

**SOCIAL OPPORTUNITIES AND CHALLENGES OF THE DEAF: A
CASE STUDY OF THE ADIGRAT SCHOOL FOR THE DEAF IN
EASTERN ZONE OF TIGRAY, ETHIOPIA**

By: **TESFAY WOLDU BERHIE**

A THESIS SUBMITTED TO SCHOOL OF GRADUATE STUDIES OF
ADDIS ABABA UNIVERSITY IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN SPECIAL
EDUCATION, DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

ADDIS ABABA

JUNE 2002

Addis Ababa University
School of Graduate Studies

Social Opportunities and Challenges of the Deaf: A Case Study of the Adigrat School for the Deaf in the Eastern Zone of Tigray, Ethiopia.

By: Tesfay Woldu Berhie
Faculty of Education

Approved by the Examining Board.

Professor Tirusew Teferra

Chairman

Department of Graduate Committee

Professor Tirusew Teferra

Advisor

External Examiner

Internal Examiner

DECLARATION

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in any other university and that all sources of material used for the thesis have been duly acknowledged.

Name _____

Signature _____

Advisor _____

Signature _____

Place and Date of Submission: Addis Ababa University

May, 2002

Acknowledgement

I am grateful to my advisor Professor Tirusew Teferra, for his outstanding guidance, remarkable advice as well as conclusive comments. He was highly determined to provide me timely remarks on my thesis. Through his unforgettable experience and sustained support, the thesis has become materialized.

I wish to thank all the teachers, students and parents who took part in the research since it is not possible to conduct such meaningful educational research without teachers, students as well as parents.

Further, I would like to express my gratification highly to Ato Desalegn W/ Hawariat for his invaluable as well as particular help he offered me from the beginning of the course and till I finish the thesis.

Special thanks and appreciations are extended to my sister Belainesh Woldu Berhie, Italy-Rome, to whose financial and moral supports I am greatly indebted.

I would like to thank Ato Mesfin Abraha in Addis Ababa University, Ato Gidey Assefa, Hiwot Beyene, G/Selassie Tesfay, Yekum Haile, Negus Kebedom, Ato Tadele Hagos, Gebremedhin Aregai, Asfaw Alula, Gebremedhin Lemma and Gebremeskel Adhanom for their endless support to the success of the study.

I wish to thank W/rt. Abeba Kifle, and Zufan Hailemeskel who helped me in typing all the interview transcripts and field notes for a better arrangement.

I would like to thank Ato Mulugeta Seyoum and his families for their entire assistance I have received in the preparing my thesis.

Finally, I wish to thank my wife Ziman Adhanom, for all the encouragement, help and support I have required in the course of the research and my children Zena-selam, Roza, and Zebib for their patience during the past two years.

Table of Contents

Acknowledgement.....i
List of Tables.....ii
Abstract iii

CHAPTER I

	<u>Page</u>
1. Introduction.....	1
1.1. Background Information.....	3
1.2. Justification to the Study.....	6
1.3. Statement of the Problem.....	9
1.3.1. General Objective.....	11
1.3.2. Specific Objectives.....	11
1.4. Significance of the Study.....	11
1.5. Delimitation of the Study.....	12
1.6. Operational Definition of Terms.....	12

CHAPTER II

2. Review of Related Literature.....	14
2.1. Definition and Conceptual Framework.....	14
2.2. Types and Causes of Hearing Loss.....	15
2.3. The Signs of Hearing Loss.....	15
2.4. Philosophy of Communication Modes.....	16
2.4.1. The Auditory – Oral Approach.....	17
2.4.1.1. Lip- reading/ Speech Reading.....	18
2.4.1.2. Cued Speech.....	19
2.4.2. The Manual Communication Approach.....	20
2.4.3. Sign Language.....	21
2.4.4. The Total Communication Approach (TC).....	23
2.5. Effects of Deafness on Social and Personal Adjustment.....	25
2.6. Social Development in Deaf Children.....	26
2.6.1. Social Maturity.....	27
2.6.2. Social Interaction.....	28

2.6.3. Self- Concept	29
2.7. Social Development and Behavior Problems of the Deaf.....	32
2.8. The Developmental Milieu of the Deaf Child.....	33
2.8.1. Family Environment.....	33
2.8.1.1. The Deaf Child and the Family	34
2.8.1.2. Parental Attitudes and Practices.....	35
2.8.1.3. Siblings Relationship.....	36
2.8.2. School Environment and the Deaf Child.....	37
2.8.2.1. Peer Interaction	39
2.8.2.2. Teacher-Child Interaction	40
2.8.2.3. Teacher- Parent Interaction.....	41

CHAPTER III

3. Research Design and Methodology.....	43
3.1. The Study Site	43
3.1.1 Background Information.....	43
3.1.2 Description of the Study Setting: The School for the Deaf.....	43
3.1.2.1. Location.....	43
3.1.2.2. Physical Setting.....	44
3.1.2.3. Student Population	44
3.1.2.4. Teacher Population.....	44
3.1.2.5. Special Considerations	45
3.2. The Study Method and Procedures.....	45
3.2.1. Rational for the Qualitative Research Method	45
3.2.2. Participants	46
3.2.3 Sampling Technique and the Sample Size.....	47
3.2.4. Documents and Records	49
3.2.5. Data Collection Tools.....	49
3.2.6. Data Collection Strategies	50
3.3. Analysis and Results of the Study	52
3.3.1. Methods of data analysis	52
3.3.2. Individual – Case Analysis	53
3.3.3 Cross – Case Analysis	86
3.3.3.1. Communication Modes and Communicative Competence.....	86

3.3.3.2 Social Interaction.....	90
3.3.3.3 Social Perception / Psychological Reaction.....	94

CHAPTER IV

4. Findings and Discussion	102
4.1. Opportunities and Challenges for social interaction - at Home	102
4.2. Opportunities and Challenges for social interaction - in the School	105
4.3. Delayed in Social Competence – via withhold opportunity.....	108
4.4. Perception towards persons in their setting	109
4.4.1. Home	109
4.4.2. School.....	110
4.4.3. Local Community	112
4.5. General Personality Characteristics.....	113
4.6 Parent - School – Relationship... ..	115

CHAPTER V

5. Summary, Conclusion, and Recommendation.....	117
5.1. Summary	117
5.2. Conclusion.....	118
5.3. Recommendation.....	119
References.....	125
Annex – 1	
Annex – 2	

List of Tables

Table	Page
1. Summary of Communication Modes and Social interaction of the Six Cases..	92
2. Summary of Social Opportunities and Challenges of the Six Cases.....	99
3. Summary of Behavioral Problems and Social Perception of the Six Cases....	101

Abstract

The research is qualitative case study, which aims at describing and analyzing the social opportunities and challenges of the deaf in Adigrat School for the Deaf. Qualitative research method is employed so as to understand the situation in the setting.

The units of the study (cases) comprised of six deaf students from grade six, and the cases were three males and three females. Their age ranged from 15-18 years old. All the cases were profoundly deaf: two females were profound prelingually deaf, one male and three females were profoundly postlingual deaf. The sample size covers 40 percent of the population. Moreover, key- informants such, those mothers of the cases, and Home Room Teachers, Unit leader as well as the School Head Teacher were also involved.

The interview schedule, observation guide, as well as informal discussion were employed to collect the data. Unstructured questions that allowed the researcher greater latitude in asking broad questions were constructed. The observation guide was arranged and the checklist was also presented. Furthermore, documents that comprised background of the school and that of the students; and the student's file that had records of two full academic years and the first semester performances of the current academic year were also considered. In order to collect qualitatively significant data during the interview session, tape recorder was also used. Thus, based on the information obtained the analysis was performed in two stages: the individual-case analysis, and cross-case analysis.

The findings of the study reveal that the deaf children's decreased role-taking ability in social interaction emanates from lack of spoken language and withhold appropriate opportunity to socialization by significant others. The deaf children's impression of the hearing discloses that the hearing persons have negative attitude towards the deaf. On the other hand, the finding discloses that there is inclination of the deaf towards their deaf peers at school and wide opportunity for their social interaction using their own sign language. The findings further reveal that the deaf children have negative evaluation of themselves, and negatively evaluated by hearing persons as attributed to their inability to have adequate interaction, thereby develop feelings of inferiority, loneliness, frustration and as they are not accepted by hearing persons. There are also personality characteristics attributed to deafness with social immaturity: a feeling of suggestibility, easily irritability, impulsivity, and social isolation. The findings also indicate that the female deaf students appeared to be engaged in fatiguing routine household tasks. In addition, loose parent- school- interaction is revealed.

Furthermore, based on the findings, the need to create the possibilities of conducive and proper social environment that could promote interaction between both the deaf and the hearing are recommended.

CHAPTER I

1. Introduction

Deaf people 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 deaf child will develop behavioral problems depends on how well those in the child's environment accept the disability or not (Hallahan and Kauffamn, 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

Almost all the limitations related to deafness are created by deficiencies related to spoken language and communication. There is nothing inherent in a hearing impairment that should create additional social or psychological problems. Deficiencies in communication that create lowered understanding of social norms and lowered expectations of significant others lead to additional problems in these areas as well (Meadow, 1980). Charrow (1981) points out; it is not the inability to hear that cause the most persistent problem of prelingually deaf persons, but the enormous constraints that inability puts on the learning and use of societal language.

Meadow (1980) suggested that parent's attitudes and child-rearing practices might contribute most to the slow development of social maturity in deaf children, but that residential living, with the absence of family contact and the close supervision leading to few opportunities for independence, also presents a negative causative factor. A number of studies give some

insight into the dynamics of how the protectiveness most families have for their deaf children probably contributes to their retarded social development.

Meadow, further stated that a number of findings indicate that parents of disabled persons generally, and deaf children particularly, are relevant to grant them the freedom and independence that would encourage independence and consequent maturity. These attitudes are often copied with strong pressures for achievement, as in the areas of speech training, which is particularly difficult for the deaf. Deaf individuals, more than any other persons with disabilities, tend to mix socially with people who have the same disability. This is seen when some hearing-impaired individuals need for social interaction and acceptance.

Since the hearing-impaired are frequently cut off from communicating with the population at large, hearing-impaired children can grow up in relative isolation. They sometimes have difficulty making friends, and are perceived by teachers as excessively shy. This tendency toward withdrawn behavior can be even more pronounced if they don't have hearing impaired parents or peers with whom they can interact nonverbally. Impaired hearing can also influence a child's behavior and social and emotional development (Lobe and Sarigiani, 1986; cited in Hallahan & Kauffman, 1988).

A good deal of deaf children in one way or another encounter various problems conflicting with social and behavioral adjustment. Thus, the study mainly focuses on the particular aspect of the understanding of the social situations of deaf children.

1.1. Background Information

Deaf persons are commonly labeled with disparaging and superstitious qualities that push them outside human communication and social life, and deny them access to education, work, and other equal opportunities that would make self-supportive and full members of their respective society (Joutsalainen, 1993 in Mittler et al. 1993).

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.

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. Moreover, as Kirk and Gallagher (1989), personality inventories have shown that deaf children have more adjustment problems than hearing children. When deaf children without overt or serious problems have been studied, they have been found to exhibit characteristics of rigidity, egocentricity, absence of inner controls, impulsivity, and suggestibility.

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.

Moreover, as explained by Bench (1992), 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.

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. And Tirusew further suggested that a number of deaf children do have serious behavior disorders that require treatment.

Considering the school for the deaf, historically, it was established in 1996. Ato Tadesse Teferi (oral informant, who was the first person in teaching the deaf) stated that the coincidence of the plot and the construction of the school for the deaf in such a way:

Surprisingly enough the selection of the school site is worth mentioning. As per the plan of the Adigrat municipality two or three sites were proposed for the construction of the school for the deaf. Finally, the

present site was prioritized for its proximity and few houses owned by farmers. The plot where the block of classrooms is situated belonged to W/ro. Bisrat Gessesse Woldie. She always tells that the plot of farm was named 'Grat Tsemam' – meaning 'the Deaf plot' as is used to be infertile land because the soil cannot absorb more water. It was a mere coincidence to have established a school for the deaf at 'Grat Tsemam'.

However, prior to the construction as well as to the provision of the required educational services, study was conducted on the prevalence of school age deaf population in all the five administrative zones of Tigray Region. According to the school report (1997), special educational service was given to 22 deaf children by benevolent person named 'Tadesse Teferi Hailu.' After having gathered these deaf children from the town and its outskirts, and from other places of the region, Ato Tadesse had instructed them for about two years. Such service was delivered in a separate room of Ato Tadesse's private house. In deed, this situation was considered to be assisting deaf children as a preparatory special class.

Further, this affiliated individual has not only started teaching the deaf, but had also made every endeavor to enhance as well as to establish a valuable reputation for the special educational provision and its acceptance via decision makers at all levels. This was also confirmed by the regular supervisory assistance and persistent follow up by remarkable persons from the City council, Zone Education Department, the Eastern Zone Administrative Office, a non-government organization named Irish-Aid ,Woreda Education Office and others.

The benevolent had also demanded for the contribution and efforts toward the opening of new school for the deaf. Meanwhile, the construction of the new school for the deaf began right after the relevant administrative requirements and legal procedures have been fulfilled.

Thus, one administration block, which consists the director's office, the staff room, the storeroom, and a workshop of different size; and one teaching block with four classrooms were constructed. And, the construction was financed by Irish-Aid i.e Eastern Tigray Development Program in the year 1995/1996. It was during this year those deaf children were handed over to the authority of the school.

1.2 Justification to the study

Considering the issue of persons with disabilities, particularly, the prevalence of disabilities there appeared lack of appropriate information in Ethiopia. Even the available data do not provide sufficient evidence on the type and prevalence of persons with disabilities by degree and specific category of impairment. Hence, the Ethiopian Federation of the persons with disabilities (EFPD, 2000) indicated that there is no reliable statistical data on the prevalence of disability and the situation of persons with disabilities in Ethiopia. However, the Ethiopian Federation of persons with disabilities indicated the figures obtained from the available literature, ' Three local surveys, one local base line survey, and a national census conducted from 1979 – 1995.' And the figures determined were suspiciously low as compared to the 10 percent of estimation of WHO for countries like Ethiopia. And this may not correspond to the actual magnitude of the problem in the country.

Ethiopian Federation of the Persons with Disabilities (EFPD), further disclosed that some of the major drawbacks of the surveys were: inadequate definition of the target group, misconception of terms, a mission of disability groups; unwillingness of parents to disclose that they have a child with disability. These drawbacks in turn could aggravate the problem of showing the exact number of the target population.

In the same vein, Tirusew (cited in Tirusew et al. 1995) pointed out that various studies have revealed that most Ethiopian data comprised only the obvious disabilities such as the blind, the deaf, the profoundly intellectually disabled and those with motor disorder. Moreover, Tirusew underlined the need for more emphasis on research to refine the definition, classification, prevalence, and magnitude of persons with disabilities.

Nevertheless, the Ethiopian Federation of the Persons with Disabilities stated some of the factors that compel to accept the WHO's estimate. The first is the presence of the two major sources of disability – poverty and ignorance; the second is the presence of the infectious diseases that cause disability; and the last but not least fact is the recurring draught and war.

In Ethiopia, irrespective of the factors of describing hearing loss, the number of persons with hearing problem is relatively large. According to the Central Statistics Authority (CSA, 1998), out of the total population, i.e. 53,095,882, disabled persons are 998,853. And out of these persons those with hearing problems are 131,359. Moreover, persons with hearing and speaking problems are 58,415. Generally, the number of persons with hearing and speaking problems is to be 189,774.

Furthermore, the total number of persons with disabilities of Tigray Region varies according to the type of disability. And, this population comprises of a total of 90,742. The population of persons with disability in the urban areas is , 18,748 and in the rural areas is 71,994 (CSA , 1998). And out of these, persons with hearing problems are 23,888. Moreover, persons with hearing and speaking problems are 11,743. Generally, the number of persons with hearing and speaking problems is to be 35,631.

In the Ethiopian context, '*hearing impairment*' as Tirusew (1998) indicated, there is no any document which could be of some help to understand the terms both "*deaf*" and '*hard-of-hearing*', it is rather described in a single term consisting negative connotation such as idiots which means persons who can not be educated or do not at all understand. Tirusew, further noted that such an erroneous understanding of the hearing –impaired is evident by the widely used Amharic term "*donkoro*" as described in the Amharic Dictionary, an individual whose hearing organ does not function at all, mentally handicapped, and a person who blocked the ability to understand any language (Khesate Berhan, 1951, cited in Tirusew, 1998).

As Mammo Mengesha (in Savolainen et al. 2000) pointed out, students with disabilities enrolled in schools in the year 1999 were 3,900 and this figure revealed that the participation of children with disabilities remains below one percent. And, out of this number of children with disabilities, those children with hearing impairment were 1675 (940 males, and 735 females). According to Tibebu (1990) less than one percent of the school age children expected to be hearing impaired get special educational services at the primary level.

Tibebu stated that the result of the study about the communication between the hearing-impaired child and parent was found unsatisfactory as it is mainly through home sign and oral language. Tibebu also noted that because of the medium of communication used at school in which the hearing impaired children use to express their ideas being different from the home-sign; the parents are unable to understand it. Hence, there is not an intimate relationship between parent and child.

A significant number of persons with hearing impairment, even those with good intelligence and abilities are in great disadvantage in developing social and personal adjustment.

Hence, this study is mainly aimed at this particular aspect, that is, the social opportunities and challenges of deaf children.

1.3 Statement of the Problem

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. And communication problems can contribute to social and behavioral difficulties.

It appears that the extent to which a hearing impaired child successfully interacts with family members, friends, and people in the community depends largely on the attitude of other and the child's ability to communicate in some mutually acceptable way (Heward & Orlansky, 1988,p.273)

Furthermore, children with hearing impairment face certain interaction problems with family and within the school environment that play an important role in the child's development.

Hallahan & Kauffman(1991) point out how the family climate is critical, in such a way:

When there is only one deaf child among the family of hearing persons, it often happens that the deaf child is excluded from the affairs of the family. It is tedious for a hearing member of the family to explain things to the deaf child, and it is easy to leave the child out of family discussion and decision-making. Meanwhile, hearing children not only hear, they overhear much of what goes on in the home, even

the fights that their parents have and their telephone conversation with personal and business associates. The deaf child does not benefit from this informal education about the affairs of living, and such an experiential deficit can have long lasting effects on the child's social adjustment and development of social competence (p.276)

Hegarty (1993) stated that children enter school as immature infants and leave as young adults. School is a major area of social experience during these formative years and exerts a good deal of influence on the course of children's social development. It is, therefore, legitimate to scrutinize different schooling arrangements in terms of how well they promote social and emotional development.

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

In view of this, the present study is herein designed to assess the social opportunities and challenges of the deaf children; Thus, the basic research questions are:

- 1) How are the possibilities and difficulties to the deaf child for socializing with others discerned in the school environment, and at home?
- 2) How well is the deaf child considered to take part in activities performed at home, and school in order to develop positive interaction with people?
- 3) What are the circumstances surrounding the deaf child that instigates her/him to function adequately in school, and at home?
- 4) How does the deaf child show insights in the reactions of the people in the family, and in the school?

- 5) What are the possible intervention strategies to prevent, and to promote the deaf child's adjustment to social and emotional functioning?

1.3.1. General Objective

The major objective of the research is to describe and analyze the “Social Opportunities and Challenges of the Deaf Children in School setting and at Home”, and to contribute in the development of research- based knowledge.

1.3.2. Specific Objectives:

- a) To investigate the social as well as emotional situations of the deaf child in the school for the deaf.
- b) To explore the relationship of the deaf child with parents and siblings at home.
- c) To examine the social situation of the deaf child outside home and school.
- d) To study the nature of the behavior of the deaf child.
- e) To suggest some relevant recommendations in order to improve the social situation of the deaf child.

1.4. Significance of the Study

It is worth noting that no research has been conducted so far on the area of the social situation of the deaf children in Tigray region particularly in Adigrat school for the deaf. Hence, it was believed that, by and large the findings of this study might help to:

- 1) serve as a ground so as to make any possible intervention activity by providing important clues to the strategic areas,
- 2) enhance the awareness of the family as well as and teachers on how their attitudes and practices affect the deaf child,
- 3) disclose the shortcomings and keep the strengths of the school and the family toward the normal development of the deaf child,
- 4) promote the betterment of the life conditions of the deaf children in general, and their social situation in particular, and
- 5) serve as a reference material for researchers who wish to undertake further research in the study.

1.5. Delimitation of the Study

Since, the aforementioned school was engaged in providing special educational services to deaf children, the scope of the study was delimited to Deaf students, and to Adigrat School for the deaf.

1.6. Operational Definition of Terms

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

Challenges: refers to the situations that are difficult and non-stimulating to the deaf child's participation within the environment

Deaf: refers to the deaf students who were attending in the selected school for the study and were taken for the case study.

Family: it refers to the nuclear family of the deaf children.

Opportunity: refers to the access or possibilities that are appropriate and suitable to the deaf child to fully participate in social life.

Post lingual deaf: refers to a deaf child that the impairment occurred after speech and language skills have been acquired ‘ *adventitious*’ through the sense of hearing.

Prelingual deaf: refers to a deaf child that the impairment was present at birth ‘ *congenital*’ or occurred before the development of speech and language.

