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CONCLUSIVE FINDINGS AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter will deal with conclusive findings of the study as related to its objectives. The findings obtained reflect on the objectives and reviewed literature. The research assumptions and claims will be revisited and discussed in the light of the findings of this study. It is my intention to then also give recommendations on how parents can be made aware of the available counseling services and how they can better access those services. Recommendations for further research will also be explored.

As stated in chapter 1, the main purpose of this study was to explain the ways in which parents of children with hearing impairments access counseling services in Zimbabwe. Through the findings obtained from the collected data, the study demonstrated that special schools provided most parents of children with hearing impairments with counseling services. Subsequently, hospitals, churches and registered counseling organizations also played an important part in providing parents with counseling services. These findings are discussed extensively in chapter 4. In the reviewed literature in chapter 2, there was a clear indication that parents of children with disabilities and hearing impairment in particular, generally access counseling from special schools, counseling organizations, individuals, professional counselors, churches and relatives. However, this literature review was obtained mostly from the western literature, and provided only cautionary guidelines as to what could be expected in Zimbabwe. The current study focuses on the Zimbabwean situation and illuminates the complex ways in which parents of children with hearing impairments access counseling services in this country.

In order to focus on all related aspects of the study, a research question was formulated and objectives were set out, these will be considered before discussing the assumptions of the study. The research question of the study was “In what ways did parents of children with

hearing impairments in Zimbabwe access counseling services during the period 1999 to 2000?”

6.2 OBJECTIVES AND FINDINGS

- **Objective one: To investigate whether parents who received or did not receive counseling were aware of organizations that offered guidance and counseling**

Results of collected data indicate that 90% of the parents received some form of counseling. Their sources of counseling ranged from special schools, hospitals, churches and counseling organizations to individuals, relatives and friends. The research indicated that a majority of parents were aware of organizations that offer counseling services. On the positive statement 55% indicated that they were aware of organizations that offer counseling while 52% indicated the same on the negative statement. Both figures show most parents to be aware of organizations that offer counseling services. It is clear that, even though most participants did not get counseling from registered counseling organizations, they were aware that these organizations existed. They may not have been certain about how much knowledge on disability in general and hearing impairment in particular was possessed by counselors in counseling organizations. Whereas parents would have assumed that personnel in special schools for children with hearing impairments would have more knowledge about hearing impairment and its effects on a child.

- **Objective two: To discover parents’ perceptions on whether counseling helped them to accept and to be able to cope with their children**

Both quantitative and qualitative results from the study demonstrate that parents believe that counseling helped them in the process of accepting their children and enabled them to better cope with their children. Quantitative results in chapter 4, figure 4.3.8.17 show that 76% of the parents indicated that counseling helped them to accept their children with hearing impairments. In the same chapter in figure 4.3.8.24, results show that 85% of the parents indicated that counseling helped them to cope with their children who have hearing impairments. Qualitative results on table 4.6.4 show that 54% of the participants indicated

that the counseling they received helped them to accept their children with hearing impairments. Results on table 4.6.5 show that 70% of the participants indicated that the counseling they received helped them to cope with their children with hearing impairments.

- **Objective three: To establish the qualifications of the counselors who counseled parents of children with hearing impairments**

The study established that in all the 28 organizations that participated, 10 counselors were qualified at certificate level, six at diploma level and one at degree level. The majority of the counselors (109) were not certified. The use of unqualified counselors by counseling service organizations may indicate the lack of qualified personnel and the need for the introduction of counseling courses in colleges and at university level. To offer such services using unqualified personnel may compromise the quality of the services and even have adverse effects on the clients. There is a clear indication that counseling service organizations need to upgrade the qualifications of their personnel in order to provide a quality service.

