

Addis Ababa University

College of Education and Behavioral Studies

Department of Special Needs Education

**The Experience of Blind Mothers in Raising their Children: The
Case of Eight Blind Mothers in Addis Ababa**

By: Ethiopia Berhe

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

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ABSTRACT

The main objective of this study was to assess the experiences of blind mothers in raising their children. For exploring the experience of blind mothers raising their children, a case study qualitative design was used. The main method for data gathering was interview supplemented by focus-group discussion with purposefully selected mothers. The findings of the study showed, blind mothers has limited communication process in accurately observing and interpreting behavior of children and sensitively responding to their needs. Thus continuous discussions of blind mothers with their children, using the help of their elder children, father, and grandparents were the way they use to interact with their children. Additionally, advising, encouraging and provide their children with spiritual and moral lessons to build their children self-esteem were found to be more commonly utilized coping mechanisms of parenting way of interaction. Their lack of early intervention like trainings for blind mothers on how to raise their children successfully, daycare for their children and economic empowerment of blind mothers to improve their life situation had challenged them to have good condition in raising their children. The mentioned findings were discussed and recommendations were made to improve the interaction and communication of blind mothers and their children through provision of early intervention.

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Acronyms

AAU Addis Ababa University

ENAB Ethiopian National Association of the Blind

NGO'S Non-Governmental Organizations

GO'S Governmental Organizations

CBO'S Community Based Organizations

CHAPTER ONE

1. Introduction

1.1 Background of the Study

In the development process of human beings, care attributes are primary and the best persons to talk, demonstrate and dedicate themselves to care for their children are the parents. They practice a special form of care, which often becomes their existential and essential reason for the development of their children (Grusec, 2000).

The importance of the care giver's experience to understand and respond to the child to promote interaction is critical to child development. For a blind parent, experience identifying the child's signals and intent, and producing the correct response to the child's cues may at first be an overwhelming task (Cargill, 1971). In an article on blind mothers' everyday experience of care giving strategies, Ware (1971) reported how a parent's blindness alters typical care giving approaches with the child. Just as a parent of a child with a disability must find different ways to interact with and care for his/her child, so a parent who is blind discover alternate ways to interact with and care for his/her child in order to promote the optimal level of mutual satisfaction for each other. Interaction styles and strategies for blind mothers and their sighted child are equally critical in the development of the parent and child relationship as well as a child's total development.

As stated by Yemane (2006) even if Ethiopia lacked accurate recent national estimates of blindness and low vision, blindness and low vision are major public health problems in Ethiopia. It elaborates that large proportion of low vision (91.2%) and blindness (87.4%) are due to avoidable (either preventable or treatable) causes, and also females and rural residents carry greater risk for eye problems. Therefore, prevention and control programs face serious problem of lack of recognition of the problem and challenges in tracking achievements towards the program goals. However the recent data were lacking to accurately determine the

magnitude of eye problems in the country based on the current estimated population size of Ethiopia; working prevalence of blindness in Ethiopia which is 1.25% (Yemane, 2006). This data implies that the country is believed to have one of the world's highest rates of blindness and low vision.

According to the survey blindness and low vision at the national and regional levels in Ethiopia are the burden of eye disease estimated from the survey poses huge economic and social impacts on individuals, society and the nation at large. Blind mother-child interaction difficulties as a result of the disability may not be achieved as mentioned.

However there is a limited amount of empirical research literature specific to interactions experience between blind parents and their infants and toddlers. A few articles recounted blind parents general care giving strategies for their sighted children (Cargill, 1971; Sauerburger, 1985; Ware & Schwab, 1971) and one presented the stigmas related to parental blindness as perceived by their older children (DiCaprio, 1971). Adamson, Als, Tronick, and Brazelton (1992) conducted a single case study using longitudinal observations of early communication between a blind mother and her sighted child. The study showed that the blind mother and her infant formed an attachment despite the absence of visual communication, but gave no supportive data to explain how this was accomplished. There is a dearth of empirical research on experiences and techniques employed by blind mothers to maintain rewarding and responsive relationships with their infants or children. It is reasonable to assume that mothers who are blind perhaps face unique interactional issues unlike dyads of sighted mothers and children, or even children with disabilities, yet the professional literature is limited on this issue.

Hence, in this context of limited professional literatures, this study will attempt to address the experiences of blind mothers in raising their children in Addis Ababa. More over the study in the area of the experience of blind mothers focused on the mother child interaction and challenges in the process of parenting communication.

1.2 Statement of the problem

Parenting as a process, among others, generally involves nourishing, protecting, and guiding. It represents a series of inter-relationships between a parent and a child. This apparently attaches a huge importance on the subsequent styles of interaction for communication in the parenting process (Canadian, 2007).

The issue of examining the challenges of blind mothers in child-care interaction experience and coming up with the actual and special needs of such parents is still calling for an extensive intellectual engagement.

The approaches and techniques blind mothers implement during interactions have yet to be studied at any depth. It is unknown if blind mothers follow the same interaction styles as sighted mothers, or if the effect of the disability alters the experience of blind mothers. Research on blind mothers' development of maternal competency through interactions and motherhood experiences is scarce. If the mother-infant interactions are to be reciprocal, between the two social partners is critical for effective interaction, then one would counter that any dimension of disability that interferes with this phenomenon would be important to investigate.

Identification and clarification of blind mothers' positive and negative parenting experiences and maternal-infant interactional approaches is a useful knowledge base for other blind parents and persons involved in services and support for the blind.

It is therefore, the need to assess the experiences and challenges of blind mothers in raising their children and support it with scientific evidences that prompted this study. Particularly, the goal in this research is to understand existing situations and problems of parenting interaction that blind parents may experience in raising their children. Besides, this study was justified by the need to expand scientific literatures in order to support professionals in practically addressing potential parenting experience in the case of blind mothers.

1.3 Research Question

The principal purpose of this study is to study the experiences of blind mothers in raising their children; with particular reference to five blind mothers in Addis Ababa City. In line with this, the specific research questions identified are;

- What are blind mothers' perceptions about how their blindness impacts their parenting experiences?
- What kind of style do blind mothers experienced to communicate with their children?
- What challenges blind mothers experienced in raising their children?
- What kind of experience blind mothers have to cope and address limitations of parenting interaction?

1.4 Objective of the study

The study will have the following general and specific objectives:

General objective

To study the experiences of blind mothers in raising their children;

Specific objectives:

1. To know the impacts of blindness on motherhood or parenting?
2. Describe the style of parent children interaction in the case of blind mothers
3. Explore the challenges faced by blind mothers in raising their children.
4. To see possible measures blind mothers practice to cope and addressing blind mothers' limitations in parenting interaction with their children.

1.5. Significance of the study

The study will generated relevant information on the experiences of blind mothers in raising their children and has supported it with scientific evidences. It has addressed the significant

research gap in understanding existing situations of parenting interaction that blind parents experience in raising their children.

Thus, it will provide relevant information for different social affairs and NGO's on the experiences and challenges of blind mothers in raising their children which will support them and that suggest appropriate services and supports in parenting to the very diverse population of those with similar disabilities. It will also provide a significant understanding on experience and problems of blind mothers in raising their children. Furthermore, it will give directions for policy makers and planners in Addis Ababa city Administration as well as at national level to have good understanding to solve social related factors.

Similarly, the study has informed policymakers to formulate and adopt better strategies in this area. Moreover, the study's results thus support other interested researchers in undertaking a further study that suggest blindness-appropriate services and supports in parenting to the very diverse population of those with similar disabilities.

1.6. Scope of the Study

The study has conducted with a particular reference to blind mothers in Addis Ababa City. It was delimited to assessing the experiences of 8 blind mothers in raising their children as a sample selected purposively from the given population. Selected blind mothers are only those with children under the age of 18 with different socio-economic characteristics.

1.7. Limitations of the Study

Some of the challenges during the study were mainly problem of getting recent and up-to-date references related to the topic and lack of cooperation among the subjects of the study. For instance, very few respondents were not voluntary to give full as the study deal with blind mothers' about their children. Despite such challenges, the researcher has tried her best to collect the right information that helped to relevant conclusions.