Social interaction: refers to the process by which the deaf child interacts with others to learn the ways of their culture in order to function with it, and to the ability of the deaf child to function adequately in society.

Social Perception: refers to the ability of deaf child to interpret the social environment, as in being aware of people’s moods and realizing the cause of ones own behavior.

Special Primary School: this refers to the Primary School for the Deaf comprising grades, one to six.

Social situation: refers to a deaf child’s adjustment to social and emotional functioning the way a deaf child relates to and interacts with other people in his or her family and school environment.

CHAPTER II

2. Review of Related Literature

2.1 Definition and Conceptual Framework

According to Kirk & Gallagher, (1989), there are several factors involved in describing hearing impairment: the age at which the loss occurs (prelingual or postlingual), the type of hearing loss (conductive, sensorineural, or mixed) and the degree of hearing loss (from mild to profound)

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 without 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).

2.2. Types and Causes of Hearing Loss

There are three major types of hearing losses. The first is called a conductive hearing loss, this occurs when something goes wrong with the outer or middle ear, impeding sound waves from being conducted or carried to the inner ear.

The second type of loss is called sensorineural hearing loss and occurs when damage to the inner ear or the auditory nerve impedes the second message from being sent to the brain.

The third type is referred to as a central auditory processing disorder because, even though there is no specific damage to the ear itself, the neural system involved in understanding what is heard is impaired. Children with central auditory processing disorder may have normal hearing or measured by an audiometer, but they often have difficulty understanding what they hear. A child may also have a combination of these forms of hearing loss (Easterbrooks & Baker- Hawkins, 1994).

And, also the prevalent causes of hearing impairment in children are: maternal rubella, hereditary causes, complication during pregnancy and birth, and childhood diseases infections, and injuries warrant special attention (Kirk & Gallagher, 1989)

2.3. The Signs of Hearing Loss

When a child has a hearing loss during the developmental years, all areas of development can be affected significantly. A hearing loss limits ease of acquisition of interaction with others, the ability to make sense out of the environment, and also acquiring academic skills.

The early identification of a hearing loss is critical to a child's academic and emotional adjustment. According to Davis (1989), in very young children the signs of a hearing loss are lack of attention or inconsistent attention, lack of vocal interactions or reduced vocal interactions and lack of or reduction in language development. In school-aged children, the signs of a hearing loss are a high degree of frustration with school and with others, low grades or a noticeable drop in grades, or a change in patterns of paying attention.

2.4. Philosophy of Communication Modes

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. According to Meadow (1980), almost all the deficits related to deafness are created by deficiencies related to language and communication. There is nothing inherent in a hearing deficit that should create additional social or psychological problems. Deficiencies in communication that create lowered understanding of social norms and lowered expectations of significant other lead to additional problems in these areas as well. Lynas (1994) indicated that the communication approaches used in deaf education over the centuries' reveals "Swings of the pendulum" with oralism gaining favor at certain times and signing gaining ascendancy at other times. Lynas, also pointed out that the supremacy of oralism was challenged and advocacy of signing became more insistent, and the "communication debate" revived yet again with a challenge to oralism from Total Communication (TC), an approach involving the use of signs as well as speech.

The debate over the best way to teach a child with a hearing loss to communicate has raged on in both new and recurring forms. Even though this debate continues today, there is a growing number of individuals who recognize that no one system of communication is right for all children. The choice of communication system must be made on the individual basis, taking into consideration the characteristics of the child, the resources available, and the commitment of an individual family to a communication method.

Deafness was considered a pathological condition for centuries. Deaf people were considered mentally and educationally deficient due to their inability to hear and in need of special education and social services to minimize and correct those deficiencies (Mc Anally et al. 1987). Never the less, most educators and researchers in the field of deafness now believe that deaf people share similar groups. Their difficulty with acquiring literacy in English are considered to have linguistic, cultural, and educational than pathological roots (Johnson, et al. 1989). Charrow (1981) points out; it is not the inability to hear that cause the most persistent problem of prelingually deaf persons, but the enormous constraints that inability puts on the learning and use of societal language.

2.4.1. The Auditory –Oral Approach

The auditory-oral approach is based on the fundamental premise that acquiring competence in spoken language, both receptively and expressively is a realistic goal for children who are deaf or hard of hearing. Further, this ability is best developed in an environment in which spoken communication is used exclusively in the home and the classroom (Adams et al. 1990). The elements of the auditory-oral approach that are critical to its success, including parent involvement and education, appropriate amplification (hearing aids or cochlear

implant), consistent quality speech training to develop speech production skills, developmentally appropriate language instruction, and range of placement options.

In this regard, the primary benefit of this approach is being able to communicate with a wide variety of individuals. This ability brings with it options in terms of education, vocation and social life. Geers and Moog (1989) reported that 88% of the hundred 16 and 17 year olds they studied had proficiency with spoken language and had high level of speech intelligibility.

On the other hand, the limitations of the auditory-oral approach to educating children who are deaf, including problems of auditory functioning i.e. not all children will be successful, language processing, and different learning style. As research provides more information, the small number of children who cannot benefit from auditory-oral education will diminish. Fortunately, the availability of effective amplification removes severity of hearing loss as a limitation of auditory- oral education.

2.4.1.1. Lip-Reading / Speech Reading

Speech reading is the visual interpretation of spoken communication. For hearing people, lip-reading 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).

However, Nolan and Tucker (as cited in Tirusew, 1998) forwarded their argument that lip-reading 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.

2.4.1.2. 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.

For families of children with disabilities, Cued Speech removes communication barriers. Normal interaction is restored quickly since the system can be acquired in about 18 hours (Cornett and Daisey, 1992). Once the system is mastered, any work in the language can be cued as well as environmental sounds, none sense words found in the children's literature, proper nouns, and words for which there are no sign language equivalents. Cued Speech provides an appropriate foundation for reading and writing. Children who have grown up using the system read and write on the same grade level as their hearing peers (Wandel, 1989).

Although Cued Speech is not developed for the purpose of speech training, it provides a system that reinforces the work of the speech therapist, showing pronunciation, accent,

duration, and the rhythm of speech. Since Cued Speech is presented with natural, running speech, it has been shown to improve speech reading when the cues are not in use.

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.

2.4.2. The Manual Communication Approach

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 and 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).

2.4.3 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).

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).

As WFD (1996), the recognition of Sign Language would contribute to its use in all institution of the deaf Sign Language would then become the medium of the instruction in school for the deaf for enabling deaf children benefit from the same academic education as their hearing brothers and sisters. The education of the deaf be it in regular deaf schools or basic education classes for deaf adults must be conducted in a language they understand – Sign Language.

As Okoth Okombo (cited in WFD, 1996) states:

The education of the deaf must be based on a realistic view of the linguistic possibilities of the Deaf world... provided for them a bilingual education conducted in their national sign language (p.3).

WFD, further emphasized that the importance of Sign Language Interpreting as:

We should also not forget the importance of sign language interpreting in the lives of deaf people – it is the vital link between the deaf world and the hearing world. Interpreting services must be provided for deaf people to function well in this hearing world, be it in social, economic, or cultural situation. (P.3)

Historically speaking, bilingualism or specifically the use of written and sign languages actually is an old issue in Deaf Education although it at that time not called bilingualism. In fact, most of the schools for the Deaf in many countries started to teach course in Sign language to Deaf children (WFD, 1993). They often hired bright Deaf adults for teaching. As teaching became a professional field, Deaf adults were excluded from teaching. During this professionalisation teachers of the Deaf became more orally oriented. Oralism assumed that speech and speech reading would facilitate the integration of Deaf children with the hearing world.

As Oralism has now been acknowledged as an education failure in many countries, schools for the deaf sought new methods or philosophies. Some educators of the deaf tried to manipulate sign language by creating an artificial language i.e. signed language in the hope that would improve the writing skills of Deaf children. Other educators tried to avoid the oral manual controversy by creating a new philosophy such as, “ Total Communication” or an artificial mode of communication i.e. Cued speech (WFD, 1993).

2.4.4. The Total Communication Approach (TC)

In recent years the term “total communication” has come to refer to a combination of speech, lip-reading, amplification and the simultaneous use of a manual sign system (Meadow, 1980). Total communication may involve one or several modes of communication (manual, auditory, oral, and written), depending on the particular needs of the child. The original expectation of TC was for teachers to use the communication method(s) most appropriate for a particular child at a particular stage of development. Hence, there would be situations when spoken communication might be appropriate, other situations where signing might be appropriate, others that would call for written communication, and still others where simultaneous communication might work best (Solit et al.1992).

According to Kaplan (1996), total communication seemed to be the bridge that allowed a crossover from an oral only philosophy to a philosophy that embraced sign language. During the 1970’s and 1980’s most schools and programs for the deaf children, as well as most major organizations in the field supported the TC philosophy. Today although the debate seems to be between TC programs and bilingual bicultural programs, “ simultaneous communication” is the most common form of communication used in educational setting for deaf children.

Families and educators may use total communication. Since over 90% of parents of deaf children are hearing themselves (Moores, 1996) many believe that TC is a philosophy that will allow flexibility with out eliminating any of the options. As Baker (1994) puts, by using a total communication approach of speaking and signing, all members of the family, those who are deaf as well as those who are hearing, have continuous access to the communication occurring in their environment. Teachers may choose to provide TC option in their

classrooms. Those who choose this approach have the responsibility and obligation of acquiring the skills necessary to meet all of the child's communication needs.

Most learning occurs through interaction with other people. Such learning is possible only when individuals are able to communicate with understanding. In the same way, the quality of the relationship between a child and the child's parents is dependent on the quality of communication existing between them. Therefore, the choice of communication modes that will be the most effective and beneficial to a child at home and in the classroom is of utmost importance.

Research studies have repeatedly demonstrated the beneficial effects of total communication (TC) in all areas of deaf children's development, whether psychosocial, linguistic, or academic (Vernon & Andrews, 1990). In deed, the main benefit of total communication is that it can open all avenues and modes of communication for the deaf child. Parents and teachers might be reluctant to choose one mode of communication over another. Total communication, however, allows a variety of combinations.

On the other hand, the practicability of the total communication in certain circumstances seems not accurately enough, though the theory may be sound. Even if total communication educational programs will differ on the selection of a manual system, all seem to combine signing with speech. The very nature of the two modes (spoken and visual) may cause signers to alter their messages to accommodate one or the other mode causing a compromise between the two methods (Wilcox, 1989). Problems arising form the inherent differences between spoken and visual communication need to be considered.

2.5. Effects of Deafness on Social and Personal adjustment

Children are usually considered to be in developmental lag when for some reason at a level below that of other children in their age group. With regard to the social interaction of deaf, thus, generally lack communication skills and social maturity (Hoemann 1972, and Meadow 1975; cited in Garwood 1983). The tension and stress experienced by families of deaf children because of their reduced abilities to communicate in which these familial strains are likely to continue to the increased social and emotional problems of the deaf child. Parents of deaf children tend to feel helpless when they try to explain complicated events, such as the decision about placement, a move to a new city, or the death of the family member (Garwood, 1983).

Whether a hearing impaired child will develop behavioral problem depends on how well in child's environment accept the disability. Hence, it is not the hearing impairment itself, but how individuals in the child's environment particularly the parents respond that largely determines whether the child will reveal behavioral problems or not (Hoemann and Brigh, 1981; Moores, 1982, cited in Hallahan and Kauffman, 1988).

Since the hearing impaired are frequently cutoff from communicating with the population at large, hearing-impaired children can grow up in relative isolation. They sometimes have difficulty making friends, and are perceived by teachers as excessively shy. This tendency toward withdrawn behavior can be even more pronounced if they don't have hearing impaired parents or peers with whom they can interact nonverbally. Impaired hearing can also influence a child's behavior and social and emotional development (Lobe and Sarigiani, 1986; cited in Hallahan & Kauffman, 1988).

Deaf individuals, more than any other persons with disabilities, tend to mix socially with people who have the same disability. This is seen when some hearing-impaired individuals need for social interaction and acceptance. Furth (1973), stresses the worth of preference on the part of some deaf persons for isolation from the hearing community – what Furth calls ‘the deaf community’:

Of all physical disabilities deafness is the only one that makes its members part of a natural community. Therefore, although we do not find blind or ‘crippled’ subgroups in society, we are justified in referring to a deaf community as a societal sub group. This major difference between deafness and other disabilities must never be forgotten. And, deafness an underlying community provides for all but a few individuals a social and psychological basis of belonging. This belonging to a community is probably the single most important factor working in favor of the individual (Furth, 1973, cited in Hallahan and Kauffman, 1988: p.277).

However, the strong inclination toward isolation and socializing only with other hearing-impaired individuals poses special problems for mainstreaming hearing-impaired students. And some authorities recommend training these hearing impaired students in specific social skills (Smith, Schloss, and Schloss, 1984;cited in Hallahan and Kauffman, 1988).

2.6. Social Development in Deaf Children

Social development of the child has two aspects; on the one hand, the individual learns the particular ways of living his/her society, known as socialization; on the other hand progressively expand his/her social horizon. He/She learns to include more and more people in his/her group, in which he/she feels at “home” and for which he/she will make sacrifices (Kundu and Tutoo 1998).

2.6.1. Social Maturity

Many independent studies conducted over a period of 40 years have found deaf children to be less socially mature than hearing children (Meadow, 1980). Deaf children of deaf parents have been found to be relatively more mature than the deaf children of hearing parents with whom they were compared. In deed, the concept of social maturity is difficult to define and to study. It is concerned with behavior that is appropriate for particular ages and stages of development. Nevertheless, when a child is disabled, 'significant others' in his environment may scale down their expectations for his social achievements.

A number findings indicate that parents of disabled persons generally, and deaf children particularly, are relevant to grant them the freedom and independence that would encourage independence and consequent maturity. Barker and his colleagues (cited in Meadow, 1980) have hypothesized that the social immaturity seemingly characterizing deaf children and adults may result from the high proportion attending residential schools, where the development of independence and responsibility may be stifled.

A number of studies give some insight into the dynamics of how the protectiveness most families have for their deaf children probably contributed to their retarded social development. Meadow (1980) suggested that parent's attitudes and child-rearing practices might contribute most to the slow development of social maturity in deaf children, but that residential living, with the absence of family contact and the close supervision leading to few opportunities for independence, also presents a negative causative factor.

2.6.2. Social Interaction

Social development and language acquisition are intertwined. Delayed language acquisition experienced by most deaf children leads to more limited opportunities for social interaction and to frustration for them as well as their parents. The feelings of others about aborted attempts at communication are negative and lead to frustration, creating a spiral leading the deaf children to seek increasing isolation from the fabric of social interaction.

According to Meadow (1980) appropriate and satisfying social interaction is based, at least to some degree on the ability of an individual to 'take the role of the others'. The response of the other member of the dyad to one's actions and reactions and the correct interpretation of that response, is necessary if a child can modify his or her actions to accommodate successfully to a particular situation.

In a recent review of research literature on role-taking among children with disabilities, authors note that children with disabilities have a generally decreased role taking ability, essentially unrelated to general intelligence.

Various authors suggest that the decreased abilities of the deaf children may well be related to their lessened opportunities to receive interpretations and verbal explanations of the emotions of others. The effects of the Child's inability to understand or to empathize with the subtlest of a situation influence the responses that significant others have to him.

Parents of deaf children who were interviewed reported that some sense of frustration about their inability to communicate with their children most stated that the deaf child's inability to understand them was more frustrating than their own inability to understand the child.

A study conducted by Herren and Colin (cited in Meadow, 1980) illustrates the greater difficulty deaf children had in progressing from competition to cooperation when confronted with a task requiring cooperation. They state that the delayed progression from competition to cooperation shown by the deaf is bound to an intellectual disability secondary to language deprivation.

2.6.3. Self- Concept

Self concept which refers to individuals' overall perceptions of their abilities, behavior and personality can be seen in the relationship between "real self" that is the self or it really is or a result of our experiences –and the "ideal self", which is the self we would like to be (Rogers, cited in, Atkinson et al. 1987; Santrock, 1997; and Pope et al 1988). In Rogers' view, a person who has poor self-concept is likely to think, feel, and act negatively. Students 'learn' to regard themselves positively or negatively as they assimilate their experiences with significant people in their life (Dembo, 1994). Dembo, further stated that not only do individuals form a description of themselves in a particular situation but they also form evaluation of themselves in a particular situation. Some students see themselves as successful achievers, but others believe they are inadequate and inferior to their classmates.

Parents who love their children and treat them with the acceptance, affection and emotional support tend to develop in child's high self-esteem and an attitude of trust and sociability

towards others. Parents who reject their children and treat them with hostility and abuse are likely to produce children with low self-esteem who dislike and mistrust others as well as themselves (Good & Brophy, 1995). Parents who are highly controlling and restrict tend to produce children who are confirming and well socialized, perhaps too much so. Parents who are extremely permissive tend to produce children who are non-confirming and independent although not necessarily in productive ways. Extreme permissiveness often amounts to parental neglect of children, rather than systematic implementation of a deliberate child rearing policy.

For children, a healthy self-esteem has been seen especially valuable, since it serves as the foundation for a child's perceptions of life experiences. The social- emotional competency derived from this positive self-appraisal can be a force that helps the child avoid future serious problems. Self-esteem is an important aspect of child's overall functioning (Pope, et al. 1988).

In the same vein, Traxson (in Peter et al. 1994) noted that if the disparity how persons view themselves (self-image) and how they would like to be (ideal- self) is too great then their self-esteem is lowered along their motivation to change. Thus, so as to ensure that as adults, people foster and develop a more positive self-image in the children in their care i.e. without challenging the essential individuality or goodness.

Studies comparing the self-concept of sub groups of deaf children have shown that the deaf children with hearing parents who attend residential schools have less positive self-concepts than their cohorts who attend day schools (Meadow, 1980). Meadow, further suggested that

the opportunity to use adult deaf teacher's and dormitory counselors as models may be important for the deaf children to develop positive feelings about themselves.

Personality inventories have consistently shown that deaf children have more adjustment problems than hearing children. When deaf children without overt or serious problems have been studied, they have been found to exhibit characteristics of rigidity, egocentricity, absence of inner controls, impulsiveness, and suggestibility.

Hence, an in-depth study conducted by Levine (cited in Meadow, 1980) on personality characteristics of deaf girls aged 15 through 18 who were students from school for the deaf and had hearing parents. All the deaf girls were without any severe behavioral problems and were not considered unusual. The study result revealed that few indications of anxiety, depression, or inner tension in their records the incidence of egocentric and immature responses (indicating such behavior as impulsiveness, easy irritability, and suggestibility) was very high. It was concluded that there was evidence of an impoverished capacity for inner creation, a meagerness of inner life, and an absence of the inner controls that should develop from it.

On the other hand, Meadow (1980) pointed, in spite of consistence in findings of personality studies, it would be a mistake to conclude that there is a single "deaf personality type". There is much diversity among deaf people, and it is related to education, communication, and experience.

2.7. Social Development and Behavior Problems of the Deaf

According to Kundu & Tutoo (1998), social development is the acquisition or the ability to behave in accordance with the social expectations. Hence, social development of the child has two aspects; on the one hand, the individual learns the particular ways of living in his/her society, known as socialization; on the other hand progressively expand his/her social horizon. He/She learns to include more and more people in his/her group, in which he/she feels at “home” and for which he/she will make sacrifices.

Most of the social and psychological problems found in persons with hearing impairments are secondary outgrowths of their lack of hearing in a speech-oriented world. Although many children with hearing impairments have behavior problems, it is believed that the secondary problems can be avoided if intervention is begun early and the strengths of the child are reinforced (Mencher & Gerber 1983,cited in Kirk et al .1993).

Meadow –Orlans cited in Chiswanda (1997), states the issue of socialization as follows:

The ability to behave in accordance with appropriate norms emerges from observation and from teaching so that the manners, modes, beliefs and values of family members, peers and cultural heroes become second nature (p.2)

However, 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 causes 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 in adolescents' 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's 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 adolescent often stem (p.323).

2.8. The Developmental Milieu of the Deaf Child

The economic, social, cultural, educational, and familial institutions all play on the deaf individual affect his growth, and contribute to the child's developmental environment, an understanding of this environment is relevant for an understanding of the development of the deaf child.

2.8.1. Family Environment

According to Kundu & Tutoo (1998), the family being a primary group; promotes intimate face-to-face association and interaction, which is more educational than any other personal interaction. It satisfied most of the needs of the child and provides emotional experiences, which stimulate or retard the activities of the child. Kundu & Tutoo further elaborated that the main lines of the personality pattern of the child are formed in the family. What is important to the personality development of the child is the type of home life, which is lately determined

by parents. Hence, a good home produces a well-adjusted personality in the child. On the other hand, Kundu and Tutoo stated:

Homes characterized by family discord, unhappiness due to lack of affect- ional relations among the members of the family, lack of interest in the children, friction among parents, and breaks due to separation, death, or divorce lead to emotional instability and poor adjustments on the child's part (p.87).

2.8.1.1. The Deaf Child and the Family

In considering the relationship between the deaf child and the family unit, it seems relevant to concentrate on those families where both parents are deaf could be quite different. Further, more than 90 percent (Meadow 1980) of deaf children are born to hearing parents. There are situations, in most cases, creating the most dramatic and far-reaching effect on subsequent development of the deaf child.

