 5 for Strongly Disagree. Such reversals are important to take note of. On the Likert-type scale constructed for this particular study, responses were graded for each statement, and were expressed in terms of the following five categories, SA; A; U; D and SD. (SA) for Strongly Agree, (A) for Agree, (U) for Undecided, (D) for Disagree and (SD) for Strongly Disagree. The statements were either positive or negative. To score the scale, the responses were credited 5; 4; 3; 2 and 1 from the positive to the negative end or vice-versa. A "Strongly Agree" with a positive statement would receive a score of 5 as would "Strongly Disagree" with a negative statement. The sum of the item credits represented the individual's total score. Scoring keys were made in order to ease the scoring procedure.

1.19 VALIDITY AND RELIABILITY OF INSTRUMENT

I used my practical experiences of working with parents of and with children with hearing impairments for thirteen years as a teacher and counselor. I also reviewed literature from well-known researchers in the field of counseling: Rogers (1942; 1952; 1959), Howe (1989; 1993; 1996), Davis (1993), McLeod (1994; 1996; 1998; 2000), McCleod (1998) Howard (1996; 2000), Colledge (2002) and many others cited in the study.

Oppenheim (1996:23) maintained that reliability of Likert scales tends to be high, partly because of the greater range of answers permitted to participants. He goes on to say that a reliability coefficient of .85 is often achieved. By using the internal-consistency method of item selection, the scale approaches uni-dimensionality in many cases.

As mentioned above the instrument that will be used on parents was administered to 20 students studying for a Bachelor's Degree in Counseling, 20 students who were studying for a Bachelor's Degree in Special Education (Hearing Impairment) and 20 parents of children with hearing impairments from small towns and villages, who did not take part in the main study. It was interesting to note that 38 of the students and 19 parents who marked a positive item also marked its direct negative one. Only four cases marked undecided on item 26 on the questionnaire.

The instrument that was to be used on Service Organizations was administered to 20 students studying counseling and their lecturers in the Education and Psychology Departments. All 20 students and eight lecturers who marked a positive item also marked its direct negative one. This gave the instruments some credibility in reliability and validity. Adams (1966:47) pointed out that the problem with attitude and perception scales is that they deal with verbalized attitude or perceptions rather than actions. The use of such an instrument does not guarantee future validity. The participants may not complete the questionnaires accurately. Attitudes and perceptions are not easy to measure since the responses solemnly depend on the individual's complete honesty and the avoidance of the tendency to give socially acceptable answers (Cohen & Holliday, 1982:253). As a whole however, the instrument was theoretically sound and its content was satisfactory. Experienced staff and students in the Special Education Department, lecturing and studying counseling respectively, checked the content. Above all, an instrument devised for a specific purpose is more suitable than any of the published scales (Satterly, 1981:87). As evidenced in the review of literature, the instrument to be used in this study will represent a first step in exploring the field of counseling parents of children with disabilities in Zimbabwe.

1.20 METHODS OF DATA ANALYSIS

I will present analysis of quantitative data first, followed by qualitative data.

1.20.1 QUANTITATIVE DATA

The quantitative data for this study will be analyzed using descriptive statistics. Descriptive statistics (Kent, 2001: 188) provides a method of reducing large data matrices to manageable summaries to permit easy understanding and interpretation. In this study descriptive statistics and the associations among variables summarize single variables. Using descriptive statistics I will start with a set of data that is categorized, sorted out, recorded and then interpreted. I will then attempt to convey the essential characteristics of the data by arranging the data into a more interpretable form, forming frequency distributions and generating graphical displays as well as calculating numerical indexes such as frequencies and percentages. Variables are summarized in a data set, one at a time, and are also examined in how they interrelated (examining correlations). The key factor in descriptive statistics is how to communicate the essential characteristics of the data. One of the most basic ways to describe the data values of a variable is to construct a frequency distribution. A frequency distribution is a systematic arrangement of data values in which the data are rank ordered and the frequencies of all unique data values are shown (Babbie, 1998: 68). In this study descriptive statistics will be used to establish parents' perceptions of the counseling they received, whether or not they were able to cope with their children after counseling, who counseled them and also the qualifications of the people who counseled them.

1.20.2 QUALITATIVE DATA

Qualitative analysis is used to analyze parents and counselors' responses to open-ended questions where they give their views and suggestions. Analysis of qualitative data is often complex and time consuming. The process involves categorization, sorting, recording and interpretation. McLeod (2000:328) suggests that qualitative data provides for a description and interpretation of what things mean to people. This data will be used to supplement the

quantitative data and to gain a deeper understanding of the responses of the participants in the study.

1.21 ETHICAL CONSIDERATIONS IN RESEARCH

Informed consent was sought and it was explained to the parents that participation in the study was voluntary. According to Capuzzi and Gross (1997:94) ethics is the philosophical study of moral value of human conduct and of the rules and principles that ought to govern it, or a code of behavior considered correct especially that of a particular group, profession or individual. It also involves the moral fitness of a decision and course of action taken. McCleod (2000:327) points out the paradox between research and counseling and psychotherapy where the therapy is normally conducted in private between client and counselor. On the other hand research implies making results public. According to Heppner (1992:78) "ethics are expressions of our values and a guide to achieving them". This closely follows the work of Hill, Thompson and Williams (1993:115) on ethics in research where they point out that ethics are central to research. Since counseling is about privacy between the client and the counselor, whereas research is a public affair, ethics become the guiding principle that ensures the protection of the client as a participant in the research process (Woolfe & Dryden, 1998:57). Heppner goes on to point out that it is in the interest of ethics for the researcher to discuss his/her study limitations and problems experienced during data collection and how these problems impacted on the quality of conclusions drawn from the results.

In this study parents were verbally notified of the purpose of the study and of how the information they contributed was going to be used. They were also assured that they would be informed of the results of the study should they want to know. Anonymity and confidentiality of individual contributions were upheld. Schools, churches, counseling organizations and hospitals were also informed of confidentiality and anonymity.

Trust is an important cornerstone in the counseling relationship, and central to the development of the maintenance of trust is the principle of confidentiality. The obligation of counselors to maintain confidentiality in their relationships with their clients is not absolute (McLeod, 2000:3). However, counselors need to be aware of both the ethical and

legal guidelines that apply. In distinguishing between "confidentiality" and "privileged communication," as pointed out by Miles and Huberman (1994:10), in a research context, it is important to keep in mind that confidentiality is an ethical concept, whereas privileged communication is a legal concept. Confidentiality is defined as ethical responsibility and a professional duty, which demands that information learned in private interaction with a client not be revealed to others. Professional ethical standards mandate this behavior except when the counselor's commitment to uphold client confidences must be set aside due to special or compelling circumstances or legal mandate (Arthur & Swanson, 1993:3). For example when a client is a danger to self or others, the law places physical safety above considerations of confidentiality or the right of privacy. Protection of the person takes precedence and includes the duty to warn. In this research anonymity is maintained within these boundaries. In chapter 2, the accumulated experience of the literature on the topic of counseling will be examined.

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