- **Objective four: To explore recommendations by parents on ways in which counseling services could be made more accessible in Zimbabwe**

Parents suggested having awareness campaigns informing the public about available counseling services through the use of the media, posters and advertisements. They also suggested the use of seminars and workshops organized and run by special schools and counseling organizations, involving parents of children with disabilities. Some parents further suggested that in such workshops, parents could be enlightened on how they could access counseling services in cases where financial or transportation difficulties exist. The final suggestion was the formation of parent support groups which would enable parents of children with hearing impairments to meet. They would have opportunity to share experiences and ideas to find possible solutions to their problems. Apart from the objectives, three assumptions were also formulated for the study and these are considered next.

- **Synoptic Conclusion**

Most of the participants in this study received counseling from special schools. However, there is also an indication that most of the participants were aware of organizations that offer counseling services in Zimbabwe but could not access these services for various reasons. The majority of the participants acknowledged that counseling helped them to accept and cope with their children who had hearing impairments. Participants also indicated the importance of counseling to both children and parents of children with hearing impairments. The study also indicates that most counseling organizations had very few qualified counselors with even basic qualifications at certificate level. Most parents suggested the use of awareness campaigns in order to conscientize the public about the existing counseling services and how parents can access these services. The formation of parents support groups was also suggested to enable parents to gain more support and easy access to counseling organizations.

6.3 ASSUMPTIONS AND FINDINGS OF THE STUDY

- **Assumption one: Most parents received counseling from special schools**

This assumption was supported by the findings of this study. It has been established that most participants (63%) received their counseling from special schools. As pointed out before, there are five special schools and some other isolated units in Zimbabwe that cater for children with hearing impairments. All special schools are situated in big towns and some of the units are in small towns. Unfortunately all registered counseling organizations are in the capital city, Harare. Large hospitals that have the capability of dealing with children with disabilities are situated in big cities. Churches, relatives and friends are the counseling sources that can be found all over the country. Due to the educational needs of the child, parents visit special schools with the hope of securing an educational placement for the child. It is in this context that counseling often takes place. Sometimes parents visit hospitals and are referred to special schools for audiological tests where they are also counseled. In developing countries, according to Baine (1988:92) most parents and children receive counseling in special schools. Kisanji (1993:73) contends that most developing countries lack screening centres for children with disabilities and do not have

established guidance and counseling centres to help parents and children. All counseling is done in special schools that also have a shortage of qualified personnel and much-needed reliable equipment to carry out the necessary tests. In developed countries the situation is different, because there are registered counseling organizations run by qualified personnel. Hospitals have units from which audiologists operate, carrying out screening tests and also counseling of parents. In some developed countries, for example in the United Kingdom, some of the universities have centres for testing and fitting children with hearing aids. Parents are counseled and given the basics of working with their child with a hearing impairment. A good example is the University of Manchester where I took part in conducting hearing screening tests and the counseling of parents before fitting children with hearing aids. Hallahan and Kauffman (1994:312) point out that in most developed countries there are many sources of counseling run by professional people, giving parents choice. If they can afford to pay, they approach organizations that provide such services. If parents are not in a position to pay, state hospitals and peripatetic counselors and social workers will counsel them in either regular or special schools. It is possible that the site of the data collection might have influenced the results of the study. The fact that parents were gathered in special schools where some of them were likely to access counseling could have influenced their responses to the research questions.

In their study in the United States of America, Kretschmer and Kretschmer (1978:186) confirm that parents of children with disabilities are counseled as soon as the child is identified as having a hearing impairment and are referred to the appropriate professionals. However, they also point out that sometimes the child's hearing impairment is identified late, after parents had visited different doctors and psychologists without being given a correct diagnosis. Martin and Clark (1996:78) state that in England visiting health workers are trained in basic counseling skills and also in screening hearing in babies using basic equipment. Results obtained by qualified audiologists and those obtained by trained visiting health workers were very similar.