The diagnostic process itself is frequently traumatic for parents, and may influence their response to the deaf child for many years. Some of the elements in the diagnostic process are related to the ambiguous nature of childhood deafness, and to the fact that it is medically speaking, a rare occurrence.

Deafness is an 'invisible disability'. This makes it more difficult to detect than some other disabilities that are accompanied by obvious, visible stigma. The ambiguity surrounding the diagnosis of deafness is that symptoms are sometimes confused with those of mental retardation, emotional disturbance, and perceptual difficulties. These mistaken diagnoses create anxiety and false kinds of prescriptions and guilt on the part of parents (Meadow, 1980). The question of etiology and responsibility is particularly poignant in the case of congenital deafness; because there is always the possibility of genetic linkage.

2.8.1.2. Parental attitudes and practices

According to Chazan and Laing (1985), some of the adverse experiences of social and emotional development of the child resulted from unsatisfactory parental attitude and practices. So, many parents show a wide range of feelings and practices in relation even to a single child rather than the setting upon a single pattern, but certain attitudes and practices are highly likely to result in social and emotional problems.

Moore (1996) pointed that the presence of a deaf child in a family can be a traumatic, emotional draining experience. Feelings of guilt, recrimination, and hostility are common. Because the majorities of parents of deaf children have normal hearing and have had little contact with deaf individuals, deafness constitutes a mysterious, threatening force that is difficult to confront. Communication with the child is often minimal and normal two-way communication between parent and child may not exist. In such a situation, Moore (1996) further elaborated that a deaf child, reacting to a lack of effective communication and to other negative aspects of environment may develop pattern of behavior that are classified as immature, 'hyper kinetic', 'autistic', 'egocentric' and so on. However, to attribute this behavior to deafness per se is to miss the point entirely. It is more appropriately attributed to unsatisfactory environmental conditions that develop because the child's parents were not helped to adjust to the fact of deafness and therefore did not provide the child with sufficient environmental support to develop to his or her full potential.

Furthermore, Bench (1992) reported that the results of an explanatory investigation showed a clear association between the child self-concept and parental indulgence, protection, discipline, and the child's level of language and communication at the onset of hearing loss.

The result is seen as indicating that, although the hearing parents of deaf children wish to do their best by them, most parents have problems in coping with their hearing impaired child, and may contribute to maladjusted behavior.

2.8.1.3. Siblings' Relationship

The type of interaction and/or relationship that exist among sisters and brothers has much relatively the same on the child's personality. Ordinal position has been found to have some influence on the personality development of each child. The siblings of a child with a disability have special needs and concerns that vary according to age, birth order, and temperament. Their concerns are also affected by situational variables, such as whether their needs are being met, how the parents are handling the situation, how they are told, and how much they understood (Batshaw and Perret, 1992).

Siblings of children with disabilities experience some emotions that parents do. Research indicates that most of the siblings, like parents, are able to adjust to a disabled sibling. However, adjustment is difficult when the two siblings are close in age and/or the same sex. Also non-disabled girls may experience problems because they are often called on to take care of their disabled sibling (Hallahan & Kauffman, 1991).

According to Lobato (cited in Batshaw and Perret, 1992), many siblings of individuals with disabilities ultimately enter helping professions. But the essential point to be concerned is that children take their parents' lead. Thus, if their parents are upset, so too will be the children even if they do not understand why; if the parents see their child who has a disability as being of little value, the siblings will follow suit; yet if parents can acknowledge their pain while being proud of the accomplishments of the child with disability and accepting of this child and is a part of a family, so too will the siblings. On the other hand, children may have mixed

feelings toward their siblings with a disability: children may be glad that they are normal; children may worry that they will 'catch' the disability.

In sum, regardless of the mixed feelings, siblings do best psychologically when their parents' marriage is stable and supportive, when feelings are discussed openly, when the disability is discussed honestly, and when children are not burdened with excessive child-care responsibilities.

2.8.2. School Environment and the Deaf Child

Haring et al. (1994) pointed out that schools are inherently social settings. The two important skills, which are relevant in schools, are communication skills and social skills. These skills are important skills, are needed in all settings and are valued by families, professionals and peers. In line with this, Haring et al, further indicated, school skills are those abilities related to functioning in schools such as interacting with peers, working in groups, participating in regular routines, communicating, complying with schedules and adult requests. On the other hand, the experiences at school contribute to emotional disturbance, even though the school is supposed to be a major socializing agent. A child encounters many new demands and stress at school.

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.

In reviewing research regarding the school's possible contributions to emotional disturbance, Kauffman (cited in Garwood, 1983) noted that the demand from school administrators and teachers to rules and routines might be unnecessarily squelching children's individuality. Teachers may hold inappropriate expectations for children, or may be inconsistent in managing their behavior. Moreover, what is taught may have no real meaning or relevance for the children's lives.

Tirusew (1998) points out, study evidences that deaf adolescents who were considered to be disruptive in the classroom found that the most important related factor was reading ability, that is students who were poorer readers were more likely to exhibit problem behaviors in school. Tirusew, further elaborated, some observers have noted that deaf people often tend to associate primarily with other deaf people; this may be mistakenly viewed as clannishness. Certainly, communication plays a major role in person's adjustment. As Schultz et al. (1991) point out, several studies indicate that students who are hearing impaired intimate more interactions during free activities than during language periods and that hearing students interact with significantly greater number of peers than do the hearing impaired. Students have the same social needs as other students. They need interactions with peers in academic and extracurricular activities. They need to share sports, games, drama, clubs and competitions.

As Hegarty (1993), children's social and emotional development is not the primary business of schools but it is easy to see why they have to concern themselves with it. Children enter school as immature infants and leave as young adults. School is a major arena of social experience during these formative years and exerts a good deal of influence on the course of

children's social development. It is, therefore, legitimate to scrutinize different schooling arrangements in terms of how well they promote social and emotional development. This issue tends to become highly charged where pupils who have difficulties are considered.

2.8.2.1. Peer Interaction

Most children want to have friends and be popular. Children who are happy, enthusiastic show concern for others, and have good conversational skills tend to be popular and make friends easily (Parker & Gottman, 1988, in Santrock 1997). Hence, peer relations have been found to be important predictors of children's adjustment and future competence. Children, who are rejected by their peers for instance, tend to have more problems than children who are popular. As Kundu and Tutoo (1998), children who are accepted in the social group who feel that other children like and admire them, or who find themselves from time to time in position of leadership in their groups develop a self confidence and a better personality.

Hearing-impaired children are not necessarily more disposed to social interaction with hearing impaired peers than are hearing children as revealed by Vandell and George (cited in Bench, 1992). According to Antia (cited in Bench, 1992), the study showed that lack of understanding of the needs governing the communication of hearing impaired children was as much a barrier to interaction with peers as linguistic competence. Teaching the communication skills needed to begin and to maintain positive interaction could help the social integration of hearing-impaired children.

Bench (1992) stated that positive peer interactions are problematical and/or different for hearing impaired children. Their attempts at social interaction are rejected relatively often by

potential hearing and hearing impaired partners. In particular, their interactions will be fewer if they show poor behavior adjustment or low level of linguistic ability.

However, Magen (cited in Bench, 1992) found that hearing impaired adolescents, with severe or lesser hearing losses have positive interpersonal experiences equally distributed between experiences with hearing impaired and hearing individuals.

On the other hand, Kirk et al. (1993) indicate that many children with severe hearing impairments prefer to be with children like themselves, with whom they can feel socially acceptable and comfortable. Most deaf people – adults and children, feel most comfortable with people like themselves. Nonetheless, this does not mean that people with severe hearing impairments do not want to be or cannot be integrated into hearing member of society but their access is limited by communication barrier.

2.8.2.2. Teacher – Child Interaction

The ways in which the teacher interacts with a student can either seriously impede or greatly facilitate the students' success in school. Such interaction should be considered with all students, but they have even more implications for students who are identified disabled. As Gearheart et al. (1991), all teachers understand that some of any student's difficulties are the results of interaction with peers. Many teachers label students' difficulties as "problem with peers." Numerous studies have examined the influence of teacher-student interactions, however, and these studies have established the teachers' expectations do have the potential to impede or facilitate student's achievement and social behavior.

Students who are viewed negatively by their teachers and others tend to behave inappropriately which promote negative self-evaluations and further negative evaluations by others. There is further evidence that poor self-concepts may actually attempt to avoid academic situation in addition to behaving, negative self-concept and the negative teacher expectation (McCandles, 1973: cited in Gearheart et al. 1991).

For school age children, McCauley et al., and Antia (cited in Bench, 1992) stated that the hearing impaired children with moderate to profound hearing losses looked to teachers for positive interactions. Antia, further stated that since one of the goals of mainstreaming is social integration, the teachers role needs to be considered. If teachers decrease their social interaction with the school-aged hearing impaired children, the latter may be prompted to participate more in the play of their peers.

2.8.2.3. Teacher- parent Interaction

As Gearheart et al. (1992) noted, for students who have special needs, effective communication with parents such as; regular, scheduled and /or emergency conferences, regular reports of pupil's progress, phone calls require some what more attention than does communication for other students. In the same vein, Hallahan and Kauffman (1988) states teachers communication with parents or guardians must be consulted during the evaluation of their child's eligibility for special education, formulation of the individual education plan, and reassessment of any special program that may be designed for the child. Teachers must contribute to the schools' communication with parents about their child's problems, placement and progress.

As Heward and Orlansky (1988) stated that regular two- way communication with parents is the foundation of an efficient parent teacher relationship. Without open, honest communication between teacher and parent, many of the positive outcomes cannot be achieved. And the three most used methods of communication between teacher and parents are: conferences, written messages, and the telephone. Furthermore, Heward and Orlansky noted that of most importance, a productive parent-teacher partnership provides the child with; greater consistency in the child's most important environment, increased opportunities for learning and growth, and access to expand resources and services.

CHAPTER III

3 Research Design and Methodology

3.1 The Study Site

3.1.1 Background Information

Tigray Region is one of Ethiopian regional states found in the northern part of the country. Tigray is located South to Eritrea, East to the Sudan, West to the Afar Regional State, and North to the Amhara Regional State. Currently, Tigray Region comprises of five administrative Zones and 34 Weredas.

3.1.2 Description of the study setting: The School for the deaf

3.1.2.1 Location

According to the school report (1997), Adigrat School for the deaf, which is selected for the study, is found in Tigray Region, Eastern Zone, in Ganta – Afeshum woreda. The school for the deaf is situated in the Western outskirts of Adigrat town in the 07 kebele. It is located near the Eastern Zone Education Department (approximately at a distance of 250 meters) to the South Western direction, which is crossed by a main road from Adigrat to Adwa town. It is also bordered by large gully running from underneath the ‘*Alequa*’ mountain to its south and a church of ‘*Abune-Aregawi*’ to its Southwest direction. To the Eastern direction, there are residential homes; and to the Western, there is a district suburb named ‘*Bukot*’ and the church of St. Michael. To this direction there is a very large gully which is noted as a difficult and dangerous to the students and the community. Over all, the school has an area of 30,000sq. meters.

3.1.2.2 Physical Setting

The school for the deaf comprises of three blocks. One administration block that consists the director's office, the staff-room, the storeroom, and workshop of each with different sizes. And two teaching blocks each having four classrooms. The school is fenced with a barbed wire to protect any trespasser.

3.1.2.3. Student Population

Regarding student population, when the school for the deaf commenced its special educational program in September 1995, it comprised of 29 deaf children 14 in the preparatory level, and 15 in grade one. The number of the deaf students who attended this special primary educational program has dramatically risen in the past five years. Indeed, the students are from different corners of the Region and from different family back ground. The school presently serves for a total of 81 deaf students, of these, 47 females and 34 males who are enrolled in the 'preparatory level' and in one up to six-grade level.

3.1.2.4. Teacher Population

Teachers who presently available are nine, four males and five females of these one male and two females are deaf; and the other three males and three females are hearing teachers. Furthermore, those teachers have varied qualification; such as, those with a 12+1 and 12+2 qualification in special needs education; those with other special vocational training with out any training in special needs education but private experience

Considering the qualification of the teachers of the deaf, five teachers have a 12+1 qualification in teaching (three males and two female who are hearing); one hearing teacher with a 12+ TTI teaching qualification and with special vocational training certified in sewing; one deaf teacher who completed grade 11, non-qualified in teaching but with special vocational training and certified in embroidery; and one deaf teacher who completed grade 12 but non-qualified in teaching is currently employed on a contract base for one year to teach the deaf.

3.1.2.5. Special Considerations

Furthermore, this school for the deaf is also providing regular education services in the opposite shift (half day program) for one up to six-grade level for about 847 hearing students. Moreover, currently, there are also about 2000 students of grade nine and ten who are displaced from Zala- Anbessa senior secondary school and receive their education in a three-shift system. The third shift being an evening school program.

3.2. The Study method and procedures

3.2.1 Rational for the qualitative research method

In Education, qualitative research is frequently called naturalistic, because the researcher frequents places where the events he or she is interested in naturally occur. Further, people engaging in natural behavior gather the data: talking, visiting, looking and so on. (Guba, 1978; Wolf, 1979a; cited in Bogdan and Biklen, 1998).

Considering qualitative research, McMillan and Schumacher (1993) state:

“qualitative research is based more on what is called a “naturalistic phenomenological” philosophy, which assumes that the multiple realities are socially constructed through individual and collective definitions of the situation. Further, qualitative research is more concerned with ‘understanding’ the social participation in the life of those actors in a research role or through historical empathy with participants in past social events” (pp.14-15).

Qualitative research paradigm has certain implications for educational and other forms of social science research. An educational researcher adopting this paradigm attempt to produce that is holistic, contextual, and descriptive. In-depth data that are rich in detail; they are concerned with discovering the inner meanings of social actions rather than just their outward form. So as to do this, qualitative researchers collect data from the natural setting, using themselves as key research instruments (Mwiria and Wahiu, 1995:116)

As Patton (cited in, Merriam, 1998), explains:

(Qualitative research) is an effort to understand situations in their uniqueness as part of a particular context and the interactions there. This understanding is an end in itself, so that it is not attempting to predict what may happen in the future, necessarily, but not to understand the nature of that setting — what it means for participants to be in that setting, what their lives are like, what’s going on for them, what their meanings are, what the world looks like in that particular setting — and in the analysis to be able to communicate that faithfully to others who are interested in that setting. The analysis strives for depth of understanding (p.6)”

3.2.2. Participants

The cases for the study comprised of six deaf students from among the 15 students, this number covers 40 percent of the population. There were three females, and three males. Further more, two groups of key-informants were also involved in order to help advance the analysis and description of the study: one group – parent of each case, other group from the school – Home Room Teachers and Unit Leader.

3.2.3 Sampling technique and Sample size

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. Age-range (covers from the lowest – highest in the classroom of grade six)
3. Sex (equal number from each sex)
4. Level of hearing loss (profound – with measured hearing test > 90 dB)
5. Age of onset (both prelingual and postlingual)
6. Academic status (current- low to high)

Further, selection criteria for key- informants,

1. Who have special knowledge (experience) about the case(s)
2. Status in the setting at home (mother); in the school (homeroom teacher)
3. Willing to share their knowledge and experience with the researcher.

Hence, the characteristics of the participants is indicated accordingly,

The units of the study (cases) comprised of those who are currently living with their father and mother (four), with divorced mother (one) and with a widowed mother (one). Their age ranged from 15- 18 years old.

The cases were three female and three male deaf students, who are profoundly deaf (two prelingual- females); and four postlingual (one female and three males). They had varied academic status in their grade. In addition, based on the information from the cases, with regard to their cultural background, it could be possible to say that almost all of them were from the same cultural and linguistic origin.

Considering the key informants, this comprised of two groups of individuals, those persons from the school, and those from the family of the deaf children.

Respondents from the school: those persons who were available in the school and who had teaching experience in both general education program, and in the special education program. One home room teacher who has known two of the cases from the early of their schooling i.e. starting from grade one and is currently a subject teacher; and one unit leader who was a homeroom teacher for the previous four yours and presently a subject teacher were involved. The directors selected these teachers, and the researcher ascertained their willingness. These key informants had three & four years teaching experience in the regular education program, and six and seven years experience in teaching the deaf. Thus, all of them had a total of ten years creditable work experience.

Respondents from the family: those mothers of the deaf children who were available from the town and its outskirts who matched the list of criteria were involved. Since some of the cases are not living with both of their parents, it was preferred for the researcher to select mothers to fathers. Regarding some aspects of the parent respondents- they were all hearing housewives and had no any education. One mother was a widowed, and one mother was divorcee. Their age range from 49 to 56. And, all of them were Orthodox Christian, and from the same cultural and linguistic origin.

3.2.4 Documents and records.

Documents and records help the qualitative researcher so as to get the necessarily background of the situation and insights into the dynamics of everyday functioning. Documents and records give the researcher access to information that would otherwise be unavailable (Mertens & McLaughlin, 1995). Thus, document that provided the background information of the school, and students file that had records of previous academic performance were also considered.

3.2.5. Data Collection Tools

In this qualitative research, the researcher employed both the interview schedule and passive participant observation and informal discussion with head teacher.

As McMillan and Schumacher (1993) stated:

“The interview technique is flexible and adaptable, and it can be used with different problems and types of persons, such as those who are illiterate or too young to read to write, and responses can be probed, followed up, clarified, and elaborated to achieve specific accurate responses. Non verbal as well as verbal behavior can be noted in face-to-face interviews, and the interviewer has an opportunity to motivate the respondent (p.250).”

Hence, unstructured questions that allow the interviewer greater latitude in asking broad questions were constructed. Tape recorder was also used so as to collect qualitatively significant data during the interview session.

3.2.6. Data Collection Strategies

Prior to the administration of basic data collection, a pilot study was conducted in Addis Ababa in similar primary school for the deaf i.e. in Menelik Primary School. The field tryout was conducted in a small sample of two cases, one homeroom teacher, one school principal similar in grade level with the main study, and two parents of the deaf children. Hence, it helped the researcher; to determine the time, to rearrange the interview questions, to determine the number of respondents, and to keep on note taking and how to organize it later.

Then, the main research was conducted in the natural setting of the participants and the selected school for the deaf. The informant interview was phrased closely to the participants' language. ('*Tigrigna*' – noted as the national language of the region)

Hence, the researcher put the data collection strategies in to the following research stages: First, planning on how the researcher gains access to the field i.e. permission to use the site, acceptance by participants, and to look into personal documents. Second, establishing rapport, trust, and harmonious relationship with the research participants, and informants; hence, since this stage was the beginning of data collection, the researcher interviewed some of the respondents so as to make necessary adjustment to the establishing rapport and trust, along with the order of the questions during the interviews.

Interviewing Procedure

The necessary arrangements were made with the administration of school for the deaf so as to interview the respondent (the deaf children and the key – informant) in the director’s office and to audiotape all interviews. Every respondent was interviewed separately. Two interpreters who were competent to communicate with and to use Sign Language of the deaf students were invited from among the schoolteachers to help the researcher. The interpreter accompanied the deaf respondent during the interview sessions in the interviewing room. The School Head Teacher also accompanied the key- informants, particularly the mothers of the deaf children. The interviewer maintained a welcoming demeanor (that is making the interviewee pleasant and comfortable, having small chat with them) and the interviewer briefly explained the objectives of the interviews and ascertained by asking the respondents if they had questions or other concerns. The interviewer was also reciting common introduction when all interviews began.

The process of interviewing was done by tape recording to collect the data more completely and objectively via the interview schedules, which were determined in advance. Further, the interviewer used to record the responses by taking notes (abbreviated notes) during the interview and expanded after the interview was completed. The major issues of the interview schedule comprised of sequenced theme: background variables (life story or experience); the family climate, the school affairs, socialization state, social perception and parent-school-relationship. These were taken as predominant areas that enabled the interviewer to grasp relevant information about the psychosocial situations of the deaf children at home and in the school setting (For interview checklist see Annex 1). Third, after having made adjustments to the site, research participants, and informants, the researcher kept on basic data collection

activities and took some field- notes in the course of data collection. Fourth, ending data collection, this took place right after the researcher conducted the last interview; however, the researcher provided more attention to possible data analysis and verification of documents relevant to the research problem.

The Observations

The observation, as primary source of data collection in the study took place in the natural field setting: within the classroom i.e. during the teaching-learning activities, and out of the classroom within the school compound during their break time. The passive participant observation took place along with the interview. The researcher while conducting the observation had used a code sheet, observation guide was arranged and the checklist was also presented so as to record the situation of the setting and the cases in the study as well (for observation checklist see Annex 2).

In sum, the researcher used combination of these strategies: verbatim account of conversation, transcripts, description from field-notes, tape recording, and data from the documents, and school records.

3.3 Analysis and Results of the Study

3.3.1 Methods of data analysis

The data analysis was an ongoing process and regularly repeated through out the entire research process. The researcher began the formal analysis of the data right after the period of fieldwork. Since the study's finding was a descriptive account, the data were compressed and linked together in a narrative that conveyed the meaning the researcher had derived from the empirical data. Thus, the narrative analysis strategy was identified relevant with the data in

this qualitative research. As Connelly and Clandin (cited in Merriam, 1998) at the innermost of narrative analysis is “ the ways human experience the world”. The narrative analysis as a research technique, the study experience is through past account of events, stories are communicated on the language to tell the stories. Further, the analysis had two stages --- the ‘ individual case’ and the ‘cross- case’ analysis.