1.8. Operational definitions

Experience: interaction practice of blind mothers in raising their children.

Interaction: Mutual or reciprocal action between parent and children.

Communication: the act of conveying meaning from mothers to children through mutually understood signs and semiotic rules.

CHAPTER TWO

2. Review of Related Literatures

This chapter discusses about a review of theoretical and empirical evidences and experiences of other countries about blind mothers in raising their children to review the study with practical current situation in the study area.

2.1. Theoretical Framework

According to Bernard (2011) the process of blind mothers child raising and socialization are through: education, training, observation, and experience, acquires skills, motives, attitudes, and behaviors; that are required for successful adaptation to a family and a culture. This implies socialization process is bidirectional in the messages to given by blind mothers to their children. On the other hand Grusec (2000) also stated blind mother's children vary in their level of acceptance, receptivity, and internalization of these messages. Therefore, even if there was a problem of sight, blind mothers have a role in children socialization.

Similarly, Patrick (2005) also mentioned, it could be noted that socialization as a parenting process marks a developmental context in which any child learns issues of how to become part of his/her family as a basic unit in the social system and ultimately acquire certain tenets that could enable him/her to assimilate in a socio-cultural setting. As such, the results of the socialization process are subject to differences provided that it is a two-way process and effectiveness of parenting communication varies across families, including blind mothers.

Early stage of children is a particular period of human development in which the interface of the parents especially blind mothers for home contexts gain critical importance. During this period, as Wentzel (2001) stated adolescents transition from the highly dependent and controlled period of childhood into a period marked by an increasing sense of self-exploration and autonomy. Specifically, adolescents begin to develop their self-concept and explore their

relationship and connection to the larger society. As a result, it is a time to change for adolescents, blind family units in raising their children (Family Commission, 2012). Thus, it could be implied that attention needs to parenthood interaction and communication styles by the time a child enters the stage of teenage years; this especially matters in the case of blind mother-child contexts as it directly affects what turns out to be an outcome of the socialization process.

Within the socialization process Goodnow (2007) stated attention has been given to examining linkages between the child's home environment (that is., family) and the child's school environment for their better development. Within these two developmental contexts, teenage years interact with and are influenced by multiple socialization agents, including their parents, teachers and peers (Jaroslaw 2009). Because it has a great impact in the following periods of children development and communication styles parents with disability (such as blind mothers). Thus, Blind mothers should take care of their kid's development and also national supports are also important at each level.

Several theories have been proposed to explain the psychological significance of parent-child relationships and why they are strongly linked with children's well-being. In the first half of the twentieth century, research on these broad theoretical positions was patchy, but did not inhibit strong views being advanced about the ways that parents should approach the task of parenting (O'Connor, 2007).

2.2. Theories related to Mother-Infant Interaction

The Features of Maternal- Infant Interactional characteristics are specific to the care giving relationship are the interactive characteristics of the mother and the child. According to Wu, (2011) mothers have characteristics of maternal: ability to read infant behavior, sensitivity to infant behavior, interpretation and responsiveness behavior and Reciprocity behavior. Each points would be elaborated in accordance with blind mothers and child relation especially in the early ages of their development.

Maternal sensitivity affects child development at all stages through life, from infancy, all the way to adulthood. In general, more sensitive mothers have healthier; more socially and cognitively developed children than those who are not as sensitive (Wu,2011). This is how mothers love is expressed for children weather they are blind or not.

Infants whose mothers are more sensitive are more likely to display secure attachment relationships repeatedly. Because the maternal figure is generally accessible and responsive to the infant's needs, the infant is able to form expectations of the mother's behavior. Once expectations are met and the infant feels a consistency in the mother's sensitivity, the infant is able to find security in the maternal figure. That is why Bernard (2011) study mentioned infants whose mothers do not respond to the signals from their children or respond inappropriately to their children's cries for attention will form insecure and anxious attachments because the infants are unable to consistently depend on the maternal figures for predictable and safe responses.

Adult interpretation of infant behavior is predicated on the care giver's sensitivity to signals and cues. Thomas (2005) survey study stated blind mother are conceivable that may be unintentionally know how to interpret her infant's feeling. This is how blind mother's description of her interactive process may disclose information on how she perceives and interprets her child's communicative intent, and how the blind mother responds

Maternal interpretation and responsiveness behaviors involve reading of infants' signal, maternal sensitivity to the signal, interpretation of the signal, all based on contingent behaviors. Herla, (2014) study show that maternal responsibility is particularly important during the paralinguistic communication because it supports infant communicative intent. For mothers who are blind, determining communicative intent of physical communications may bring about unintentional deficits in responses. Incongruent or lacking responses may in turn affect the child's own responses, leading to unsuccessful interactive experiences.

Reciprocity is a normal infant-parent interaction process where as a result of mutually satisfying contingent experiences. Although the relationship is dyadic in nature, many would contend that the mother carries the main responsibility for maintaining the mutuality of interactions. As Williams and Abad (2005) mentioned infant matures; he or she becomes more sophisticated in developing a range of communicative behaviors. Thus, the roles of the mother and child began to and the older infant initiates' interaction.

Generally, maternal influences in the interactional influence of the infant's characteristics especially in the case of blind mothers, is unknown how blindness influences which partner initiates interactions.

2.2.1 An Ecological Approach of Families

To see the family and the blind mothers from this context helps to have a clear picture on how one factor can lead to the other in any given social system. As human development and behavior can't be understood independently of the social, cultural, environmental and historical context in which it occurs (Bronfenbrenner 1997 cited in Seligman and Darling 1989). This understanding implies that the social context influences blind mothers' family system functions. As Hornby (1995) explained, the effects on parents with special needs and caring their child are strongly influenced by the social environment in which they are living, including the extended family, services available and community attitudes.

This idea implies that the social environment has a reciprocal influence on parents and their children. As pointed above this model is a general model explaining how different systems in society influence each other and how they all influence the family (the family of blind mothers in this case) microsystem?

Bronfenbrenner, was one of the key individuals emphasizing the ecological approach in understanding both children and families. He defines the ecology of human development as "...the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing

person lives, as this process is affected by relations between those settings, and by the larger contexts in which the settings are embedded” (Bronfenbrenner,1993).

In describing the ecological environment for an individual, He described three levels: the *microsystem*, the *mesosystem*, and the *exosystem*. Typical microsystems for a child would be the home, school, and peer group settings. The child is impacted by his or her perception or interpretation of the activities, roles, and interpersonal relations that occur in each of these microsystems. These three components (activities, roles, interpersonal relations) form a Gestalt or interacting behavior field (system) in which a change in one component can affect the entire configuration and produce a new meaning for the child.

Bronfenbrenner (1993) defined the *mesosystem* as follows: “A mesosystem comprises the interrelations among two or more settings in which the developing person actively participates.

For a child...the relations among home, school, and neighborhood, peer group; [for] an adult, among family, work, and social life.” The pattern of interrelationships among microsystems for a child or an adult can influence his or her perceptions and behavior within any of the settings where he or she is presently located.

The exosystem “...refers to one or more settings that do not involve the developing person as an active participant, but in which events occur that affect, or are affected by, what happens in the setting containing the developing person.” For a child, these exosystems might include workplaces of the parent(s), school board decisions that affect the child, or a sibling’s network of friends.

Finally, the source of influence most remote from a child’s immediate experience is the array of attitudes, practices, and convictions shared throughout society at large. This *macrosystem* is composed of the cultural milieu and includes microsystems and the interactions among them.

2.2.2 Family Systems Theory

Contemporary systems theories about families are derived from General Systems Theory, which are both a trans disciplinary field of study and a theoretical framework in which various micro level approaches are known as “systems theories.” These theorists attempt to explain the behavior of complex, organized systems of all sorts, from thermostats to families. Systems’ thinking is a way of looking at the world in which objects are interrelated with one another.

Characteristics of family systems. A key assumption fundamental to modern systems theories is that of *holism*, that is, a system must be understood as a whole and cannot be comprehended by examining its individual parts in isolation from one another--the whole is greater than the sum of its parts. In a family, then, a system is something more than parents and children. There are properties and behaviors of the system that do not derive from the component parts themselves when considered in isolation. Together, they emerge from their specific arrangement in a particular system and from the transactions among parts made possible only by that arrangement. These are called *emergent because* they emerge only at the systemic level (Boss, 1993).

