

**ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES.**

**Deafness and Parenthood: A Case of Five
Families in Addis Ababa**

By

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June, 2003

Deafness and Parenthood: A Case of Five Families in Addis Ababa.

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A Thesis Presented to the School of Graduate Studies of Addis Ababa University in Partial Fulfillment of the Requirement of the Degree of Master of Arts in Special Needs Education.

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Acronyms

AAU	-	Addis Ababa University
ENAD	-	Ethiopian National Association for the Deaf
ETV	-	Ethiopian Television
F	-	Female
M	-	Male
MOE	-	Ministry of Education
MOLSA	-	Ministry of Labor and Social Affairs
NGO'S	-	Non-governmental organizations
SES	-	Socio-Economic-Status
SL	-	Sign Language
WHO	-	World Health Organization-

Meanings of Some Important Words and Phrases

Gesture: Non-linguistic manual signals (Pointing, nodding, beckoning, etc)

Pantomimic: Imitating concrete visual objects

Donkoro/Duda: Local naming of Deaf people

Yeset/Yewend Edir, Mahiber: Communal self-help organizations or associations

Sign Language: Methods of communication with severely hearing impaired people using signs, which has its own grammatical structure.

Likift: Bewitchment by evil spirit.

Abstract

The deaf 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 them self supportive and full members of their respective environment.

The environment includes significant others in the deaf child's world, beginning with his/her immediate family, extending to peers, teachers and members of the various communities that impinge on his/her life. However, the focus of this study is the home environment, where the foundation for the deaf child's social, educational, etc development lies.

To study life in a family of deaf child is the main aim of this research. Based on the information obtained from five deaf children and their parents selected purposefully (the parents being the main informants), this study on deafness and parent hood of a deaf child was conducted.

For exploring the life of deaf children and their parents in a natural context (the home), a case study qualitative design was used. The main methods for data gathering were observation and interview supplemented by , focus-group-discussion and informal talks.

The finding of the study showed that parents have misconceptions and wrong beliefs about the nature and causes of deafness as well as the potentialities of their deaf child. They also had communication problems as a result limited interaction with their deaf child. All of them were not able to make arrangements for their deaf child's social and educational development except providing them with pens and exercise books. Their lack of early intervention services like training in SL, counseling and teaching their deaf child, etc had challenged them to have a good life in t he home environment. As a result of wrong beliefs and misconceptions about the nature and causes of deafness parents felt various feelings which, in turn brought about reciprocal feelings on the deaf child.

The above findings are discussed and recommendations were made to promote holistic development of the deaf child through provision of early intervention to the family with a deaf child.

CHAPTER ONE

INTRODUCTION

1.1. Background

The growth of a healthy personality and the maintenance of family integrity depend on complex actions, reactions, and interactions of family members. The development of a healthy concept of self is contingent on the ability to express wants, needs and desires (Mead, 1934 cited in Moores, 1996). As the family moves through different cycles and members take on different roles, strains are placed on the family. These strains may be intensified by the presence of a child with a disability such as deafness, particularly, if the child has hearing parents with little or no prior exposure to deafness or understanding of its implications that it is a lifelong condition for their child.

Most deaf children have hearing parents. More than 90 percent of the time, a deaf child is born in to a family in which both the mother and the father are hearing and have had little exposure to deaf individuals. Most commonly deafness is not present among siblings, grand parents, cousins, or other members of the extended family. Hence parents/family lack knowledge about the nature and causes of deafness (Moores, 1996).

The parents' knowledge, awareness and information about the nature and causes of deafness has a great impact on the families relation (the way the family/parents interact/communicate, the way they treat, i.e all the overt and covert actions of parents) with their deaf children. In relation to this, Amare, et al, (2001) pointed that the beliefs and misconceptions about causes of disability (such as deafness) play a major negative role in understanding and handling children with disabilities.

Some parents in the past believed that deafness indicates a curse from God. Others believed that a congenitally deaf person, invariably lacking intelligible speech, also lacked a soul and perhaps ability to reason (Reed, 1987). Hence, he said these misconceptions led people to conclude that they can't be educated. This situation may hold true now in Ethiopia.

More over World year book of Education, 1993 cited in Tafesse (1998) explained how deaf persons are seen in that the deaf are commonly labeled with disparaging and superstitious qualities that push them out side human

communication and social life, and deny them access to education work, and other equal opportunities that would make them self supportive and full members of their respective environment.