Therefore, the respondents’ actual statements were reported as ‘particular descriptions’ quotes from interview, and field notes and these were directly reported from the respondents’ own language (*Tigrigna*) into the English language in simpler words logically, carefully, and making the meanings clear to a reader. In order to tell the reader how the vignettes and quotes related to the patterns discovered in the data were reported as general description, further, to help the reader make connections between the details that were reported in particular and general descriptions a type of interpretive commentary were also added.

3.3.1.1 Individual- Case Analysis

The Case of KIF

KIF (a pseudonym) is a 17 year old post lingual deaf who is currently a sixth grade student attending in Adigrat school for the deaf. KIF is the second born in the family that comprised of five members. Currently, he is living with his divorced mother and there younger sister.

The situation of his deafness and other details, KIF states:

My hearing loss occurred when I was age of five. I was seriously ill and taken to the medical center after eight days. I had a three-month hospitalization. The Adigrat hospital disclosed that the cause of my deafness was ‘malaria’ (my parents told me). I have been in the regular education for two years. I was not able to grasp any lesson except math. I was with the hearing. There were lessons by radio (which I can’t follow). I was not clever, because I am deaf. My parents brought me to this school for the deaf. In the meantime, my

parents were divorced due to my deafness. I am with my divorced mother. I am not good at my education. I have problem.

KIF's own experience runs as follows:

When I use sign language, my mother cannot communicate with me, whereas, my siblings try to follow the sign, as they are eager to please me. I do try to communicate with my mother and siblings by verbal expression because they can hear me, but I don't understand their speech. We (family members) also communicate by gesturing... I communicate with other with written language

With regard to his interaction and to function in certain tasks at home and his interaction with persons outside home KIF states:

... Even if I am the youngest boy in the family, I am willing to perform tasks, and I take my share in fetching water, herding, weeding ... But my mother do not allow me to work even the simpler tasks. With persons in the neighbor hood, I don't have full interaction. The problem is with me. I don't understand them but they do understand my oral speech.... When I was out to shopping, I forget some words. And, I get back home to retrieve the right message again... I pass my spare time playing and sometimes studying together with my deaf friends. Whenever I am in the school, I am pleased. I do easily interact with my classmates, deaf school- peers and with all of my teachers. I can speak but I don't understand others' speech. I use sign language and understand the sign of my hearing teachers (special educators). My school intimacy is confined to those deaf students. I often prefer sign language to oral.

On one hand, KIF seemed to have been obliged to use verbal expression and gesturing in order to communicate when he is at home. However, the reply from the family is more of the time by gesturing, as he was considered unable to understand the hearing members spoken language. On the other hand, the 'sign language', which he preferred to other modes of communication, was not applied at home. This was particularly depicted when he communicates with the mother but the mother was not able to grasp the sign language. Nonetheless, his siblings liked to approach and please him and they have aspiration to know the sign language and possibly interact with him. In relation to such an event, KIF reported that his parents do not allow him to perform even the simpler tasks at home; KIF noted his

willingness to do tasks like his siblings regardless of his being a little boy in the family. However, out of home, he seemed to have interaction problem, which he confessed as his own problem “ Missing of some ideas” in transferring information to other persons. Furthermore, KIF declared his interest in most instances that his intimacy was only with those deaf friends all together play and study.

When he was at school, KIF revealed his good social interaction with his classmates, deaf school peers as well as with his teacher. Since the modes of communication used at school is ‘Total Communication’, it seemed to support him having alternatives for Sign Language. Applying spoken language and sign language helped him in expressing as well as receiving information (through sign language and lip-reading). Better communication and better interaction seemed to occur in the school setting.

KIF’s mother, the key- informant revealed, she found that her child’s preferred mode of communication (the sign language) was not easy for her to communicate with him. Thus, she ignored it since the mother and the child differently interact and often remained with no common understanding. The mother explained the situation on how she reacts to his signing and other ‘wrong sign’ to the deaf child. “ *I never grasp his signs, I prefer his verbal expression to the sign language, ... Most of the time, he requires face-to-face interaction. When any hearing person shows signs (wrong signing) with an intention to communicate him, my son becomes confused.* The mother pointed out that her son had good interaction with his deaf friends (boys) she noted they were often together, and they go together to church out of school hours.

Further more, the mother indicated the child's good desire to be involved in household tasks, working with siblings cooperatively and tasks were not disability specific. The mother also indicated that the parents had no confidence that the child can interact with other while out of home. She stated *"my son is unable convey information correctly; he never passes the information in its fullest substances clearly to the right person. For this reason, the family sometimes insist that the child get accompanied by the hearing person(s) to perform some tasks outside home. Because, we do not rely on his competence to communicate accordingly."*

KIF's Homeroom Teacher noted that, KIF interacting with his classmates and participating in classroom tasks. KIF was able to use both spoken language and sign language to express his ideas. The Homeroom Teacher also noted that KIF's Oral Communication seemed to help him communicate with the hearing teachers and the hearing teachers do sign in reply for his ideas. Nevertheless, the Homeroom Teacher indicated that KIF had no any discernible interaction with hearing peers in the school. In the school, he participated in extracurricular activities and clubs.

Thus, according to the respondents' perspective, the nature of social contact of the deaf child appeared to be limited because of the occurrence of miscommunication that led him to misunderstanding. This happened, particularly, when KIF was with hearing persons without any ability to sign. Nevertheless, the spoken language (verbal expression) appeared to be of some help to express his feelings, emotions, ideas, etc. to the hearing people regardless of the hearing persons reply may not be clear for KIF. On the other hand, KIF seemed to have wider opportunity to choose among the communication modes used in the school setting (sign language, finger spelling, oral communication)- as they were also simultaneously used.

Hence, this instance revealed that KIF's preferred mode of communication in the school not only was met but also was recognized.

As KIF's communication needs was considered and practiced by his siblings, KIF revealed good inclination towards his siblings. KIF's preference of sign language to spoken language seemed to relate with the KIF's desire to interact with both deaf and non-deaf signing persons. However, KIF appeared to reduce the utility value of the oral approach (verbal expression) and put himself aside and did not concern to be the member of local community. KIF was also instigated to rely on oral and gesticular expressions to intercommunicate with others. Moreover, the parental practice and attitude of over protectiveness also appeared to impede his social interaction since he was prohibited from interacting with persons outside home, and unable to participate & involve in the household activities.

With regard to the social perception – the situation on how persons in the aforementioned settings i.e. their impression on deaf child, and the actual tendency of the deaf child toward these persons in these settings, KIF put his impressions of the hearing persons and his attitude towards them as follows:

I often perceived that my parents and siblings have feelings of distress. They feel that I am separated from mutual interaction as regards of my deafness. Although I have good interaction with my parents and siblings, when my family talks each other, but if I fail to understand them I became irritated. I feel that my deafness makes me different.

In the school I feel that my teachers help me to have a good look at every body. The teachers advise me when I sometimes get frustrated due to the lack of normal interaction with hearing peers and persons; and when I am annoyed. In the school, most of the time I feel that I am not different: I can work with.

KIF's attitude toward hearing persons including hearing peers described:

Previously, I was hearing, but today I am deaf, I feel that I am isolated from the social interaction....

I do not have good feelings on some hearing persons. Sometimes my hearing peers threw me small stones from the back, considering that they were calling my attention to communicate with them, but I was adversely affected by their acts. I simply keep on walking with distress. I am afraid to take any measure. As they are many, I fear that they can hurt me, and I simply bow for their acts.

As KIF's perspective, he revealed that he has good impression of his family members and also his family towards him. However, parents and siblings also showed that his deafness made him socially incompatible. Despite the parents and siblings good impression and feel sympathy for KIF, he became irritated when the family had discourse without considering him and as he failed to follow the theme of the issue. In spite of his loose interaction with non-deaf peers, KIF perceived that the school is good for him. He had good inclination towards schoolteachers of the deaf, and deaf school peers. On the other hand, KIF's perception about hearing people seemed to reveal negative attitude towards hearing persons including some school hearing peers, sense of isolation, different from hearing, frustrated as if being easily irritated.

According to the mother, whenever KIF is available among his parents and siblings, he showed feeling of affectionate. But, there are situations when KIF felt inferior to other members of the family. She mentioned, particularly if the child missed or didn't understand what the talk of the family was 'at home'. The family also grieved when the child had a look of annoyance, unhappiness, as the family did not support him. The mother forwarded: '*I am very poor, unable to provide him. I am divorcee; his father is apart of us, he doesn't help him.*' The child didn't exhibit aggressive tendencies, but the child experienced silence – depression.

As of the Home Room Teacher's perspective, within the classroom, KIF showed ambivalent feelings that were related to academic success and failure. KIF troubled himself if he missed /didn't understand/ the lesson and the reverse was true. Nonetheless, when the subject teacher or homeroom teacher advised him, he accepted and followed his teachers' advices. KIF seemed cooperative if he is approached. He also seemed to realize the school is very supportive for him particularly when he experiences distress.

Thus, as the respondents' perspective, the social perception of the deaf child (KIF) was related to the way that people approached him. In the family, when he interacted with every member of the family, he revealed positive emotions and positive attitude towards parents and siblings. In the school, he realized the deaf peers and classmates have good impression on him, and also revealed that the school is accepting and supportive environment for him. With regard to those hearing persons, the child developed negative attitude towards hearing peers in particular, and hearing persons in general.

Based on the observation, KIF appeared to follow and participate in the classroom activities. KIF, before trying to answer the questions, he watches his classmates whether the classmates are raising their hands or not. As he seated in the front seat beside KIF, he frequently turned his head and then hesitate to raise his hand. Meanwhile, the teacher directs him to be watchful during the lesson, and to have face-to- face contact with the teacher. KIF also smiled with saying OK! but he kept on doing the same acts. KIF seemed inattentive and sometimes fearful in the classroom. Out of the classroom, however he interacts with deaf classmates joyfully but no interaction was observed with other hearing persons. He smiles and watches his friend faces expressing that he is just following their approaches. With regard to his academic

performance KIF seemed to be medium as compared with his deaf classmates that is with varying average scores in English, Tigrigna, and Amharic are lower scores respectively.

In sum, KIF revealed that he had good impression of his school, but not the schooling at all. Feeling of acceptance when approached; but developed frustration and negative attitude toward hearing persons with his feeling of being different.

According to the respondents perspective, KIF's social interaction and communication could be improved when the family accepts his ability and allows him participate in the surrounding together with the hearing peers. He should be advised to have good impression of the hearing and accept his deafness that may not prohibit him from the social interaction. The mother's suggestion is more related to the solution for her economically inadequate home that is his well-being may be realized through the governments support. However, the suggestion seemed to hold dependency emanated from poverty.

The Case of AML

AML (not a real name) is an 18 years old post lingual deaf she is in grade six in the school for the deaf. AML is the third born of the family that has six members. Presently, she lives with her family, She states:

When I was nine years old, my hearing loss occurred. It was the worst event that my deafness and the death of my elder sister occurred at a time. I was bed ridden for about a month (mother told me). I was not taken to any medical center. The cause of my deafness was not identified. My elder sister taught me some characteristics (letters) and I joined the nearby primary school. My elder sister as she was aware of this school (school for the deaf) she brought me after I was promoted to grade two in the regular education.

AML's perspective of her social interaction runs as follows:

At home, I do interact, work, participate, and communicate with every body in the family. When my parents and siblings communicate orally, I follow their mouth, and their lip movement. And, I understand and respond to them well. My siblings have desire to sign as I do, but they are not good at signing. I do understand my siblings' written message. The school sign is difficult for my parents to grasp it at home. My mother provides me some home tasks that I can perform. My parents are old; I properly perform the tasks that are difficult for their age. I am not given separate task (work) related to my deaf ness. My social contact is restricted to my family only. My parents do not allow me to go out.

In the school, and out of the school compound I do communicate with the spoken language even with hearing persons. But when I am with deaf classmates and peers, and with my teachers I communicate with sign language because we use the same sign language. I prefer sign language and finger spelling when I am at school. But when I am at home oral (spoken language). I have more interaction in clubs; poem reading, sports... and I feel glad when I perform adequately.

AML reported that she had interest to interact, work, and participate in the tasks that she can perform. AML pointed that she used verbal expression when she was at home since it is preferred to other modes of communication. However, she used both, the spoken language, and sign language simultaneously and finger spelling interchangeably. This is particularly applied when she was with her deaf classmates and peers, and teachers. As her sign language was found to be difficult for the family she didn't use it at home. However, also used spoken language with persons in the neighborhood. AML seemed to have been involved in every routine household task. She was not segregated from participating in such activities but her parents did not allow her to go out of the home. In the school she seemed to interact and agreeable with both deaf peers and hearing teachers.

AML's mother indicated that she is able to interact with her parents as well as siblings, and also with her deaf and hearing friends. The mother indicated that such active interaction occurred because the deaf child was more compatible with lip reading and spoken language. The mother also revealed that the sign language was not recognized in the family. The mother

noted 'we don't know her sign language. She is better able to understand our lip movement. She is just like the hearing, understands every thing, she never misses any information. This is because she attentively follows our mouth opening and movement of our lips from a distance. The mother further reported that AML is accepted in the family and performs every household chore in a manner appropriately, she is equally treated like her siblings, she likes to talk and tell her siblings every thing that she likes (i.e folktales), and her siblings enjoy it. The mother disclosed despite that the child has good impression on her family members to talk to them, the parents, as they were incapable of using sign the language they ignore her in some activities.

The Home Room Teacher reported that AML had good social contact and intimacy with her classmates. As she expresses her consent to interact and cooperate with classmates, she uses both sign language and oral communication. AML use spoken language in most instances and her interaction was mostly with hearing teachers.

The Home Room Teacher also noted that AML performs tasks and becomes involved and participates in extracurricular activities with both hearing and deaf peers. AML showed progress in the social interaction. The teacher commented: “ *The presence of the deaf teachers in the school contributes to change her outlook on life. I think they are good models*”.

Hence, as the respondents reported that AML appeared to interact and communicate with the deaf. In deed, her proficiency in the spoken language i.e. her intelligible verbal expression made her able to interact with those interlocutors possibly. AML's interchangeable use of sign language and other modes of communication including written variant of the spoken language facilitated her way of socialization. Despite the incident that her sign language lack

recognition by her parents, it seemed to be accepted and enjoyed by her siblings. Nonetheless, AML disclosed her social contact was only confined to the family and she was prohibited from interacting out of home and such protective action might have affected her social development to a certain extent.

On the part of AML's social perception she states:

My family worries about my deafness, but they don't isolate me. Whenever I am with my family (parents and siblings) I don't think about my deafness. Because, they see that I am able to learn and I gain something. I don't have negative feelings about my parents and sisters.

But, AML stated how and when her deafness worries her:

When I am asleep alone in the nighttime, I am afraid that if any harmful strange comes into my room where I am in. I won't have any possibility of escape. I may not be able to protect myself.

When I am in the school, I have good interaction with my peers, classmates and teachers. I feel that I am accepted. I have good impression of the school. But I have problems with my hearing neighbors. They know that I am deaf but they considered me as poor and weak. Then, I became worried. And, when I am with hearing people and if I don't get their ideas. I feel that I am gossiped and teased, especially when they smile or laugh facing toward me. But, I don't have such feelings when I am available among my family. Because they recognize that I can see, and learn.

AML's response revealed that having good interaction within the family made her perceive positive attitude toward her parents and siblings. This also seemed to appear within the school environment. AML considered that she was accepted in the two settings. Nonetheless, her negative attitudes were emerged from the rejecting neighbors and her negative emotions and worries were also reported as she had negative image for others, as the hearing deny her ability to learn, interact, and participate.

The mother reported the current situation contrasting with her early deaf period i.e prior to her schooling as follows:

Previously, she was aggressive, irksome, and discouraged. But today, she is very polite, never quarrels, she doesn't disturb others. And she likes to have chat with others and talk steadily. Her conduct is good to every body in the family. Yes, sometimes if her demands are not met or fulfilled, she becomes angry. I know, because we are poor. We cannot afford her. Her pleasure is mostly attached to making other family member get pleased. I think her schooling helps her to behave in such a way.

As the mother indicated, AML revealed behavioral change via schooling. That she was acting negatively, disturbing the family members during the early days of her deafness. When her parents were not able to afford her, she becomes angry sometimes. However, AML revealed, positive inclination due to her schooling. AML was also fond of pleasing persons surrounding her.

The Home Room Teacher reported that AML was agreeable and very interactive and this was more discerned when she was with deaf classmates and the hearing teachers rather than with the deaf teachers. However, those hearing teachers were those who were competent to sign and speak.

The Home Room Teacher's observation indicates that the incident could be related to preference of mode of communication. The deaf teachers emphasized on sign language but this post lingual deaf child preferred was spoken language.

Why AML became worried as she was interacting with her deaf teachers, the Home Room Teacher commented:

Since she is with her deaf classmates, she is agreeable and this instance is also true when she is with hearing teachers. I think, this is because the deaf teacher's are more inclined to use sign language more of the time to communicate with AML, while AML seems to prioritize spoken language

to sign language. Nevertheless, when she is communicating with those hearing teachers (those who use both speaking and signing) she feels excited.

Furthermore, the Home Room Teacher appeared to disclose that AML perceived the school and persons in the school accepted her, despite the communication instances that could occur unexpectedly.

As per the respondents' perspective revealed, AML's social perception while being in different settings appeared to have positive tendencies toward those persons who approached her positively. However, in some instances, she revealed sense of being excluded. It seemed that she has a mistrust of her surrounding. AML appeared to disclose her problem filled with frustration – incapable of saving herself from danger. This may be attributed to her deafness. It was '*The night time fear*' which she never thought of it on the daytime considering herself as helpless. In deed, this seemed irrational fear but it was anxiety for her.

Based on the observation, AML appeared to interact in the classroom tasks and depicted her feelings to provide answers for the class works presented by the teacher. She tried to use simultaneously the spoken language (*as some of her utterances were audible for the researcher*) and sign language supplemented by finger spelling. Further, out of the classroom AML seemed popular that she revealed good physical contact with her classmates and teachers. Indeed, she didn't show any discernible contact with other hearing persons in the school. With regard to her academic performance, her five semester academic report revealed that her result in language areas; English, Amharic, Tigrigna are respectively lower than other subjects.

In sum, AML was reported that she had good impression of her school; she is fond of interacting with her peers as well as her teachers. She realized that feeling of acceptance when approached; but developed negative attitude toward hearing people since the hearing considered her as weak and poor.

With regard to the possible solution suggested by the respondents, AML's social situation could be improved when the overprotective practices of the family are reduced. The school should provide her with advice to have good attitude towards the hearing.

The Case of LEM

LEM (a pseudonym) is a 15 year old, prelingual deaf child. She is a student in grade six in Adigrat School for the deaf. She was born in Keren (in Eritrea), and she is the last born in the family that comprised of five members. She has a widowed mother and three elder sisters. She states:

My hearing lost occurred when I was one year old. As my mother told me, the loss was caused by measles. I had medical intervention i.e. a cure for measles but I remained deaf. Some of the symptoms that indicate the presence of my hearing loss were lack of speech development and I was silent. I could not respond to the sound in the environment. When I was a year and seven months old, I had a hearing test in the missionaries' clinic. The hearing test result disclosed that I was deaf. When I was four years old, I was enrolled in the residential school for the deaf in Keren (Eritrea). This residential school for the deaf had an academic program including dormitory living equipped for the deaf ... I was brought to this special day school by my mother to continue my education.

LEM reported, that it was from other place (residential school) where her previous knowledge of sign language developed. She currently, encountered problem in using sign language, because of two varied dialects (The 'Tigrigna' dialect in Tigray, Ethiopia; and in Eritrea).

LEM expressed the situation as follows:

Before I came here (Adigrat – Tigray), I used to sign in ‘Keren Tigrigna’ Sign Language. My parents and siblings were able to understand me to some extent. But, as I attended this school for the deaf, I found the sign language used in the school as well as the language itself (Tigrigna) was difficult for me. I faced with different way of signing from what I used to communicate. With the new sign language, I was not able to communicate with my mother. All my sisters and my mother do understand me by gesturing. I cannot properly produce sound. I prefer to use sign language but my mother and sisters do not understand it. I do understand my mother’s lip movement. The school sign language doesn’t have any contribution to my interaction at home.

My mother provides me some household tasks that could help me to improve my life – to help myself. Unless I am sick, I can perform every household task. I go to shopping in the town. I sometimes wash clothes of our neighborhood and I get money. But, my family refused me to go out and prohibited me to work even outside of our house, the simpler tasks of which I can earn our living.

In the school, I can interact with most of my classmates, but some of them do not understand my sign language. Out of class I cannot simply interact because the hearing peers do not understand me well. I have deaf friend (a girl) whom I can communicate and pass my leisure time with her. I do not go out, I stay at home out of school hours.

If my teachers do not invite me, I do not like to participate in every task. I do not like to be involved. I am not also good in my schooling but I show respect for my teachers.

