

**ADDIS ABABA UNIVERSITY
COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES
DEPARTMENT OF SPECIAL NEEDS EDUCATION**

**Social and Behavioral Challenges of Children with Hearing
Impairment at Eyerusalem Inclusive Preschool in Addis Ababa**

By: Tewlegn Baye

June, 2015

Addis Ababa University

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**This thesis is submitted to the Department of Special Needs
Education in Partial Fulfillment of the Requirement for MA Degree
in Special Needs Education**

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Acronyms

ACRWC -	African Charter on the Rights and Welfare of the Child.
CRC -	Convention on the Rights of the Child
CWD -	Children with Disability
CWHI-	Children with Hearing Impairment
FGD -	Focus Group Discussion
HI -	Hearing Impairment
NGO -	Non-Governmental Organization.
SNE -	Special Need Education.
UNCRPD-	United nations Convention on the Rights of Persons with Disabilities
UNICEF -	United Nations International Children's Emergency Fund

ABSTRACT

The major purpose of this study was to assess the social and behavioral challenges of children with hearing impairment at Kolfe Keranyio sub city, Eyerusalem Inclusive Preschools, Addis Ababa. The study used qualitative research design. Purposive sampling procedures were used. To get the required information, 4 teachers, the school principal, 3 parents, 5 SWHI and 4 hearing students were selected purposively for interview and four teachers were selected for FGD .Totally 21 participants involved in the study. The data obtained were analyzed through describing case-by-case analysis method.The interview guide, observation checklist and FGD guide were employed to collect the data. Semi structured questions that allowed the researcher greater latitude in asking broad questions were constructed. The observation guide was arranged and the checklist was presented. In collecting the data ,tape recorder was used.

The findings of the study reveal that CWHI have lower role-taking ability in social interaction, which emanates from lack of communication with the hearing peers. It also discloses that there is inclination of the HI towards their HI peers at school and wide opportunity for their social interaction using their own sign language. There are also behavioral problems of CWHI that resulted from failure of communication. Based on the findings obtained some possible recommendations were suggested.

CHAPTER ONE

1. INTRODUCTION

1.1 Background of the Study

Early childhood is now more under the global spotlight than ever before. The world is becoming less tolerant of exclusionary and discriminatory practices, including discrimination against persons with hearing impairment due to increasing knowledge as well as growing awareness of universal human rights. Research demonstrates that the earliest years of a child's life represent a crucial period of biological, neurological, psychological, social and emotional growth and change. Globally, an estimated 93 million children – or 1 in 20 of those aged up to 14 years of age – live with a moderate or severe disability. In most low- and middle-income countries, children with disabilities are more likely to be out of school than any other group of children. Children with disabilities have very low rates of initial enrolment. Even if they do attend school, children living with disabilities are often more likely to drop out and leave school early. In some countries like Ethiopia, having a disability can more than double the chance of a child not being in school, compared to their non-disabled peers. When a disabled child does get the opportunity to receive a quality education, doors are opened. This enables them to secure other rights throughout their lifetime, fostering better access to jobs, health and other services.

CWHI were considered mentally and educationally deficient due to their inability to hear and to use spoken language. The social development in general, depends heavily on communication. However, whether a HI child will develop behavioral problems depends on how well those in the child's environment accept the disability or not (Hallahan and Kauffman, 1988). The greatest disability facing the hearing-impaired individuals is not the hearing disability itself but the failure of parents, professionals and people in general to understand and accept the person with the disability.

According to Kirk & Gallagher (1989), there are several factors involved in describing hearing impairment: the age at which the loss occurs (prelingual or post lingual), the type of hearing loss (conductive, sensor neural or mixed) and the degree of hearing loss (from mild to profound). Hearing impairment in children does not only make it difficult for them to communicate with other people; it also slows down, or even prevents altogether, their learning.

According to Bench (1992), the greater the hearing impairment, the greater the degree of relative social isolation, even with the most caring and sympathetic environment. Such relative isolation affects the communication behavior of the hearing-impaired child and, in turn, this behavior affects education and remediation. In addition, Bench noted that it has been argued that hearing loss leads to problems of adjustment in children, because problems with communication produce barrier to social development, which are difficult to overcome. In turn, these barriers cause social adjustment and interfere with development of concept of self, like that of the hearing child.

Teaching the communication skills needed to begin and to maintain positive interactions could be helped by the social integration of hearing impaired children. Structured situations for positive interactions with peers would, therefore, increase the social acceptance of hearing impaired children, by promoting the appropriate use of communication skills such as greetings, invitations, and acceptances, asking questions about the interests of others, and turn- taking.

As Heward and Orlansky (1988) state, feelings of depression, withdrawal and isolation are frequently expressed by hearing impaired persons, particularly those who experience adventitious loss of hearing.

Other studies stated in Hallahan and Kauffman (1988) reveal that social and personality development in the general population depends heavily on communication. Nevertheless, whether a hearing impaired child will develop behavioral problems depend on how well those in the child's environment accept the disability. Just, as with other physical and sensory impairments, it is not the hearing impairment itself, but how individuals in the child's environment – particularly parents – respond largely determines whether the child will show behavioral problems or not.

The problems of children with hearing impaired generally emerge when they start to learn the words during pre-school period. Because, they can become aggressive when they cannot express themselves and may be more stubborn than their hearing and speaking peers. Isolation of a child because of his/her impairment influences his/her social environment and his/her attitude towards the environment, and the child may be extremely angry, bad tempered and aggressive, since he/she has difficulty in expressing his/her wishes, feelings and thoughts. However, despite the insufficient communication skills of these children, some results were obtained to point out that

the cause of behavioral and emotional problems is not insufficient communication skills in children with hearing impairment or difficulty, but rather, the early parent-child engagement might be the cause of these problems (Hintermair, M. 2013).

The social separation experienced by young children with disabilities in inclusive settings is the result of two powerful forces. First, child characteristics, in terms of general cognitive, communicative and behavioral problems associated with the child's disability, impact on the child's ability to engage in positive social interactions with peers (Guralnick, 2000). Second, the perceptions or beliefs of typically developing children about children with disabilities may influence the likelihood that they will seek engagement with children with additional needs. Thus, the teacher has an important role to create a learning community in which all children are valued.

Tirusew (1998) stated that the extent to which a hearing-impaired child successfully interacts with family members, friends, and people in the community depends largely on the attitudes of others and the child's ability to communicate in some mutually acceptable way.

Education is an important investment that a country can make and enhancing accessibility to educational services is significant in the development of a nation (World Bank, 1993). This is because education positively affects socio-economic behavior such as productivity, living standards, health and demographic characteristics of any population. It contributes to personal improvement and individual self-esteem to a sense of inner value in addition to individual worth. Education is both a human right in itself and an essential means of realizing other human rights. It has vital role in empowering women, safeguarding children from exploitative and hazardous labor and sexual exploitation, protecting the environment, promoting human rights and democracy and controlling unhealthy population growth. Education, as an empowerment right, is fundamental way of which economically and socially marginalized adults and children can pull themselves out of poverty and achieve the way to participate fully in their communities, (Hiwot, 2011).

If hearing-impaired children receive a good and suitable education, they are every bit as capable as hearing children are. There is the same range of ability. They can be academically successful-doctors, lawyers, and lecturers. They can do many jobs-printers, carpenters, farmers, and

dressmakers (UNESCO, 2000). But, these things only happen if they are given opportunities (Tilahun, 2002).

Preschool education, term applied universally to educational group experience for children prior to entrance into the primary grades of elementary school. It usually refers to the education of boys and girls from ages three to six or seven, depending on the admission requirements of schools in the area. Many educators have found that children who have been enrolled in preschool centers develop positive self-concepts and basic understandings and skills that make them better able to apply their efforts to intellectual tasks when they enter school. Preschool education may be provided in day-care centers, nursery schools, or kindergartens in elementary schools (Encarta, 2009).

In recent years, the number of preschools and their roles to take part in the development of the nation is highly increasing; this may be due to high population in the capital. In Addis Ababa, especially at Kolfe Keraniyo sub city there are some inclusive pre and elementary schools. According to K/K sub city education office, there is an effective inclusive preschool at Woreda-13 called Eyerusalem preschool. Eyerusalem inclusive preschool has 17 KG students with disability and 91 KG students without disability.

According to my experience, in Addis Ababa, people measure schools by the height of the buildings, the high cost of tuition fees, accommodation of foreign teachers, names of the schools derived from western countries, curriculum that focus on foreign language like English, French, Arabic, .. etc, the use of English language to teach different subjects at lower grades, adaptation and customizing of foreign school cultures and school activities in different days like crazy day, water day, workers day, color day, parents' day ... etc are among the measurements for the quality of the school in the current situation.

However, in the 21st century, the quality of schools should be measured by the structure of the school, accommodation of children with disability (inclusive preschools), the school resources, the trained special need professionals, and the curriculum development,(Martin wood head, Patricia Ames, Uma Vennan, Workneh Abebe and Natalia Streuli,2009).

At present, there is no study about social and behavioral challenges of children with hearing impairments in the case of Eyerusalem inclusive preschool at Kolfe Keraniyo sub city woreda13.

Although the issue is very important for the overall development of all children with hearing impairments, various stakeholders, including the local urban administration, the family, the school and the society, gave not so much attention to it.

In addition to the above children with hearing impairment at woreda 13, Eyerusalem inclusive preschool suffer not only from social problems but also from behavioral problems. During Cluster experience sharing program arranged by the woreda13 education office, I observed some problems occurring to students with hearing impairments; this triggered my interest undertake the study. This study also tries to recommend some possible interventions.

1.2 Statement of the Problem

In Ethiopia, especially in rural areas children with disability were considered as worthless members of the community (Hiwot, 2011). The society consider them as if they are not capable of being educated, expressing their opinions and perform different activities like their peers without disabilities. As a result, they do not allow their children with disability to go out and play with their peers; do not send them to school, etc. This is because of the fear that their children might be exposed to danger. In addition, there are families who have negative attitudes towards their children with disability and deny them love, care and protection. This may be the result of lack of awareness. Education is the human right of children with disability. The Government of Ethiopia has recognized the right to education by declaring a slogan i.e. "*Education for All*" in its laws and education policy, strategy and programs. Ethiopia has also ratified various international instruments that recognized right to education (Hiwot, 2011).

The rights of the children were envisaged at the CRC and reaffirmed through the recent UN Convention on the Rights of Persons with Disabilities (UNCRPD) (2006). The CRC remains a landmark document, which comprehensively covers civil and political, social, economic and cultural rights of children. It takes due consideration of the survival, development, protection and participation needs of children.

According to United Nations (1989) Convention on the Rights of a Child, play is a central feature of children's everyday life. An essential part of play is the child's interaction with peers and the environment. Play is more than being a recreational activity that children engage in, it is an occupation with a range of potential benefits (Sandberg, Björck-Åkesson, & Granlund, 2004).

Play is central to cognitive, social, and emotional development in children. The outdoor environment, like the school or neighborhood playground, is an especially important location for play for most children. It is a domain that is less parent-dominated than the indoor environment, an environment to explore, a source of novelty, and most of all, a venue for interaction with peers (Betsy, 2001).

In outdoor activities, play is also viewed as a way for a child to experience a feeling of competence and a sense of control over the environment (Moore, Goltsman, & Iacafano, 1987). In playgrounds, children with disabilities are observed playing alone or with an adult more often than children without disabilities (Nabors & Baldawi, 1997).

Social interactions involve at least two people (Grusec & Lytton, 1988) and can involve both verbal and nonverbal communication (Semrud-Clikeman, 2007). Age is a significant factor in terms of appropriate types of social interactions in which children are engaged. As children near the age of three, they are encountering an important period of their development both socially and emotionally. Much of this development is afforded through play, as children begin to develop a sense of self and identity (L'Abate, 2009). At the age of three, a typically developing child should initiate social behavior toward a peer, respond to peers' social behavior, play near one or two peers, observe peers, entertain self by playing with toys, initiate communication with peers, and respond to communication from a peer (Garner, 1998; L'Abate, 2009; Lidz, 2003).

Persons with hearing impairment in one way or another encounter various problems conflicting with social and behavioral adjustments. As Tirusew (1998) indicated, deaf students were characterized by emotional underdevelopment, substantial lag in understanding the dynamics of interpersonal relationships as well as the world about a high egocentric life perspective and a markedly contracted life area.