If this were to be done in developing countries, health workers could be stationed in hospitals and special schools to do both screening and counseling. It is interesting to note that even in developed countries where there are a lot of registered counseling organizations (Nolan & Tucker, 1981:110) most parents of children with hearing

impairments prefer to obtain counseling from professionals who have knowledge of hearing impairment. These are mostly found in special schools for the deaf. As explicitly pointed out by Kepceoglu (1986:517) counseling in developed and indeed developing countries started in schools, particularly in the United States of America, and then spread the world over. In the same vein, while developed countries have established other agencies to offer counseling services, developing countries still heavily rely on schools as major sources of counseling (Lansky, 1981:83). Taking note of the participants' responses in chapter 4, when they were asked about the difficulties they faced in raising their child with a hearing impairment, 130 participants (46%) indicated that financial constraints prevented them from taking children to hospitals, audiologists, special schools and/or counseling organizations. This could be one of the reasons why most parents were counseled at special schools where the service is free.

Considering the fact that most participants received counseling from special schools, it might be a good idea to strengthen the counseling services in these schools. This could be achieved by establishing counseling centres in these schools, run by qualified personnel in both special education and counseling. Awareness campaigns could also have their focus on special schools so that parents would have all the resources in one area, alleviating the problem of transport. Units for children with hearing impairments, that are set up in rural schools, could have peri-patetic counselors to service parents in rural areas.

- **Assumption two: Parents were not aware of different counseling organizations in Zimbabwe**

This assumption was not supported by the findings of the study. Analyzed data results indicate that slightly more than half (55%) of the participants were aware of counseling organizations in Zimbabwe. 41% of the participants indicated that they were not aware of such organizations. On the reverse question, 52% indicated that they were aware of counseling organizations while 44% indicated that they were not aware of counseling organizations in Zimbabwe. Tucker (1997:39) contends that despite the availability of other counseling services, many parents in developed countries make use of a multidisciplinary team of professionals: social workers, psychologists, audiologists, specialist teachers, counselors, speech therapists and doctors who give them counsel and

advice and are generally stationed in special schools or work as peripatetic service providers in state schools. The 44% of the participants who indicated that they were not aware of counseling organizations are likely to be those who live in rural and semi-urban areas since almost all counseling organizations are situated in big cities. Studies by Mba (1990:15) in Nigeria and Miles (1984:278) in Asia clearly indicate that, in developing countries, counseling and screening facilities for children with disabilities are limited and generally centralized in big cities. They further point out that in spite of all efforts by different governments, counseling is still a new phenomenon in most developing countries and there is lack of information, knowledge and understanding of counseling among ordinary people. A study carried out by Msengi (1987:7) in Tanzania shows that the commonly used term is guidance, which has connotations of leading, directing, coaching and advising at problematic times. In this study it may be that even if parents were aware of other counseling organizations, they preferred to go to special schools where they could be guided and given advice by teachers who knew more about hearing impairment. Moreover most education systems refer to guidance practitioners as guidance teachers, denoting guidance as a tool of instruction. Parents in this study might have thought that special schools would tell them what to do and possibly give them solutions to their problems, since they were continuously dealing with parents and children with similar problems. Another study by Yahaya-Isa (1980:14) indicates that both groups of parents those who were aware of registered counseling organizations and those who were not, all preferred to obtain guidance and counseling from special schools. This ties up the first two assumptions in this study, for example site of access and awareness of counseling: Most participants were aware of counseling services and most participants accessed it at special schools.

- **Assumption three: Counseling organizations do not have qualified counselors**

This assumption was supported by the findings of the study. As indicated in chapter 4, in all 28 organizations these were only 17 counselors with some form of qualification ranging from certificate to degree level, plus 108 uncertified counselors. A study by Kepceoglu (1994:60) in Turkey, shows that persons who were appointed as counselors were in actual fact specialized in different disciplines, other than counseling, such as sociology, psychology, education and philosophy. While developing countries use schools as their

major sources of counseling, for both parents of children with disabilities and children, Sloman (1991:6) points out that most of the personnel responsible for this counseling are not specifically qualified in that area.