As LEM’s response, the two different environments – where two varied dialect were available, threw her in confusion. She was bewildered by the present sign language and she felt strange in the present school for the deaf. In order to intercommunicate with her family members she used gesturing and lip-reading. Although her mother encouraged LEM to perform every household task, the mother didn’t permit LEM to go out and work. Such parental act not only disappointed LEM, but also blocked her earnings. LEM also depicted that she had not effective interaction with persons in the school, except with her deaf classmate; she had not any initiative to take part in the school tasks. She declared that she

respected the teachers nevertheless; there also appeared miscommunication with her hearing school peers. Further, she noted that she is not competent to interact.

The mother's response depicted that LEM was in a residential school for the deaf for about five years. The mother pointed that during her stay in the residential school LEM was silent and not communicative. LEM gradually developed her interaction with her mother and sisters too. The child used gesturing to communicate, and currently she also uses hand written approach. Thus, in such situation LEM is able to receive and respond. The mother reported that LEM performs house hold chores; and in some events like the celebration of school- year, closing day LEM made beautiful pieces of embroidery. The mother, further, stated that such type of progress as a result of her schooling. On the other hand, the mother indicated that for her daughter's safety, she made LEM remain at home often out of school hours.

The Home Room Teacher responded that LEM had communication problem because that the sign language exercised in the present school became strange for her. The Home Room Teacher stressed that the dialectical variation between her former and current sign languages impeded her social interaction; and also led her to misbehave. The Home Room Teacher, also revealed due to misunderstanding among LEM and classmates, sometimes a type of quarrel occurred in the classroom. However her interaction within the school is with deaf peers. Today, along with sign language, she uses lip-reading to communicate and she shows a bit progress when compared to earlier times.

So, according to the respondents' perspective, LEM was bewildered by the mismatch between the two sign languages. Consequently, she becomes unstable and distinguished by her mediocrity. In spite of her poor interaction with persons in the school as well as in the family,

she was competent to perform household tasks only. Further, it seemed that she was unable to adjust herself to the new environment. That is, she was first, in a residential school, then after, in the (daily) school for the deaf. In deed, these settings do have different way of accommodating a deaf child. Her mother's protectiveness also disappointed LEM.

With regard to the tendency to respond to the situation surrounding; LEM's response about her social perception was such a contrast of her earlier perception. And she states.

There is difference in my perception between the earlier and the current situation. Previously, I was afraid to use sign language, since both hearing and deaf do not understand me. I suffered from loneliness. But today, hearing individuals in my neighborhood treat me to communicate with them. They inquire me to show the sign of some words, and also to have a little chat with them as well. Today, when I am with hearing persons, I feel happy. Because, when I am often with the deaf, I feel that as if separating myself from the hearing. But, I am filled with rage and violently outburst when hearing peers sign the word 'deaf'.

At home, I know my mother (widowed) is the only person who helps me. I have an elder sister who is mentally retarded; she is burden to our family. Such strange happening urges me to leave home but my mother doesn't allow me. My mother never worries about my deafness, but rather about my elder mentally retarded sister.

When I am available in the school, I feel that everybody (deaf classmates and teachers) can understand me. And, I feel the school is favorable place for me. I acquire knowledge and I improve my life.

LEM's response depicted that her impression of the hearing persons (peers and teachers) had altered to good. She had not any positive attitude toward the hearing as being in the new environment. She perceived that the school is conducive for her. Having been from different place she was frightened by unintelligible mode of communication that both the deaf and hearing could not understand her.

The Mother's response revealed that when the child is approached differently she often attributed it to her deafness. The mother stated, "If LEM is shown any sign by the hearing she

feels that she is underestimated. And some wrong signs also made her angry. Further, when she is not involved in the family tasks, she feels that she is forgotten or neglected". As a consequence, she shows outburst of angry but she is pleased when she is invited to take part.

The Home Room Teachers respond that LEM showed a little progress in her activities in the classroom as the teacher compared the present circumstances to the earlier ones. The way teachers approached her provides improvement on the part of the child. She feels happy when she is at school. She likes to be with the hearing peers; she plays with them and feels excited. On the other hand, the Home Room Teacher pointed that LEM tend to show violent emotional outburst and leave the classroom ignoring the teacher, if she was not properly handled. Meanwhile, she attributed her deafness in her belief that '*God hated her*'. But the teacher advised her to develop her social interaction.

Thus, according to the respondents report, LEM seemed to have positive inclination of accepting advice as well as meeting the neighborhood but this often happens if she is approached and treated accordingly. Then, she is searching for a conducive and accepting environment.

Nevertheless, according to the observation LEM revealed that she was non-interactive in the classroom tasks, never provided responses, however, her seat being in the back seemed to make her unable to follow the lesson. Moreover, out of the classroom, she frequently showed her interaction and physical contact confined to her deaf peers. In some respects, she communicates with her Homeroom Teacher; this seemed to occur because of LEM's attachment and affection to the Homeroom Teacher.

According to the respondent's perspective, LEM 's socialization state could be improved if the hearing persons in the surrounding including the hearing peers accept her deafness and when they recognize and understand that she has the ability to interact. And the Home Room Teacher also suggested that parents should be taught sign language, awareness about deafness and special education should be given, vocational education and training could be essential to LEM. The mother suggested that LEM's social opportunities could be met if the government accommodates her in the residential school.

The Case of TAE

TAE(not a real name) is a 17 year-old post lingual deaf child. He is the sixth born of the family that comprised of eight members. He has four brothers and one sister. He states the situation of his deafness and other related details:

When I was 14 year old my hearing loss occurred. I was a student in nearby primary school. I was a student in grade seven when my hearing loss occurred. I was taken to Adigrat hospital for treatment. The cause of my deafness was 'malaria'. My father brought me to this school for the deaf. And I was enrolled in grade four (this was the upper grade in the time). I had not good impression on the school for the deaf. I need to learn. I have deaf friends whom I like them very much. My parents are farmers. My family is Orthodox Christian. My parents help me to keep on my education.

TAE describes his social interaction as:

At Home, (within the Family) my parent do not allow me to be involved in any activity of domestic tasks; and they do not even allow me to shopping, to perform other tasks out of home. They said, 'You are deaf, you can neither receive nor transmit to others (hearing) appropriately' ... at home I am ignored.

Further, TAE pointed:

I do not play with my sibling. I never join them. We don't have common language. I do not openly discuss with my parents because we don't understand each other. I can speak but I need to use sign language. With this sign language, my siblings do try to interact with me.

In the classroom, I do perform my class works but not fully participating because some teachers do not properly treat the deaf. And in the school I don't like to participate in the extracurricular activities

As TAE's response, TAE and hearing members of the family didn't understand each other since there was no common language. Not only was TAE unable to communicate but also prohibited from taking his part in house hold chores. His preferred mode of communication was sign language to spoken language despite the latter approach was useful to present him.

TAE mentioned that his siblings better follow his sign language or they liked to communicate with him. But he was never close to them. TAE described that he had good interaction with his father; this is because the father encourages him to keep on his education. TAE also pointed that he had deaf friends (calling their names) with whom he was more available out of school.

The mother reported that TAE has good interaction with his siblings. He had the ability to understand verbal expression through the movement of the lips and as he grasped the information, he responded properly. The mother pointed her child's one-way communication, and she seemed puzzled with the circumstances. And she states:

*TAE grasps our talk through the movement of our lips, and then he responds properly as if hearing the talk. We (father and mother) sometimes amazingly asked him if he might use his ears (if capable of hearing). **'My son do you hear any type of meaningful sound? How did you come to understand us? Nevertheless, his irritating reply was often. 'No I don't hear any thing'.***

Furthermore, the mother pointed that TAE was reluctant to participate in any activity within the family. And this was also distressing event in the family. Since the parents doubt about TAE's mental health, consequently they forbade TAE to go out of home and perform any task. Thus, the mother states:

My son never takes part in any household routines, even for what he is capable of doing. Indeed, we (parents) are anxious and troubled about his future betterment. But we don't obliged TAE if he does not readily consent... and we don't allow him to be out of home to do anything.

The Home Room Teacher, responded, his interaction was more visible as being with the deaf peers and deaf teachers. TAE also seeks help from the deaf teachers not from the hearing. TAE was able to use both sign language and spoken language including finger spelling and lip-reading. But he inclined to use only sign language. During interaction when his needs remained unmet, TAE showed sign of annoyance and murmured about his deafness. TAE

performs his tasks alone without any need of others help or cooperation. This also happened when he is participating in extracurricular activities, which is most of the time without his consent. Although he has legible speech and language, he needs to use only sign language. TAE is not cooperative with both deaf and non-deaf.

As per the respondents report, TAE revealed that his social interaction was confined to his siblings. His parents also contributed to his delay in the social interaction. i.e., forbade him from participating in certain activities out of home. On the other hand, TAE also refrained himself from getting involved in the household chores. But, his interaction in the school setting seemed better, despite that was only limited to those deaf peers and deaf teachers. The main contributing factor also appeared his preference of mode of communication didn't match with the parents' choice of communication modes. His inclination toward sign language instead of using simultaneously with other approaches provided him with interaction problem.

With regard to the social perception, TAE states:

My parents worry about my deafness. Their sorrow conversely makes me worry. And I lack stability. I am pleased to be with my siblings and parents. But I have interaction problem. So, I don't have adequate information about some issues.

When I am in the school, I communicate and interact with my deaf classmates, deaf peers, and teachers I also have good feeling to be with them. But I feel hatred for some teachers of the deaf who consider the deaf as lazy.

I want to have good interpersonal relation with the hearing, but since I am not able to communicate with the hearing I refrain from doing so. I feel, the hearing do not accept me. I observe they have their own code. They mock at the deaf; they show no respect for the deaf.

TAE's responses showed that the parental anxiety affected him not to behave accordingly. As he had interaction problem he also lacked adequate information, and he had tendency to be with deaf and apart from the hearing. And this event seemed to have TAE incomplete interaction but rather positive tendency toward the self-same. Feelings of unaccepted, rejected, and being mocked was also shown in the eyes of TAE.

As the mother, indicated that TAE was stressful, easily annoyed, irritated and upset for about a year since his hearing loss occurred. Further, he was quarrelsome, and angrily run to the cliff. The mother also reported that such instances were also revealed despite their degree of occurrence. TAE was disappointed as his failure to interact properly. He didn't need to communicate with siblings and hearing peers too. He developed sense of acceptance by siblings and peers only when he smoothly communicates and interacts well. When TAE gets worried for no reason, every member of the family also groans in anguish.

The Home Room Teacher disclosed that TAE intentionally isolated himself and had leaning towards worrying circumstances. Indeed, he had good attitude and sense of worth of the school. He liked to be with his deaf peers. His deafness annoyed him.

As per the respondents' response revealed TAE has good attitude towards the deaf both peer students and teachers. But he rejected and distanced himself from the hearing persons. It seemed that TAE had interaction with hearing peers and siblings when he noticed that he was accepted. Although, people in his surrounding liked to approach him, he didn't like them but labeled them as if not good for him.

Nevertheless, based on the observations TAE didn't earnestly participate in the classroom activities. TAE seemed to acquire the lesson properly but acted inactively. This is because he only appeared to provide the exact answer when the teacher asked him (*as the hearing teacher nodding his head and saying 'YES' in reply repeatedly*). Moreover, when no hand was raised to answer for a question, TAE automatically verbalizes and signs without the consent of the teacher while the answer being correct. Out of the classroom, TAE was observed to show varied reactions to his classmates as he watches the acts and chats of the hearing teachers in front of their staff-room. Staring at some of the displaced hearing teachers of the Zala – Anbessa secondary school with expression of disapproval, making grimace of discomforts. In deed, he appeared that his emotions were not towards his deaf classmates.

On the other hand, his personal file disclosed that he is one of the high achievers among the deaf i.e. the five semester results revealed in Amharic, Tigrigna, and English subjects had good scores respectively as compared to his classmates. It is worth mentioning that TAE had returned from grade seven in the regular school and placed in grade four in this school for the deaf.

Considering the possible solutions, TAE's suggestion strictly declared that the only solution for the socialization of the deaf is placing the deaf together in a residential school. The mother's opinion also resembles to her child, focusing on protection supported by government. But the Home Room Teacher suggested that since he can integrate with the hearing in the regular education program, interpreter and resource person would be vital and help him join in the regular education program.

The Case of ESL

ESL is a prelingually deaf child. She is 16 years old. Presently, she is in the school for the deaf. She is the last born of the family that comprises eight members. ESL has three brothers and two sisters. Concerning the situation of her deafness and other details, she states:

My hearing loss occurred when I was about three years old. I was taken to the nearby clinic, but I did not get well and later I was taken to Adigrat hospital, still I didn't get well. Then, after I was also taken to the hot spring. But I remained deaf. I had high fever. The cause of my deafness was not identified. My father brought me to the school for the deaf as he had information about this school, and I started my schooling here. My father was a mason. My parents encourage me to continue my education. Previously I was herding. I was sorry about my deafness. For the first time I had a deaf friend and she was very good for me.

ESL's response runs as follows:

At home, I have good interaction with parents and siblings. We do understand with each other. My parents and siblings use gesturing. I do communicate with my siblings with hand written information sometimes. I use sign language, finger spelling, and lip-reading. My parents do not understand my sign language. I better communicate with my parents with lip reading.

I am always involved in routine household tasks, including fetching water, grinding corn so as to make flour; and herding. I am provided with fatiguing work, and sometimes, I felt tired and become displeased. My mother and my father help me and guide me when I perform difficult tasks. I am also participating with my siblings; I am not often allowed to be out of home. I am always helping my mother out of school hours – in the weekends.

In the school, I have good interaction with my classmates, teachers, and administrator. This is because we have the same sign language. In the school, my intimate relation is with the school director. He advises me, when I face problem, he is helpful. In the school, I am glad to perform tasks. The tasks in the school (home works; class works, group works) are pleasing, because I can communicate with the teachers through sign language. I do not participate in the extracurricular activities (such as clubs, sports...) because the activities are scheduled in the opposite shift (out of school hours). At this time I am not allowed to be out of home and I am often provided with home tasks.

ESL's response revealed that she had good interaction with siblings and parents. ESL didn't show problem in communicating with the family members. Other than gesturing and lip-

reading, ESL uses hand written message as a channel to communicate with her siblings. ESL seemed to be involved in house hold chores in which she was in a state of exhaustion. She appeared to be highly engaged in the routine household tasks and often became restive. She also revealed that she had good interaction with persons in the school, and this was when every body uses sign. Except in the school hours, ELS didn't participate in extracurricular activities because, the parents didn't allow her to be out of home in her spare time. Nonetheless, the extracurricular activities were scheduled out of the school hours.

The mother responded, ESL openly communicates and interacts with her parents and siblings. The mother pointed out that when ESL uses her sign language, her siblings do communicate with ESL. Particularly, the last-born hearing sisters communicate well and also translate to her parents when misunderstanding occurs. The mother is grieving over her daughter's hearing loss; and this incident also appeared to hamper the smooth mother –child communication. The mother depicted that she can't easily communicate with her child, as the mother was not very communicative. ESL also interacts with those kids in the neighborhood she communicates with persons in the neighborhood. The mother mentioned that ESL performs laborious household tasks. In the neighborhood when there are social events, she is often in a sociable mood.

Moreover, the Home Room Teacher indicated that ESL never interacted with hearing persons in her early school years. But today, she appears to communicate and interact with her classmates, deaf peers, teachers, and administration of the school. Her preferred mode of communication is sign language, because she doesn't know spoken language. The total communication approach is widely used in the school. But her sign language is also given due attention as she heavily relied on signing. When the lesson is delivered orally, she is unable to

understand and this worries her too much. In the meantime, teachers tell her with sign language and she follows the lesson. ESL's academic performance is low. Although she is involved in the classroom tasks and home works, she performs poorly. When she seeks assistance, she prefers her deaf classmates as she can easily communicate with them.

Thus, according to the respondents' perspective, ESL had good interaction with both deaf and hearing that had sympathy for her. ESL's preferred mode of communication was sign language. This appeared since ESL was a prelingually deaf; she highly tends to use sign language particularly in the school. At home, ESL seemed to be highly engaged in heavy workload of the family. As she was not allowed to go out, she often missed the extracurricular activities. ESL's mother grieving over her daughter as well as parental protective measures seemed to have negative impact on her schooling. ESL was also found to be a low achiever in her class. Despite her limited communication in sign language, she is better able and willing to communicate with the hearing. ESL's worries seemed to occur when she was unable to grasp the lesson because of the teachers uses various modes. And when she was given little attention.

ESL's response about her social perception runs as follows:

I perceive that my family worries about me. I like my parents and siblings. I feel that my family accepted my deafness. When they interact with me, I feel glad. But, when my siblings and parents talk each other and if I cannot understand them, I feel discomfort; I feel sorry and keep silent. My parents engaged me in a heavy workload. I feel inferior to other members of the family as being different.

In the school, when I am with classmates I am always happy because, we learn together, and I also gain knowledge. But, there are some teachers neither accept our idea, nor provide exact response for the deaf child's misunderstanding. And, sometimes when deaf students ask unrelated questions to the lesson, the teachers tend to ignore instead of correcting the mistakes and give the right answer, in such situation; I feel that I am inferior to the hearing.

I feel that the hearings are of two types; those who show sympathy for the deaf and those who scold the deaf. For those who deserve sympathy for us (the deaf) I have good inclination towards them. Rather when I am with those deaf I feel proud and pleased.

ESL's response indicated that her parents and siblings have good attitude towards her, and also some hearing persons show sympathy for the deaf. But ESL felt excluded when she never attended in family talks, and when some teachers poorly approached her. She felt inferior to the hearing. ESL stated her impression of the hearing persons' feelings and thoughts can be seen how they approach and interact with the deaf. However, she disclosed that she liked to be with the hearing.

The mother depicted that every member of the family has good feelings about ESL. She has a good interaction with every body. She revealed that she was delighted to be with every member of the family. The mother also pointed out that when ESL is not involved with her parents and siblings in some events, she often remains in a wistful mood and with vague feelings as if gossiped.

ESL's Home Room Teacher also stated that she seemed worried in the classroom. When she is out of the class, she sits alone. Although she has positive impression about the school, she often complained about her deafness. She felt as if she lost many things. In such events, sometimes, ESL didn't play with the school peers; she didn't take part with hearing and the deaf.

Hence, according to the respondents' perspective ESL disclosed that ESL's impression of her family feelings and thoughts seemed good. But if ESL is not approached properly, she is inclined to build negative feelings and develop negative evaluation of her self and negatively evaluating others without distinguishing their perspectives.

ESL was observed in the classroom to follow the lesson and trying to provide answers that most of her trials were not correct. In the meantime, as she failed to get the answer, she raised her eyebrows with creased brow (forehead) expressing emotion of puzzlement. And, she insisted the teacher to tell her the answer with signing and finger spelling steadily. ESL liked to participate but she seemed unable to cope with it. Nevertheless, out of classroom, when she was with her classmates she appeared to have good contact with them. And, some times she comes to greet the teachers during their break time. With regard to her academic performance her personal file revealed that she is low achiever as compared to her deaf classmates particularly in Tigrigna, as well as in Amharic, and English.

With regard to the possible solutions, ESL needs to be helped by the school i.e. to be in a residential school. The Home Room Teacher also suggested that parents should be trained in sign language. Further more, the deaf should be accepted so the hearing should not reject her. However, the mother suggested that the school should accommodate the deaf child.

The Case of LUU

LUU (a pseudonym) is an 18-year-old post lingual deaf that is currently attending in Adigrat School for the deaf. He is the second born in the family that consisted of five members. He has two siblings; an elder brother and a younger sister. He states, the situation of his hearing loss as follows.

When I was 11 years old my hearing loss occurred. The cause of my deafness was not identified. Some people in our locality attributed the cause of the deafness to meningitis. But my mother attributed it to high gale force wind blow to my ear when I was playing with my peers while herding in the village. The problem was not only deafness, but also accompanied with paralysis of both limbs, high fever, and loss of sight for a short period of time. I was primarily taken to hot spring but later to medical center. After having medical intervention I was relieved from paralysis in both limbs and sight loss too. But I remained deaf. I was

first brought to the school for the deaf because my father had information about the new school for the deaf and I began schooling from grade one.

LUU's response is stated as follows:

I do interact with my family members – parents and siblings; I discuss with them openly. My family use gesture to communicate with me. My mother understands my speech better. Along with gesturing, my father and siblings use hand written, I prefer to use sign language, lip reading and finger spelling.

At home, my mother is helpful for me. I do perform tasks when I am told to do. I work with my siblings together. There is no any specific task for me.

Out of home, my interaction is limited to those neighbors who can understand me. Most of the time I am prohibited to go out. I pass my spare time studying only at home.

In the school, I have good interaction with my deaf classmates, and deaf school peers. I discuss with my classmates. I share their problem. I have good relationship with everybody in the school, since we have the same sign language. Sign language is easily understandable and I prefer sign language to lip-reading and finger spelling. I do participate in extracurricular activities. I like it when I am with deaf. There is common understanding and cooperation among those deaf and this makes me very pleased.