The environment includes significant others in the child's world; beginning with his/her immediate family, extending to peers, teachers and members of the various communities that impinge on his/her life, and finally to his/her society, with its norms and values, institutions and laws (Meadow, 1980).

Hence, this research focuses on the context of the Child's immediate family/parents as it is a Child's world where the foundations for his/her development lies.

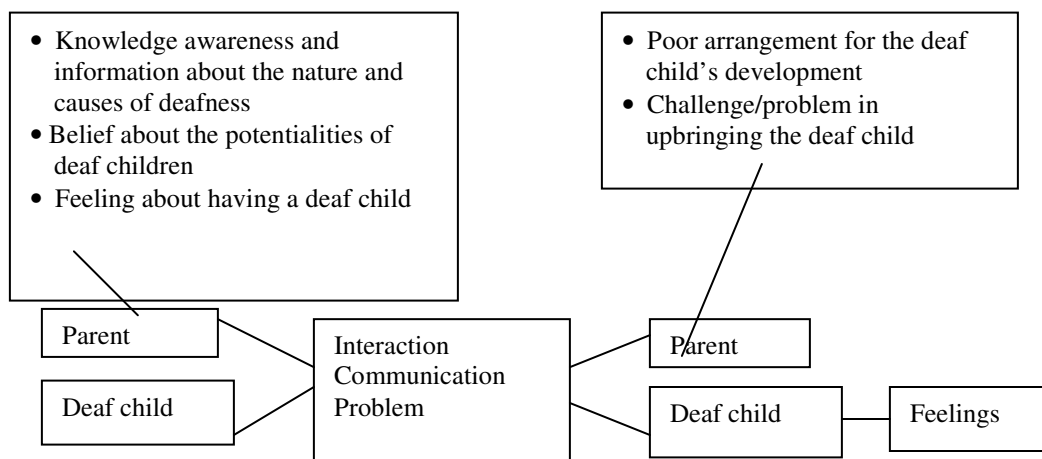
Moreover, the study in the area of "Deafness and parent-hood" focuses on the family's/parents':

- mode/style of communication with the deaf child
- knowledge, awareness and information about the nature and causes of deafness
- feelings about having a deaf child in the family
- beliefs about the potentialities of their deaf child
- challenges/problems they face in upbringing the deaf child and the arrangements they make for their deaf child's development.

The deaf child's reciprocal feeling about being deaf in the family will also be seen.

Generally, the following figure gives the overall view of the study:

Fig. 1.1. Over all out look of the study.



Prevalence of Deafness

The survey conducted by Holborow (1988) reveals that there are at least 5 million profoundly deaf people in the world using estimates of 1-2 profoundly deaf people per 1000 people. Of these children, 65% are born deaf and

an additional 12% developed deafness during the first 3 years of life (Northern and Downs, 1991 cited in Bats haw and per ret, 1992).

The incidence of deafness in most developing countries is unknown. Lack of financial resource, facilities and trained manpower makes the census difficult Abilla (1982). However, according to WHO, 10% of any population are born with or acquired physical, mental or sensory impairment (MOE report, 1988). Accordingly, deaf people can account 2% of the total population.

In Ethiopia, data pertaining to the incidence, prevalence and the situation of persons with disabilities such as deafness are fragmentary, incomplete and sometimes misleading. According to a report of recently conducted base line survey on disabilities in Ethiopia, the prevalence amounts to 2.95% (Tirussew, et al 1995) which is much more less than the WHO's estimate. This study further reveals that among the proportions of specific disabilities, hearing impairment amounts 14.9%. This proportion makes hearing imparment the third major disability in the country next to motor disorder (30.9%) and visual impairment (30.4%). Hence the parents/family which most of the time are hearing as explained above should be given emphasis regarding this third major disability (deafness)

1.2. Statement of the Problem

Family is the first social setting where the deaf child encounters. It is one of the most important units in society where the foundation for the development of the deaf child lies. However, lack of effective interaction/communication of the family with the deaf child hence difficulty to understand each other could be one of the major causes of neglect and rejection.

With the misconceptions and wrong beliefs about the nature and causes of deafness as well as the potentialities of these children, it is almost impossible to bring them to school and to encourage/approve their progress in school. Family could think that these children can't be educated and their life/situation can't be improved.