Kirk and Gallagher (1989) pointed out that a hearing impairment often brings with it communication problems. In addition, communication problems can contribute to social and behavioral difficulties such as aggressiveness.

Buss (1961) examined aggressiveness in three dimensions; physical - verbal; active- passive and direct -indirect. The behaviors such as pushing, pressuring, pulling, hitting, biting are the examples of physical aggressiveness. Offending or harming a person psychologically by verbal

communication is the example of verbal aggressiveness. Active aggressiveness is a goal-oriented behavior and in this form of behavior, the essential thing is to hurt another person and make him/her suffer. On the other hand, in passive aggressiveness, instead of actively harming the counter person, one prevents him/her from realizing his/her goal. Direct aggressiveness is a kind of aggressiveness occurring due to sending directly to the counter person the harmful stimulators, which might provoke or agitate the counter person, whereas in indirect aggressiveness, harmful stimulators are sent to the counter person in indirect ways (Felson, 2000).

Even though there are some local studies in the area of the problem of hearing impairment such as Tilahun (2002) and Tesfaye (2002), they do not adequately address the social and behavioral challenges of children with hearing impairment at early educational level (preschools) specifically at Eyerusalem inclusive preschool in Addis Ababa.

In view of the above, there is need to carry out a research in order to identify the social and behavioral challenges during early childhood education and come up with early intervention if problems are identified at this stage. This is the motivation for the research and more so in Eyerusalem preschool where only 17 children with disability are enrolled in the preschool. Thus, to narrow this gap the following basic research questions were formulated:

1. Do preschools accessible in human and material resource for CWHI?
2. Do CWHI face social challenges during their social play with their hearing peers?
3. What kind of communicational approaches are common for CWHI with their hearing peers and teachers in the school compound?
4. Do preschool CWHI have different behavioral problems during social interaction?

1.3 Objectives of the Study

1.3.1 General Objective

The general objective of the research was to investigate the social and behavioral challenges of CWHI at Eyerusalem inclusive preschool setting and to contribute in the development of research-based knowledge.

1.3.2 Specific Objectives

The specific objectives of the study were to :

1. Investigate the social challenges of children with HI at inclusive preschools.
2. Assess the behavioral challenges of children with HI at inclusive preschools.
3. Suggest some relevant recommendations in order to improve the social and behavioral situation of students with hearing impairment.

1.4 Significance of the Study

Since this study focuses on investigating the major problems of students with hearing impairment, it seeks to identify their attitudes, feelings and their needs. The study will have the following significance.

1. For decision makers to take actions for completion of the school facilities.
2. To serve as source for further research on hearing impairment.
3. To make good relation of CWHI with hearing students
4. To improve behavioral challenges of CWHI.

1.5 Limitations of the Study

For practical reasons, only one preschool from Woreda-13 in Kolfe Keranyo sub city, Addis Ababa inclusive class was purposely selected, as a study site. Limited numbers of participants were also included in the study. Therefore, a better Picture would have been obtained if more schools and participants had been included in the study.

Inclusive education itself is a relatively new phenomenon in Ethiopia. Hence, locally written literature particularly on social and behavioral challenges of preschool children with hearing

impairment is scarcely available. The researcher therefore, feels that sufficient evidences may not presented to supplement the study in the Ethiopian context specifically at Eyerusalem inclusive preschool.

1. The time constraint, resulting from my personal problem (marriage) has created pressure on the part of the researcher. Hence, it would have been possible to take more time after the deadline of submission of the thesis to enrich the study.
2. The selected preschool schedule (first semester break time) brought some delays.

1.6 Operational Definition of Terms

The following are definition of terms frequently used in the study.

Hearing- impaired - refers to KG level students whose hearing loss was assumed to be from mild to profound enrolled in the selected inclusive preschools in 2007 E.C.

Inclusive Class - is a class where students with special needs attend same class together with students without special needs.

Students - refers to KG and UKG children with disability and children with out disability in the inclusive class enrolled in 2007 E. C. in the selected preschool.

Pre-school: refers to centers of early childhood and education for young children between 5-7 years.

Social challenges: refers to interpersonal barriers for social relations particularly in the formation of friends, relation ship with their developing peers, teachers and school principal.

Behavioral challenges: are challenges that are socially defined as a problem, as a source of concern, or as undesirable by the preschool community.

CHAPTER TWO

2. Review of Literature

2.1 Conceptualizing and Defining Hearing Impairment

Many terms are used to the population of individuals who have difficulty hearing. However, the definitions given to hearing impairment may be used to convey different meaning to different people for various purposes. The word “*deaf*” and the term ‘*hard of hearing*’ are given the following definitions.

‘*Deaf*’ signifies that a hearing loss which adversely affects educational performance and which is so severe that the child is impaired in processing (communication) information through hearing, with or without amplification (hearing aids). ‘*Hard of hearing*’ refers to a hearing loss, whether permanent or fluctuating, that adversely affects a child’s educational performance but which allows the child access to some degree of communication with or with out amplifications (Schulz et al. 1991; Sikkonen, 1994).

The term “*hearing impaired*” is used inconsistently, in which some use it to mean all degrees of hearing loss. While others use it to refer to the hard-of-hearing population. The terms ‘*deaf mute*’ and “*deaf and dumb*” are antiquated. Not only are they seen as outdated, they are also viewed as offensive (Easterbrooks & Baker - Hawkins, 1994 as cited in Tesfaye, 2002).

2.2 Schooling Situation of CWHI

2.2.1 School Community Attitude

Many problems that hearing-impaired persons face are secondary consequences of their impairment. Hearing-impaired children, throughout their development are likely to evidence an increasing gap between what they know, think and feel on the one hand, and what they can express, negotiate and communicate about on the other. This growing gap between knowledge and communication often dislocates processes of social interaction, teaching and learning (Wood, & Wood., 1989 as cited in Tilahun, 2002.)

Hearing-impaired students have the same social needs as other students. They need interaction with peers in academic and extracurricular activities. They need to share sports, games, drama,

clubs, and competitions; they need to stand in the halls between classes to discuss a test or to gossip (Schulz, et al., 1991.)

However, low expectations from the school society disable hearing- impaired children. According to Tilahun, 2002, there are indications that the social interactions between hearing and hearing impaired students is much less than that among hearing students. Part of the poor interaction may be attributed to the lack of communication skills of the hearing-impaired children or to insufficient social skills, such as the ability to initiate and continue conversations or discusses playground or after-school activities. Other factors may include the teachers, the environment and the hearing students (Gearheart, et al., 1988).

In the school, early social experiences are important in the development of personality. Through the child's contact with others, the child learns to assess himself/herself, thus laying solid foundation of his/her personality. The more pleasant early social experience of the child could help the child to have better outlook on life and to the betterment of his/her social adjustment.

According to Tilahun (2002), it appeared that the deaf had more negative attitudes towards deafness than the hearing. The deaf seem to perceive themselves as lacking in comparison with the hearing. This results in relatively negative self-concepts (Cates, 1991 cited in Sinkonnen, 1994). There is also evidence that deaf children of hearing parents have lower self-esteem than deaf children of deaf parents. The hearing parents face a huge task in adjusting themselves in a new situation a new communicational mode. Poor communication leaves both partners frustrated; the child feels isolated and a failure (Kirk and Gallagher, 1986; Powell, et al., 1985; Sinkonnen, 1994).

From such results, the investigators concluded that hearing-impaired persons feel themselves, in general to be in the position of a minority group, which is discriminated against and held in low social regard by the majority.

As strong and Shaver (as cited in Sinkonnen, 1994) thus suggested that the best method to change any adverse attitude of the deaf is to create the possibilities of structured contacts between the hearing and the deaf. Teachers need to plan for the social integration of their hearing-impaired students and encourage them to initiate contacts with their hearing peers (Schulz, et al., 1991). UNESCO (2000) that it is always necessary to inform the school society that hearing-impaired persons can do everything except hear also suggests it. However, it is

certainly not easy to change old beliefs and views of man deeply rooted in society. It takes great effort, struggle and the development of new knowledge and attitudes-it demands a change in awareness.

2.2.2 Support Services for CWHI

The basic needs and goals of education for a deaf child are not different from that of hearing child. The basic difference lays only on the means of achieving the goals and the materials to be provided for CWHI. The important point to be noted is that if a deaf child is forced to use the educational experiences and equipments which are used by the hearing, he or she cannot be expected to reach the desired goals as effectively as the hearing child (Gearheart et. al., 1988).

The following are a brief description of the most commonly applied support services by the school (Gearheart et. al., 1988.)

1. Integrated services

The school may use an integrated service delivery model for related services. A team of teachers, therapists, and specialist's works with each child and his or her family to create an Individual Education Program (IEP) specifically for that child.

2. Speech and Language Therapy

Speech and language pathologist may serve CWHI to improve their speech and other communication skills.

3. Interpreting Services

Trained interpreter may facilitate communication between CWHI and the teachers, classmates, or other school staff, and provide access to the course material.

4. Guidance and Counseling Services

Guidance and counseling is an important aspect of education that can help the learner in his problem. It is essential service that can support instructional work to enable student to develop his ability. According to Cowie (1992), guidance and counseling services assist students in general in solving their present problems, in preparing themselves for further tasks, in attending higher standards of efficiency and well-being and developing personal resources for growth.

Furthermore, guidance and counseling is needed for formal development of all children. This is because there are emotional, social, economic and educational problems of pupils.

Regarding this point, Farrant (1980:55) has stated that:

Counseling is the act of assisting an individual with advice, comfort or guidance to relieve or overcome problems that trouble him. It is increasingly being recognized as an important component of the teacher's work. Since children learn best when they are free from worries or matters that interfere with the development of their personality.

Chauhan (1982) proposes that guidance and counseling may be effective if it enables the student to overcome obstacles, which interfere in the development of his abilities. It should enable the students to cope with their academic difficulties in schools. A successful guidance program is expected to minimize student's emotional problems in school. The program provides them with opportunities for the reduction of worries and conflicts.

2.3 Communication Approaches for CWHI

Communication consists of a wide range of behaviors that include listening, talking, reading, writing, and thinking. These behaviors occur over time and overlap with one another. While we seek mutual understanding when we communicate, research tells us that communication is not finite. It never really ends (Tesfaye, 2002).

According to Tilahun (2002), for children who have a considerable hearing loss, three methods have been advocated: the oral method, the manual (sign language) method, and total communication.

2.3.1 The Oral Method.

The oral method requires the student with a hearing impairment to use a combination of residual hearing, a hearing aid, and speech reading. It encourages the use of the residual hearing while the presentation of the material emphasizes the student's visual and auditory attention. This method emphasizes speech-reading and oral speech as the primary means of communication (Gearheart, et al., 1988; Schulz, et al., 1991; Moores, 1987& 1996 as cited in Tilahun, 2002).

However, the biggest problem with teaching only oral communication is that it slows down a child's language development at the age when children learn language fastest (age 1 to 7 years).

For instance, a deaf child usually learns to lip read and speak only 5 to 10 words by age 5 or 6. By that age, the same child can learn over 2,000 signs as many words as a hearing child speaks. But, oral communication usually works well for children who can hear the differences between many words or for children who became deaf after they learned to speak (Werner, 1994).

2.3.1.1. Lip-Reading / Speech Reading

Speech reading is the visual interpretation of spoken communication. For hearing people, lipreading provides a useful complementary cue that often aids speech perception. However, lip-reading is not generally a crucial source of speech information for deaf persons, the situation is reversed. Lip-reading is the primary source of speech information for the deaf. Lip-reading is an important additional source of information for speech perception in both noisy and quiet environments (Dodd & Campbell, 1989 as cited in Tesfaye, 2002).

However, Nolan and Tucker (as cited in Tirusew, 1998) forwarded their argument that lipreading is unreliable and imprecise. In describing the debate, in English language, for example two thirds of the sounds that make up the language are either invisible or visually ambiguous. For instance, many are greatly dependent on voicing and nasality or their intelligibility features which are not visible.

2.3.1.2. Cued Speech

Cued Speech is a sound-based hand supplemented to speech reading. Combined with the natural lip movements of speech, the cues make spoken language visible. According to Reed (as cited in Tirusew, 1998), Cued Speech is using hand shape and position while speaking. In combination with certain sound, these hand signals make it possible to better distinguish those speech sounds that are easily confused because they look the same on the lip.

On the other hand, among the limitations of Cued Speech are while sounds that look alike are distinguishable because of the hand cues, lip movements still are intelligible part of the system, but reliance on speech reading. The insufficient numbers of proficient cuers who cue what instructors say (Teskaye, 2002).