As LUU's response depicted, when he is in the family he communicates by gesturing and, as his father and siblings are literate he also uses written language, which is the variant of the spoken language. He is also involved in house hold task with his siblings. But since he is not allowed to go out of home he is forced to remain at home. LUU revealed that he has good impression of his school and everybody who can communicate with him through sign language. But he also noted that he had positive feelings and interacted well.

According to LUU's mother response, LUU has good conduct and interacts with every member of the family. He has no complete interaction with persons in the neighborhood and peers. For fear of car accident, the mother prohibited LUU from going out. Because of his

limited interaction with the neighbors he is not encouraged to communicate. Parents do not seem to recognize his feelings and interests sometimes.

The Home Room Teacher indicated, LUU revealed good interaction with deaf students and his teachers as well. But, he never interacted with the hearing peers. He was quite good in his academic performance. In the classroom, he properly performed his tasks. He was also better able to use both sign language and oral communication. He prefers oral communication approach when he communicates with hearing teachers. LUU's direct interaction was with hearing male teachers not with female teachers. In the school he participated in the extracurricular activities.

Thus, as per the respondent's perspective, LUU used the oral communication and the sign language communication approaches. However, when he intercommunicated with his hearing teachers, he used speech, as it was intelligible. He participated in both house hold tasks as well as tasks related to his schooling in the school setting. As his parents were afraid of accident LUU was obliged to stay at home during his leisure time. LUU had not any good exposure to interact with persons outside home. He seemed shy with female teachers.

With regard to social perception, the deaf child toward these persons in these settings, the situation on how persons in the family and in the school appear to describe their impression on the deaf child and the actual tendency, LUU puts:

I like all my family members; I like my schoolmates. I am deaf, so when I am available in the school, I feel that I am equal to every body. But when I am out of the school, I feel inferior to the hearing. Because the hearing persons consider the 'deaf' as poor, and with out any capability. I became worried. I know that my deafness doesn't make me different.

I know that my parents have bad feelings of my deafness, but they equally treat me like my siblings. I like my parents and siblings; but there are events that I became offended. This happened when I was not involved in

some family discussions. And when they excluded and refused to tell me. When I observed that there was a misunderstanding among family members, but they did not allow me to know the matter.

According to LUU's perspective, the following is how he perceives:

I like to be alone rather than to be with the hearing. Because most of the time, the hearings do not recognize me; do not allow me to be involved with them. I feel that hearing people do not have good attitude towards the deaf. The hearing do not accept the deaf, they insult the deaf. They call the deaf 'dudda' (meaning dumb or mute). However, my overall impression about the hearing is not bad. And, I do not feel regret about their misconception about the deaf ' deafness is not an insult'. This is due to lack of their awareness.

*In the school, I feel that I benefited more, and I am pleased, I was a shepherd but today I am a student. I am glad.
In the school, there is nothing that hurts my feelings. Because if any problem occurs, we discuss with every body and we solve it.*

LUU's response disclosed that the impression of his parents' feelings and thoughts, his parents had bad feelings of LUU's deafness. They suffered from variety of emotions however, LUU described that he was equally treated as his siblings. Nevertheless, he developed sense of exclusion in some instances when he is not invited or involved in family matter. At times, LUU became offended and revealed sense of inferiority.

Although both LUU and his family had positive attitude towards each other, he had not good impression of other hearing persons, as though the hearing are rejecting the deaf not accepting the deaf. Nevertheless, LUU didn't categorize all the hearing with disparaging remarks.

The mother responded that when LUU shows variety of emotions such as annoyance, and irritation, the family suffers; and such instances cause distress to all family members. She noted that LUU is fond of his parents and siblings, and currently developing positive thinking about himself.

The Home Room Teacher indicated that LUU was good whenever he was available with his deaf classmates in the school. He showed feelings of acceptance. However, there are some occasions when he became depressed which he attached this situation to his deafness. Therefore, according to the respondents' perspective, LUU showed lack of interest in hearing persons and feels suggestibility when he is with hearing.

Based on the observation, LUU appeared to interact in the classroom tasks and revealed his feelings to answers the questions when asked by the teacher. He used both the spoken language and sign language simultaneously. Further, out of the classroom LUU seemed to interact with his classmates. He revealed good contact with his classmates and teachers. In fact, LUU did show interaction with the Head Teacher. He often comes to the office frequently. However, he did not reveal contact with other hearing persons in the school. With regard to his academic performance, his five semester academic report revealed that his result in language areas; English, Amharic, Tigrigna are respectively higher than other subjects. He is also one of the good students as compared with his deaf classmates.

Considering the possible solutions, LUU suggests that the hearing should have positive attitude towards the deaf. The Home Room Teacher suggested that firm parent-school relationship. LUU also needs to improve his interaction with both deaf peers and hearing peers as well. Nevertheless, the mother suggestion reveals that the need of residential school so as to get accommodated her child.

3.3.1.2 Cross-Case Analysis

Based on the cross-case analysis some of the common grounds between and /or among the cases are stated in such a way that the researcher provided the general descriptions that fit and was common to each individual case.

Hence, the respondents' perspectives revealed how the opportunities and challenges to the deaf child for socializing with others were discerned in the home and in the school setting as well as outside the settings. After having made the categories and subcategories through the constant comparative method of data analysis, there continued comparisons of respondents' remarks.

3.3.1.2.1 Communication Modes and Communicative Competence

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

At home, gesturing was highly applied approach for mutual understanding for both the deaf child and the hearing members of the family. It was such a pantomime with the expressive movement of the body, face...so as 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.

Never the less, 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. So, 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 for 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, 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.

Considering the use of communication modes along with the competence of the six cases in the study, there appeared to exist a challenge because of the occurrence of miscommunication, thereby misunderstanding as a consequence of it. This also seemed to occur when the communicants were not able to perceive each other's actions and reactions and also failure to provide appropriate response to each other.

At home, the verbal explanations of the emotions of the hearing appeared to affect the postlingual deaf children (KIF, AML, TAE, and LUU) and put them into confusion, inability to understand the situation, and consequently revealed lack of empathy.

On the contrary, the postlingual cases' verbal expression appeared to assist to communicate with their interlocutor. In deed, the cases seemed to have the opportunity to express their feelings, emotions, and ideas to the hearing family members. However, the response or the feed back from the hearing happened to be a challenge for those deaf. So, the decreased role-taking ability was unanimous, even though these children had varied intellectual skills. Nevertheless, in most instances the cases KIF, AML, LUU appeared to be able to perceive their siblings and provide responses, the more responses were through facial and gestural expressions i.e. pantomime, and also with the help of written language which is the variant of the spoken language based on the available conventional writing system. TAE, however, reported that he appeared not to communicate with his family willingly.

At home, the prelingual cases (LEM and ESL) despite their choice of communication options to be sign language, both had no ability to verbal expressive skill. In deed, so as to communicate with persons particularly the hearing LEM and ESL 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. Both of these cases were neither expressive nor receptive to the verbal expression of the hearing family members.

Considering the prelingual cases (LEM and ESL) within their school, their situation for application of the communication modes was found to be confined mainly to sign language.

In fact, both cases were reported prelingually deaf. In the case of LEM, she has been using sign language in both the former school and the latter school with different signing system. Because of the exposure of LEM present school, she encountered problems in communicating with both deaf and hearing. Never the less, after adjusting herself to the new environment LEM seemed to show improvement in her ability to perceive and respond to persons who communicate with her. In the case of ESL, her preferred language is sign language so as to interact with persons who are able to use sign language and communicate with her. However, she appeared to face problem with orally delivered lessons because ESL had difficulty in spoken language within the classroom.

In the school, the cases KIF and TAE revealed more inclination toward the use of only sign language although they are able to communicate with verbal expression. They rather relied on gestural and facial expression that appeared to cause social isolation and to depart from the possibility of developing receptive communication even through lip reading. Hence, such instances seemed to block the opportunity to develop positive patterns of social interaction and also appeared to cause difficulties in forming interpersonal relationship; diminish the ability to integrate ones' experiences in a meaningful way, particularly, TAE was reluctant to take part in school activities.

In the case of LUU and AML in the school, they appeared to reveal the development in their communication via the interchangeable use of sign language and other communication modes including the reading and the writing variant of the spoken language. Such widely used communicative competence, that is their ability in expressive as well as receptive communication seemed to have the opportunity to facilitate their social interaction. In fact, it

may not be an easy matter to indicate the situation, as within the school there appeared an uttermost understanding the behavior of each other.

3.3.1.2.2 Social Interaction

The social interaction of the cases was reported in relation to their role-taking ability as well as their ability to interact adequately in a manner appropriate to the settings.

Hence, in the home environment, the cases of KIF and TAE revealed that they did not participate in household chores; they were not involved in any activity of domestic tasks. Such happenings appeared to contravene the required development of social interaction and seemed to make them remain within the social misfitting circumstances. This happened because the parents didn't allow the cases to take part; the parents appeared to be less permissive of their children.

In the cases of AML, ESL, LEM, and LUU in the home, all seemed that they were provided as well as involved in household tasks. The cases had equal role and treatment with their hearing siblings and no any disability - specific tasks were offered. Indeed, the degree of the workload varied among the different family environment. Such routine household activities were only performed within the home. With regard to LUU, he only participated when the mother told him to do so but most of the time he remained at home studying his lesson.

However, the cases had not been provided the opportunity to interact in their surroundings i.e. out of their homes. Such withholding and protective actions of the parents appeared to affect

the children's ability to function adequately and to interact with others to learn the ways of their culture so as to be involved in the society.

In fact, this situation disclosed that the female deaf children appeared to be involved in household tasks with workload, because of such practice; ESL lacked the opportunity to participate in the extra-curricular activities of the school. Whereas, the male deaf children seemed not allowed to be involved in such fatiguing workload at home as well as outside home.

Thus, the certain common ground to some of the cases in the study was indicated. AML, & LUU were interactive in the school with their deaf classmates, deaf school peers, and with the teachers of the deaf. They were expressive kind as they were willing and able to use both sign language and verbal expression. Particularly, when they are with their hearing teachers of the deaf, they used to apply the oral expressive communication that favored independence and mutual interaction. AML and LUU participate in activities within the classroom, in the group work, home works as well as in extra curricular activities. They work cooperatively with those who accompany them. However, their social interaction with hearing peers was revealed as situation of non- international.

In general, considering the social interaction in the school setting, there appeared commonalities amongst all of the cases as having good interaction with classmates, deaf peers, and their teachers but no discernible interaction with hearing persons. Such good interaction appeared to emerge since the preferred mode of communication of the cases was considered and recognized in the school unlike in the home settings.

3.3.1.2.3. Social Perception / Psychological Reaction

As per the respondents' perspective, the attitudes of the deaf child towards the family members, persons 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's attitude towards the parents and siblings depicted that 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. And, such temperamental and automatic aversion to family members brought negative feelings on the part of the other dyad.

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, overprotectiveness, parents' reluctance to grant independence appeared to affect the child's behavior and made the child remain in non-interactive circumstances.

At Home, KIF 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 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*'. And then develop negative perception of the hearing.

AML'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 the hearing. On the other hand, she had positive evaluation of the school as well as the home being accepted.

Behavioral problems as reported to LEM, '*suggestibility*', and '*impulsivity*' at home, '*withdrawn*' (uncommunicative) and '*impulsivity*' in the school, but on the contrary, she also described her feelings to be with hearing neighbour. This situation seemed to reveal '*mixed (ambivalent)*' feelings. As in the cases of 'LEM' the presence of other disabled person in the family which had caused a type of family crises in that the mother and her siblings could not gave her

necessary help seemed to cause 'anxiety' in the family in general and in 'LEM' in particular seemed to show meager of her life.

At Home, TAE 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, ESL 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.

LUU stated that his behavioral problems when at home are related to the occurrence of miscommunication feelings of *suggestibility*, *worry*, and *inferiority* were revealed. Furthermore, out of home, his behavioral problems were noted as *worry* to as being underestimated by the hearing. And 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 KIF, LUU, AML and TAE 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, rejected.

However, the cases of LEM and ESL reported that their social interaction and perception were not restricted by their communication mode. Thus, both of the cases for the study revealed that they liked being with hearing persons and they reported that they had positive attitude towards the hearing. Nevertheless, there seemed to exist mixed feelings towards both the hearing and the deaf. On the other hand, LEM disclosed that she became annoyed when hearing peers shows a sign of the word 'deaf'. Moreover, she was observed to have been with her deaf classmates as well as her intimacy was with deaf friend. Regarding the social status of LEM and ESL, they seemed to realize that they have ambivalent feelings.

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 cannot 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 'ESL' 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.

Highly demanding classroom tasks appeared to affect the feelings of the child as reported to the cases of KIF and ESL provided with stress. While in the school, the case of LEM depicted that when she was mishandled or inappropriately approached the situation instigated her to take a sudden action that seemed immature response – 'leaving the class with violently out burst opening the door' – an impulsive action. Feelings depicted by the case of TAE with his inner tension that some teachers consider the deaf as "lazy" and consequently developed hatred and dislike the teachers.

Furthermore, as in the case of TAE in classroom and extracurricular activities, restricting himself to integrate his experiences and abilities in meaningful way. According to the respondents' perspective the cases appeared to tend to associate highly with deaf peers distinguishing one as having an identity different from others.

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.

CHAPTER IV

4. Findings and Discussion

As stated in the previous chapter, the main objective of the study was to describe and analyze the social situation of the deaf in the school setting and at home.

Thus, based on the narrative analysis strategy the analysis of the data was presented by: individual-case analysis and cross-case analysis. First, each case was treated as a comprehensive study in and of itself; second, in the cross-case analysis, the researcher attempted to develop a general description that suited for each of the individual case.

Hence, the researcher disclosed the situation of the deaf child when involved in social interaction and their insights and interpretations of situations in the settings. The challenges to the deaf child for socializing himself/ herself with others comprise two basic components: Communicative competence and social competence. It is worthwhile considering the factors to effect the social emotional and personality situation of the deaf adolescents in those different settings.

4.1. Opportunities and Challenges for social interaction at Home

The findings disclosed that opportunity for socialization was limited because of the occurrence of miscommunication thereby misunderstanding as a consequence of it in both prelingual and postlingual deaf. Particularly, the responses for verbal expressions from the hearing happened to be a challenge for those postlingual deaf children: the decreased role-taking opportunity was unanimous, even though these children had varied intellectual skills.

KIF, for instance described himself his inability to understand, lack of empathy with subtlety of the situations. KIF describes the situation at home:

I do try to communicate with my parents and siblings by verbal expression because they can hear me; but I don't understand their speech, ... when my family talks with each other, but if I fail to understand them I became irritated.

LUU – described his lessened opportunity to receive interpretations as:

...There are events when I became offended. This happened when I was not involved in some family discussions. When they excluded and refused to tell me as well as they (the family) didn't allow one to know the matter.

Considering such a challenge, Hallahan & Kauffman(1991) point out that how the family climate is critical:

When there is only one deaf child among the family of hearing persons, it often happens that the deaf child is excluded from the affairs of the family. It is tedious for a hearing member of the family to explain things to the deaf child, and it is easy to leave the child out of family discussion and decision-making. Meanwhile, hearing children not only hear, they overhear much of what goes on in the home, even the fights that their parents have and their telephone conversation with personal and business associates. The deaf child does not benefit from this informal education about the affairs of living, and such an experiential deficit can have long lasting effects on the child's social adjustment and development of social competence (p.276)

Moore (1996) pointed that the presence of a deaf child in a family can be a traumatic, emotional draining experience. Communication with the deaf child is often minimal and normal two- way communication between parent and child may not exist. In such a situation, Moore further elaborated, a deaf child, reacting to a lack of effective communication and to other negative aspects of environment may develop pattern of behavior that are classified as immature, 'hyper kinetic', 'autistic', 'egocentric' and so on. However, to attribute this behavior to deafness per se is to miss the point entirely. It is more appropriately attributed to unsatisfactory environmental conditions that develop because the child's parents were not

helped to adjust to the fact of deafness and therefore did not provide the child with sufficient environmental support to develop to his or her full potential.

On the other hand, the findings of the study also revealed that the deaf child is provided with the opportunity to interact, communicate and to perform household chores. Thus,

AML indicates the situation in such a way:

At home, I do interact, work, participate, and communicate with every body in the family. When my parents and siblings communicate orally, I follow their mouth, and their lip movement. And, I understand and respond to them well. ...I do understand my siblings' written message. The school sign is difficult for my parents to grasp it at home. My mother provides me some home tasks that I can perform. My parents are old; I properly perform the tasks that are difficult for their age. I am not given separate task (work) related to my deaf ness.

LUU's response is stated as follows:

I do interact with my family members – parents and siblings; I discuss with them openly. My family use gesture to communicate with me. My mother understands my speech better. Along with gesturing, my father and siblings use hand written, I prefer to use sign language, lip reading and finger spelling.

At home, my mother is helpful for me. I do perform tasks when I am told to do. I work with my siblings together. There is no any specific task for me.

According to Kundu & Tutoo (1998), the family being a primary group; promotes intimate face-to-face association and interaction, which is more educational than any other personal interaction. It satisfied most of the needs of the child and provides emotional experiences, which stimulate or retard the activities of the child. Kundu & Tutoo further elaborated that the main lines of the personality pattern of the child are formed in the family. What is important to the personality development of the child is the type of home life, which is lately determined by parents. Hence, a good home produces a well-adjusted personality in the child:

However, when the two-way communication between the child and the family members as well as the persons in the community did not take place and when the child failed to understand the event, the child exhibits negative emotions such as anger, which had a strong impact both on the social relationship and on the child's experience.

The negative parental attitude; attitude not favoring independence of the child such as less permissiveness, protectiveness or negative maternal attitude need to be recognized in affecting the social interaction of the deaf. The decreased role-taking ability of the children was a unanimous in developing social interaction particularly at home setting. Such situation is mainly connected with the occurrence of miscommunication thereby misunderstanding the deaf child's inability to perceive and interpret the actions and reactions of the hearing particularly with the mothers.

4.2. Opportunities and Challenges for social interaction – in the School

The findings of the study revealed that the opportunity for socialization was limited due to certain instances related to teaching- learning process that some teachers underestimate the deaf and touch the child's intrinsic nature, there by discouraging the child and blocking the interaction between the teacher and learner (deaf). As ESL, highly demanding classroom tasks appeared to affect the feelings of the child.

ESL states:

... Some teachers neither accept our opinion, nor provide exact response to the deaf child's misunderstanding. And, sometimes when deaf students ask unrelated questions the teachers tend to ignore instead of correcting the mistakes and give the right answer.

This may not be possible to happen when the abilities as well as the needs of the child are not given due attention. In fact, the learning environment on how the teacher makes it conducive to the success of the teaching learning process can cause behavioral problems.

As Charrow (1981) points out, it is not the inability to hear that cause the most persistent problem of prelingually deaf persons, but the enormous constraints that inability puts on the learning and use of societal language.

As Gearheart et al. (1991) indicated, numerous studies have examined the influence of teacher-student interactions, however, and these studies have established the teachers' expectations do have the potential to impede or facilitate student's achievement and social behavior. Students who are viewed negatively by their teachers and others tend to behave inappropriately which promote negative self-evaluations and further negative evaluations by others. There is further evidence that poor self-concepts may actually attempt to avoid academic situation in addition to behaving, negative self-concept and the negative teacher expectation (McCandles, 1973: cited in Gearheart et al. 1991).

Indicating the research results that the school's possible contribution to emotional disturbance, Kauffman (cited in Garwood, 1983) noted that the demand from school administrators and teachers to rules and routines might be unnecessarily squelching children's individuality. Teachers may hold inappropriate expectations for children, or may be inconsistent in managing their behavior. Moreover, what is taught may have no real meaning or relevance for the children's lives.

Nevertheless, the situation may not be explained on the part of the School Head Teacher or the School Teacher but also in relation to the child. Hence, Tirusew (1998) points out, study evidences that deaf adolescents who were considered to be disruptive in the classroom found

that the most important related factor was reading ability, that is students who were poorer readers were more likely to exhibit problem behaviors in school.

On the other hand, the findings disclosed the opportunity for socialization the deaf had good social interaction not inflicted by communicative modes. Their social interaction is among themselves. The child had sense of belongingness to the schools. In general, the findings revealed the deaf had wide opportunity for social interaction in the school.

LUU states:

In the school, I have good interaction with my deaf classmates, and deaf school peers. I discuss with my classmates. I share their problem. I have good relationship with everybody in the school, since we have the same sign language. Sign language is easily understandable and I prefer sign language to lip-reading and finger spelling. I do participate in extracurricular activities. I like it when I am with deaf. There is common understanding and cooperation among those deaf and this makes me very pleased.

TAE states:

When I am in the school, I communicate and interact with my deaf classmates, deaf peers, and teachers I also have good feeling to be with them.

LEM also states:

When I am available in the school, I feel that everybody (deaf classmates and teachers) can understand me. And, I feel the school is favorable place for me. I acquire knowledge and I improve my life.

Haring et al. (1994) pointed out that schools are inherently social settings. The two important skills, which are relevant in schools, are communication skills and social skills. These skills are important skills, are needed in all settings and are valued by families, professionals and peers. In line with this, Haring et al (1994) indicated that school skills are those abilities related to functioning in schools such as interacting with peers, working in groups, participating in regular routines, communicating, complying with schedules and adult requests

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.