Hence the researcher will focus on the following central questions:

1. What does the mode/style of communication of the family and the deaf child look like? (Are they communicating verbally, using signs, gesture, etc and are parents more controlling, less flexible, etc or the other hand?)

2. Does the parent/family have the awareness, Knowledge and information about the nature and causes of deafness?
3. What does the family feel about the presence of a deaf child in the family? And what is the deaf child's reciprocal feeling being deaf in the family?
4. What does the family believe about the potentialities of the deaf child? (Do they believe that the child could be educated and his/her life situation could be improved?)
5. Does the family make arrangements for the social and educational development of the child? And what are the challenges/problems they face in bringing up the deaf child?

1.3 Objective of the study

The study will have the following general and specific objectives:

General Objective:

To study what life is like in general in a family of a deaf child and its effect on parenthood.

Specific Objectives

1. To see what the interaction/communication of the parents/family and the deaf child look like.
2. To know whether the parents/family have the knowledge, awareness and information about the nature and causes of deafness in other words to identify parental conceptions about the nature and causes of deafness.
3. To identify the parents' feelings about having a deaf child in the family.
4. To see the arrangements parents make and the challenges they face in bringing up the deaf child.

1.4. Significance of the study

1. The consideration of family/parents of deaf children is an important step for early intervention (Guralnick, 1993). Hence the findings and recommendations will assist interested associations, organizations, NGOs for intervention programs for these parents.
2. Child neglect by parents/family is the reflection of the disorder of a child's home and social environment (Bowlby, 1965). Hence knowledge about the how of family treatment and interaction with the deaf child and suggesting possible solutions will minimize social disorder.
3. The experiences of these parents/families will help other parents to focus on the already existing traditional way of caring and treatment of deaf children and hence focus on the provision of the necessary care and supports for these children.

4. It was also possible to intervene during the process of data gathering (with care not to affect the information given by them) at least with advises and important comments were given at the end of data collection.
5. The study will also help to empower these parents
6. It also assists in creating awareness and giving information for interested parents about the nature and causes of deafness and about the learning potentialities of deaf children. And hence the deaf children will not be assumed as they can't be educated and their life/situation will not be improved.
7. The hardest burden for deaf people is not merely the disability itself but the stereotypes and negative nations society attaches to deafness. The majority of people used to say "duda", donkoro", etc while talking about them instead of "Mesmat Yetesane/nat", Hence the study will bring a change in conceptualization of deafness and the wrong type of labeling.
8. The study could also be a stepping-stone for other researchers & graduate students who would like to conduct further study on similar or related issues.
9. Parental stress is usually related to poor parenting. This brings the problem of adjustment by the deaf child (Henderson, 1998). Therefore, assessing the family situation by understanding early the maladaptive parent-deaf child interaction is very crucial.

1.5 Scopes and Limitation of the Study

The scope of the study

The study is delimited to five parents/families and their deaf child living in Shiromeda (2 families), Arat killo (1 family), Eri bekentu (1 family) and Egypt Embassy area (1 family). Therefore, it can be said that the study considers these five parents/families with their deaf child in Addis Ababa and taken them as the cases of the study.

Limitation of the Study

Because of time limitation, I was not able to stay with these parents/family more than a month. Last but not least, the observer's presence could have some bias on the side of the informants. The extended family members were not included for the same reason although their effect on parenthood of a deaf child is not simple.

1.6. Operational Definitions

The operational definitions are adapted from the definitions given below:

Deafness: sensory deficiency that prevents a person from perceiving the stimulus of sound in all or most of its forms and as a condition in which perceive able sounds including speech have no meaning for ordinary life purposes (Wolfe and Rawlings, 1986 cited in Heward and Orlansky, 1988). In this context it is an impairment of the child in the families under study.

Parent: Used interchangeably with family. In this study it is used to describe any responsible care-taker, biological parent or foster parent of the deaf child in Addis Ababa town.

Deaf Child: The Child of the families under study in different areas of Addis Ababa with the above definition of deafness.

Parenthood: the five parents/families way of handling or treating their deaf child.