2.3.2 The Manual Method

The Manual Communication Approach comprises of finger spelling i.e. writing in the air with hand and configurations are movements similar on paper with written alphabets and the sign language i.e. the visual medium of signs, and. Manual Communication is the reaction of human communication to meet their communication needs as the auditory – oral approach.

The Finger Spelling / Manual Alphabet is a manual system which has a movement for each letter; words are spelt using particular movement for different letters. Alemayehu (2000) indicated that finger spelling, using a sequence of hand configuration to spell words letter by letter, is used in both sign languages and signed languages. Finger spelling is used to connect signs into sentences, or to add stress in sign languages. It is useful for introducing names and technical terms. Finger spelling also plays a complementary role to sign when it may significantly increase understanding of sign language (Bench, 1992).

2.3.3 Sign Language

According to Alemayehu (2000), sign language is perfectly suited for those who can see but not hear. It takes a full advantage of existing resources rather than obsessing on what is missing. Through vision, a person receives message and through hands and parts of the body, sends the message. Research into different languages show that signed languages contain the same underlying principles of construction as spoken language in that they have a lexicon, i.e. a set of conventional symbols, and a grammar that is a system of rules governing the use of the symbols (Bergman, 1994 as cited in Tesfay, 2002).

Sign languages are fully developed languages, and those who know sign languages are capable of creating and comprehending unlimited number of new sentences just as speakers of oral languages. Sign languages are visual gesture languages, which comprises of shape and position of specific body parts as hands, arms, face and head; and are structured to suit the needs and capabilities of the eye. Sign language is formal socially agreed on, rule- governed symbol system that is generative in nature. (Alemayehu, 2000; Tirusew, 1998).

2.3.4. Total Communication

Total communication is an approach that encourages a child to learn and use all the different methods that work well for that child in his or her particular community (Werner, 1994). This might include any (or all) of these: the child's own gestures; sign language; drawing, reading, and writing, finger spelling; and whatever hearing the child has, to develop lip-reading and speech.

'Total communication' does not mean that all the above methods are used for every child. It means that we try all the methods that might work for a child. Then we work with whatever methods will help the child communicate as easily, quickly, and fully as possible with his or her family and community (Werner, 1994; Moores, 1996 as cited in Tilahun, 2002).

Moreover, research does indicate that no one method or collection of methods can meet the individual needs of all children. Depending on the particular child and situation, the teacher uses a combination of such techniques as auditory training, speech reading, sign language, and finger spelling (Hallahan & Kauffman, 1988; Schulz, et al., 1991).

2.4 Social Development

2.4.1 Social Interaction

Children with hearing impairment are often associated with a higher risk of social development delay, and may fall behind their peers with typical hearing in social communication. This may be due to the role hearing ability plays on overall language and vocabulary acquisition, among other factors. One study conducted by Yoshinaga-Itano (1994) concluded that young children with hearing impairment who are late identified demonstrated delay in expressive vocabulary development relative to typical hearing peers.

Parten (1932) study of social participation along preschool children has developed six categories of social participation:

(a) unoccupied behaviour, (b) solitary play, (c) onlooker behaviour, (d) parallel play, (e) associative play, and (f) cooperative or organized supplementary play.

Unoccupied behaviour, the children will not engage actively in any activity. Solitary play describes a child playing alone. Onlooker behaviour refers to the category in which the child

observes the play activities of others, but does not participate in them. Parallel play, a child plays alongside another, without social interaction. Associative play involves verbal interaction between children, but with few attempts to organize the play situation. Cooperative or organized supplementary play is characterized by structure and collaboration, in which members assume an active role in the planning of the play activity.

According to Parten (1932), unoccupied, solitary, and onlooker activity might be considered negative indices of social activity; while parallel, associative and cooperative or organized supplementary play might be regarded as positive indices of social participation.

2.4.2 Play and Social Interaction

Children with disabilities benefit from play particularly when it comes to social skills and social development. When a child has limited responsibilities and a lack of decision-making experiences, that child may come to believe he or she is not competent (Carmichael, 1994). Play provides a stage for these decision-making experiences to occur and these experiences help develop self-confidence. For children with disabilities, play also helps in developing self-determination, control and identity (Woolley et al., 2006). Learning social standards and values are also important skills in the development of children with disabilities and these skills are learned through peer play (Prellwitz & Skär, 2007).

One of the results of children with disabilities not having play is a risk of developing secondary impairments, such as depression, and decreased balance, strength and endurance (Guralnick, 1986; Johnson, 2009). Without play, children with disabilities also tend to spend much of their time in the company of adults rather than with other children (Woolley et al., 2006). However, when there is a platform for encouraging social interactions, such as a playground or in-class free-play, children with disabilities tend to interact with other children more frequently (Wolery & Wilbers, 1994).

Social plays may have positive benefits for social development in younger children. Research shows that prior social experience promotes social interactions for preschoolaged children. For example, in an observational study by Harper and Huie (1985), the play behaviors of 3- to 5-year-olds that had previous experience in-group childcare were compared to children who had never attended a preschool environment. Compared to their inexperienced peers, preschoolers

who had previous childcare experience were more inclined to engage in cooperative play with their peers and less likely to spend time alone. In addition, experienced children spent less time with adults and more time engaged with their peers in play. Similar benefits of social experience have been found in research with school-aged children that examined student participation in extracurricular or outside of school activities, such as clubs, sports, or church activities.

Research indicates that, in comparison to their typically developing peers, children with disabilities exhibit lower participation in daily classroom tasks, which include both academic activities and social activities.

2.4.3 Social challenges of CWHI

CWHI may have a number of social problems because the way others treat and look at them affect their lives. In other words, CWHI face difficult circumstances not from the disability itself, but also from the views of others in the community towards them and the way others treat and consider them (Warner, 1988 and Daniel, 2000). This suggests that society can have the influence on their human development. Consequently, whatever social experience of PWHI have, it is influential in their well-being and development.

From such perspective, it should be clear that family members, peers, neighborhood and all others are significant to this vulnerable group of the society. Since individuals in the society or each community have decisive roles in laying down the necessary foundation for the CWHI social development and well-being, therefore awareness creating and attitudinal changes are essential.

In relation to social support of the CWD, Hagner (1992) stated that; Good likes for person with sever disability depend on whether they are recognized as members of the social networks and associations as that constitute community. People recognized as members benefit from every day exchanges of support that create opportunities to play socially valued roles to form personally significant relationships. People excluded from membership are at risk for loneliness, isolation and powerlessness

Therefore, social problems are not limited to problems that have social effects. They are environmental, technological, cultural and demographic as well as social and psychological in their multiple origins

2.5 Behavioral Challenges of CWHI

Part of the problem for children with hearing impairments is that so much of what they cannot hear they can feel vibrationally or see in shadow movements in the environments around them; and this can cause them to become confused and frustrated, and to act out in consequence. In the same vein, Webster and Wood (1988) pointed out that deafness not only restricts what the child can hear, but also likely to disrupt some of the socially interactive process, which lay the foundation for communication.

In the issue of social and behavioral difficulties, Davis et al. (cited in Kirk et al. 1993) indicated that how the problems intensify loneliness and rejection of children with hearing impairment as follows:

Hearing impairment in rare cases affects the ease with which communication occurs, and communication forms the basis for social interaction. The hearing-impaired person's self-concept and confidence influence how rejection by others is perceived and handled. It is a rare hearing-impaired child who does not perceive his social relations as inadequate and does not long for full acceptance by his peers. If being different thing is the worst thing that can happen then, the next worst thing is associating with some one who is not different. One cannot always control the former, but one can control the latter. It is from this fact that social problems encountered by hearing impaired children often stem (p.323).

School behaviour problems can be related to children's listening problems. Listening problems can be conductive hearing loss due to middle ear disease or auditory processing problems. It is surprising that the contribution of hearing loss to school behaviour problems has received so little attention, despite there being evidence of a strong association between the two. Moore and Best (1988) found that in five Melbourne schools 90% of children in early childhood classes

identified by teachers as having behaviour problems had either a current hearing loss or abnormal middle ear function.

Problem behaviors were classified as either externalizing or internalizing behaviors (Achenbach & Rescorla, 2000). Externalizing behaviors are characterized as attention problems (e.g., can't concentrate, can't sit still, clumsy) and aggressive behaviors (e.g., defiant, disobedient, lacks guilt, hits others, angry moods, screams, uncooperative, wants attention); in contrast, internalizing behaviors are characterized as a child being emotionally reactive (e.g., disturbed by change, panics, moody, whining, worries), anxious/depressed (e.g., clings, feelings hurt, upset by separation, nervous, fearful, sad), having somatic complaints (e.g., aches, can't stand things out of place, too concerned with cleanliness, constipated/diarrhea/headaches/nausea without medical reason), and being withdrawn (e.g., acting immature, avoiding eye contact, unresponsive to affection, little interest, refuses active games) (Achenbach & Rescorla, 2000).

Children with listening difficulties responded at school in ways that often antagonized peers and were seen teachers as disruptive. However, these responses appeared related to attempts to avoid the social exclusion created by hearing loss in the often-noisy school environment.

For example, children had difficulty listening when there was high background noise due to many children talking at the same time. While some remained silent and isolated when it was noisy most attempted to socially engage through other means. This was often through pushing and poking others or taking things that belonged to others.

However, this type of teasing or bullying was often resented by other children and seen as disruptive by teachers. While most children with listening problems actually talked less than other children, they often got into trouble for when they did talk. This was because they attempted to talk when they were expected to be quiet. Other children's silence provided an opportunity to talk to others at a time they could best hear the responses of other children.

Other researches also found that many children with listening problems used visual observation strategies in order to cope with classroom expectations. However, again these responses could be seen as behaviour problems. Teachers often saw looking around in order to know what to do as

the child being inattentive. Walking around to observe what others were doing could also be seen as hyperactivity.

2.6 The Need for Early Intervention

Many researchers seem to have a common understanding on the issue that certain events occurring during "discrete early critical periods may have irreversible effects on later behavior". From developmental perspective, it appears to be an acceptable fact that "early plasticity and response to stimulation" can possibly be replaced by "later rigidity and resistance to change" unless appropriate intervention is taken on time (Reynolds and Mann, 1987, p.561).

In many aspects, the child's success usually "depends on the willingness and ability of other people to interpret the child's efforts" in a developmentally meaningful manner (Berger, 1983, p.161). It is noticed, "Sound family functioning is essential for providing a supportive and developmentally appropriate environment for the child with special needs". Furthermore, it is believed that "a family truly becomes a more prominent and direct focus of early intervention program" in order "to yield developmental benefits to children" (Guralnick & Bennett, 1987, p.368).

Next to the family, intervention at preschool level can play an important role to facilitate children's development in its multi- form. As an effective educational unit, it is noted that preschool program should provide academic and cognitive training, emphasize parental involvement and employ both oral and manual techniques to teach deaf/ hearing impaired children (Hallhan & Kauffman, 1991, p.292). To see the effect of early intervention in facilitating the integration of hearing impaired students, Nashville as cited by Moores (1996, p.346) reported that children who began to use a hearing aid before 3 years of age were easily integrated in a class with their hearing peers.

As a whole, teaching hearing-impaired children "to speak and lip-read to acquire language", facilitating "social and interaction skills", promoting "emotional and cognitive Development", improving parent-child communication" and "reducing family stress" are components of the intervention program to be undertaken at the preschool level (Guralnick & Bennett, 1987, p.33)

CHAPTER THREE

METHODOLOGY

3.1 Research Design

The focus of this study was to investigate the social and behavioral challenges of students with hearing impairment in Eyerusalem private inclusive preschool. The research is qualitative research that takes place in natural settings and employs a combination of observations and interviews. Case study approach employed as it enabled the researcher to develop a level of fact from high involvement in the actual experiences (Creswell, 1994). In case study, a single person, program, event, process, institution, organization, social group or phenomenon is investigated within a specified period, using a combination of appropriate data collection devices (Creswell, 1994:12). Yin (2003) also discussed that case study inquiry as a type of qualitative research that investigates a phenomenon within its real-life context.