4.3. Delayed in Social Competence via withhold opportunity

Social and personality development in the general depends heavily on communication (Hallahan, and Kauffman 1988). When a deaf child develops behavior depends on how well those in the child environment accept the disability.... Furthermore the quality of the child's environment determines by and large the nature of the child's behavior. Particularly parents' acceptance or rejection largely determines whether the child will show behavioral problems or not: Thus, withholding appropriate opportunity for the child to interact with persons out of home was restricted or experienced by parents and reluctance to give neighborhood independence.

For instance, LEM states the situation as:

... My family refused to go out and prohibited me to work outside of our home even the simpler tasks of which I can earn our living.

TAE states:

My parents do not allow me to be involved in any activity of domestic tasks, and they do not even allow me to shopping: to perform other tasks out of home. They said you are deaf you can neither receive nor transmit message to others (hearing) appropriately.

ESL also describes as:

I am always involved in routine household task... I am provided with fatiguing work.... I am not allowed to be out of home. I am always helping my mother. Often out of school hours.... Because of this (ESL

further elaborated) I do not participate in extracurricular activities of the school.

This clearly shows that parents tend to misunderstand and underestimate the potentials of their children. Such practices will have a lot of adverse in the personality development of the child. Withhold opportunity for functional involvement seemed to hamper the social interaction of the deaf child. It was found that the deaf child's ability to function adequately, and to interact properly in a manner appropriate to the settings, that the deaf children did not take part in household tasks, and most of the female are involved in activities of domestic tasks, even though the degree of the workload varied among the different family environment.

Bench (1992) reported that the results of an explanatory investigation showed a clear association between the child behavior and parental indulgence, protection, discipline, and the child's level of language and communication at the onset of hearing loss. The result is seen as indicating that, although the hearing parents of deaf children wish to do their best by them, most parents have problems in coping with their hearing impaired child, and may contribute to maladjusted behavior.

4.4. Perception towards persons in their setting

4.4.1. Home

The results of the study depicted that the deaf had positive feelings and inclinations, such as affectionate, contentment, and complaisant... So, most of the cases respond that parent and siblings of the deaf child showed concerns and accepted the child as a part of the family, and the deaf child perceived the situation as positive pattern of social interaction.

Thus AML, states.

My family worries about my deafness, but they do not isolate me whenever I am with my family (parents and siblings) I do not think about my deafness.... I don't have any negative feeling about my parents and siblings.

AML's mother emphasized in such a way after describing her previous behavior,

... AML's pleasure is mostly associated with making other family members get pleased.

LUU also states his perception:

I do interact with my family members. I like all my family members, (parents and siblings) – I know that my parents have bad feelings of my deafness, but they equally treat us (including his siblings).... At home, my mother is helpful for me... I work with my siblings together.

ESL states:

I perceive that my family worries about me (deafness) I like my parents and siblings. I feel that my parents accepted my deafness, when they interact with me I feel glad.

As Heward and Orlansky (1988) described, parent is the child's first teacher, who is always there, giving prompts, encouragement, praise and corrective feedback. In many respect no one ever knows as much about a child as a parent does; and no one holds as much vested interest in that child.

4.4.2. School

The findings disclosed, the deaf have positive perception to deaf peers, and they even ventured that their intimate friendship was with the self-same deaf. Further, the cases also had shown positive attitude towards teachers, those who teach and are competent to communicate them, as well as the school head teacher. On the other hand, the findings also disclosed the deaf child seemed to have negative attitude towards hearing school peers, others which cannot

communicate the deaf. The result of the study revealed that the school setting in general is accepting and supportive environment and the deaf tend to have positive interaction

As the School Head Teacher stated:

With regard to the social interaction of the deaf children, their intimacy, and cooperation among themselves seems good. When the deaf are together, they joke, chat, show their own drama and also narrate what they have watched from the television or video show and act in a way they observed ... within the school compound the deaf children interact with deaf classmates together... At school the deaf child shows happiness.

As Bench (1992) positive interaction with peers would increase the social acceptance of hearing impaired children by promoting the appropriate use of communication skills, such as greetings, invitations and acceptance, searching for the interest of others, and turn-taking.

Indeed such personality traits seem to occur when there is restriction in involving oneself with others. Although these characteristics are revealed in the deaf children, it would be essential not conclude these characteristic are peculiar of the deaf. A type of speculation on the characteristics of the deaf may bring wrong conclusion. Deaf children may prefer to be with children like themselves with whom they can feel socially acceptable and comfortable, and this does reveal because of their access to hearing is restricted by communication barrier.

On the other hand, the findings revealed that in the school setting there appeared commonalities among all of the cases as having positive interaction with deaf classmates and deaf peers; but their interaction with hearing peers revealed a non-interactive situation. In such instances the deaf lack school abilities. As Harrrg et al. (1994), the school skills are those abilities related to functioning in schools such as interacting—with peers, working in groups, participating in regular routines & communicating.

4.4.3 Local community

According to the case study reports, all of the cases tend to be comfortable when they are with deaf people. Nevertheless, the finding also reveals that the deaf children appeared to lack acceptance by the hearing, thereby develop negative feelings toward the hearing.

LUU explains the situation as:

I like to be alone, rather than to be with the hearing. Because most of the time the hearing do not recognize me, do not allow me to be involved with them, ... the hearing do not accept the deaf, they insult the deaf, they call the deaf 'Dudda' (meaning 'dumb' or 'mute').

KIF states the situation as follows:

I have not good feelings on some hearing persons some times; my hearing peers threw small stones towards me, from the back, in order to call my attention to communicate with them. But, I was adversely affected by their acts; I simply keep on walking with distress. I am afraid to take any measure. As they are many they can hurt me. And I simply bow for their acts.

Davis et al. (cited in Kirk et al. 1993) indicated that how the problems intensify in adolescents' 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's 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 adolescent often stem (p.323).

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. As Moores

(1996) stated, a deaf child reacting to a lack of effective communication and to other negative aspects of the environment may develop patterns of behavior.

Meadow (1980) pointed out, various authors suggest that the decreased abilities of the deaf children may well be related to their lessened opportunities to receive interpretations and verbal explanation of the emotions of others. The effects of the child's inability to understand or to empathize with the subtle of a situation influence the responses that significant others have to him. Meadow, further stated, appropriate and satisfying social interaction is based on at least to some degree on the ability of an individual to take the role of the others.

Thus, it seemed that it is more appropriate to consider that unsatisfactory environmental conditions affects the deaf and have the child negative feelings of others surrounding him that is because of the child's environment didn't help to adjust to the facts of deafness and therefore did not provide the child with sufficient environmental support to develop to his or her full potential.

4.5 General Personality Characteristics

The finding depicted the personality trait are related to social immaturity response with feelings of easily irritability, suggestibility, and impulsivity. Because of the difficulties in forming interpersonal relationship and inability to integrate experiences in a meaningful way were characterized by social isolation. And further, their inclination toward the same deaf persons was revealed.

The finding further revealed that the deaf children have negative self-concept. The deaf seemed to perceive themselves different from hearing, and have negative evaluation of

themselves, as they are unable to have full interaction. As a result, they feel inferior, loneliness, frustration, not accepted by hearing people including hearing peers, low self-esteem when the deaf imagine that the hearing persons consider them as poor, weak or lazy.

Pope, et al. (1988) pointed out, for children, a healthy self-esteem has been seen especially valuable, since it serves as the foundation for a child's perceptions of life experiences. The social- emotional competency derived from this positive self-appraisal can be a force that helps the child avoid future serious problems. Self-esteem is an important aspect of child's overall functioning

In the same vein, Traxson (in Peter et al. 1994) noted that if the disparity how persons view themselves (self-image) and how they would like to be (ideal- self) is too great, then, self-esteem is lowered along their motivation to change.... So as to ensure that as adults people foster and develop a more positive self-image in the children in their care, without challenging the essential individuality or goodness.

An in-depth study of personality characteristics of deaf girls aged 15 through 18 who were students from school for the deaf and had hearing parents conducted by Levine (cited in Meadow, 1980). All the deaf girls were without any severe behavioral problems and were not considered unusual. The study result revealed that few indications of anxiety, depression, or inner tension in their records the incidence of egocentric and immature responses (indicating such behavior as impulsiveness, easy irritability, and suggestibility) was very high. It was concluded that there was evidence of an impoverished capacity for inner creation, a meagerness of inner life, and an absence of the inner controls that should develop from it.

Indeed, the finding of study revealed that the deaf seemed to perceive themselves different from the hearing and negative evaluation of themselves as they are unable to have full interaction. At home, when the deaf do not have complete interaction in the family they consider themselves inferior to non-deaf siblings and parent thereby show loneliness. Further, lack of self-confidence related to their deafness, frustration and feelings of inadequacy considered as underestimated by the hearing peers and other persons in the neighborhood. In fact the deaf may develop feelings that the hearing do not accept them. They have hatred towards the hearing. These negative aspects of self-concept could appear to be in more pronounced way than that of their positive inclination towards siblings and hearing teachers.

However, in spite of consistence in findings of personality studies, it would be a mistake to conclude that there is a single “deaf personality type”. There is much diversity among deaf people, and it is related to education, communication, and experience (Meadow, 1980)

4.6 Parent-School-Relationship

The respondents revealed that it is difficult to say that the school as well as the parents had mutual interaction toward the psychological and social development of the deaf child. The study revealed that there was little or no interactive forum between school and home to promote the education or the overall situation of the deaf child. The key-informants, however, reported the importance of a productive parent- teachers interaction in providing the deaf child with increased opportunity for social and emotional adjustments. However, the scope of contact was confined and it was mostly three times a year i.e. during the opening of the academic year, the beginning of the second semester, and the closing of the academic year. Further, when sometimes students misbehave in the school or if they have any problem, parents are called to discuss about the matter. And, in an instance when the school had

workshop parents were invited to get involved and participate, such as, in sign language vocabulary construction and terminology development workshop.

As Gearheart et al. (1992), for students who have special needs, effective communication with parents such as; regular, scheduled and /or emergency conferences, regular reports of pupil's progress, phone calls require some what more attention than does communication for other students. In the same vein, Hallahan and Kauffman (1988) stated that teacher's communication with parents or guardians must be consulted during the evaluation of their child's eligibility for special education, formulation of the individual education plan, and reassessment of any special program that may be designed for the child. Teachers must contribute to the schools' communication with parents about their child's problems, placement and progress.

As Heward and Orlansky (1988) indicated that regular two- way communication with parents is the foundation of an efficient parent teacher relationship. Without open, honest communication between teacher and parent, many of the positive outcomes cannot be achieved. And the three most used methods of communication between teacher and parents are: conferences, written messages, and the telephone. Furthermore, Heward and Orlansky noted that of most importance, a productive parent-teacher partnership provides the child with greater consistency in the child's most important environment, increased opportunities for learning and growth, and access to expand resources and services.

At carefully planned conferences parents and teachers can review a child's work, evaluate current programs, and determine strategies for new programs.

CHAPTER V

5. Summary, Conclusion and Recommendations

5.1. Summary

The study mainly deals with the social opportunities and challenges of the deaf children in the selected school for the deaf. The qualitative research was used to conduct the study. Six deaf children three of each sex were purposefully selected for the study from a group of 15 students that cover 40 percent of the sample population. Key- informants that comprised of the mothers of the cases in the study, and the Home Room Teacher, Unit Leader (who was also formerly a Home room Teacher for the past four years), and the School director (in informal discussion) were also involved as they have the knowledge and are more informative about the phenomena that the researcher was studying. Interview schedule and passive participant observation were employed as data collection tools. Further some documents and records were taken as sources of data.

Prior to data collection rapport was made with the School Head Teacher and the cases for the study as well as the key informants. The data analysis was done in two stages: individual-case analysis and cross-case analysis. In the descriptive narrative analysis for the vignettes and quotes were presented in a particular description and other explanation as a general description along with interpretive commentary of the respondents' perspective.

The main findings of the study revealed that there seemed limited opportunities as well as challenges for social interaction – at home setting; delay in social competency, positive and negative dispositions towards persons in the family in the school setting, negative attitudes towards hearing people in the locality. Negative self-concepts were more pronounced and

immature social responses: feelings of egocentricity easily irritability, impulsiveness, suggestibility. And, loose parent-school-interaction was revealed.

5.2 Conclusion

The case study focuses on the social situation of the deaf and mainly depends on the complexity and interrelationship of events and purpose of the study. The actual statements of the cases interviewed and observed represented their opportunities and challenges to social situation. Indeed, the individual-case analysis helped identify the recurring themes: communication mode and communicative competence, social interaction, social perception, and behavioral problems and the themes were synthesized across cases.

The study revealed that the most recurring themes in the interview were failure to have full communication opportunity and a dread of hearing persons that is associated with the deaf child's own suspicious experiences in general, and embarrassing acts of the hearing in particular. Dread, fear and anxiety were all the emotional states that also hampered the social interaction of the deaf child.

For the successful communicative competence in both expressive and receptive communication, the choice of common mode of communication is of vital importance i.e. the effective two-way communication in reducing the uncertainty that leading to misbehaving should be concerned. In fact, the responses of the deaf child to verbal explanations of the emotions of the hearing appeared to cause confusion, thereby inability to understand the situation.

The overall situation, the communicative difficulty, withhold opportunity to functional involvement, perception and behavioral patterns resulted the deaf children in more challenges of the deaf to social situation. Because of 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.

So, to help the deaf child develops 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. The deaf child's independence and self- reliance should be fulfilled with the child's ability to communicate and interact with others in his/her surroundings.

5.3. Recommendation

Since the purpose of the study was to investigate the social situation of deaf children at home and in the school setting, attempt, was made to find answers for the basic research questions raised in the earlier chapter. In fact, in a review of the findings of the study, relevant points emerge as factors influencing the social situation of the deaf in the settings – at home, school and local community.

In order to overcome the social challenges as well as to enhance the opportunities of the deaf children, the intervention would require an extensive input in the home, child, school, and the local community. Although the interventions concentrate on the deaf child, it requires the support of each other areas. Thus, the writer needs to put his recommendations focusing on each entity as follows:

Home

The home, in most instances, is characterized by family concord which the family being a primary group, happiness vis- a- vis the affectional relations among the family members including the person with disability, full of interest in the siblings and it is also likely to help the child/ children develop social adjustment and emotional stability. Thus:

- In order to make healthy progress in the social interaction of the deaf children, they ought to be given due regard and concern with sympathetic impressions of the parents & siblings and both regular education and special education teachers in the respective setting. The reason to develop positive attitude towards hearing persons, the non-supportive parental practices which are the roadblocks to the interaction of the deaf with hearing should be avoided and parents need to be more positive and permissive and help the children function independently and with self- reliance.
- So as to minimize behavior 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 contribute to the ability to behave in accordance with appropriate manners of family members, school peers and others in his/her surroundings.
- The parent-child interaction based on the parents' own misconception i.e. the practice of '*protectiveness*' impeding the child's effectiveness in interacting with persons out of home need to be cut off. So, the parents on their part need to avoid such practices that encourage dependency and urge to orientation and mastery of his/her surrounding.

- Further, parents need to arrange considerable time to adjust to school as well as play group that may encourage independence and greater participation in activity with others. Hence, adequate training that encourages the social interaction as well as independence the deaf children should be provided to parents.
- Problems encountered by the deaf child due to communicative deficits need to be recognized. The preferred mode of communication along with other communicative modes need to be encouraged and practiced using various communicative functions. And, avoid the use of only spoken language that caused frustration at home. So, in order to reduce the problem, it would be of paramount importance that parents ought to be given *Sign Language* training.
- Parents need to be provided with emotional support, via supportive counseling services to reduce their anguish thereby, to understand their reactions and those of others around them in order to help the deaf child develop positive attitude towards the parents and others in the surrounding.
- Parents need to be aware of the abilities of the deaf. The deaf have the ability to learn, to help oneself, as well as to be self- supportive. Further, parents should consider the deaf as productive element of the larger community.
- Parents should receive counseling services in order for them understand the situation and to increase their thoughts and confidence about the ability of the child.
- Parents should be encouraged to support the child and the school, and to consider their responsibility about their deaf children.
- Parents should be involved in the home-school-relationship forwarding their experience and their expectations.

Child

- The deaf child should assist himself/ herself to develop a more positive self-concept and to a realistic view of his/her own strengths or weaknesses.
- The deaf child has to maintain feelings of adequacy as well as to develop stable social relationship with hearing peers as well as other individuals in the surrounding.
- The child has to openly discuss and/or communicate his/her feelings and thoughts.
- The child has to involve himself/ herself in counseling sessions in the school, home as well as in the local community.

School

School as a major arena of social experience exerts a great deal of influence on the course of the children's social development. So, the school is legitimate to scrutinize various relevant schooling arrangements in terms of how well the children promote social and emotional development.

- The teaching-learning process that cause frustration and confusion on the deaf child and lead to hamper the teacher-child interaction, there by creating an environment where the deaf child remains with full of tension an stress need to be avoided. Thus, creating friendly- oriented environment so as the deaf child can optimally utilize his/her potential as well as the teacher can optimally operate and utilize the resources adequately. Thus, the school ought to be and create conducive teaching-learning environment.
- 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.

- The school also needs to recognize the role parents could play in the psychological and social adjustment of the child having the right perspective that parents can effectively assist the school through parent involvement.
- Teachers need to play the role expected to bring attitudinal change avoiding wrong dispositions of the deaf.
- Creating play opportunity for the deaf children for social development since they learn to share everything with playmates, and join play groups.

Local Community

The local community for it is the main responsible agent to foster acceptance and participation of the deaf; it needs to be committed to meeting the social needs. It is also considered to be a key source in this endeavor. Thus the local community needs to:

- Accept and recognize the ability of the deaf children so as to fully participate in the surrounding locality as well as to enhance the future betterment of the deaf.
- Provide equal opportunity and full social integration of the deaf children in their locality via changing the negative attitude towards disability in general and to the deaf in particular.
- Encourage the deaf children's peer social interaction that offers them feelings of involvement and importance in the local community social activities.
- Consider that the family members could be resources to deal with the situation and people in the local community for the betterment of the deaf and help families of the deaf as well as the deaf to participate in the process.

Home - School – Relationship

A productive as well as supportive parent-teacher interaction can contribute to the healthy development of the child. In fact, the attitude and behavior of the teachers and also the parents may also contribute to either positive or negative interaction. It would be worth mentioning, that parent is viewed with the developmental aspects of the child, including responsibility for helping the child.

Indeed, parents and teachers are significant adults who can exert positive feelings and thoughts about others and influence the ability of the deaf child to keep on using appropriate skills. Since the deaf child is often available in both the settings (Home and School), it is of paramount importance for both the parents and teachers to develop intervention strategies to work together for the betterment of the deaf child. Thus:

- The parents and teachers of deaf children work to develop parent involvement and to provide a wide range of supportive services for the families of the deaf children.
- A successful parent- teacher partnership provides benefit for the school, the parents and most important for the child. So to work with parents effectively, teachers must understand the responsibilities and challenges faced by parents of the deaf children.
- Both parents and teachers might have a thorough understanding of the deaf child's needs, abilities, and levels of performance.
- Recognize the deaf child in a positive manner on how she/ he can show required progress as well as praise the positive aspects of the deaf child's performance.

References

- Adam, A., Fortier, P., Schiel, G., Smith, M., & Soland, C. (1990). Listening to Learn. (CD-ROM). Educating Children Who Are Deaf or Hard of Hearing: Auditory – Oral. ERIC Digest # E551
- Alemayehu Teklemariam (2000) Sign Language: Basic Concepts and its structure. Educational Journal. 4,10,47-70. Ministry of Education: Addis Ababa.
- Atkinson, R.L., Atkinson, R.G., Smith, E.E., & Hilgard, E.R. (1987). Introduction to Psychology (9th ed). Orlando, Florida: Harcourt Brace Jouanovich Publishers .
- Baker, S. (1994). A resource manual of deafness. (CD-ROM). Educating Children Who Are Deaf or Hard of Hearing: Total Communication. ERIC Digest # 559.
- Batshaw, M.L., & Perret, Y.M. (1992) Children with Disabilities: A Medical Primer. Baltimore: Paul. H. Brookes Publishing Company.
- Bench, R.J. (1992). Communication Skills in Hearing Impaired Children. London: Whurr Publications.
- Bergman, B. (1994). Signed Languages. In Inger Ahlgren (ed). Bilingualism in Deaf Education: International Studies on Sign Language and Communication of the Deaf. Vol. 27.p.16. Hamburg: Signum – Verl.
- Bogdan, R.C., & Biklen, S.K. (1998) Qualitative Research for Education: An Introduction to Theory and Methods (3rd ed). Boston: Allyn and Bacon
- Central Statistics Authority (CSA) (1998). The 1994 Population and Housing Census of Ethiopia . Statistical Report V.1. Addis Ababa: Ethiopia.
- Chalfant, H.P., & Labeff .E. (1988). Understanding People and Social Life: Introduction to Psychology. New York: West Publishing Company.
- Chazan, M., & Laing, A. (1985). Children with Special Needs: The Early Years. England: Open University, Milton Keynes.