Family systems also are self-reflexive; that is; they have the ability to make themselves and their own behavior the object of examination and the target of explanation, thereby establishing goals for themselves. This characteristic is what differentiates human from non-human systems.

Family processes—family functioning, family communication and transactional patterns, family conflict, separateness and connectedness among members, cohesion, integration, and adaptation to change--can be understood as the product of the entire system, shifting the primary focus away from individual family members to relationships among the members. Family systems also have *subsystems*, such as the marital subsystem, one parent and one child subsystem, sibling subsystems, etc. *Suprasystems* would define families in relation to their extended families, their racial and ethnic subcultures, their geographic regions, and the

national system. *Subsystems, systems, and suprasystems* create a *hierarchy* (Boss, et al., 1993).

Changes in the structure of family systems. Modifications in the family system can occur through learning by the system, events such as population growth or economic depression, change in one member of the family system, or through completed *positive feedback loops*. These changes are processed by the entire family system rather than by a single family member. *First order changes* in the family system are minor structural changes among the system's components that might occur as a result of one member changing his or her behavior without completion of positive feedback loops. In these cases, the system itself does not change and is vulnerable to "relapses."

Second-order change is a major, high level change that results in alteration of the entire system.

This type of change is much more dramatic and enduring, as when the entire system is reorganized into new transactional patterns (Boss, et al., 1993).

Basic concepts. The concept of *boundary* is a crucial one in systems thinking. Boundaries are emotional barriers that protect and enhance the integrity of systems. Consistent boundaries contribute to functional systems. The boundary of a system defines the system and represents the point of contact between the system and other systems and between the system and its subsystems and suprasystems. Boundaries also mark the interface between the system and its environment, which is defined as everything external to the system that either directly or indirectly transacts with it. Completely impermeable boundaries are closed to interchange from outside the system and transparent or amorphous boundaries offer no impediment to interchange between the system and its environment. Boundaries of all family systems fall somewhere between complete impermeability and complete transparency; that is, all family systems will fall along a continuum of openness and closedness.

Family systems take *inputs* and change them to *outputs*. The degree and type of inputs is related to the degree of openness or closedness of the system. There are rules of

transformation that take place in the system itself that govern the way inputs are changed to outputs. For example, family systems take inputs in the form of food, various goods and services, information from many sources, and so forth and produce output in the form of behaviors by family members, contributions in the workplace, as well as tangible products such as garbage. Socialized children can be viewed as an output of a family system.

Family Systems Theory provides us with increased knowledge about what factors may influence a family's (and child's) *Quality of Life, Membership, and Personal Sense of Competence*. The *Performance competence Framework* enhances the application of Family Systems Theory and Practice by providing insight into what are key issues for individuals within the family system. The *Framework* assists in identifying what is supporting an individual's performance (behavior) and what is compromising that performance. Serious threats to comfort and safety both to the child, family member or family system will result in specific responses both negative and positive. It is understanding that comfort and safety is threatened that allows us to consider and respond in ways that support the positive stabilization of child, family member and family system. It also encourages us not to provide inputs or interventions in ways that do not support or enhance the *Quality of Life, Membership, and Personal Sense of Competence* of children and families.

When families are studied and understood as systems, intervention services can be designed and implemented that enhance the *Quality of Life, security of Membership and Personal Sense of Competence* of each family member. Using the systems approach, all major environmental influences on the developing child can come together collaboratively to enhance each child's level of performance and competence.

2.2.3 Parenting Styles

Baumrind (1991) conducted research with parents and children, and proposed three qualitatively different patterns of parenting styles: authoritarianism, authoritative, and permissiveness. Baumrind's parenting style was developed from analyzing parenting in largely middle class, white families. The three parenting styles have different consequences on children cognitive and social competence development. These three parenting styles differ in behaviors, values, and standards which parents expect their children to adopt. His basic parenting style typologies were obtained by studying separate samples of children and their families (Baumrind 1991).

As parents' guide their young children from complete infantile dependence into the beginning stages of autonomy, their styles of care giving can have both immediate and lasting effects on children's social functioning in areas from moral development, to peer play, to academic achievement. Ensuring the best possible outcome for children requires parents to face the challenge of balancing the maturity and disciplinary demands they make to integrate their children into the family and social system with maintaining an atmosphere of warmth, responsiveness and support (Bornstein, 2007).

Parenting styles can be defined along two important dimensions. These are; responsiveness: how well the parent is attuned to the child and able to respond to the child's needs and interests, and control: how much the parent supervises and disciplines the child and requires obedience and self-control.

These two factors help determine whether a parent is: authoritative: demonstrating high levels of both control and responsiveness; authoritarian: demonstrating a high level of control and a low level of responsiveness; indulgent/permissive: demonstrating a low level of control and a high level of responsiveness; and neglectful: demonstrating low levels of both control and responsiveness (Canadian, 2007).

Moreover, three parenting styles of authoritarian, permissive, and authoritative are often used in studies; researchers typically have identified these three parenting styles based on the levels

of control and warmth displayed by parents on a regular basis and in a variety of situations. Past research has also included a fourth parenting style called neglectful, which is characterized by low warmth and low control (Lamborn, 1991). Maccoby (1983) call this parenting style 'Indifferent-Uninvolved'. They describe these parents as emotionally detached. Indifferent- uninvolved, or neglectful, parents tend to keep their children at a distance, responding to child demands only to make them cease. Little is known about this parenting style, and research on this population of parents is lacking because they are typically not very responsive or involved in their children's lives. In the very early years, responsive parenting helps create a mutually responsive parent-child relationship. This in turn encourages the development of a child who is both compliant (who cooperates and follows directions, for example) and has a moral conscience (the child understands the difference between right and wrong and feels guilt after misbehaving) (Belsky, 2005). As the child grows, authoritative parenting is linked to greater social and emotional competence (at least for white, middle-class children, with whom most of these studies have been conducted). The children of authoritative parents tend to be good at making friends in their early years, are less likely to use drugs in their teens, and are emotionally stable as young adults. These children also tend to have good self-esteem and to be successful in school (Baumrind, 1991).

Neither the authoritarian nor the indulgent/permissive parenting style shows the same kind of link with positive child development, possibly because they both may limit a child's opportunity to learn how to cope with stress. The child of an authoritarian parent may have few opportunities to make decisions on her own or to ask for what she needs, while the child of an indulgent/permissive parent may grow up without the direction and guidance he needs to develop his moral conscience and set appropriate goals for the future (Canadian Council, 2007).

Parents who are neglectful or uninvolved, inconsistent (e.g. changing limits and types or levels of discipline unexpectedly) or inflexible (e.g. rigidly demanding obedience) are more likely to become involved in an escalating cycle of what the experts call coercive interactions with their children. The parent uses increasing coercion or force to get the child to do

something, while the child responds to the parent in much the same way, with more and more aggression (McMahon, 2006).

Research has generally linked authoritative parenting, where parents balance demandingness and responsiveness, with higher social competencies in children. Thus, children of authoritative parents possess greater competence in early peer relationships, engage in low levels of drug use as adolescents, and have more emotional well-being as young adults. Although authoritarian and permissive parenting styles appear to represent opposite ends of the parenting spectrum, neither style has been linked to positive outcomes, presumably because both minimize opportunities for children to learn to cope with stress. Too much control and demandingness may limit children's opportunities to make decisions for them or to make their needs known to their parents, while children in permissive/indulgent households may lack the direction and guidance necessary to develop appropriate morals and goals. Research has also uncovered significant associations between parenting styles across generations; bad parenting appears to be "passed on" as much as good parenting (Bornstein, 2007).

Parenting styles are only part of the complex picture of how parents affect, positively or negatively, their children development.