A study carried out by Webb (2000:310) in New Zealand indicates that for a long period New Zealand mainly used teachers, social workers and church ministers as counselors. There the trend is slowly changing with the government demanding that counselors be qualified and registered. This helps to control standards and the quality of service provided. More and more authorities (Blocher, 2000:8; Neukrug, 1999:25; Webb, 2000:304 and Dogan 200:61) suggest that counseling has never been taken as a serious profession since it used to be carried out by external sources of support such as extended family, friends, relatives, neighbors and social clubs. These are still deemed more effective than professionals and counseling agencies (Hallahan & Kauffman, 1994:511), mostly due to the fact that they nurture clients, offering moral, social and material support until they master their problems.

In this study, this is also mentioned in chapter 2 on reviewed literature. Unfortunately these informal supports, once so prevalent in our society, are fast disappearing. This is largely due to demographic changes such as the increase in single-parent families. Thus families today are less able to rely on informal social networks for counseling support. While developing countries will continue with the same trend until they address the situation of the shortage of qualified counselors, developed countries are fast clamping down on uncertified counselors and unregistered counseling agencies (Howard, 1996:15).

Colleges and universities in Zimbabwe did not offer counseling courses until the year 2000 when Zimbabwe Open University (ZOE) started offering such courses at degree level. The first intake will complete the course in 2004. Prior to the establishment of ZOE, Institutions of higher learning offered students counseling as a component of other courses such as psychology, special education and social work. The current degree programme offering counseling is likely to alleviate the shortage of qualified counselors in Zimbabwe.

An unpublished survey carried out by Richards (1996:12) in Zimbabwe, indicates that in 1996 there were only 13 qualified counselors within the registered counseling organizations

and in special schools for children with hearing impairments. It should be noted however, that this number was not that of counselors in the whole country but only counselors in counseling agencies and special schools. Some developed countries have institutions that offer dubious counseling qualifications. This is however, also evident in developing countries. Keith-Spiegel (1991:55) points out that the United States of America is cluttered with bogus institutions of higher learning that issue master's and doctor's degrees that are not worth the paper they are printed on. These outfits are unconcerned with ethical standards or with whom they might hurt, and simply prey on people who are looking for short cuts. Counselors who go through such institutions cause more harm than good to their clients.

From this discussion it is evident that two assumptions of the study were confirmed at its conclusion. One assumption was de-confirmed. In the next section concluding remarks will be made.

6.4 MAJOR CHALLENGES ARISING FROM THE STUDY AND SUGGESTIONS TO ADDRESS THEM

It is clear from the research findings and discussions that there are challenges at hand that need to be addressed in order for parents of children with hearing impairments to cope with their children and to access counseling services effectively. It is my intention to point out the concerns of this study and suggest possible means of addressing them after which I will give recommendations for further research.

- **Improving ways in which parents can access counseling services**

If special schools join hands with counseling organizations to provide workshops and seminars for parents of children with hearing impairments, the ways in which they access counseling services is likely to be enhanced. As suggested in this study by parents themselves, such workshops could be the means of empowering parents to inculcate basic living skills in their children. Such skills involve eating, dressing, and personal hygiene, turn taking and bathroom habits. Means of communication can also be taught to parents over a period of time.

Mobile teams made up of personnel from counseling organizations and special schools could run such workshops and seminars in rural and semi urban areas to reach parents who cannot meet the expenses of traveling and accommodation in towns. Such workshops and seminars can be run on a yearly basis with the support of schools' psychological services, which are allocated funds for such activities. The situation can be reviewed from time to time depending on the needs of the parents and the feedback received from them.

- **Parents need to be made aware of counseling service organizations**

As mentioned by parents, awareness campaigns through the use of the media, posters and advertisements can be undertaken. The exercise would have names of counseling organizations, contact numbers, maps that indicate where they are situated and the services they offer. Radio and television programmes can be launched to reach as many parents as is possible. Informative posters can be put at shops, clinics, schools, post offices and banks, both in towns and in rural areas.