Disability: any restriction or lack resulting from deafness.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Part I - Issues related to the study as explained by different writers

2.1. Parental conceptions about the Nature and Causes of Deafness

The parent's knowledge, awareness and information about the nature and causes of deafness has a great impact on the family's relation (the way the parents/family interact/communicate, the way they treat i.e. all the overt and covert actions of parents) with their deaf child. In relation to this, Amare, et al (2001) pointed that the beliefs and misconceptions about causes of disability (such as deafness play a major negative role in understanding and handling these children. Here one can infer that the misconception of parents about the nature and causes of deafness has a great impact on handling and treating their deaf child.

In a similar vein, Gear-heart, etal (1992) explained that the early history of persons with disabilities (Such as deafness) was primarily one of misunderstanding and superstition. It was almost universally held that individuals who were considerably different from "normal" individuals in appearance or behavior were possessed by demons or evil spirits. In many cases, a father could determine whether he wanted to keep the infant. If he decided he did not, it might be thrown off cliff, left in the wilderness, or let by the roadside. Such infanticide was supported by the common belief that individuals who were different were possessed by demons and that the actions taken were not directed against human infants but against demons.

Moreover, different people in general and parents in particular believe different things about the causes of disability (such as deafness). Some believe that disabilities are aberrations (defect), it is a curse of God and a curse of elderly people; others believe that disability is bewitchment by evil spirits or demons (like Gear heart's idea above). Still further, others believe that every thing possible should be done not to evoke anger or disfavor of parents or old men and women since the consequence is a curse up on an individual or on his/her family. Hence because of these and other misconceptions, parents limit their interaction with their children (Amare, etal, 2001).

They further stated that it requires to be redressed and it calls for concerted effort of all parties; i.e. parents, the community, professionals, etc to avoid these misconceptions and wrong beliefs and make parents/family communicate very well as much as needed for the betterment of their life.

Tirussew (1997) who quoted Kessate Birhan (1951), also stated that there is no document, which helps us to understand the basic term deafness; instead it is described as a term consisting of negative nations such as "idiots" which is to say these who can't be educated or do not at all understand. He stated that such an erroneous understanding of hearing impairment is evident by the widely used Amharic term "denkoro" meaning as described in the Amharic dictionary as an individual whose hearing organ doesn't at all function, mentally handicapped, and who locked the ability to understand any language. One can easily understand that have these children were misunderstood.

On the other hand, Reed (1987:33) stated the following while talking about knowledge. Awareness and information about the nature of deafness by parents:

“Deafness is often a mystery to many people, including parents.”

And he pointed that without understanding the total problem of deafness, it is unlikely that parents and teachers will be able to do best for such children.

Most parents are not aware of the irreversibility of deafness i.e. for most deaf children, no cure exists and none are projected over the foreseeable future. Hence they face difficulty to accept this fact and prepare themselves for lifetime deafness (Moores, 1996). He further noted that the more deafness is approached as a social context, that greater will be each child's chances for healthy overall development. Still further, he noted that understanding of the causes of deafness has important implication for its prevention and treatment. In certain

areas we remain surprisingly ignorant of some of the cause of deafness, in others tremendous explosions of knowledge have occurred. Concern about deafness caused by consanguineous (among relatives) marriages was evident. Some cultures have perceived deafness as an act of God, and some parents believe their sins have been punished through deafness in children. Thus any discussion of the causes of deafness must be considered within a particular time frame and geographical location.

2.2. The Family System

The family system is one system in the larger social system. It is an important and the most and the most basic of all social institutions. In this context, the deaf child and his/her parents are members of the family system. This system comprised of a certain number of individuals and they function in a dynamic inter-relationship (Seligman and Darling, 1989). According to Broderick, 1993 cited in Cherinet (1999), Family is defined as "two or more persons, sharing a common residence and related by blood, adoption, or marriage."

Family in Ethiopian Context

Seyoum and Desta (1997) stated that family is "a group of two or more persons characterized by common residence, economic cooperation and reproduction. It includes adults of both sexes at least two of whom maintaining a socially approved sexual relationship and one or more children, own and/or adopted by the sexually cohabited adults". However, there are different types of families in Ethiopia: Extended family (includes married couples, their children, parents of couples, cousins and other relatives), Nuclear family (includes two adults of opposite sex living together with their children, born to the family and/or adopted), and single parent (includes either of the parents and his/her children born to the family and/or adopted). The deaf child could be in any one of the above family structures.