The skills parents bring to the job of being a parent also have a major role to play, and it is now known that children benefit when their parents: interpret and explain events that their children are involved in or witness, such as a fight or an accident; establish regular routines or patterns in family life; make use of neighborhood resources, such as community programs; negotiate with child-care centers to ensure their children's early childhood education meets their needs; and stay informed about what their children are seeing and doing and provides an open atmosphere that encourages communication (Goodnow, 2007).

2.2.4. Attachment theory

The most influential current account of caregiver-child relationships and their effect on children's development and outcomes is attachment theory. Bowlby (1969) first described

parent-infant attachment as a system to ensure the caregiver and child's proximity to one another for the infant's protection. Infants have innate signaling capacities, such as crying, that bring and keep the caregiver close; and caregivers respond to these signals with greater or lesser urgency. Three criteria of an attachment relationship are that the child wants to be with the attachment figure, especially when she is under stress; that the child derives comfort from the attachment figure; and that the child protests when the attachment figure is not available.

The relationship between sensitivity/ responsiveness and attachment classification has also been found in other cultural settings and under mood. These caregivers talked positively about their children, engaged playfully with them, and didn't scold their children in angry or resentful tones.

Attachment theory has been found to be predictive of later social competence and adjustment. Secure children are more autonomous, less dependent, more able to regulate their own negative emotions, less likely to have behavior problems, and more able to form close, warm relationships with peers (Lamb, 1987). In contrast, a greater proportion of insecure children have behavioral problems, difficulties interacting with peers and poor problem-solving capacity and low self-esteem (Field, 1987).

Attachment is the strong emotional bond that develops between infant and caregiver, providing the infant with emotional security. By the second half of the first year, infants have become attached to familiar people who have responded to their need for physical care and stimulation. How this attachment develops has been a topic of intense theoretical debate. Theories that attempt to explain attachment are abundant but scientifically verifiable explanations have been elusive. How does attachment develop and which factors affect it? Is attachment security a stable factor? How is attachment security measured? These are all questions of great theoretical and practical interest that can be answered from diverse perspectives

We know, however, that a particular form of insecure attachment in infants and young children termed ‘insecure-disorganized’ is strongly related to risk for psychopathology and is a marker of particular risk in the care giving environment (Greenberg, 1999). Attachment relationships are internalized and carried forward to influence expectations for other important relationships. A history of consistent and sensitive care with the parent is therefore expected to lead to the child developing a model of self and others as loveable and loving/helpful. Effective attachment-based interventions have been developed and validated for a range of clinical problems (Bakermans, 2003).

The above discussions imply that attachment theory basically correlates the quality of parent-child relationships, in terms of providing care and emotional security, with that of a child’s tendencies of sensitiveness or caring for others, in his/her forthcoming relationships. In other words, it could be noted that if a child experiences distant parent-child relationship, he/she is likely to develop relationships with low degree of attachment that may lead to be less loving and caring for his/her beloveds.

2.3. Challenges of Blind Mothers in Raising Children

Children in early school age are entitled to give labor service for their blind mothers instead of receiving municipal day-to-day care (Heinamaki, 2008). The mentioned labor services are forced to leave school participation in developing countries. Furthermore, As Maatta (2007) mentioned labor participation/service of children with blind mothers rated for low motivation and perception, healthy self-confidence and self-esteem, balanced emotional life, judgment and responsibility, the ability to control one’s own behavior, empathy as well as the ability to respect and appreciate other people could represent such features concerning work-family balance are not just about making compromises.

At home level, children have to find out love even when their actions are harmful or cause disappointments and shame for their blind mothers. Werner (2000) mentioned parenting supports are being introduced in very different settings; they take account of context to

varying degrees and in varying ways. Thus, challenges have been noted in the transferability of existing parenting programs.

Maatta (2007) stated parenting challenge for blind mothers is the only way of strengthening their feeling of being appreciated and wanted to know their feeling of security. They are parents to be there no matter what happened. Children's inappropriate behavior cannot be accepted, it has to be intervened and the right direction has to be shown. However, since children are unready, still maturing human beings, they have to be able to trust that their blind mothers will not abandon them. Children are allowed to express their bad feelings and still parents' love holds on: children need love especially when they do not seem to deserve it (Katz and Tello, 2003). Even the disappointments are important part of developing self-esteem and mental health (Desjardins and Coplan, 2008). At home, even though children can learn in a safe environment those means which help to handle disappointments and failures. When necessary, parents can protect their children from the feelings of anxiety and guilt.

Parents' with visual impairment does not appreciative activities of children immemorial for many children's self-esteem by saying: "Well done, I'm happy about you," "Thank you, you know how to do it," "It is magnificent how well you can do it." These acknowledging words should not be held back by blind mothers, to give appreciation and positive feedback all the time and loss of recognition and thanks to what they do (Aunola and Nurmi, 2000). Therefore, parenting support is a set of service activities oriented to improving how especially blind mothers are approach and execute their role as parents and to increasing parents' child-rearing resources (including information, knowledge, skills and social support) and competencies.

Family support as found by UNICEF Office of Research (2013) was being developed in two main forms, through: services – especially social, care and psychological services to families and the establishment and re-orientation of economic support to families, especially cash payments.

2.4. The way in which blind mothers cope with taking care of their children

As Jaroslaw (2009) stated interventions of parents with disability like blindness uses various types of methods to support their children. As indicated throughout this study blind mothers constitute heterogeneous system to support their children in different activities. It also noted that blind parents sometimes use their sighted child for assistance, which may impinge on the parent's sense of efficacy and parenting status. Therefore, parents with disability focused on the early communication and social reciprocity between a sighted infant and blind mother. It is also possible to conclude that communication between the blind mother and the infant need does not prevent the formation of maternal-infant social and emotional interaction.

Belsky (2005) study result indicate that in the area of preparing for care giving tasks and the mother's learning through trial and error to perform these tasks, there was little difference between mothers with varying levels of education, economy, environmental (elite and in elite society) and consideration of government and non-government organizations.

Blind mothers have unique needs, particularly related to ensuring the environmental safety of their young children. Williams and Abad (2005) finding indicate the loss of children and belongings in receiving information with appropriate formats is from early childhood services and schools for transportation. Because, blind mothers are need to ensure their own safety, as well as the safety of their children regularly. In parenting support, the focus is on how parents and caregivers approach and execute their role. Thus, the intent is to increase their level of education, resources and competence for child-rearing. According to Gona (2016) mentioned in their research parents with disability especially, blind mothers that could have tremendous impact on the care of children. This As Megan and Rhoda (2002) finding shows knowledge could be important in the design of community-based interventions where parents play a major role in the implementation and evaluation of the intervention.

Intervention of blind mothers in child raising program is to promote children's good health in the domains of behavioral, communicative and social development. Thomas (2005) mentioned in early childhood, positive interaction skills such as parental responsiveness,

warmth and sensitivity combined with an absence of angry, irritable parental affect are key factors associated with developmental outcomes. These imply the influence of these factors on children's behavioral, social and communicative skills are evident across diverse circumstances, including for children from disadvantaged socioeconomic back-grounds.

Spiker & Boyce (2002) finding suggests that early interventions which promote positive parent-child interactions are likely to result in improved developmental outcomes for children at risk. The assumption of these interventions is that immediate and long-term developmental benefits can accrue for children if parents can be supported to achieve greater responsiveness and engagement in interactions with their children. Interaction program seeks to foster children's developmental competence by enhancing parental responsiveness and promoting the use of developmentally appropriate parenting skills Kim and Mahoney (2004). Specifically it aims to enhance children's behavioral, social and communication skills by using different motivational activities as a non-threatening context in which to promote quality parent-child interactions. According to Werner (2000) parental intervention is expression of affection, physical touch, praise, appropriate instruction-giving and development of age-appropriate expectations, improving parents' emotional responsiveness to their children. This enhances strengthening parents' self-confidence in their parenting skills.

CHAPTER THREE

3. Research Method

This chapter gives an account of the research methodology that has been used to conduct the study. Accordingly, the research procedures and methods that have been utilized during the study are laid out below. It also provides details about the instruments of data collection and the process by which the data have been analyzed.