3.2 Study Setting

3.2.1 Location

According to the school report (2014), Eyerusalem inclusive preschool, which is selected for the study, is found in Addis Ababa, Kolfe Keraniyo sub city, Woreda -13. The school for CWHI is situated on the way to “Atana Tera to Winget from Torhailoch”. It is located at the back of Woreda 13 Education Department (approximately at a distance of 2 kilometers) to the South Western direction, which is turned from the main road from Atana Tera to winget. It is also bordered by the village commonly called “Tero” and a church of ‘*Tero Gebriel*’ to its Southwest direction. To the Eastern direction, there are residential homes.

Over all, the school has an area of 1,500sq.meters.

3.2.2 Physical Setting

The school for CWHI comprises of four blocks. One administration block that consists the director’s office, the storeroom, and workshop of each with different sizes. Moreover, three teaching blocks each having eight classrooms. The school is fenced with a blocket building to protect any trespasser.

3.3 Target Population

Table 3.1 Population of the study

No	Population	Sex		Total
		M	F	
1	CWHI	4	2	6
2	Hearing Children	62	40	102
3	Teachers	6	2	8
4	Parents of CWHI	6	6	12
5	Principal	1	-	1
Total		79	50	129

Table-3.2. Number of CWD per grade level and the type of disability in Eyerusalem Inclusive Preschool

Grade level	Number of students and type of disability				
	VI	HI	MD	ID	Total
Nursery	0	0	0	1	1
KG-1	1	3	0	2	6
KG-2	0	1	1	2	4
KG-3	0	2	1	3	6
Total	1	6	2	8	17

VI-Visually Impaired, HI-Hearing Impaired, MD-Mobility difficulty, ID-Intellectual disability

3.4 Participants

To conduct this study, participants were drawn from the school namely Eyerusalem Inclusive preschool because the school have more students with hearing impairment relative to other schools in the subcity that is needed for the study. In the school, different members of the school community were identified and participated in the study. This included 5 students with hearing

impairments attending in the school, 4 preschool homeroom teachers who teach from nursery to KG levels, the principal of the school, 4 hearing students and 3 parents of students with hearing impairment. Therefore, a total of 6(2 female & 4 male) students with hearing impairments, 4(2 female & 2 male) hearing students, 4(2 female & 2 male) teachers, 3 female parents and 1 principal of the mentioned pre school were participants of this study. To do this, a sample frame for the students was prepared from their teachers' information of each class.

3.5 Sample Size

Table 3.3 Demographic Profile of participants

No	Participants	Sex		Total
		Male	Female	
1	Students with HI for Interview	2	1	3
2	Students with HI for observation	1	1	2
3	Hearing Students for Interview	2	2	4
4	Teachers for Interview	2	2	4
5	Teachers for FGD	2	2	4
6	Parents(interview)	-	3	3
7	Principal(interview)	1	-	1
Total		10	11	21

The participants in the above table are all participate in this study .That is 10 male and 11 female, totally 21 participants were purposefully selected. All the 3participants (2 male and 1 female) from students of semi structure interview were totally deaf. In addition, the 2 participants for observation are also totally deaf. Their ages of onset of hearing impairment are during birth that is prenatal. They are all preschool children. Their ages during interview were range between 5-7.

The researcher selected their parents purposely because most of the time when the researcher went to the house of SWHI he got females so he try to made an interview about SWHI with them rather than with males. Unfortunately, the researcher was looking for female parents because mostly the social attachment of females (mothers, sisters, housemaids, etc) is believed to be high with children when compared with males in the Ethiopian context.

In addition, the researcher selected their hearing friends purposely because those friends have close relationship and may have social play with CWHI.

In the case of Kolfe Keraniyo sub city currently there are about 3 preschools which are accepting and teaching CWHI in general education. Out of the 3-pre schools, the researcher selected Eyerusalem inclusive preschool as case study for the simple reason that it has enrolled a far greater number of CWHI than the other schools in the sub city.

3.6 Sampling Techniques

To get the required information from participants about the research on the selected preschool, 5 children with hearing impairments (3 CWHI were used in the interview and 2 CWHI in observation), 4 classroom teachers, 4 hearing children, 3 parents and school principal were selected using purposeful sampling techniques.

Purposeful sampling technique was employed based on the assumption that the researcher desired to understand and obtain insights and, therefore, first determined the selection criteria that were more relevant in selecting the cases for the study; and for key-informants independently.

Thus, the selection criteria essential to the study and help proceed to find cases were those,

1. Who are currently living with their parent(s)
2. Level of hearing loss(totally deaf)
3. Communication method(sign language)
4. Educational level (preschool)

Further, selection criteria for key- informants,

1. Who have special knowledge (experience) about the case(the principal)
2. Status in the setting at home (mother); in the school (homeroom teacher)
3. Hearing children who are friends of CWHI

3.7 Sources of Data

The researcher collected data from various members of the school community (i.e. teachers, CWHI. Hearing children, parents, and school principal). Moreover, the datum were gathered using the following techniques i.e. classroom and playground observation, focus group discussion and interviews.

3.8 Instruments

3.8.1 Interview Guide

Semi structured interview for preschool teachers, CWHI, hearing friends and School Principal, was employed to collect the primary data from that was expected to give related information to the study. Semi structured interview provides opportunities for both interviewer and interviewee to discuss some topics in more detail (Hancock,2007).In addition to the above instrument focus group discussion and observation were used as secondary data collection instrument.

A. Interview Guide for Teachers

Teacher's interview instruments were developed for collecting information on teachers' awareness, understanding on integrating of CWHI and actual social and behavioral practices in the classroom and the challenges that SWHI faced during the teaching and learning process. The researcher spent a total of 3 days (24 hrs) to conduct teacher's interview.

B. Interviews Guide for School Principal

The school principal interview plan was developed to gather information regarding the principal's and administrators' knowledge and awareness on preschool inclusive education, the educational support and training that teachers are receiving, the material support that SWHI are receiving, the standards in selecting and assigning teachers in integrated classroom, the support the school principal gives to teachers regarding teaching and learning and the school's relationship with parents. The researcher spent a day to complete interviews with the school principal.

C. Interview for CWHI

The SWHI interview was developed to gather information regarding their social practices and challenges they faced and relationship with their teachers, classmates and the school principal. The researcher spent a week to complete learner interviews.

D. Interview for hearing students

The learner interview was developed to gather information regarding their relationship with students with hearing impairment and the advantages that they gained when they learn with SWHI, their social practices and challenges they faced .The researcher spent a week to complete learner interviews.

E. Interview with parents of CWHI

Parents' interview were developed to gather information about their children's social relationship with the family, communicational approaches, behavioral problems and the type of play they enjoy most at home level. The researcher spent 3 days to complete parent interviews.

3.8.2 Focus Group Discussion

The teachers' focus group discussion points were developed to gather information regarding their experience in social and behavioral challenges of children with hearing impairments in the inclusive preschools, their learning practices and challenges they faced and relationship with their teachers, classmates and school principal. The researcher use 1day (6 hrs) for FGD interview. Only one group was formed containing 4 teachers.

3.8.3 Observation Checklists

Observation is a technique that can be used when data cannot be collected through other means, or those collected through other means are of limited value or are difficult to validate.

For example, in interviews, participants may be asked about how they behave in certain situations, but there is no guarantee that they actually do what they say they do. Hence, observing them in those situations is more valid. Observations are those in which the researcher takes notes on the behavior and activities of individuals at the research site (Creswell, 2009).In addition to this, since the students developmental level and sign language ability is less it was better to have observation instruments to collect datum fro KG children with hearing impairment.

A. Classroom observation

The Classroom observations were developed to gather information on the general classroom situation e.g. the method of teaching, sitting arrangement, resources available in class etc. The researcher observed the classroom for 3 periods (2 hrs).

B. Playground observation

Playground observations were developed to gather information regarding facilities of the playground, how CWHI play and communicate with their developing peers, type of play they enjoy most, social and behavioral problems they faced. The researcher observed the learners on the playground for over 3 days (3 hrs).

3.9 Data Collection Process

Pilot Test

Before preparing for data collection, first the instruments were checked by the academic advisor. Secondly, the researcher corrected the instrument based on the advisor's feedback.

Thirdly, instruments were translated to Amharic language because this language is used as a national, working and learning language for all participants.

After this, a pilot study was conducted in cruise preschool, which in many cases is similar to Eyerusalem preschool except the number of CWHI, as both schools provide integrated education.

The pilot was conducted in a small sample of inclusive teachers, the school principal and one CWHI. Based on the result, modifications were made like omitting unclear words, minimizing the length of sentences, choosing easy words...etc on some items and instructions by correcting spellings and ambiguous words and phrases that were not easy to understand by the participants.

3.10 Ethical Consideration

Referring to ethical consideration, after identifying the key informants with whom to begin the interview process, discussion with all participants of the study was made.

The discussion contained information concerning the researcher's full consent (permission) to research process, awareness or description of what the study examines, the right to withdraw from participation at any time, the right of getting any relevant further information about the study, confidentiality, threatening of participants' data and names of participants were clearly discussed.

Therefore, the researcher obtained the informed consent of all participants and parents of children verbally to start the interview process.

Table 3.4 Summary of research methodology

Population	Sample	Sampling technique	Instrument	Analysis
Children with HI 6(M=4,F=2)	3(M=2,F=1)	Purposive sampling	Semi structured-Interview	Case by case analysis
	2(M=1,F=1)	Purposive sampling	Observation	Case by case analysis
Children without disability (M=62,F=40)	4(M=2,F=2)	Purposive sampling	Semi structured-Interview	Case by case analysis
Teachers (M=6,F=2)	4(M=2,F=2)	Purposive sampling	Semi structured-Interview	Case by case analysis
	4(M=2,F=2)	Purposive sampling	Focus group discussion	Case by case analysis
Parents of CWHI (M=6,F=6)	3(M=0,F=3)	Purposive sampling	Semi structured-Interview	Case by case analysis
School principal (M=1)	M=1	Purposive sampling	Semi structured-Interview	Case by case analysis

3.11 Data Analysis

As of the study used qualitative type of data, thematic data analysis technique was employed to analyze the qualitative data. This was performed as follows: before starting the analysis, to understand the data the researcher read and re-read the transcribed, collected, and documented raw data that were gathered from interview guide, FGD and researcher's observations based on the respondents respond and observations of the researcher that describes the condition or the

occurrences and happenings under the study. Because, having a data does not mean having quality and relevant data.

Next, the researcher have organized, classified, reduced and coded the data to represent the categories/themes.

Then, the researcher grouped similar kinds of ideas and concept (data) together in categories/themes used as summary markers for analysis. The categories/themes were used as headings and explained one by one. Data was interpreted and findings were reported.

To increase the validity and reliability of the findings, the researcher used data triangulation using data from respondents that were obtained through different methods like interview of the principal, informal discussions with the school community.

As a result, the weakness or bias of any of the methods or data sources was compensated by the strengths of another. Data from interviews and focus group discussion were gathered using mobile audio recorder. The data were analyzed by using case-by-case analysis method. The names used in the case studies are pseudonyms.

CHAPTER FOUR

RESULTS (FINDINGS)

This chapter presents different data gathered from the varied participants of the study such as teachers, school administrators, parents and friends of the main participants of the study which are students with hearing impairment (SWHI). It also includes the results of the interviews conducted as well as classroom and playground observations of the main participants of the study.

4.1 General Information

The following table provides some highlight concerning participants in the inclusive preschool.

Table 4.1 Background Information of School Directors

Variables		Quantity
Educational level	Sex	
Diploma	M	
	F	
Degree	M	1
	F	
Total		1

Table 4.2 Background Information of SWHI

Variables				Age during Interview	Grade level				
Pseudonym	Sex		Type of HI						
	M	F	Partial	Total		N	KG-1	KG-2	KG-3
FAR	X			X	5		X		
MILL	X			X	5				X
TIN	X			X	7				X
KAL		X		X	5		X		
SAR		X		X	6				X
Total	3	2		5			2		3

Table 4.3 Background Information of Hearing Students

Variables			Age during Interview	Grade level			
Pseudonym	Sex			N	KG-1	KG-2	KG-3
	M	F					
ZIM	X		5				X
MES	X		6				X
FIR		X	5		X		
LID		X	6		X		
Total				0	2	0	2

Table 4.4 Background Information of Inclusive Class Teachers

Educational level	Variables		Quantity
	Age	Sex	
Certificate	19-30	M	2
		F	1
	31-45	M	
		F	
	>45	M	
		F	
Diploma	19-30	M	
		F	1
	31-45	M	
		F	
	>45	M	
		F	
Total			4

Table 4.5 Background Information of Parents of CWHI

Variables	Sex	
	M	F
Educational level		
Illiterate		0
1-4		1
5-8		1
9-12		1
Total		3

4.2 Challenges Facing Children with Hearing Impairments

4.2.1 Social Challenges

4.2.1.1 Social Interaction of Students with Hearing Impairment

SWHI have endured many social challenges. FAR reported, of course, students like me (SWHI) support each other. Hearing students, however, do not support me. Therefore, I feel sad and wonder that why they are not voluntarily interested to support me.