Dale, 1996 cited in Cherinet (1999) stated that structural elements of a family might include membership, cultural style, ideology, resources, stresses, etc. These structural elements can influence the type of interaction between the parents/family and the child with disability (such as a deaf child). Moreover, the presence of a deaf child in the family influences how the family looks itself - the family identity. Patterson & Garwick (1994)

mentioned that how a family defines itself is reflected in who are the members of the family. The family's view of itself in turn determines the family's attitude towards the child (the deaf child in this case).

Despite the fact that there are many interrelated factors of stress and coping mechanisms that are used by the family of a disabled (such as a deaf) child, the general family system theory, as indicated by Marsh (1992) is the best approach suggesting the four components of family system framework. These four components of family system framework are:

2.2.1. *Family Interaction/Dynamics:*

Members of a given family interact/communicate with each other since they are living in one residence. In a given family there are sub systems. These sub-systems according to Turnbull et al, 1986 cited in Cherinet (1999) are the spousal sub-system, which shows the husband and wife interaction, the parent sub-system, which signify the interaction between parents and their children the sibling sub-system, which shows child-child interactions; and the extra-marital sub-system, which shows the interaction (such as) between children and grand parents or these between the father and the maids, etc.

The above explanation clearly shows that in each sub-system the deaf child interacts with different members of the family in general and with his/her parents in particular. In the case of extended family, which is common in our country, the child has the opportunity to interact with different members of the family.

Seligmen and Darling (1989) pointed out that the makeup of the subsystems and the dynamic interaction among them is affected by the structural elements in the family system. The size of extra-familial network, single parent, number of children in the family and the presence of a child with disability (a deaf child) could obviously bear an influence on the dynamics of interaction. For instance, in many parts of Ethiopia, having a child with disability (such as a deaf child) is considered as a punishment from God (Tirussew, et al, 1995). As a result, family members may keep the child away and they minimize interacting with the child or they may not interact at all, which in turn has effect on each family member's interaction.

The existence of poor interpersonal patterns in the family; for example, between a husband and a wife; between parents and their deaf child, and between a hearing child and the deaf child is to face the challenge of home care for the deaf child. Therefore, empowering parent's family of a deaf child to develop the quality or level of interaction skill among the family members is also empowering them to help each other and cope up with their stresses (Honderson, 1998).

He also stated that parental stress is usually related to poor parenting. This brings about the problem of adjustment by the child. Therefore, assessing the home situation by understanding early the maladaptive parent-deaf child interaction is very crucial. Hence poor parent-deaf child interaction without positive emotional affection for cognitive development of the deaf child, are indicators of poor parenting.

2.2.2. Family Resource

Socioeconomic status (SES), cultural value, personality, cognitive appraisal or beliefs of parents/family, the degree of disability of the child are determining factors of the coping resources of parents. Parents who care a child with difficult behavioral problem are more likely to feel stressed toward their child's disability than parents of a child with mild characteristics of behavioral problem in addition to his/her deafness. Religious parents on the other hand, are more likely to have less stress towards the disabling condition of their (deaf) child than non-religious ones (Drew, 1984 cited in Aschalew, 2001).

2.2.3. Family functions

Family functions are the tasks families perform, to meet the individual or collective needs of their members (Turnbull and Turnbull, 1990). They conceptualize family functions as products, or outputs, of family dynamics or interactions. Family functions according to them include; daily care, recreation, socialization, affection and educational/vocational functions. There are different activities in the family to fulfill such functions (Dale, 1996). Here it can be concluded that family functions depend up on the results of interaction in-terms of the ability to meet the needs of the family members. However, in order to carry out such functions successfully there must also be interdependence and interaction between the family and its extra - familial network.

In Ethiopia, Seyoum and Desta (1997) stated that some of the functions of the family are child bearing serving as an agent of socialization, as agency to determine permissible sexual relations and as an economic production and consumption unit. These family functions are affected in many ways by the presence of a deaf child in the

family because a family of a child with disability (such as deafness) is labeled negatively. Most often, parents want to have many children in order to get physical and other types of assistance in daily life activities. In most places, children are expected to contribute in the family's functioning process. Therefore, when there is a child with disability, he/she is considered as a substantial burden to the family and affecting the family's ability to meet the needs of its members.

If the family of a child with disability is not able to meet the educational and the different needs of their own child, they are dysfunctional to care and treat their child. And they are likely to feel guilty of their parenting styles. This brings about disruptive behavior, which in turn disrupts family living. That is why the need for family support or family therapy is important for each member of the family (Horne, 1982). For example, the psychologists and special education teachers can practice a psychological test up on a deaf child and his/her family to understand the reaction of the family to their deaf child (Seigel, 1989).