3.1 Research design

A case study qualitative research design has been used to obtain data through multiple in-depth interviews. Qualitative method encourages the researcher to allow the concepts of importance to emerge as they are constructed by the participants (Mertens, 1998). To encompass key words in the research question; a phenomenological case study approach was used. A case study “concentrates attention on the way particular groups of people confront specific problems, taking a holistic view of the situation” (Tesch, 1990). A case study aims to expose the interactions of significant factors or characteristics of the phenomenon. It focuses on a particular situation or phenomena, for example perception of blind mothers on the impacts of blindness on their experience of child caring, blind mother’s style of interactions, and illustrate the challenges blind mothers experienced and their cope up mechanism. Case studies are appropriate for studying specific populations or cultures such as the blind culture.

Phenomenological studies seek individuals’ perceptions and meanings of an experience. A key characteristic is the “exploration of the participant’s perception of the situation without making assumptions about an objective reality that exists apart from the individual” (Merriam, 1998).

Qualitative research is based on philosophical beliefs or tenets that are fundamental to capturing information as subjective as personal accounts and perceptions. In this case, the

blind mother's perceptions of their interactions with their child and their interpretation of parenting experiences.

3.2 Study site

The study has been conducted in the Addis Ababa City administration, Addisu-gebeya and Shiro Meda Gulelle sub-city, and Seba Dereja Arada sub-city.

3.3 Population, Samples and Sampling Techniques

The sources of the information/data were 8 blind mothers from Ethiopian national association for the blind. Among these mothers five mothers are being the major informants of the study. These mothers were identified purposefully with the help of administrator of the Ethiopian national association for the blind by discussing that these mothers are primary care givers and willing to explain their feelings. Among these 8 mothers three of them were selected to include in FGD (focus group discussion).

3.4. Data Collection Instruments

Interview and focus-group-discussion were used as instruments to collect relevant information for the study. Each of them will be discussed below.

3.4.1. Interview

All the 5 parents were interviewed in their homes with their preference. This gives the researcher the chance that they will comfortable to give relevant responses

Interview guide was prepared based on the idea by Borg and Gall, 1989 in Cherenet (1999) that in an interview situation, an interview guide helps in indicating the outlines of the topic to be covered and their sequences in the interview. It also provides guideline to the interviewer on what to say at the opening and their closing of the interviews.

In this study the interview guide prepared consisted of, about demographic back grounds, about the perception of parenthood, style of parenting interaction, the challenges of parenting interaction and about their cope up mechanism.

3.4.2. Focus-Group-Discussion

Focus group discussion is important instrument to complement the interview questions and confirm the information collected during interview. 5 participant mothers and 3 blind mothers were included from Ethiopian National association for blind, who were concerned and participated in the study.

3.5. Ethical Consideration

Before starting data collection, informal consent was considered. The informants were told full information about the totality of the study including the purpose. They all participated freely without any influence. In addition, participants need to be protected from any harm. They were told that no harm will happen to them by telling the researcher the truth and they should not be afraid of anything as their names were coded(their names will be kept anonymous).they were also told that whatever they say to the researcher will kept confidential. The participants were also given their due appreciation during the course of the study as well as at the end of the study for their contribution of the research.

3.6. Organization of Data

Recording of Data

Log Book: Their responses including their facial expressions and gestures were noted in the logbook.

Transcription and Translation of Data

The transcription and translation were carried out all the time, i.e. immediately after data collection date (before the next data collection date).

Transcription: All the data were transcribed on a notebook, which were labeled by code of the mother (MA, MB, MC, MD, and ME).

Translation: all the interviews were translated from Amharic to English word-by-word and written on notebook. The data were labeled the same way as the notes transcribed.

Arrangement and Analysis of Data

Management: The data were selected, categorized, condensed and transformed in to more meaningful form from transcriptions and translations of the notes in to thematic contents based on the research questions. Data reduction was done continuously through selecting relevant data, through summary and paraphrase, which was displayed logically in the process of this study. To permit writing analysis and presentation of data the information was organized and displayed.

Analysis: The main findings (by picking most relevant information) are considered and presented precisely and clearly. The qualitative way of analysis of the findings will be discussed in the next chapter.

3.7. Validation of tools

I tried to secure plausibility by collecting information using different methods. These methods are interviews, and focus-group-discussion methods. The intention of applying these methods is to gather the same data using various techniques.

It was also translated to the language of communication (Amharic). The interview responses were never interrupted (i.e. were given enough time to think, talk and explain their ideas very well). The ways they explain things were also considered. At the end of each interview, the researcher was summarizing for them all what they said to confirm whether they were understood very well or not.

CHAPTER FOUR

4. Results

4.1. Results of Interview

The purpose of this study was to explore the experience of blind mothers in raising their children. This study focused on four underlying questions. What are blind mothers' perceptions about how their blindness impacts their parenting experiences? What are the style do blind mothers experienced to communicate with their children? What challenges do blind mothers experienced in raising their children? What kind of methods blind mothers practice to cope up and address limitations of parenting interaction?

This chapter presented results from multiple in-depth interviews with five blind mothers and focus group discussion with 8 blind mothers. The raw data from this study was huge. The interview transcripts were read multiple times to begin to develop a sense of both micro and macro pieces of data. Each participant's interview was analyzed separately. Continuous coding strategies were used to find individual units of information. Next, the units were grouped into categories. Subsequently, main themes from all interviews emerged and are reported as results for this study.

There were five main themes that surfaced from the topic of the study. The first theme addresses the back ground information of the participants in interview session. The second theme entailed blind mothers experience in differentiating and addressing the emotional needs of their children. That is what the experience of blind mothers on identifying, interpreting and addressing for the emotional behavior of their children. Experiences, presented as the mothers' own personal perceptions on how their blindness impacts their parenting experiences.

The third theme, Interactions style of parents discussed how they receive, transfer messages, socialize, guide and protection from harm that were made between mother and child to facilitate communication and activities. This theme although related to the research question concerning, what are the style do blind mothers experienced to communicate with their children? The fourth theme addressed challenges for blind mothers. This theme emerged as mothers discussed the challenges they experienced during raising their children. Information of challenges manifested throughout their experience in child raising. Results related to the research question regarding what challenges blind mothers experienced in raising their children.

The last theme, coping mechanisms were made between mother and child to facilitate and address limitations on communication and different activities. This theme although related to the research question concerning what kind of method blind mothers experienced to cope and address their limitation in raising their children. Thus, the concept of interaction in this study was broadly defined as any communication, situation, or activity that takes place between the mother and the child that had intent.

4.1.1. Back ground information

The table shows the Age, educational, occupational, No of children in the family, monthly income and marital status of the participant in the interview session.

information	MA	MB	MC	MD	ME
Age	35	32	50	51	31
Level of education	Diploma	12+1	12+1	literate	Diploma
occupation	teacher	Engage in petty trade	script translator to braille	House wife	teacher
No of children in the family	3	3	2	2	2
monthly income	1663	1400	1500	Less than 1000	1663
Marital status	married	married	single	married	married

The participants were found in the age group between 31 and 51 years old. Concerning their education level, two mothers were diploma holder; the other two blind mothers were 12 plus 1 certificate, and the remaining one mother was literate.

The study also possesses variation in terms of participants' occupation; two mothers are teachers, one mother full-time engaged as housewives, one mother engaged in petty trade the remaining one mother is employed as a script translator in to braille. Three of them have two children; the remaining two mothers have three children. As far as monthly income of the mothers is concerned, two of them earn 1663 birr per month; one of them earn less than 1000 Birr per month; while monthly income of the remaining two mother were 1400 and 1500 Birr. The majority of them are married mothers except one mother who is single.

4.1.2. Blind mothers experience in differentiating and addressing the emotional needs of their children.

The theme of blind mothers experience in differentiating and addressing the emotional needs of their children reflects the mother's expressed feelings and perceptions of her experience based on her self-evaluated experiences as a mother. All mothers experience a multitude of emotions when raising their child. Sentiments of inability, and challenges, were shared. In this study, the blind mothers also shared the same sentiments which appeared often throughout the interviews in varies forms.

Their experience in differentiating and addressing the emotional needs of their children defined as the mother feelings of being successful or unsuccessful in her abilities to fulfill her role in emotional care giving for her child. Her feelings as a mother were based on her own acceptance of her limitations or abilities.