One of his classmates reported to the contrary to the above idea. He said that as much as possible they tried their best to support SWHI. But it is not always because they also need to do their own tasks and sometimes they can't easily understand their interest when he communicates with them.

His mother said that:

“FAR has good behavior; he is disciplined and interested to study. But most of the time FAR spend his time at school. I am housewife and have time to communicate and discuss with my child. I am always sad when the community do not understand my child's problem. I have got training on sign language to some extent from my child's school. I always advice him to be alert on the roads, to play freely with his friends and to develop self-confidence. He likes to watch Tom& Jerry and he acts like Tom in all movements at home makes me happy.”

The researcher also observed that FAR spends most of the time with CWHI outside the class on the playground because hearing students did not want to play with them; they rather want to run, chat with hearing students.

However, TIN reported on the contrary. TIN said that, “I interact well with hearing students in the school compound.

TIN's mother also stated, “TIN has good social interaction with the neighbouring children.

He needs to participate at every social activity except in some distance place.” One of his classmates, ZIM said that, “TIN interacts with hearing and non-hearing students. He never discriminate people. He likes to play ‘run and catch’ with boys and girls. He is good at sport and mobile games like candy crash”. The researcher also observes how he is smart in using touch screen mobile phones from his teachers to play games and use different applications.

The researcher also observed KAL, that she participates in the classroom but she moves from one corner to the other alone with out interaction with other students. And some times she tried to play alone with an airplane model made from paper by throwing up in to the sky. Other students do not want to play with her. Their reason is that she cannot communicate easily with them. Some times, she pushes and laughs with Mill who is deaf in the same class. Mill is so aggressive and shows hard for other students. Mill showed some part of egocentricity and selfishness in using the sliding machine. He mostly kicks others and do not allow other students to move with out his interest. He also puts mud and dust on the sliding machine not to play others.

Summary

From semi structured interview and playground observation except TIN, the other CWHI do not have good social interaction and positive relationship with the hearing students, this may be due to lack of communication with the hearing peers.

4.2.1.2 School Community Attitude towards CWHI

The participant's respond differently. SAR said that, those who are living on the same village do not have positive attitude. However, her teachers and students at Eyerusalem inclusive school have been very positive and helping her to participate in competitive games and athletics sport.

SAR says:

“Some people have positive attitude towards CWHI. For example, they have a belief that CWHI can learn like hearing students and lead their lives. Some hearing students have negative attitude towards CWHI; they said that education is difficult for CWHI, and they said we would only play with hearing students.”

SAR said that her perception of the school community towards her is good; most people treated her well. Despite of her hearing loss they assume that she can compete and win in her education and athletics.

On the contrary, MILL feels that people in the school, specially hearing students have a negative attitude towards him. He does not know the reason, whether it is lack of awareness or something else. For example, if he plays alone, hearing students did not like to play with him and when they play in groups, they usually make him out of the group play systematically by talking orally.

KAL said that she likes most to be with her teacher because she thinks her teacher loves and kiss her everyday. The researcher observed that KAL is so happy when she play with her sign language teacher during their break time on the playground but not with other students except MILL.

Summary

The perception of the school society towards CWHI is different from person to person. Most hearing students have negative attitude towards CWHI and some children have not. The variations are due to lack of awareness and lack of communication for some children.

4.2.1.3 Time Spent During Play

FAR answered, “I want to go and play with hearing students because hearing people can understand and communicate with me but they don’t want to be with me.” Because playing or going with hearing students seems beneficiary to him. FAR’s homeroom teacher (HT) said, “He believe as if he can hear and compete his developing peers and do not accept his deafness and mostly resists to communicate with sign language. In addition, he spends most of his time by playing alone on the playground.” His mother also said, “Still he can’t accept his disability and tries to use informal sign language rather than the formal one and he hates to use sign language unlike his classmates with hearing impairment.”

FAR’s hearing classmate said, “Sometimes he communicates with us inside the class, but most of the time he plays with CWHI outside the class.”

TIN said, “I play with hearing and students with hearing impairment.” Moreover, his homeroom teacher said that he has no problem in interacting with hearing or non-hearing persons.” Also, the researcher observed, TIN to be an interesting person in interacting with hearing and non-hearing student / persons at school. However, hearing students are not interested to play with student with hearing impaired. Rather they prefer to play with hearing friends.

SAR stated, “I play with all my friends who are hearing students or who have hearing impairments. When I need support, I asked my hearing friends. However, for other things I play equally with all of them.”

Furthermore, one of her classmates and her homeroom teacher responded that SAR's social interaction is equal with both hearing and non-hearing children. The researcher observed that; SAR seemed sociable that she has good physical contact with her classmates and teachers.

Likewise, KAL claims that; at school she prefers to spend time with CWHI rather than with hearing students. She feels that SWHI can relate better to each other. They share experiences and ideas without prejudice. One of her classmates underlined that when she want to ask something academic she come to hearing students; but when she want to play and chat most of the time she prefers CWHI.

Participants from focus group discussion responded that;

CWHI play with all hearing and non-hearing students. The main reason why they prefer hearing students is that they are able to get support in writing and guidance. Otherwise, when they want to share emotions, they prefer students with hearing impairment. One participant from focus group discussion said, "they go, play and chat with all (both hearing and non hearing) students." However, from my experience, they need to chat, play and spend time with students with hearing impairment because they love and respect each other.

Summary

Although some participants have different responses, most participants respond similarly, they said that they need good relationship with hearing students to get support. However, to share experiences and their feelings, they want to play and chat with CWHI due to the common experience so that they love and respect each other.

4.2.1.4 The Availability of Support Services and Playing Materials

As can be seen from the overall responses of students and teachers and the researcher's observation almost all essential playing materials and especial equipments (Hearing Aids, Sign language Textbooks, Resource Rooms, Audiogram, and the like) and supportive professionals (audiologist, speech therapist and counselors) needed for hearing-impaired children were totally absent or unavailable in Eyerusalem inclusive preschools where students with hearing impairment are included. In addition to this, most of the teachers are not qualified (below certificate level).

However, the most important thing that the school did is that there is always sign language training for newly employed teachers, nurses for clinics in the sub city and service providers from other professions.

Summary

Although the school has some playing materials on the playground, the field was not well organized and not marked for different purposes. They have no game teachers and other professionals (counselors), no specific break time for KG students (they play with elementary students at the same time on the same place).

4.2.2 Communication and Social Interaction

According to the respondents' perspective, the mode of communication that served at home and/or in the school environment revealed that the two different environments home and school as they comprised of varied members in each setting, there seemed to appear variations in communication modes.

For example, FAR's mother said,

“At home, gesturing was highly applied approach for mutual understanding for both her deaf child and the hearing members of the family. It was such a pantomime with the expressive movement of the body, face...to communicate and interact with each other.” Thus, the communicative competence – (both expressive and receptive communication) was described in the effectiveness of the two-way communication, the deaf child with members of the nuclear family, parents and siblings. Indeed, for the successful communicative competence, the choice of common language or medium along with its approach (s) is of vital importance.

Nevertheless, the preference or choice of mode of communication to be applied at home seemed to vary between the hearing and the deaf while communicating within family members. The deaf child has his/her own preferred mode of communication i.e. sign language, however, for the ease of parent-child communication and for the increased possibilities of interaction between the child and the family members the application of other approaches was tantamount importance. Therefore, it was identified that, no single approach was found to suit best, but rather, the more applied approach for the meaningful communication of both parties appeared to be gesturing – a type of *'home-sign'* along with other approaches.

Unlike the written language, which excluded the illiterate mothers; verbal expressions that suit the hearing also does not fit the deaf to receive adequate information to be dependent on speech reading. Then, the use of sign language at home by the deaf child put the deaf in the line of communicative deficit resulting in some sort of anxiety on the part of the deaf child.

On the other hand, SAR's homeroom teacher said, "the use of sign language in the school seemed to provide the deaf child a wider opportunity to intercommunicate with self-same deaf peers as well as teachers who are competent to sign. The use of sign language along with other approaches in a way consistent such as simultaneous use of spoken and signed language by all significant others in the school appeared to serve the deaf children. In fact, the use of sign language appeared to be of paramount importance for those deaf children. Thus, the deaf children, those who preferred sign language revealed that the school was agreeable for optimum language and communication environment marked by pleasure and satisfaction."

Summary

At home, the prelingual cases (all the 5 SWHI) despite their choice of communication options to be sign language, all had no ability to verbal expressive skill. In deed, so as to communicate with persons particularly the hearing all seemed instigated to use gestural, facial expressions and lip-reading. However, as the mother's choice of communication mode was likely to tend to verbal expression at large appeared to be a challenge and the situation obliged them to depend on lip-reading. Considering the prelingual cases within their school, their situation for application of the communication modes was found to be confined mainly to sign language.

4.2.3 Behavioral Challenges

As per the respondents' of the deaf child towards the family members, persons perspective, the attitudes in the school, and hearing persons in the neighborhood or local community were reported indicating the characteristics patterns of behavior, thoughts, emotions that determine the child's adjustment to his/her environment.

Hence, the children with hearing impairments' attitude towards the parents and siblings depicted those feelings of affectionate, happiness, complaisant were reported. However, on the part of the parents' worries and anxiety about the child's deafness and unable to communicate adequately were also revealed. Further, the respondents indicated that there were certain instances related to

each party, particularly, that is when the child exhibits negative emotions expressed with anger, which had a strong impact on the social relationship and on the child's experience.

When the two-way communication between the child and the members of the family did not take place that is when the child failed to grasp the point of discourse appeared to cause the negative dispositions, and feelings of irritation on the part of the children.

As in one of the cases in the study revealed, 'irritation' due to failure to understand the talk of the hearing family members, most of the cases in the study also reported such instances caused feelings of being gossiped, excluded, rejected and the like.

When the child feels that he/she is not treated fairly i.e. since the parents prohibit their children from participating in house hold chores or when parents required little regularity on the child, and when the parents being less-permissive, over protectiveness, parents' reluctance to grant independence appeared to affect the child's behavior and made the child remain in non-interactive circumstances.

At home, FAR stated that his behavioral problems occurred due to failure to communicate thereby feelings of '*irritation*', and '*inferiority*' was revealed. Since he is living with his divorced mother being in one- parent family and separated from his natural father (with death) as well as the mother's inadequate economy to help him appeared to affect his behavior i.e. reported as '*depression*'. Furthermore, out of home, his behavioral problems were noted as '*frustration*' to be with hearing, '*easily irritation*' as well as '*isolation*'. Then develop negative perception of the hearing.

At Home, TIN stated that his behavioral problems occurred due to little communication that occurred in the family thereby feelings of '*annoyance*', as well as '*reluctance*' were reported.

In the school, behaviors expressed as *rigidity*, *isolation* and *annoyance*, furthermore out of home, '*isolation*' (*distancing from the hearing*) was revealed. He also indicated negative perceptions toward some teachers as well as negative attitude toward the hearing at large.

At Home, KAL stated that her behavioral problems occurred due to lack of full communication thereby feelings of *distress*, and *worry* was revealed. In the school, she disclosed that her feelings

affected by the learning environment, which caused her *inferior* to her classmates. She also disclosed that she had mixed feelings.

SAR's behavioral problems reported as '*anxiety*', that she stated her '*Night Time Fear*' attached with her deafness, '*worries*' caused by the underestimation of the hearing in the locality often expressed in '*suggestibility*'. She also depicted her negative evaluation of the hearing. On the other hand, she had positive evaluation of the school as well as the home being accepted.

MILL stated that his behavioral problems when at home are related to the occurrence of miscommunication feelings of *suggestibility*, *worry*, and *inferiority* was revealed. Furthermore, out of home, his behavioral problems were noted as *worry* to as being underestimated by the hearing. Then develop negative perception of the hearing.