2.2.4. Family Life-Cycle

The family life-cycle includes developmental stages related to the family such as child bearing, school age, adolescence, post-parental, and ageing; adaptation to the child with disability and crisis or transition period (Dale, 1996). Each of these developmental changes can play an important role in the life of the family. Family functions vary depending on these stages. For example, parental treating of a child with disability during infancy is not the same as that of during adolescence (Turnbull, et al, 1986 Cited in Chrinet, 1999).

The family may not reach quickly to the stages of accepting their child's disability during the initial diagnosis of their child's condition. During the different family life cycles parents/families have to face with the new demands of parenting their deaf child. For example younger parents are less likely to face or cope with the birth of a child with disability (like deafness) than older ones or the experienced parents. Younger couples are not advised to create a family before they are mature enough to care their child and take responsibility of parenting their disabled child (Hoddap, 1995 in Aschalew, 2001).

Moreover, whenever parents come to a new life cycle, they often re-experience parts of the crisis or feelings of having a deaf child in the family. In other words, in each new part of life cycle, they get a new reminder that

they have a child, which gives them a hard time (Cherinet, 1999). Possible issues encountered by parents and siblings at different life-cycle stages of a child with disability (such as deafness) are shown in pages – to -.

2.2.5. *Parenting Styles and Principles of Parenting*

Parenting styles (ways of disciplining children) are society's way of teaching children the moral behavior approved by the social group. Its goal is to let children know what behavior is approved and what is disapproved and to motivate them to behave in accordance with these standards. In discipline there are three essential elements: rules and laws, which serve as guidelines for, approved behavior; punishment for willful violation of rules and laws, and rewards for behavior or attempts to behave in socially approved way. There are three major types of parenting (Hurlock, 1980):

Authoritarian: It is traditional form of discipline and is based on the old saying "to spare the rod means spoiling the child". Parents and other care - takers establish rules and inform children that they are expected to abide by them.

Permissive: here it is believed that children would learn from the consequences of their acts how to behave in a socially approved way. Consequently, they were not taught rules, they were not punished for willful breaking of rules nor were they rewarded for behaving in a socially approved way.

Democratic: emphasized the rights of children to know why rules are made and to have an opportunity to express their opinions if they believe a rule is unfair. A mere obedience is not expected even when children are very young. Instead of corporal punishment an attempt is made to make the punishment "fit the Crime" in the sense that the punishment is related to the misdeed. Attempts to conform social expectations are praised.

Authoritative: is a parenting style characterized by restrictive parenting with love and care (Tackett and Husberger, 1981).

Each principle/style of parenting has its own advantage and disadvantage. Moreover, the preference of a given parenting style varies from one parent to another. Here it is not difficult to understand that the same holds true for parenthood of a deaf child. However, there are some guidelines or principles of parenting according to Tackett and Husberger, 1981. These are:

1. Keep the dignity of being parenthood by presenting a united front regarding rules and the disciplinary measuring taken to enforce them.
2. Avoid arguing with the child.
3. Avoid threats, promises, bribes and sarcasm.
4. Use firm but fair discipline.
5. Let the child see that you as a parent mean what you say.
6. Show the child the right way to maturity and faith.
7. Teach the child to be self-dependent, honest, creative and ambitious.
8. Avoid extremes of being over permissiveness and authoritarianism and of taking revenge since such conditions may produce unhealthy response by the child.

They finally concluded that democratic or balanced parenting style is, therefore, a useful temperament to be practiced by parents of a child without practicing permissive and authoritarian parenting.

Tacket and Husberger (1981) also mentioned that usually the lower class, not the upper class parents are practicing punishment with no reward to control the behavior problem of their child. The socio-economic status, socio cultural values or interests of the parents and their personality could be the factors of practicing a given parenting style. A child is also another factor of a given parenting style. For example, if a deaf child is aggressive, reciprocally, his/her parents will exhibit or reflect the temperament of their aggressive child so that their parenting style can be characterized by authoritarian parenting style using punishment rather than reward to control the behavior problems of their deaf child. The consequence of this parenting style will be to rear a child with low self-esteem.