All of the mothers in this study expressed feelings related to their experience of being blind mother, feelings of unsure of what to do. When asked about her experience as a mother, MA, expressed feelings of being challenged with interpreting and sensitively addressing the behavior of her child.

Well, it was very challenging. I could not see the bodily gesture of my children; so that I could not sense what their feelings are unless they talk to me. This oh... Situation irritates me because as a mother I want to respond to my kids all their needs by understanding their feelings. Most of the time I feel sad when my children kept Quiet without telling something to me because I eagerly need to know what happened to them, she related the entire situation with her blindness.

Other mothers also expressed fear of not knowing what to do or not doing the right thing as it related to being blind at motherhood. MB, felt she had to be extra careful and patient in caring for her children, which lead to feelings of challenging to sensitively address to the behavior of her children. She shared sense of frustration came from not being sure of what to do as a blind mother.

I use to get frustrated 'because you know.... I didn't know if I was going to hurt my little boy or, not. And you just have confidence in yourself, I guess.

I was frustrated because I couldn't be exactly right; if I respond to his emotional need because my child mostly cries if he need or feel something I would also cry sometimes while I feel I do nothing to help my baby, and, then I would get frustrated and make a noise to stop him from crying and it wouldn't be his fault, you know, I would just be frustrated because I could not do it because of my blindness....

Other mother MC, interviewed referred to how her blindness impacts on her feelings of interpreting and sensitively addressing to her children need. Her feelings about the ability were expressed by factors such as hard situations on sense of capability as MC states to all of these issues to her blindness.

Being a blind mother is, Oh, a frightening experience because it is a hard time. It is obviously understood that blind mother could not respond to the emotional needs of their children as it is sighted mother, we could have our own system to respond to their feelings but not easy unless I discussed or talk with my children to know and respond to their emotional need.

Another mother, MD, and ME, experiences much of the same difficulties as the other mothers. Mother MD, with regard to her feelings of impacts of her blindness on responding to her child she said.

“I know that my blindness restricted me from responding to my children needs by interpreting their feeling, looking facial expression of my children.”

Mother ME, mentioned her feelings,

“Being blind mother is really a difficult task, however I tried to manage it with its problem, but it had been good if I respond to my child by understanding their emotional needs you, know.... But I could not see their facial gesture.”

In general, raising children requires parents’ commitment in using their knowledge and skills to raise and provide all necessary supports for their children. Hence, how blindness impacts to process of parenting could be related to how they raise their children. Likewise, blind parents’ understanding of the parenting process in their household and they would also able to fulfill their role as a parent within the context of blindness. They could be linked with practical challenges and they may face in fulfilling commitments arising from their blindness.

Most of the mothers in this study have limited communication process in accurately interpreting behavior of children, and sensitively addressing to their needs. The study has also indicated that blind mothers could be less sensitive to their infant’s signals and behaviors, as a result of blindness.

4.1.3. Blind mothers experienced style of Communication

Interactions for communication usually involve one person doing or saying something to get their point across and the receiving person responding to it. Successful communication is dependent on clear expression of the meaning so the other person can understand it, and respond appropriately to what the person intended. Strategies used to convey the meaning or the response may or may not be conventional when a person with a disability is involved. Even though this study primarily focuses on the mothers’ feelings of success regarding communication between her and the child, strategies used to communicate between mother and child are included to show interactional patterns that support communication.

Information obtained on communication strategies between the mothers and their child found some interactions to be typical of sighted parent-child interactions and others to be uniquely altered for blind parent-child interactions. In some situations communications appeared to be typical interactions for all parents, but could be considered unique for blind parents due to the nature of the situations in which they occurred coupled with the parent's lack of vision.

Mother MA expressed her experiences when she was asked the style of interaction with her children.

I mostly use physical sensing in house situation and continuous discussion and talk to my children because they are above 10 years old and As it is obvious I physically sensing in-house situation, guess their health situation by touching their forehead, I could tell that there was something not quite right if I feel fever. You know while they watch television movies, even if I can hear what it says, my children try to make things clear by telling me what action happened on the movies Oh, (short pause] they are good children.

Mother MB was too careful while she communicates with her younger child specially and she said that.

I am sensing my child's voice tone in order to play with him and to check whether he is comfortable or not. Mostly I am able to recognize my child's situation following the instances of crying, laughing, playing and habitual activities like sleeping. I play with my child following his voice. For my child above 7 we communicate by talking, discussing and I use her to help me to communicate with my other child also.

The other mothers MC, MD, and ME who have children above the age of 7 years use the same mode of communication style to transfer message and respond to their children.

They communicate with their children by talking and discussing with them as friend these kind of communication use them to build consensus with their children.

The target participants of the study use more similar style of communication, to diverse ways to respond and transfer message for their children emerging out of the general parenting process have also been identified; in alignment with certain fundamental roles that parents are commonly expected to fulfill. Cargill (1971) reported that blind mothers were concerned for

their child's safety and used modified care giving strategies to ensure the safety of the child. (DiCaprio, 1971) noted that blind parents sometimes use their sighted child for assistance, which may impinge on the parent's sense of efficacy and parenting status.

Communication style of all mothers is almost the same. Most of mothers reported they are communicating by physically sensing in-house situation, sensing change in voices or tones of their children in order to understand and differentiate the needs of their children and to know whether the child received their messages or not. Bornstein (2007) study elaborated challenge of balancing the maturity and disciplinary demands they make to integrate their children into the family and social system with maintaining an atmosphere of warmth, responsiveness and support through free discussion.

In addition most of them were tried to transfer their message through discussion as friends with their children.

4.1.4. Challenges of blind mothers

Shortcomings of blind mothers that are commonly faced in the process of parenting were found to be linked with the specific nature of disability.

One area in which the blind mothers reported their problems was in the area of basic household activities. Basic household activities consisted doing daily activities with their children and common chores or activities.

Another area of problem was in performing activities outside home, like, employment, and economic empowerment.

Those mothers who did not have support from relatives has challenged in care giving activities, such as bathing, feeding, and giving medicines, the mothers reported that most of the time they face a problem unless they don't get support from their family. Mother (MB) answered when asked her challenge in care giving activities.

Actually it was a difficult task to me bathing my baby, if my mother had not been with me. One day when my mum was absent of home I used to bath my baby in the bowl by holding him closer to my body and supporting with my legs, also my elder daughter was supporting me she was 8 years old but I don't think she was with full attention, Oh the child started to crying highly (pause) what can I do, it was the soap enter to his eyes I started to shout to my daughter to help me, she also become nervous, then I just pour... pour. Water to his eyes then thanks to God he became okay, I did not try it alone then after. With the absence of my mother giving medicine accurately is also difficult to me such as liquid medicine intake.

She Continue to talk oh. Oh... the most difficult one is following my children after they started to walk they use to go anywhere, and I always worry about the electric outlets, ditch, and fire when I am alone with my kid. When I need to bake Enjera or Dabo (with local open stove) I also need the support of others otherwise it is difficult too. However I have neighbor and my mother who supports me.

Two mothers MC and ME reported not to pay attention to the problems practiced, because they have had the assistance of other people since the birth of their children. However Mother ME mentions:

“One day when my husband was out of home I tried to wash cloth and I put my child to my nearby, she walk to the water-basin. She was about to sink to the water basin and my neighbor make a noise wuy... wuy (w,ɛ; w,ɛ) and she picked her up.”

Mother MA And MD had similar experience like MB when they explain , when I am alone with my daughter, I always worry about all things, so I use to warn my child, even with this concern, accidents have happened, like falls down, and to electrical shocks, and various cuts.

As for the monitoring of school life, it was reported that two mothers directly monitored the studies of their children because they are teachers. *“Actually I monitor, although this is more difficult in the homework, and school project I always ask someone to read the exercise book. I use to check every day (MA).”* *“I stay with them while they do homework and openly approach them to ask me a question if there is any difficulty (ME).”*

All the other three mothers encourage their children to study and work homework but they could not able to support them. When they asked how they monitor their children school performance:

“I could not make sure that my children have performed well on their tests, homework (MB).”