In sum, the attitude of the cases in the study was more related with personal immature response with feelings of easily irritability and suggestibility. As most of the cases indicated, because of the communicative incompetence their inclination to the hearing seemed negatively disposed. In the case of SAR, MILL, FAR and TIN revealed that feelings of social isolation, lack of self-confidence related to their deafness, frustration and feelings of inadequacy considered as poor, weak, and lazy by the hearing peers and other persons in the neighborhood, with the perception of being gossiped, teased, and rejected.

However, the case of KAL reported that her social interaction and perception were not restricted by her communication mode. Thus, the cases for the study revealed that she liked being with hearing persons and she reported that she had positive attitude towards the hearing. Nevertheless, there seemed to exist mixed feelings towards both the hearing and the deaf.

Attitude of the deaf children towards persons in the school, indeed, most of the cases in the study reported that the school was, accepting and supportive environment, and they tended to have positive inclination towards the school it seemed because they had wide opportunity to be educated.

There were also varied attitudes towards every member of the school community. So, the cases in the study revealed positive tendency to deaf peers, they even underlined their friendship as being with this self-same deaf. They also had positive attitude towards teachers those who teach

as well as are competent to communicate them, and the school head teacher, as he was supportive for them.

On the other hand, there seemed negative attitude towards hearing peers, and others who can not communicate them. Despite the fact that the cases in the study reported that they had positive attitude toward their teachers, they also reported that certain instances related to learning-teaching process that affected the child's behavior. When, as in the case of 'KAL' report, some teachers, underestimate or touch the child's intrinsic nature, thereby, teachers discourage the child and consequently such situation appeared to block the interaction between the teacher and the learner. Then, the child develops frustration and tends to dislike teachers of such act.

The presence of deaf-teachers in the school seemed to help the child to have developed positive attitude towards the school. It seemed the identity-match of their deaf teachers as well as the symbolic- value of sign language revealed to be role-model functions.

4.2.3.1 Externalizing Behavioral Challenges of CWHI

Externalizing behavior consists of a child acting out with aggression, violence, harassment, disruptiveness, and defiance. The construct of externalizing behavior problems is grouping behavior problems that are manifests in children's outward behavior and reflect the child negatively acting on the external environment (Jianghong, 2004). Childhood aggression can also be described as conduct problems and is more than likely the leading cause of adult crime and violence. Antisocial is a synonym to the term externalizing behavior, but there is a difference between the two, one being more severe than the other is.

Negative behaviors are learned and with children being similar to sponges, they absorb anything they see or hear. This behavior affects family, school, and other social interactions with the environment. Parents, teachers, and other adults will often punish or isolate a child who is displaying externalizing behavior instead of finding the help they need to correct the negative behavior. It is said to be that males are more likely to show externalizing problems than females. For instance, researchers found that during the toddler stage they have generally revealed no gender differences in the rates of externalizing behavior (Jennifer, 2010). However, in previous research they have revealed that gender differences began at the age of four, with most girls having a consistent decline in problem behavior, whereas in most boys demonstrated a less

consistent decline and some boys even show an increase in rates of problem behavior (Jennifer, 2010).

Hence, MILL, TIN, FAR and KAL showed externalize behavioral problems.

4.2.3.2 Internalizing Behavioral Challenges of CWHI

Internalizing behavior comes with anxiety, depression, and withdrawal from others. Developmental research proposes children with internalizing symptoms may, in certain cases, perform externalizing behavior (Perle et al., 2013). According to Vossekul et al., an immense percentage of children appear to display internalizing symptoms such as anxiety and depression earlier in life; however, externalizing behaviors are later in childhood (Perle et al., 2013).

Internalizing behavior in children can result in mild to severe consequences. Since internalizing is drawn inward towards oneself, it can affect the psychological and emotional state. Harmful as it sounds this behavior can lead to a negative impact on the environment.

They can affect their parents, teachers, and other people involved with the child just by the factors that come with internalizing behavior. Depression is feeling sad, loss of interest by not wanting to do much, and lonesomeness where you want to stay clear from the world. The earliest age of a child having anxiety is 7.5 years old (Perle et al., 2013). There are five main anxiety disorders that occur in internalizing behavior: separation, social, general, posttraumatic stress and obsessive-compulsive disorders (Chen, Lewis, & Liu, 2011). Somatic complaints age is studied at 3 or 4 years of age, but it has been difficult to find an onset age with this type of symptom. The somatic complaints are headaches, nausea with possible vomiting or abdominal pain (Chen et al., 2011).

Hence, SAR, KAL, and FAR showed internalizing behavioral problems.

Summary

Although the participants have a different opinion, most participants respond similarly, they said that both internalizing and externalizing behavioral problems occurred due to failure to communicate with teachers, parents, peers, etc thereby feelings of irritation, inferiority, feelings of worry, distress and isolation were revealed.

4.3 Summary of the Major Findings

The main purpose of this study was to identify the social and behavioral challenges of students with hearing impairments at Eyerusalem Inclusive preschool.

This study focused on social and behavioral challenges of students with hearing impairment.

To this end, the following basic questions were formulated:

1. Do preschools accessible in human and material resource for children with hearing impairment?
2. Do children with hearing impairments face social challenges during their social play with their hearing peers?
3. What kind of communicational approaches are common for children with hearing impairments with their developing peers and teachers in the school compound?
4. Do preschool students with hearing impairments have different behavioral problems during social interaction?

To explore the challenges, a semi-structured interview, focus group discussion and observation were conducted with students with hearing impairment, teachers, school principal, hearing peers and parents.

In the end, the following major findings were concluded:

- The school lacks structured playground and playing materials
- Most teachers of CWHI (3 out of 4) are below diploma level and not qualified enough.
- Most of the CWHI (3 out of 5) lack of skill of sign language at lower levels.
- CWHI lack teachers with special skills, except one SNE diploma teacher.
- None of CWHI gets library service or has a resource office.
- Most of CWHI (3 out of 5) lack social interaction.
- All of the CWHI do not attended subjects like Music.
- Some of the CWHI (2 out of 5) feel sad, dependency, distress.
- Some CWHI (2 out of 5) have anxieties, loneliness and behavioral problems (aggressiveness)
- Some CWHI (2 out of 5) prefers unoccupied, solitary and onlooker type of activities.
- Most of CWHI (4 out of 5) have positive attitudes toward school principal and to some teachers.

- All of them are happy with getting the opportunity of an education at Eyerusalem inclusive preschool.
- Most of them are happy to discuss their problems with their friends with hearing loss and the sign language teacher.
- None of them has regular meetings with their teachers and the administrators to solve their problems.

CHAPTER FIVE

DISCUSSION

As stated in the previous chapter, the main objective of this study is to describe and analyze the social and behavioral challenges of SWHI at Eyerusalem inclusive preschool in Kolfe Keranyio sub city, Addis Ababa. Thus, based on the narrative analysis strategy the analysis of the datum were presented in the previous chapter by: individual-case analysis. Each case was treated as a comprehensive study in and of itself; the researcher attempted to develop a general description that suited for each of the individual case. Thus, in this part of the study different data gathered from participants are discussed based on the basic research questions, literature and research findings. The findings obtained based on data generated from 21 individual research participants (5 participants as key informants, 4 teachers, 4 hearing peers, 3 parents, and one school principal) through a semi-structured interview. The researcher's personal observation and focus group discussions were considered to verify and complement the findings already obtained from the interviews.

It should be underlined that detailed individual case analysis made on the five main participants had furnished fundamental base-line data for the current study.

5.1 Social Challenges

5.1.1 State of Local Inclusions to Social Play

All participants of this study, except SAR and TIN, said that in their villages, their friends did not invite them to play competitive games during social play. The problem may emanate from lack of awareness about the talents of SWHI. This is mainly because many people in Ethiopian context are not sensitized about game inclusion. They think that SWHI cannot play most games. In this respect, TIN stated that he was interested in interacting, playing and meeting with his friends. In addition, while he was back at village his friends used to invite him to their group play; because he knows how to play football and rolling marbles. They liked his goal and concentration to throw marbles. However, in Church song, they do not call upon him to join them. He feels sad, especially when his friends go to church to sing songs. He feels badly depressed and loneliness, because although he cannot hear, he can see if he were joining with them.

In line with this, Davis et al. (cited in Kirk et al. 1993) indicated that how the problems intensify loneliness and rejection of children with hearing impairment as follows:

Hearing impairment in rare cases affects the ease with which communication occurs, and communication forms the basis for social interaction. The hearing-impaired person's self-concept and confidence influence how rejection by others is perceived and handled. It is a rare hearing-impaired child who does not perceive his social relations as inadequate and does not long for full acceptance by his peers. If being different thing is the worst thing that can happen then, the next worst thing is associating with some one who is not different. One cannot always control the former, but one can control the latter. It is from this fact that social problems encountered by hearing impaired children often stem (p.323).

Moreover, Lawrence (1987) stated that if the children with hearing impairments have problems in mixing with peers and in making and/or sustaining friendships, the child may develop a poor self-image and this may result in a lack of confidence. Such problems are not and cannot be easily solved. However, the skilled teacher should continually seek to encourage the child to develop good social skills and positive relationships with peers.

5.1.2 Social Recognition and Acceptance

Most of the participants of this study said societal acceptance of the conditions of the SWHI is better with teachers than with other people; because teachers are closer and, hence, more aware of their learners dire conditions. However, it should be underlined that the society in general has still a long way to change their attitudes towards the PWHI, with the exception of very few people.

For instance, when most people hear that a person with hearing impairment can be a teacher, they do not believe it or do not want to accept it. They think PWHI cannot teach properly because of his or her hearing loss. In addition, they believe that the cause of hearing loss is either a curse or a punishment for a sin that has been done at one time by parents or ancestors.

However, KAL's homeroom teacher states that this time things have improved steadily. The underlying reason for these attitudinal changes could be attributed to the existence of PWHI who are practically enjoying a good life.

Thus, KAL's teacher added, when the society experienced these successful people, they consider SWHI's potentials on equal level like any one of them; hence, they treat them a bit better and this becomes strength for themselves esteem, moral ,and self confidence.

5.1.3 Training on Sign Language

Most participants of this study seemed to suffer in communication at home and at school, because they have lack of training on how to communicate with hearing people by using sign language. SAR said," at the beginning of year, our SNE teacher started sign language training for about 4 days for the guards, janitors and some parents, but it was not continuous." Because of lack of continued training on how to use common sign language symbols, the students face many challenges when they want to communicate with their family members at home and their hearing peers in the school.

Second semester the training is not yet given. For this reason, MILL and KAL faced many challenges, at home to communicate with their elder brothers and sisters.

The SNE teacher said that in September at the beginning of the academic year the school arranged the training program for the school community and was able to give the training. This semester, however, she did not get any order and coordination from the school to train others, and that is why she suspended giving the training.

5.2 Behavioral Challenges

5.2.1 Externalizing Behaviors of CWHI

Children with hearing impairment are to some extent deprived from the skills of understanding what is spoken and expressing what they think, depending on the degree of hearing loss.

The problem of children with hearing impairment generally emerges when they start to learn words during preschool period. Because, they can become aggressive when they cannot express themselves and may be more stubborn than their hearing and speaking peers.

Isolation of a child because of his/her impairment influences his /her attitude towards the environment, and the child may be extremely angry, bad tempered and aggressive since he/she has difficulty in expressing his/her wishes, feeling and thoughts.

The researcher observed that, all participants except KAL are easily distracted by extraneous stimuli so that they interrupt or intrude on others (such as butting into conversations or games.)

MILL's homeroom teacher stated," most of the time he shows anger and serious face when other students share the sliding machine, balls and other playing materials on the playground."

FAR's mother said," at home he is uncooperative, hits his little sister and has attention problem."

5.2.2 Internalizing Behaviors of CWHI

Internalizing behaviors are negative, problematic behaviors that are directed toward the self. Children with internalizing behaviors have difficulty coping with negative emotions or stressful situations, so they direct feelings inward.

The internalizing problem behaviors composite is composed of four subscales as described above: emotional reactivity, anxious/depressed, somatic complaints, and withdrawn.

The following are specific examples of internalizing behaviors:

Social withdrawal, feelings of loneliness or guilt, unexplained physical symptoms,(i.e., headaches and stomach aches, not due to medical condition),not talking to or interacting with others, feeling unloved, feelings of sadness, nervousness or irritability, fearfulness, not standing up for yourself, changes in sleeping or eating patterns, difficulty concentrating.

Regarding their internalizing behavior, the homeroom teachers' of participants mentioned their opinions as follows:

FAR's homeroom teacher said," Mostly he plays alone and has no participation in social play activities so that I think he may feel some sort of loneliness. Even I remember mostly when there is flag ceremony at the morning he sits at the back when his classmates make song and other sport activities which is conducted by the program coordinator."