- **Financial constraints**

There are various options that can be explored in terms of alleviating financial constraints. Financial assistance should be sought through social welfare. Unfortunately the department operates on a shoestring budget that has become just a drop in the ocean considering the ever-increasing demand for financial aid. Special schools, on behalf of parents in need can approach non-governmental organizations. Funds are needed for transport to hospitals, treatment fees, school and boarding fees, uniforms and hearing aids. Swedish International Development Agency (SIDA) used to fund such causes but due to deteriorating relations between the two countries, the fund has been stopped. Parents can also empower themselves by embarking on community projects that may bring together relevant stakeholders to raise funds for specific causes.

- **Lack of qualified counselors**

More institutions of higher learning can be encouraged to introduce programmes that offer counseling courses. Personnel already in counseling institutions should be encouraged to

register with Zimbabwe Open University to study for a qualification. In-service workshops and seminars can be run to equip counselors in practice with the skills needed for effective counseling for parents of children with hearing impairments. Uncertified counselors can be phased out in time as more and more qualified counselors join these counseling organizations. Hospitals, special schools and churches can be encouraged to use personnel who have acquired qualifications in counseling.

6.5 RECOMMENDATIONS FOR FURTHER RESEARCH

This study left a number of areas untapped. In order to fully understand what is going on in the area of special education and hearing impairment in particular, concerning counseling, there is need to investigate and find out:

- The actual status of counseling skills used by counselors.
- The effectiveness of the counseling offered to both the parents of children and children with hearing impairments themselves.
- The effects of counseling on parents of children with hearing impairments.
- The role of guidance and counseling in the lives of children with hearing impairments.

I recommend these as areas for further research in order to understand the effect and influence of counseling in the life of parents and children with hearing impairments. Such a study would include children with hearing impairments as is suggested in the qualitative results of this study.

6.6 CONCLUDING REMARKS

Different countries the world over, developed and developing, have now adopted counseling, originally an American phenomenon, to assist people to cope with the problems brought about by natural, social and economic changes in the modern world. Although many families whose children have disabilities manage their lives as effectively as other families, most of them require counseling to facilitate the integration of the disabled child into the family. Whilst most parents experience diverse problems and stress in raising their

children, parents of children with disabilities appear to experience more stress and hence seem to have a greater need for counseling than others.

In agreement with the observations in other countries of the world, counseling has received a positive response from parents of children with disabilities in Zimbabwe for the reasons indicated in chapter 4. Counseling serves the purpose of:

- equipping parents with knowledge about hearing impairment and its causes.
- helping parents adopt a positive attitude towards the child, that would lead to acceptance.
- equipping parents with the necessary skills to cope with the child.
- helping parents integrate the child into the family.
- making parents aware of how they can access counseling and other professional services such as medical, educational and audiological services.

Given the historical background of counseling that was explored in chapter 2, it would stand to reason that families and parents lacking peace and harmony would seek the services of counselors. Even though almost half of the parents of children with hearing impairments in Zimbabwe were aware of organizations that offered counseling, hardships in the form of financial constraints and lack of transport prevented them from accessing such services in good time. Due to financial constraints, most of the parents' received spasmodic counseling free of charge from special schools instead of from registered counseling organizations that demand payment. Even then, most special schools and units for children with special needs are located in the big cities so that people in the rural areas need to travel long distances using expensive and unreliable public transport. This makes it difficult for parents to easily access counseling from the people who have knowledge about hearing impairment and skills in counseling. Instead they resort to relatives and friends who might themselves be in need of counseling. While external support systems, such as members of the extended family, friends and the community neighborhood still play a part in counseling, this is fast disappearing due to current developments that have fashioned many single-parent families. Unfortunately counseling organizations and special schools are not spread throughout the country nor do they have branches across the country that can service parents in small towns, semi-urban areas and villages in rural areas. In chapter 4,

the results of the study clearly indicate in parents' responses that counseling is important for both children and parents. Against this background it is imperative that counseling plays a significant role in families that have children with hearing impairments. With this premise the importance of access to counseling services cannot be over-emphasized.

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