“I just believe my child what she said about her school life (MC).”

“I always pray to God in order my child perform good in her school (MD).”

It is true that sighted parents use different technique of giving options when they want let their child do school activity, yet in this instance it was because parents blindness that prevented them from doing an activity.

With regard to their experience in participation outside home like employments and economic empowerment activities all mothers experiences difficulties. When asked what their problem in participating in different economic activities Mother MA stated there was limited public awareness regarding people with disability.

Before I am graduated in diploma program and being a teacher, I was suffered a lot to provide food to my children.(pause) I was waiting my husband’s income that he got from service giving in church, which was not enough to fulfill our family basic needs. I was tried to be a member of saving and credit groups in our kebele in order to get loan. But nobody wants me to be a member of the group, I thought that they have doubt that I could not be fit to engage in small trade like petty trade to refund the loan.....but they have mistaken...I would have been sale charcoal(ከሰል ምቸርቸር) in front of my house.

Mother, MB referred to this problem her experience

I sale different fruits at nearby small market to my home everybody in the community knows me either, nobody wants to lend me money, in order to diversify my work, while I asked them. You now they do not believe that I have the capacity on performing my job.... I also working holding my child at my back what can I do no body is there, to take care of my child, if there was a place like day care I would have been do better...my mum was sick most of the time.

Mother MC, MD, ME, have the same experience and when they explain more to this idea.

You know I am now an employee in the organization where the same people with disability are employed but before that I have tried vacancy to be employee in different institutions, but no one was volunteer to hire me...yes I know it was because of my blindness they prefer sighted person than me. I am sure that they well know I also have the right to work (MC).

I am poor my family source of income is pension of my husband, that is not enough for our livelihood, but what can I do(pause) from where do I got money, in order to do some kind of income generating activities and fulfill the need of my children (MD).

Previously I was working in different organization with low payment. When there is a room for promotion, we all employee use to be competent and submit an application at different time but, though all my friends promoted, I stayed there for years, I could not even able to forget that. Then I decided to attend college now I am a teacher in primary school (ME).

Blind mothers who have not support from family members has experienced challenges in administrating home-based medical care, such as liquid medicine measure and applying eye drop to their children. Most of them said they have a challenge in practical situation that require visual prove, such as bathing children, backing and Enjera/Dabo except those mothers who have support from family members and their children. Even though they were tried to establish mechanism to solve the situation from happening, there were also great challenge for all mothers following children while they start walking in order to prevent children from domestic accident like, sharp materials, fire, electric outlet, and ditch. Those mothers who are teachers can support their children in their studies and school activities. Some mothers said they could not be sure that their children have performed well on their homework or tests but they accept what the children told them. Unavailability of day car for blind mothers' children and lack of economic resources limited them from engaging in different income generating activities. Also all agreed that there is limited society awareness in disability and the implementation of policy for disability by different sectors has a problem in participating them in employment.

However to protect and secure the rights of citizens with disability there are some proclamation. In Ethiopian Proclamation No.101, 1994 by the Government of Ethiopia (TGE).

Objectives are as follows:

- To assist people within society suffering from disabilities due to natural and manmade causes.
- To alleviate the problems of disabilities by creating appropriate access to job opportunities through appropriate training or skill.
- To eliminate discrimination and protect the rights of persons with disabilities to compete for and obtain employment based on their qualifications.

4.1.5. Coping mechanism experience of blind mothers

The forth theme related the experiences of blind mother to cope up their limitations and gaps in raising their children. Coping basically deals with two concepts the first is the threat, which primarily results from stressful events that is faced by the mother, and that is shown to people as a threat to be faced, the second is the concept of control due to the threat posed by stressful event, people search for coping mechanism to have control of the situation of themselves and their feelings (Larazus, 1984).

This theme highlights the experience that the blind mothers reported during daily interaction with their children.

Mother (MA) and other three mothers (MC, MD and ME) reported the same coping experience when asked to explain their practices.

Mother MA, when referring to coping experience she had.

I advising and encouraging my children to build their self-esteem and O... with full of proud she add I provide them with spiritual and moral lesson, because if they realize spiritual life with their daily life they protect themselves from hazards, like peer pressure and I found that results good regarding my children. I also permit them to play with friends freely because I do that to build trust among us.

As Mother MC, also stated

“Looking my children as friend and discuss with them openly, results me good relationship and also encouraging them with their good things they did has formed reliance between us”.

Mother MD, when she explains her experience

I advising my child not to accept while somebody ask her to give a ride. And to come straight to home from school, encouraging her to go to church every Sunday and participate in Sunday school (Senbet Temertebet). Because if she engaged in Sunday school she will interact with me and others with good manner at the same time she will protect herself from harm.

Mother ME, when she explains her experiences how she cope her limitation of being blind.

I already talk to my children about everything because in their class room their might be a person who involved in different substance addiction, so I need to openly talk to them that I am with them and open to them if they need something or they have any question, so they do not go looking for a friend who teaches them wrong thing, I explain slowly and repeatedly. .

Mother MB, since she has a child at the age of less than two, she explain her experience

Everything can cause children accident and there are electric outlets and fire. So I keep holding my child because after he started to walk controlling him is very difficult unless there is an adult to help me nearby. However, I am alert and careful and kept sharp things at high place.

These practices were that the mothers used to enhance relations between them and their child, and facilitate smoother care giving activities with their child. To accomplish some tasks blind mothers use alternative techniques. These techniques are variation on methods they use to handle aspects of every day live. The study on the interaction of blind parents and their children found that blind parents tended to verbalize more to their young children than sighted parents (Collis, 1981). In other words, these interactions were identified in association with the blind mothers' roles of protection, guidance and control.

Participants in the study reported that they advise and encouraging their children to build self-esteem and to provide spiritual and moral lessons in order to build self-management. They also giving their children direction and talk friendly to build their consensus and permit their children to play with peer groups, except mother who have too young children in addition to others, said I am controlling my children to protect from harm like accident, electric, fire and the like, most of the time I keep holding him at home because they know nothing about harmful things, and he is kids.

4.2. Results of Focus group discussion

In FGD Participants rise different issues about their experience in child care as they mentioned when they asked their style of communication with their children, they are communicating by talking, discussion, physically sensing in-house situation, sensing change in voices or tones of their children in order to understand and differentiate the needs of their children and to know whether the child received their messages or not.

The participants stated while discussing about what their major problem related to parenting communications were all participant say.

Because of shortage of money we cannot provide our children different materials that they need like other children. To alleviate this problem we want to participate in deferent activities (like income generating groups) in order to earn money but, engaging in such activities is not as easy as we want. Because there is lack of awareness in our society concerning people with disability.

There is also lack of professional support we get like training, counselling in child care which could have at least decreased our problem.

As they suggest in order to promote better communication with their children they need different support from different sectors. To solve our problem we need attention from GOS

and NGOS as well as CBOs for intervention of economic empowerment, day care for our children and trainings on child care.

The focus group discussion data has indicated that, blind mothers face different challenges (those challenges reported in the interview session) in raising their children. In addition they suggested that blind mothers can contribute more in parenting and other social activities if they have got a room for participation in different activities. As they discussed, though they use different mechanisms to overcome the daily routine problems they face, there is a need for support from different organizations like Gov. local and international NGOs and Community based organizations to improve the challenges on sustainable way, the discussion points of focus group discussion were included in recommendation part.

CHAPTER FIVE

5. Summary, Conclusion and Recommendations

5.1. Summary

The main objective of this study was to identify the experience of blind mothers in raising their children. More specifically, this study tried to get answers for the following basic questions

- What are blind mothers' perceptions about how their blindness impacts their parenting experiences?
- What kind of style do blind mothers experienced to communicate with their children?
- What challenges blind mothers experienced in raising their children?
- What kind of experience blind mothers have to cope and address limitations of parenting interaction?

The study employed qualitative study design and to get answer for the above basic questions, interview and focus group discussion were used. Most of the data reported are based on the words of respondents. This was insuring that their voices were not left out in the analysis and to enable readers easily to identify the experiences of the respondents. After presentation and analysis of the available data, made the study revealed the following findings based on the objectives of the study:

1. Blind mothers perceive that their blindness impacts on addressing, and effectively interpreting emotional need of their children. A parent-child relationship has been affected as a result of blindness and identifies parenting to be a very hard task in their context in a diverse way as compared to contrary circumstances.