MILL also said that;

"I don't like to play with hearing students during the break time rather I prefer to keep other students not to play on the sliding machine, I like to kick female students because they irritate me and some times they push me to other students."

The researcher also observed that most SWHI except SAR have no group play on the playground during their break and lunch time and become emotional when they have touched by other developing peers."

5.3 Absence of Guidance and Counseling Services

The findings also revealed that SWHI did not get proper guidance and counseling services at their school. As a result, they never share their ideas. This adds additional challenges to their disability. This is in line with Cowie's (1992) suggestion: guidance and counseling services assist students in solving their present problems and prepare them for further higher standards of tasks, better efficiency and well-being and developing personal resources for growth.

Furthermore, guidance and counseling is needed for formal development of all children. This is because there are emotional, social, economic and educational problems of pupils.

Regarding this point, Farrant (1980:209) has stated that:

Counseling is the act of assisting an individual with advice, comfort or guidance to relieve or overcome problems that trouble him. It is increasingly being recognized as an important component of the teacher's work. Since children learn best when they are free from worries or matters that interfere with the development of their personality.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

In this last chapter, the researcher would like to state a summary of the study along with some concluding remarks on the findings and recommendations. This study deals with the assessment of the social and behavioral challenges of SWHI in integrated classroom. The recommendations are useful to make timely interventions by the selected study school in order to enhance school services and programs for the SWHI.

6.1 Conclusions

The purpose of this study was to assess the social and behavioral challenges of SWHI in inclusive preschool classroom. One problem the researcher faced during the study was that since it was impossible to conduct oral interview directly with the hearing-impaired respondents due to the nature of the problem, communication was difficult. Although there were problems the research was conducted successfully. Hence, based on the findings of the study, and the following conclusions are drawn:

- 6.1.1 The study indicated that special services (like speech therapy) were not provided for the CWHI in the school. Other services like counseling are neglected. Even financial and material assistance were not satisfactory. From this one can conclude that the school administration did not pay due attention to provide satisfactory special services for SWHI.
- 6.1.2 The playground in the school compound was not providing adequate services for SWHI. Besides, there are not enough playing materials for CWHI. From this one can say that unstructured playground could bring negative impacts on CWHI social interactions.
- 6.1.3 CWHI do not have close relationship with their parents. From this one can conclude that their parents did not pay attention to provide smooth relationship with their children. To help the deaf child, develop self-concept, which is basic for the child's perception of life experience, and the role of parents and significant others are highly important embracing the child with acceptance and social and emotional support.
- 6.1.4 The difficulties of the deaf children in forming interpersonal relationship and inability to integrate experiences in a meaningful way were characterized by social isolation and

further, inclination toward the same deaf persons. Otherwise, CWHI commonly involve on Unoccupied, solitary, and onlooker activities which are negative indices of social activity.

6.1.5 Most SWHI have communicative difficulty with some hearing students, guardians, janitors and some family members. From this, one can conclude that there is development of social and behavioral problems.

6.2 Recommendations

6.2.1 Parents of CWHI better to find the best sources of information and guidance available to them. It is advisable to improve communication between parents and schools and to involve parents fully in the schooling of hearing impaired children. The schools should prepare a conference to raise the awareness of parents, hearing students and teachers toward hearing impaired education. Parents need encouragement to believe in the possible achievements of their child. Hearing-impaired students appear to be isolated not only in schools but also in their hearing family. Therefore, the school needs to work closely with parents to discuss the types of support that should be given to hearing- impaired students to facilitate communication both at home and school level.

6.2.2 To minimize behavioral problems encountered by the deaf children, which resulted in low self- image, the positive attitude of siblings i.e. accepting the child and considering as contributing member of the family need to be enhanced and encouraged since such positive attitude and recognition contribute to the ability to behave in accordance with appropriate manners of family members, school peers and others in his/her surroundings.

6.2.3 Preparing an in-service training program for teachers, guardians, janitors etc with short, intensive courses of sign language is an important and urgent for improving the schooling situation of the hearing impaired children.

6.2.4 Support services and special playing materials are urgent for minimizing the problems of hearing impaired children in relation to social play.

6.2.5 The findings have also revealed that there is no service offered by guidance and counseling in the school and SWHI also lack of experience to contact guidance and

counseling for their problem. Thus, it is advisable that the school has to extend services up to the extent of giving special orientation, lipreading guidance and special assistance to the deaf students so that they can find workable solutions to different problems. In addition, the guidance and counseling should increase the awareness. The school should also assign a specialized and enthusiastic person who can do meaningful work in solving the students' problems at early age of their critical time.

- 6.2.6 The number of meetings with their SNE teacher is not enough. Therefore, the meeting should be regularly once per week with all teachers to discuss their problems and solve it. In addition, there should be regular meeting with CWHI to assess their problems and intervene early.
- 6.2.7 Parents should receive counseling services in order to understand the situation and to develop their thoughts and confidence about the ability of their child.
- 6.2.8 Teachers need to play the role expected to bring attitudinal change avoiding wrong outlook of the deaf.
- 6.2.9 The school should create play opportunity (like parallel, associative, and cooperative play types) for the deaf children with hearing peers for social development since they learn to share everything with playmates, and join playgroups.
- 6.2.10 The school needs to maintain primary concern to the deaf child. Persons in the school both who have direct contact with the child and those who have indirect contact should interact with the child as well as with the parents in the effort to improve the deaf child's social and emotional adjustments, and help parents develop optimistic view enhancing teacher parent relationship.
- 6.2.11 Hearing-impaired students must be informed about their own personal values and potentiality to make them develop a positive self-image in their interaction with the hearing school community.
- 6.2.12 All equipments available in the resource rooms should be in use to help HI students to acquire certain skills that would be helpful in their future life.
- 6.2.13 Teachers should be oriented when employed about the nature of hearing impairment and the Potentiality to be cultivated in HI students so that they can have better understanding to promote inclusion.

6.2.14 To reduce communication problem between students, teachers and HI students and enhance the inclusion process, sign language skill training should be given for teachers and students through pre-and in-service training programs. Additionally, HI students need to be assisted technologically. Hence, instruments, such as hearing aids, should be accessible for hearing- impaired students.

6.2.15 Study has indicated that early intervention for hearing- impaired children can facilitate their successful inclusion with their hearing peers (Moores, 1996). According to the 1995 UNESCO's report, "there is little or no preschool provision for children with special educational needs" in Ethiopia (p.105). Hence, the government should encourage the preschool provision of special education for hearing- impaired children at a sufficient level. This may serve as a foundation to successful inclusion.

In addition to this, parents, teachers, school administrators, the community, NGOs, and government officials have to work together to solve the problem of SWHI at their early critical educational level (preschool) for their bright future.

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ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES MASTER’S THESIS ON

SOCIAL PLAY CHALLENGES OF CHILDREN WITH HEARING IMPAIRMENT:

A CASE OF EYERUSALEM INCLUSIVE PRESCHOOL

Introduction

This interview guide is aimed at gathering information on social play and behavioral challenges of children with hearing impairment: A case of Eyerusalem preschool, Addis Ababa.

Thus, your genuine and accurate response has a paramount importance for the quality of the study.

Confidentiality is guaranteed, so please answer the following questions openly and honestly.

I thank you in advance for your cooperation

Appendix –A

Name(Pseudo)-----Sex-----Age-----

Interview questions for hearing impaired students

1. How do you get the school environment? Is it friendly to play?
2. Are there special learning and playing materials available for your special educational needs? If yes, mention some.
3. Are the school services accessible for you? Like toys, sliding, machines, small balls, marbles, computer, hearing aid devices... etc?
4. Did you receive any support I intervention form your teachers and administrators at school? If yes, explain. If not, what do you feel?
5. Did you get any sign language training from your school?
6. Do your teachers use sign language to guide and teach children with hearing impairments?

7. Do you think you missed different concepts or informants when you play with your hearing friends?
8. Are your friends invited you to play (to join) in competitive games? If no, what do you feel?
9. Do you think hearing children laugh at you during play with them due to your disability?
10. What are the most difficulties/challenges/ you face while you are playing at school compound?
11. What kind of play commonly you enjoy at school with your friends?
12. Most of the time with whom you go, play and chat?
13. Do you actively involved in group- play activities?
14. How could you compensate for verbal forms of communication?
15. What do you feel when your friends do not understand your saying?
16. Do you have an experience of physical fighting with your friends?
17. Did you refuse to share playing materials for your friends during play?
18. Do you have an experience of pushing, scratching, pinching, kicking, slapping and pulling others' hair, ears etc...?
19. Do you like to disturb others not to play in the playground?
20. Do you have an experience of a mood that reflects not want to be touched, prefers to be alone and shy in social affairs?

Thank you

Appendix –B

Name (Pseudonym)-----Sex-----Age-----

Interview questions for Children without Disability

1. Are school services accessible for all? Like toys, sliding machines, play ground, toilet, clinics, etc?
2. Did you get any orientation and sign language trainings about how to communicate and play with students with hearing impairments by the school?
3. Do you face any problem at the playground in relation to children with hearing impairments? If yes, what are those problems and their causes?
4. Do you play in-group with hearing impaired peers? If not, why? If yes, what kind of play you enjoy most?
5. Are you happy to be with children with disability in the same compound? Do they disturb you? Do they have behavioral problems? If yes, what are the indicators?

Thank you

Appendix –C

Interview questions for Preschool inclusive teachers

Teacher's profile

Name _____ Sex _____ Age _____

Qualification _____ Major _____

Trainings taken/skills _____

Grade level you teach _____

1. Have you ever taken training about how to teach and communicate children with hearing impairments? If yes, what knowledge did you get?
2. Do you give sign language trainings for children with hearing impairments? For others; like guards, janitors? etc.
3. Do you allow your students to play in-group with others? If yes, what problems you face in group-play having children with hearing impairments?
4. Do you give equal chances for children with hearing impairments to participate in the classroom and play activities? If not, why?
5. Do you think inclusive education brings tolerance, love and respect between hearing and hearing impaired children? If not, what behavioral problems are common for children with hearing impairments?

Thank you

Appendix-D

Interview questions for Preschool Director

Qualification_____Sex_____

The purpose of these interview questions will be for triangulation of datum obtained from hearing impaired children, teachers and hearing children.

1. Although there is scarcity of private inclusive schools in Addis Ababa, how do you generate this good idea to open Eyerusalem inclusive preschool for children with hearing impairments?
2. Do you think children with hearing impairments get adequate access to school services like clinics, playing materials, resource rooms and skilled and trained professionals? If not, what is the problem?
3. What problems do you face in relation to children with hearing impairment during play with their peers?
4. Do children with hearing impairment participate in school activities? Which type of play they enjoy most?
5. Do you think children with hearing impairments have common behavioral problems? If yes, what are the indicators?

Thank you

Appendix-E

Focus group discussion points for preschool inclusive teachers

The aim of this focus group discussion is to strengthen the data obtained from respondents through interview of preschool inclusive teachers.

1. Do you think the school is accessible in human and material resources to educate children with hearing impairments?
2. What challenges children with hearing impairment faced most during play with others in the school compound?
3. What kind of play they enjoy most? Do they participate in different activities like their hearing peers?
4. Do you think that students with hearing impairments have behavioral problems such as egocentricity, aggression, anxiety? If yes, what are the causes?

Thank you

Appendix-F

Interview questions for parents of students with hearing impairments

Name _____ Sex _____ Age _____

Educational Level _____ Job _____

1. How do you communicate with your child?
2. What kind of play your child enjoys most at home?
3. What challenges do you face when you play and communicate with your child?
4. Do you think that your child has behavioral problems at home? If yes, what are the indicators?
5. What do you think about your child when you send him/her to Eyerusalem inclusive preschool?
6. Are you happy and positive when your child learns with the hearing children?
7. What benefits did your child get when he/she learns with his/her peers?
8. What are the points that your child likes and dislikes from the school?