- Charrow, V.R. (1981). The written English of Deaf adolescents. (CD-ROM). ESL Literacy for a Linguistic Minority: The Deaf Experience. ERIC Digest.
- Chazan, M., & Laing, A. (1985). *Children with Special Needs: The Early Years.* England: Open University, Milton Keynes.
- Chiswanda, M.V.(1997) Hearing Mothers and Their Deaf Children in Zimbabwe: Mediating Learning Experiences Dissertation submitted to the degree of dr. scient .in Special Education. University of Oslo (unpublished)
- Cornett, R.D., & Daisey, M. (1992). The Cued Speech resource book for parents of deaf children (CD-ROM): Educating Children Who are Deaf or Hard of Hearing . Cued Speech. ERIC Digest # E555.
- Davis, D. (1989). Otitis Media: Coping with the effects in the classroom. (CD-ROM). Educating Children who are Deaf or Hard of Hearing: Overview. ERIC Digest # E 545.
- Dembo, M.H. (1994). *Applying Educational Psychology (5th ed).* New York: Longman Publishing Company.
- Dodd, B., & Campbell, R. (1987). *Hearing by eye.* London: The Psychology of Lip-reading Lawrence Erlbaum Associates Publishers.
- Easterbrooks, S., & Baker – Hawkins, S. (Eds). (1994). Deaf and hard of hearing students educational services guidelines (CD-ROM): Educating Children Who Are Deaf or Hard of Hearing: Overview. ERIC Digest # E 549
- Ethiopian Federation of Persons with Disabilities (EFPD) (2000). Bright Hope: A Bilingual Bulletin published by the EFPD. NO. 3, Addis Ababa: Commercial Printing Enterprise.
- Garwood, S.G. (1983) *Educating Young Handicapped Children: A Developmental Approach (2nd ed).* London: An Aspen Publication.

- Gearheart, B.R., Weishahn, M.W. & Gearheart, C.J. (1991). *The Exceptional Student In the Regular Classroom* (5th ed). New York: Merrill an imprint of Publishing Company.
- Geers, A., & Moog, J. (1984). Factors predictive of the development of literacy in profounding hearing – impaired adolescents (CD-ROM): Educating Children Who Are Deaf or Hard of Hearing: Auditory – Oral. ERIC Digest # 551.
- Good, T.L., & Brophy, J. (1995). *Contemporary Educational Psychology* (5th ed). New York: Longman Publishers.
- Hallalhan, P.D. & Kauffman, J.M. (1988). *Exceptional Children: Introduction to Special Education* (4th ed). New Jersey : Prentise Hall, Engwood cliff.
- Hallalhan, P.D., & Kauffman, J.M. (1991). *Exceptional Children: Introduction to Special Education* (5th ed). New Jersey: Prentise Hall, Engwood cliff.
- Harring. N.G., Mc. Cormic,. L., & Haring, T.G. (1994). *Exceptional Children and Youth* (6th ed): *An Introduction to Special Education*. New York: Merrill, an Imprint Macmillan Publishing Company.
- Hegarty ,S. (1993). *Meeting Special Needs in Ordinary Schools* (2nd ed). London: Cassel Educational Ltd.
- Heward, W.L., and Orlansky, M.D. (1988). *Exceptional Children: An Introductory Survey of Special Education* (3rd ed). Columbus: Merrill Publishing Company.
- _____ (1997) **አጀማምራ ህይወት ታሪክ ፍሉይ ቀዳማዊ ብርኪ ቤት ትምህርቲ**
(Historical overview of The foundation of Special School for the Deaf). Leaflets Consisting documentary information about the school for the deaf. (unpublished)
- Johnson, R., Liddell, S., & Erting, C. (1989). Unlocking the curriculum: Principles for achieving access in deaf education. (CD-ROM) Educating Children Who Are Deaf or Hard of Hearing: Bilingual – Bicultural Education. ERIC Digest # 553.

- Joutselainen, M. (1993). Deaf people in developing world. In Mittler Petter (eds): Special Needs Education. World Year Book of Education 1993: 77.
- Kaplan, P. (1996). Pathways for exceptional Children. (CD-ROM). Educating Children Who are Deaf or Hard of Hearing: Total Communication. ERIC Digest # 559.
- Kirk, A.S., and Gallagher, J.J. (1989). Educating Exceptional Children (6th ed). Boston: Houghton Mifflin Company.
- Kirk, A.S., and Gallagher, J.J. (1993). Educating Exceptional Children (7th ed). Boston: Houghton Mifflin Company.
- Kundu, C.C., & Tutoo, D.N. (1998). Educational Psychology. Sterling Publishers Private Limited: New Delhi.
- Lynas, W. (1994). Communication Options in the Education of Deaf Children. London: Whurr Publications.
- Mammo Mengesha (2000), Special Needs Education: Emerging in Ethiopia. In S. Hannu (eds). Meeting Special and Diverse Educational Needs: Making Inclusive Education a Reality. Helsinki: Nilo Maki Institute.
- McAnally, P.L., Rose, S., & Quigley, S.P. (1987). Language learning practices with deaf children. (CD-ROM). ESL Literacy for a Linguistic Minority: The Deaf Experience. ERIC Digest.
- McMillan, J.H., & Schumacher, S. (1993). Research in Education: A Conceptual Introduction (3rd ed). New York: Harper Collins College Publishers.
- Merriam, S.B. (1998). Qualitative Research and Case Study Applications: Revised and Expanded from Case Study Research in Education . California: Jossey- Bass Publishers.
- Mertens, D.M. & Mc Laughlin, J.A. (1995). Research Methods in Special Education: Applied Social Research Methods Series V. 37. California: Sage Publications Inc.

- Mwiria, K., & Wamahiu, S.P. (1995). *Issues in Educational Research in Africa*. East African Educational Publishers: Nairobi.
- Moores, D.F. (1996). *Educating the deaf. Psychology, principles and practices* (4th ed). Boston: Houghton Mifflin.
- Okombo, O. (1994). Kenyan Sign Language: Some Attitudinal and Cognitive Issues in the Evaluation of Language Community. In Inger Ahlgren (ed.). *Bilingual in Deaf Education. (International Studies on Sign Language and Communication of the Deaf Vol. 27): 38*. Hamburg: Signum – Verl
- Pope, W.A., Mckal, S.M., & Crdighead, W.E. (1988) *Self- Esteem enhancement with children and adolescents: Psychological Guide book*.USA. Pergamon Press Inc.
- Santrock, J.B. (1997). *Psychology* (5th ed). A Times Mirror Company Higher education group. USA: Brown and Benchmark Publishers.
- Schultz, J.B., Carpenter, C.D, and Turnbull, A.P. (1991). *Mainstreaming Exceptional Students: A guide for classroom teachers* (3rd ed). Boston Allyn and Backon.
- Sinkkonen,J.(1994). *Hearing Impairment, Communication and Personality Development*. Helsinki: Department of Child Psychiatry University of Helsinki.
- Solit, G., Taylor, M., & Bednarczyk, A. (1992). Access for all (CD-ROM). Education Children Who Are Deaf or Hard of Hearing: Total Communication. ERIC Digest # 559.
- Tibebu Bogale (1990). Communication Methods Used At Home and in School to the Hearing In Ethiopia.Thesis for Master’s Education Degree in Special Education. Finland: University of Jyvaskyla. (Unpublished).
- Tirusew Teferra (1998). Psychosocial and Learning Aspects of Disability and Intervention Strategies. Department of Educational Psychology: Addis Ababa University. (Unpublished)

- Tirusew T., Savolainen, H., Agedew, R., & Daniel, D. (1995). Baseline Survey on Disabilities in Ethiopia: Institute of Educational Research. Addis Ababa University.
- Traxson, D. (1994). Helping Children to become more self- directing in their behavior. In Peter Gary (eds). Challenging behavior in schools: teacher support, practical techniques, and policy development pp. 224-225. New York: Routledge.
- Vergason, G.A. (1990). Dictionary of Special Education and Rehabilitation (3rd ed). Colorado: Love Publishing Company.
- Veron. , M, & Andrew, J. (1990). Psychology of Deafness. (CD-ROM). Educating Children Who Are Deaf or Hard of Hearing : Total Communication. ERIC Digest # 559.
- Wandel, J, (1989). Uses of internal speech in reading by hearing an hearing impaired students in oral, total communication, and cued speech programs. (CD-ROM). Educating Children Who Are Deaf or Hard of Hearing: Cued Speech. ERIC Digest # E 555.
- Webster, A., & Wood,D. (1988). Special Needs in Ordinary Schools: Children with hearing difficulties. London: Cassell Educational Limited.
- Wilcox, S. (1989) American Deaf Culture. (CD-ROM). Educating Children Who Are Deaf or Hard of Hearing: Total Communication. ERIC Digest # 559.
- World Federation of the Deaf (WFD) (1993). News Magazine of World Federation of the Deaf. 3-4 / 1993. Finland: Miktor, Helsinki.
- World Federation of the Deaf (WFD) (1996). News Magazine of World Federation of the Deaf. 1 / 1996. Finland: Miktor, Helsinki.

Table 1. Summary of Communication Mode and Social Interaction of the Six Cases

Case	Sex	Age of On Set	Communication Mode			Social Interaction		
			Home	School	Locality	Home	School	Locality
KIF	M	Postlingual	-Gesturing -Oral (spoken language) * Expressive but not receptive in oral.	-Sign language *More preferred -Oral spoken language Finger spelling *Reduced use of Verbal expression	-No discernible communication and interaction.	-More interaction with siblings -Not allowed to be involved in house hold tasks -Fail to understand others thereby miscommunication	-More interaction with deaf peers and teachers of the deaf -Participates in class room tasks and extracurricular activities -Lacks interaction with hearing peers	-
AML	F	Postlingual	-Gesturing -Oral (verbal expression) *Lip- reading & Spoken language are prioritized.	-Sign language -Oral (spoken language) -Finger spelling *More returned sing language and finger spelling.	-Verbal expression (in some occasion)	-Interaction and more concord with siblings -Often involved in routine house hold talks -Miscommunication -Not allowed to go out of home	-Social contact with class mates, deaf school peers and teachers of the deaf -Participate and perform class room tasks and extracurricular activities -No clear interaction with hearing peers	-
LEM	F	Prelingual	-Gesturing (pantomime) -Lip- reading	-Sign language and -Lip-reading *More on sign language	-	-Interaction with both the mother and siblings -Perform household tasks -Prohibited not to work outside home	-Interaction with teachers of the, deaf class mates (not with all) -No initiative to take part in activities -No clear interaction with.	-
TAE	M	Postlingual	Oral (verbal expression) -Gesturing -Lip- reading	-Sign language * More preferred -Oral (spoken language)	-	-Little communication with siblings but not close to them. -Not involved in household tasks	-Intentional isolation -Reluctant to take part with others. -Interact only with deaf peers and deaf teachers	-Available with deaf friends

Table 1- Summary of Communication Mode and Social Interaction of the Six Cases

Case	Sex	Age of Onset	Communication Mode			Social Interaction		
			Home	School	Locality	Home	School	Locality
			-	-	-	-Reluctant to participate within the family -Forbidden to perform tasks out of home	- Interacts with some teachers of the deaf	-Dislikes to interact with hearing persons
ESL	F	Prelingual	-Gesturing -Lip-reading *Written language with siblings sometimes	-Sign language -Finger spelling -Lip-reading *More preferred mode is sign language	-	-Interaction with family members. -Involved in routine fatiguing household tasks -Often helps her mother out of school hours -Not allowed to go out of home -Concord with siblings	-Interaction with class mates, teachers and the head teacher -Participates in class room tasks only, but not in extracurricular activities -More social contact (intimacy) with the deaf friend. -Faced with problem in orally delivered lessons	-Interacts with kids and persons in the neighborhood (not regularly) -Need to communicate with hearing
LUU	M	Postlingual	-Gesturing -Oral expression -Written expression *More with father and siblings	-Sign language -Oral language -Finger spelling *Oral language frequently use with reading teachers-users intelligible speech		-Interacts with all family members -Performs talks at home when he is told -Work with siblings together -Prohibited to go out -Pass spare-time at home -Miscommunication occurs	-Interacts with class mates and teachers as well as deaf peers -Discuss with class mates -Participates in classroom talks and in extracurricular activities -More interaction with male teachers, shy with female teachers	-No full interaction with the hearing

Table 2- Summary of Social Opportunities and Challenges of the Six Cases

Case	Sex	Age of Onset	Opportunities			Challenges		
			Home	School	Locality	Home	School	Locality
KIF	M	Postlingual	<ul style="list-style-type: none"> -Concord with family members -Use of gesturing lip-reading and written message -Concern of the family 	<ul style="list-style-type: none"> -Choose and use among the modes of communication -Preferred mode is met -Interacts with deaf class mates and teachers -Gains teacher support & advice -Participate in tasks in the school 	<ul style="list-style-type: none"> -Pass leisure time with deaf peers 	<ul style="list-style-type: none"> -Lack mutual interaction there by fail to understand other -Parental overprotective practice -Sign language lacks recognition -Not involved in household tasks -Poverty 	<ul style="list-style-type: none"> -Lack of a two-way communication with hearing peers -Afraid to interact with hearing school peers -Problems related academic subjects 	<ul style="list-style-type: none"> -Unable to convey message to the right person
AML	F	Postlingual	<ul style="list-style-type: none"> -Interaction and concord with family members. -Able to interact and communication with family members. -Use of verbal expression -Acceptance in the family 	<ul style="list-style-type: none"> -Has contact with deaf school peers and teachers -Participate in every task -Access to use the modes of communication interchangeable and simultaneously 	<ul style="list-style-type: none"> -Use of verbal expression in some occasions -Written variant of the spoken language 	<ul style="list-style-type: none"> -Sign language was difficult to parents -Prohibition not to go out of home -Restricted social contact only with the family members. -Involved in routine house hold tasks 	<ul style="list-style-type: none"> -Problem to communicate with hearing teacher that can not sign -Lack of a two- way communication with hearing persons and peers. 	<ul style="list-style-type: none"> -Considered as poor and weak -Deny the ability to interact learn and participate
LEM	F	Prelingual	<ul style="list-style-type: none"> -Interacts and communicates with the family - Allowed to work at home -Acceptance and concern of the family 	<ul style="list-style-type: none"> -Acquires basic knowledge (lessons) -Able to cope with lip-reading -Receives advice from teacher 	<ul style="list-style-type: none"> -Treated by some neighborhood so as to communicate and interact (but not regularly) 	<ul style="list-style-type: none"> -Performs every household task. -Not allowed to go the neighborhood and work -Presence of other siblings with mental retardation -Poverty 	<ul style="list-style-type: none"> -Encountered with varied use of sign language dialect (mismatch between the two sign language) -No effective interaction with persons in the school -Difficulty in academic performances -Reluctance to participate in 	-

							school tasks	
--	--	--	--	--	--	--	--------------	--

Table 2- Summary of Social Opportunities and Challenges of the six Cases

Case	Sex	Age of Onset	Opportunities			Challenges		
			Home	School	Locality	Home	School	Locality
TAE	M	Postlingual	-Use of verbal expression, lip-reading and gesturing -Interaction with the siblings -Encouraged to keep on his education by the father	-Interact and communicate with deaf peers and deaf teachers -Use of varied mode of communication -Able to perform and to be involved in classroom tasks	-	-No common understanding -Prohibited from toner out of home -Reluctance to take part with in the family -Communication problem a one way situation and lacks adequate information	-Inclination toward use of sign language -Not willing to be involved in tasks -Intimacy only with his selfsame deaf peers & deaf teachers -Not cooperative -Not interact with some hearing teacher of the deaf	-
ESL	F	Prelingual	- Interact with family members -Use of gesturing lip-reading and written language -Acceptance by the family members	-Have common sign language -Interact with class mates and teachers -Gains advice and support from teachers and school head teacher -Being with the deaf friend	-	-Involved in fatiguing household tasks. -Not allowed to be out of her home in her spare time -Lack of mutual communication -Prohibited from the school extracurricular activities	-Unable to understand spoken language and remains with difficulty -Unable to participate in extracurricular activities -Problem related to teachers expectation	-Problems with those hearing who scold the deaf.
LUU	M	Postlingual	-Interact with family members. -Use of Oral language, gesturing and written language -Participate in house hold tasks -Acceptance	-Able to communicate with persons in the school (deaf peers, & teachers) -Use sign language oral, finger spelling and lip-reading -Opportunity to discuss with classmates -Participates in school tasks	-	-Not involved in some family discourse -Parents, feeling of his deaf ness (anxiety)	-Never interact with leering school peers -Feeling of share with female teachers.	-

Table 3- Summary of Behavioral Problems, and Social Perception

Case	Sex	Age of Onset	Behavioral Problems			Social Perception		
			Home	School	Locality	Home	School	Locality
KIF	M	Postlingual	-Irritation -Inferiority -Depression	-Frustration to be with hearing -Annoyance	-Social isolation -Easily irritated	- Acceptance by parents and siblings	-Negative evaluation of the hearing school peers	-Negative evaluation of the hearing
AML	F	Postlingual	-Anxiety -Worry (<i>the night time fear</i>)	-	- Worry -suggestibility	-Good impression on family members	-Accepted -Conducive environment	-Negative evaluation of the hearing
LEM	F	Prelingual	-Unhappiness -Impulsivity -Suggestibility	-With drawn (uncommunicative) -Impulsivity	-Angry (when teased by hearing)	-Has positive disposition	-Favorable setting Positive feelings	Ambivalent
TAE	M	Post lingual	-Annoyance -Reluctance	-Rigidity -Isolation -Worry -Annoyance about deafness	-Isolation (distancing from the hearing)	-More impression on the father and siblings	-Negative reaction to some teachers	-Negative attitude towards the hearing
ESL	F	Prelingual	-Distress due to lack of full interaction -Worry	-Worry -Inferiority	-Ambivalent feeling to both hearing and deaf	-Good feelings about the family	-Conducive environment and good feelings	Ambivalent
LUU	M	Postlingual	-Worry -Inferiority -Suggestibility	-Depression attach to deafness (in some occasions)	- Feelings of being underestimated	-Acceptance and concern	-Good and conducive environment	Negative evaluation of the hearing

CHECKLIST FOR INTERVIEW GUIDE THEMES

1. Personal Story

- Brief life story (Experience) of the respondents
- Reactions to the situation of ‘deafness’ at home and school.

2. Family /School Affairs

2.1. Family Affairs

Brief descriptions of the family situation.

- Members of immediate family; extended family members; other persons considered to part of the family (If any)
- The influence of religious beliefs on the family on the overall development of the child who is deaf.
- Family’s reaction to occurrence of the child’s disability (Accepting or not)
- Problems faced at home, and sources of the problems, and measures taken.
- The standard of living of the family to accommodate the deaf child.
- Parental involvement in education of deaf child.
- Strengths and/or weaknesses of persons in the family.

2.2 School Affairs

Brief description of the school.

- Historical Background of the school (Why, When, How, Where the school is established)
- Reputation of the school in the view of students, teachers, parents, and community.
- The school staff qualification and their endeavor to help deaf children.

- The nature of contact of the school with other similar special school(s) for the deaf, regular schools; Association(s) for the Deaf (If any)
- The school's sources of support to run the educational program.
- Challenges to the school to provide adequate service.

3. Socialization State

Nature of Social interaction of the child who is deaf.

- The social contacts of the deaf child with persons in the family, in the school, and neighbors.
- Social, and linguistic needs of the deaf and the opportunity for peer, sibling interactions.
- Communication needs of the deaf and his/her preferred mode of communication at home, and in the school.
- Aspects of communication and the child's preferred person to interact with at home, and in the school.

The ability of the deaf child to function adequately in his or her environment (at home, in the school).

- Tasks offered to the deaf child (at home, and school) that promotes development in proper functioning.
- A comprehensive grasp of the deaf child's speech and language toward the child's performance of the tasks.
- Taking the advantage of residual hearing. (If any)
- Concerns of persons in the family and in the school about the success of the deaf child.
- Involvement of the deaf child in different situations (at home, & school) and identified change of behaviour.

4. Social Perception

The actual tendency of the child who is deaf to respond toward the situations surrounding her/him (at home, and school).

- Perception of family member's interaction with the child who is deaf.
- The Child's impression of persons' (in the school, and home) feelings and thoughts about the child's disability and special needs.
- The child's previous experience (in the home, and school, neighbor) in assisting to realize her/his own behavior.
- The child's feeling of oneself (at home, and in the school)

5. Parent –School –Relationship

The importance of the productive parent-teacher partnership in providing the deaf child with increased opportunity for social & emotional adjustment.

- The nature and scope of contacts between parent and school
- The role each party (the family and the school) plays.
- Information provision about the behavior of the deaf child.
- Recognized benefits for the deaf child.

Observation Schedule Checklist

1. Physical environment of the school

- The school compound (fences/ walls)
- The feature of the buildings.
- Grounds around the school
- Play- grounds in the school (accessibility to everybody)

2. Classroom

- Location in the school
- Classroom (specious or crowd)
- Average class size
- Seating arrangement
- Student engagement in the same task.
- Students interacting with each other.
- Students interacting with the teacher

3. The child in the classroom activities show

- Reluctance
- Fearful
- Speaking problem
- Response to oral direction
- Inattentive

4. The child social interaction

- Physical contact
- Expressive type
- Interactive
- Non-interactive
- Negative interaction