2. The finding of the study shows most of blind mothers use physical sensing in-house situation, sensing changes in voices or tones of infants 'and close follow-ups to check variations in voices and tones of the children, example; crying, laughing; checking habitual activities, for instance; sleeping, and playing for infants and transfer message through friendly talk and discussion for older children.
3. Findings in challenges they experienced shows; lack of administering home-based medical care, such as; liquid medicine intakes, eye drop application, inaccuracies in following practical situations that require visual proves, such as;, bathing children, lack in supporting children with their studies and school activities; such as, home works, study projects, lack of economic resources to provide children with necessary utilities, lack of day care for their children, limited society awareness on disability , and problems of policy implementation.
4. The coping mechanism mothers use to fill their limitations were, by providing children with long-lasting spiritual and moral lessons, advices, encouragement and consultations to prevent immediate harm, building children' sense of self-management, and following children through elder children, and family members were linked to way of the protective role of blind mothers. Teaching and giving oral support, directions, and friendly talks to build consensus, and self-esteem. Opening talks asking and learning the needs of children when possible were related to how blind parents cope up with their limitations.

5.2. Conclusions

People with disability have been cruelly treated and their rights have been violated until the enlightenment of humanitarian movement. Ethiopia has social policies as well as proclamations concerning the rights of the persons with disabilities like, equal opportunity for education and employment for all. However, individuals with disabilities in general have not been given much attention. Even the small and ‘the lucky’ group, who got the opportunities do not have enough facilities. This is due to the negative attitude of the society towards them. Blind mothers in this study have experienced challenges of parenting in perceiving their children how to addresses and interpreting the behavior of their children. However they use different style to interaction and achieve parenting practice. Most or all the community are have little or no awareness about disability matters, especially about blind mothers’ capacity to raising their children they thought that they are unfit to care their children. Participant in this study have use different coping mechanisms in order to fill the gaps they have because of their disability.

Based on the problems they experienced they have in raising their children they need different supports from diverse organizations, their family and other community members to lead sustainable & appropriate life.

5.3. Recommendations

The methodology of this study as well as the finding, promote recommendations relative to the research.

The recommendation of the study includes:

- 1 The government, non-governmental organizations and community based institutions should organize awareness raising workshops and training for community members on disability particularly on blind mothers in order to minimize the problems created by societal biases.
- 2 Training Interventions for blind parents targeting: How to take care of themselves and their children and how to reduce domestic accidents that can bring significant benefit.
- 3 Awareness creation has to be facilitated for family members of blind mothers on how to support blind mothers with the gap blind mother have in their house circumstances.
- 4 Families, relatives and any other at nearby have to support blind mothers in different situations as needed.
- 5 Since day care has a great role for blind mothers and their children, it should have to intervene by the GOs, NGOs as well as community based organizations. They would also give attention to intervene in economic empowerment of blind mothers by facilitating micro-finance enterprise.
- 6 A professional (special need) of the country has to conduct further research since there is a limited amount of empirical research literature specific to experiences of blind mothers in raising their children.

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Appendix

Introduction

The purpose of this study is to explore the experiences of blind mothers in raising their children, with a particular emphasis on maternal-infant interaction and communication.

Thank you very much for taking the time to talk with me today. I am trying to learn more about the experiences of blind mothers in raising children. Focusing in the interaction for communication with your children I would also like to learn about your perception on your communication with your children, style of communication and challenges you have faced regarding parenting process. However, I will not share what you specifically say with anyone else; feel free to express your honest opinions

Your participation is completely voluntary, and if, at any time, you would like to stop, please notify. There will be no problem; I am unable to pay you anything for your participation, but it's my hope that, the information you give me can significantly support the successfulness of the study.

Guide for In-depth Interviews

Part One: Demographics

Sex _____

Age _____

Level of education _____

Occupation _____

Monthly income _____

Number of children under 18 in the family _____

Part Two: Interview

Questions concerning blind mothers' perception on the impacts of blindness on the interaction with their children

How do you perceive parenting interaction in raising your child/children, in particular? And, what makes you feel this way?

How do you identify and differentiate the emotional needs of your child/children?

Questions concerning style of interaction of blind mothers and their children

How do you communicate with your child/children?

How do you know whether or not your child or children has/have received your messages?

What kinds of mechanisms did you used to socialize your child or children?

How did you guide your child/children during the stage of self-exploration?

How do you provide your child/children with protection against harm and with a sense of emotional security?

How do you monitor your children's school performance?

Questions concerning challenges of blind mothers in raising their children

What are the major parenting challenges that you encounter mostly in raising your child/children?

Questions concerning coping mechanism to fill the limitations of blindness

What kind of measure do you take to cope your limitations of parenting communication?

Closure: *Thank you very much for your time. It is obvious that you care very much about your children, and we appreciate what a good job you are doing taking care of them*

Part Two: Focus Group Discussion (FGD)

Guide for Focus Group Discussion (FGD)

From your experience, what are style of interaction, in case of blind mothers and parenthood?

In your opinion, concerning blind mothers and parenthood, what are the major problems related to parenting?

What kind of measures would you take for better communication with your children?

From your experience, what are the main coping mechanisms used, in case of blind mothers and parenthood?

Thank you very much for your participation

አዲስ አበባ ዩኒቨርሲቲ የሥነ ጥምህርት እና የባህሪ ጥናት

የልዩ ፍላጎት ጥምህርት ክፍል

ቃለ መጠይቅ

- ልጅ በሚያሳድጉበት ጊዜ ካለዎት ሁኔታ / ማየት ከመሳሰለው/ አንጻር ከልጅዎ ጋር የሚያደርጉት (የመልዕክት ልውውጥ) ሁኔታዎች እንዴት ያዩታል?
- የልጅዎን ስሜታዊ ፍላጎትን እንዴት ይረዱታል?
- ከልጅዎ ጋር የመግባቢያ መንገዶች (ሁኔታዎች) ምንድን ናቸው ?
- ልጅዎ የእርስዎን ምልክት በትክክል መቀበሉን እንዴት ያውቃሉ ?
- ልጅዎን ስለ አጠቃላይ ማህበራዊ ሁኔታ ለማስተማር ምን አይነት ዘዴ ይጠቀማሉ?
- ልጆች እያደጉ በሚመጡበት (የራሳቸው የሆነ ነገር በሚፈልጉበት) ጊዜ እንዴት ይመሯቸዋል እንዴትስ ይቆጣጠሯቸዋል?
- ልጆች እራሳቸውን ከተለያዩ ጥቃቶች እንዲጠብቁ ምን ያደርጉላቸዋል በምንስ ይረዷቸዋል?
- ልጆች በሚያሳድጉበት ጊዜ ያጋጠሙዎት ዋና ዋና ችግሮች ምንድን ናቸው
- ልጆችን በሚያሳድጉበት ጊዜ ከልጆች ጋር በሚያደርጉት ግንኙነት የሚያጋጥሙዎትን ችግሮች ለመወጣት ምን አይነት ዘዴዎችን ይጠቀማሉ?

የተሳታፊዎች የቡድን ውይይት መሪ ጥያቄዎች

- ካላችሁ የልጆች አስተዳደግ ልምድ ከልጆቻሁ ጋር የመግባቢያ መንገዶች ምንድን ናቸው ? ብትጠቅሱልኝ?
- በእናንተ አመለካከትና ልምድ ማየት የተሳናቸው እናቶች ልጆች በሚያሳድጉበት ወቅት የሚያጋጥሟቸው ችግሮች ናቸው የምትሏቸው ምንድን ናቸው?
- ካላችሁ የልጅ አስተዳደግ ልምድ ከልጆቻችሁ ጋር በምትገናኙበት/በምትባቡበት/ ጊዜ የሚያጋጥሟችሁን ችግሮች ለመወጣት የምትጠቀሟቸው ዘዴዎች ምንድን ናቸው?