APPENDIX-G

Observational Checklist for Students with Hearing Impairments

I. Background Information

1. Name(pseudonym)-----
2. Age-----Sex-----Grade-----
3. Age of onset(of the hearing impairment)-----
3. Current status of hearing capacity (Mark an "x "on the line).
 - 3.1 I hear speech very slightly-----
 - 3.2 I hear sound very slightly-----
 - 3.3 I don't hear at all-----
4. Date of Visit _____
5. The Subject to be taught _____
6. Length of the Observation Period-----
7. Where does the child typically sit?-----

Instruction: Put a check mark "/"_ " in the column which tells

1= never, 2= rarely, 3= sometimes, 4= frequently

Table 9. Observation checklist in the classroom

No	Variables to be observed	1	2	3	4
1	Bright classroom				
2	Noizy classroom				
3	Presence of charts,models and pictures				
4	Sign Language interpreter				
5	Eye contact of teachers				
6	Patieny of teachers				
7	No participation in group discussion				
8	Hide face in group situation				
9	Ignore regulations				
10	Avoid others in group work				
11	Make fun of others				
12	Hostile and angry language				
13	Use of sign language				
14	Use threatening gesture, objects against others				
15	Spits on others				
16	Pushes, scratches, pinches, kicks, slaps others				
17	Pulls others' hair, ears				
18	Teases, bites and interrupts others				
19	Tears ,rips, soils others' property				
20	Gossips about others				

Table 10. Observation check list on the playground

No	Variables to be observed	1	2	3	4
1	Organized play ground				
2	Presence of game teachers				
3	Playing materials				
4	Isolation from peers				
5	No physical contact				
6	Disturb others not to play				
7	Plays alone				
8	Participation in competitive games				
9	Ignores regulations				
10	Cheat in games				
11	Refuse to share balls				
12	Spoil flowers, gardens				
13	Reflects dictatorship				
14	Violence, bullying				
15	Insult others				
16	Shy in social affairs				
17	Play with friends				
18	Ignores rules and regulations				

አዲስ አበባ ዩኒቨርሲቲ

ድህረ ምረቃ ት/ቤት

መስማት ለተሳናቸው ቅድመ መደበኛ ተማሪዎች ማህበራዊና ባህሪያዊ ችግሮች

በተመለከተ የተደረገ ጥናት

መግቢያ

የዚህ ቃለመጠይቅ ዋና አላማ መስማት የተሳናቸውን ተማሪዎች ማህበራዊና ባህሪያዊ ችግሮች መለየትና የመፍትሄ አቅጣጫ መጠቀም ይሆናል። የሚሰጡትን ቃለ መጠይቅ ሚስጥራዊነቱ የተጠበቀ ይሆናል። ስለዚህ ትክክለኛ መልስዎን እንዲሰጡ በአክብሮት ይጠየቃሉ። ስለትብብርዎ በቅድሚያ እናመሰግናለን።

ስም _____ ጾታ _____ እድሜ _____

ሀ. መስማት ለተሳናቸው ተማሪዎች የቀረቡ የቃለ መጠይቅ ጥያቄዎች

1. ት/ቤቱ ለጨዋታ ይመቻል? እንዴት እንደሆነ ቢገለጽ።
2. የመጫወቻና መማሪያ ቁሳቁሶች የተሟሉ ናቸው? ከሆኑ ዘርዘራቸው።
3. ት/ቤቱ መንሸራተቻ፣ ኪስ፣ ብይ፣ ኮምፒውተር፣ የማዳመጫ መሳሪያዎች ወዘተ አሉት?
4. መመህራንና የት/ቤቱን አስተዳደር እገዛ ያደርጋሉ? ከሆነ አብራራ/ራ። ካልሆነስ የሚሰማህ/ሽ ነገር ምንድን ነው?
5. ከት/ቤቱ የምልክት ቋንቋ ስልጠና ወስደሃል/ሻል?
6. መ/ራን ሲያስተምሩ ምልክት ቋንቋ ይጠቀማሉ?
7. ከጓደኛህ/ሽ ጋር ስትጫወቱ የማትረዳው/ጂው ነገር ይኖራል?
8. ጓደኛህ/ሽ በቡድን አብረሃቸው እንድትጫወት ይጋብዙሃል? ካልሆነ ምን ይሰማሃል/ሻል?
9. ጓደኛህ አብረህ ስትጫወት ባለመረዳትህና ባለመስማትህ ስቆብህ/ሽ ያውቃል?
10. ከጓደኛህ ጋር ስትጫወት ብዙ ጊዜ የሚያጋጥምህ ችግር ምንድን ነው?

- 11.ብዙ ጊዜ ምን አይነት ጨዋታ ትጫወታለህ?
- 12.ብዙ ጊዜህን ከማን ጋር ትጫወታለህ? ታሳልፋለህ?
- 13.በቡድን ጨዋታ ትሳተፋለህ/ሽ?
- 14.የንግግር ቋንቋዎችን በምን ሁኔታ ትረዳለህ? መልስ እንዴት ትሰጣለህ?
- 15.ንደኛህ/ሽ ሳይረዳህ/ሽ ሲቀር ምን ይሰማሃል/ሻል?
- 16.ከንደኛህ/ሽ ጋር ተጣልተህ/ሽ ታውቃለህ/ያለሽ?
- 17.በቡድን ስትጫወቱ መጫወቻዎችን ሌሎች እንዲጠቀሙ ትፈቅዳለህ/ሽ?
- 18.ከተማሪዎች ጋር መገፋፋት፣ መመታታት፣ መቧጨር፣ ፀጉር መጎተት ወ.ዘ.ተ ትወዳለህ/ሽ?
- 19.ሌሎች እንዳይጫወቱ ትከለክላለህ/ሽ?
- 20.ሌሎች እንዳይነኩህ/ሽ፣ እንዳያናግሩህ/ሽ ትፈልጋለህ/ሽ?

ለ. መስማት ለሚችሉ ተማሪዎች የቀረቡ የቃለ መጠይቅ ጥያቄዎች

ስም _____ ጾታ _____ እድሜ _____

1. የት/ቤቱ መገልገያዎች ማለትም መንሸራተቻ፣ አሻንጉሊት፣ ሽንት ቤት ወ.ዘ.ተ. ለሁሉም ተማሪዎች ተደራሽ ናቸው?
2. ስለ ምልክት ቋንቋ ግንዛቤ ማስጨበጫ ክት/ቤቱ ተሰጥቶ ያውቃል?
3. ጨዋታ ሜዳ ላይ መስማት ከተሳናቸው ተማሪዎች ጋር በተያያዘ የገጠመ ችግር አለ? ካሉ ዘርዘራቸው /ሪያቸው።
4. ከመስማት የተሳናቸው ተማሪዎች ጋር በቡድን ትጫወታለህ? ካልሆነ ለምን? ከሆነ ምን አይነት ጨዋታ ታዘወትራላችሁ?
5. ከመስማት የተሳናቸው ተማሪዎች ጋር በመማርህ ደስተኛ ነህ/ሽ? ይረብሹሃል/ሻል? የባህሪ ችግር አለባቸው? አዎ ከሆነ መልስዎ መገለጫዎቹን አብራራ/ሪ።

አመሰግናለሁ።

ሐ. ለመምህራን የቀረቡ የቃለ መጠይቅ ጥያቄዎች

የመምህሩ/ሯ ዝርዝር ሁኔታ

ስም _____ ጾታ _____ እድሜ _____

የት/ት ደረጃ _____ የተመረቁበት ዋና የት/ት አይነት _____

የተወሰደ ስልጠና (ሙያ) _____

የሚያስተምሩበት ክፍል _____

1. ከመስማት የተሳናቸው ተማሪዎች ጋር ለመግባባትና ለማስተማር አስፈላጊ ስልጠና ወስደዋል? አዎ ከሆነ ምን አይነት ዕውቀት አግኝተዋል?
2. የምልክት ቋንቋ ስልጠና ለተማሪዎች፣ ጥበቃዎች፣ ፅዳት ሠራተኞች ሰጥተው ያውቃሉ?
3. ተማሪዎችዎ በቡድን እንዲጫወቱ ይፈቅዳሉ? አዎ ከሆነ ያጋጠመዎት ችግር አለ?
4. መስማት የተሳናቸው ተማሪዎችን እንደሌሎች እኩል ያሳትፋሉ? ካልሆነ ለምን?
5. አካቶ ትምህርት በተማሪዎች መካከል መከባበር፣ ፍቅርና መቻቻል ይፈጥራል ብለው ያስባሉ? ካልሆነ መስማት የተሳናቸው ተማሪዎች የሚያሳዩት የባህሪ ችግር ካለ ቢገልጻቸው።

አመሰግናለሁ።

መ. ለር/መምህሩ (ለት/ቤቱ ባለቤት) የቀረቡ የቃለ መጠይቅ ጥያቄዎች

የት/ት ደረጃ _____ ጾታ _____

የዚህ ቃለ መጠይቅ ዋና አላማ ከሌሎች ተሳታፊዎች የተገኙ መረጃዎችን ለማመሳከርና ለማጠናከር ነው።

1. የግል አካቶ ት/ቤት ውስን በሆነበት ሁኔታ እየሩሳሌም አካቶ ት/ቤት ለመክፈት ምን አነሳሳዎት?
2. መስማት የተሳናቸው ተማሪዎች የሚያስፈልጉ ቁሳቁሶች እና የሰው ኃይል የተሟላ ነው ብለው ያስባሉ? ካልነ ችግሩ ምንድነው?
3. ከመስማት የተሳናቸው ተማሪዎች ጋር በተያያዘ የጋጠመዎት ችግር ምንድን ነው?
4. መስማት የተሳናቸው ተማሪዎች በክበባት እና ውድድሮች ላይ ያላቸው ተሳትፎ ቢገልፁልኝ?
5. መስማት የተሳናቸው ተማሪዎች የተለመደ የባህሪ ችግር አለባቸው ብለው ያስባሉ? ካሉ መገለጫዎቹን ቢገልፁልኝ።

አመሰግናለሁ።

ሠ. ለመምህራን የቀረቡ የቡድን መወያያ ነጥቦች

የዚህ የቡድን ውይይት ዋና ዓላማ ከመምህራን በቃለመጠይቅ የተገኙ መረጃዎችን ለማጠናከርና ለማመሳከር ያገለግላል።

1. ት/ቤቱ በሰው ሃይልና በቁሳቁስ መስማት የተሳናቸው ተማሪዎችን ለማስተማር የተደራጀ ነው ትላላችሁ?
2. ብዙ ጊዜ መስማት የተሳናቸው ተማሪዎች የሚያጋጥሟቸው ችግሮች ምንድን ናቸው?
3. መስማት የተሳናቸው ተማሪዎች የሚያዘወትሩት ጨዋታ ምን ዓይነት ነው?
4. መስማት የተሳናቸው ተማሪዎች የባህሪ ችግር አለባቸው ይላሉ? ለምሳሌ ግለኝነት፣ ብቸኝነት፣ መበሳጨት፣ ድብርት ወ.ዘ.ተ አዎ ከሆነ መልስዎ ምክንያታቸው ምንድን ነው ይላሉ?

አመሰግናለሁ።

ፈ. ለወላጆች የቀረቡ የቃለ መጠይቅ ጥያቄዎች

ስም _____ ጾታ _____ እድሜ _____

የት/ት ደረጃ _____ ሥራ _____

1. ከልጅዎ ጋር እንዴት ነው የሚግባቡት? በምን ቋንቋ?
2. ልጅዎ በቤት ውስጥ የሚያዘውትረው ጨዋታ ምን አይነት ነው?
3. ከልጅዎ ጋር ሲያወሩ የጋጠመዎት ችግር?
4. ልጅዎ የባህሪ ችግር አለበት? መገለጫዎቹ ምንድን ናቸው?
5. ወደ እየሩሳሌም አካቶ ት/ቤት ልጅዎን ሲልኩት ምን ተሰማዎት?
6. ልጅዎ ከሚሰሙ ተማሪዎች ጋር በመማሩ ደስተኛ ነዎት?
7. ልጅዎ ከሌሎች መስማት ከሚችሉ ተማሪዎች ጋር በመማሩ ያገኘው ጥቅም ምንድን ነው ይላሉ?
8. ልጅዎ ከት/ቤቱ የሚወደውና የሚጠላውን ነገር ቢገልፁልኝ።

አመሰግናለሁ።

Declaration

I here certify that I am the sole author of this thesis and no part of this thesis has been published or submitted for publication.

I certify that, to the best of my knowledge my thesis does not trespass upon anyone's copyright nor violate any property right and that any ideas, techniques, quotations, or any other material from the work of other people included in my thesis, published or otherwise, are fully acknowledged in accordance with the standard referring practices.

Declared by:

Name: Tewlegn Baye

Signature: _____

Date: _____