Schlesinger and Meadow (1972a) also noted that parents of deaf children reported a constant concern about whether they were being over-protective or under protective. These parents used a narrower range of discipline techniques with greater reliance on spanking, and exhibited more frustration with respect to their children. Meadow (1980) concluded that the protectiveness most families exhibit toward their deaf children probably inhibits the children's social development.

2.3. The Role of Family in Early Intervention

Once deafness is detected, intervention should follow. The rationale for early intervention in to the life of young deaf children is largely accepted. Since for a child with profound hearing loss, language is not learned in spontaneous fashion, but must be taught (Tirussew, 2000).

Intervention is the interception of unproductive or undesired behaviors or conditions in ways that are more advantageous (Vergason, 1990). Tate, 1994 cited in Tirussew (2000) also explained rehabilitation of hearing impairment as a process that is designed to minimize disability due to hearing loss in order to prevent the condition from handicapping the child. Intervention or rehabilitation of hearing impaired children is multidisciplinary by nature. It involves parents, doctors specialized in children's ear, teachers of the deaf, speech therapists and psychologists (Freeland, 1989 cited in Tirussew, 2000). However, the role of parents/family is very important for practical purposes.

According to Henderson, 1981 cited in Aschalew (2002), it is witnessed that parents have a great influence on their children's learning and adjustment. The importance of parent-deaf child interaction, which will be discussed in subsequent chapter, is becoming one of the hot issues for overall development of a child. Guralnick (1993) stated that for effective intervention, parental involvement through home-based learning model is becoming significant component.

Parents have a great role to play in pre-schooling program of their disabled child as a partner of schoolteacher to design the curriculum (Erickson, 1965 as cited in Aschalew, 2001). Even though parents have a significant role in early intervention program, they need professional advice, information and support to make them ready in coping up with the birth, parenting and teaching of their deaf child (Batshaw and Perret, 1992). And to achieve these goals, the family resources, such as socio cultural and economic aspects and even characteristics of the family and their child's disability play a vital role. Gallapher (1993) suggests that family resources, parental conceptions and outlooks towards themselves, their deaf child and parent intervention program (e.g. training about parenting skills, sign language, etc) seem to be very important factors for the effectiveness of early intervention.

Parents of a deaf child suffer from a variety of emotions, which go through a series of stages from shock and lack of acceptance, to anger and then eventually to acceptance (Freeland, 1989 in Tirussew, 2000). Mothers go through stages of guilt, sorrow, mourning, and anger (Schlesinger and Meadow, 1972, Tirussew, 2000). (These

parental feelings will be discussed in detail later). Hence the purpose here is to explain that these parents should be helped to develop mature emotional acceptance of the child. And should not be shocked or undergo a process of denial, depression and detachment.

In an early intervention, the whole family system should actually be taken in to account since the treatment of individual children without considering their families may result in problems experienced by the family as a whole (Hernby, 1995). Since a deaf child doesn't function in isolation but lives in a familial context, the family plays a vital role in an early intervention program. Hence our effort for improving the child's life situation should take this context in to account specially with regard to deafness and parenthood of a deaf child.

However, without willingness of parents toward early intervention program, professional support has nothing to contribute for the successful achievement of early intervention. Thus, professionals should know the needs of parents/family of children with disabilities such as deafness before starting their own kinds of professional services (Gallagher, 1993).

2.4. How Does Deafness Affect the State of the Family?

Most families adjust adequately to the birth of the first child, and the family enters a new stage of functioning. The birth of additional children usually perceived as less traumatic than that of the first child is. Since changes in role and function are the major services of the stress that the birth of a child brings, it is logical to assume that the strain increases when the child is identified as being deaf (Meeres, 1996).

Meadew (1980) also explains that the fact that there is a deaf child creates a strain in the family. The conformation of a diagnosis of deafness is the beginning of the struggle. One of the question that parents ask is the origin or cause of the deafness. In a study by him, over 80% of the parents interviewed, had no definite information about the cause of their child's deafness. Thus parents look for cures, shaping from one physician to another. In relation to this, Moores (1996) noted that the immediate financial problems faced by families with young deaf children should not be minimized. Medical care, consultation, etc. can quickly erode a young family's financial resources.

These factors create a stress on the marriage of the parents. In the extreme cases it could result in divorce similarly, the existence of a deaf child in the family would take the attention of all the parents towards him/her

and other siblings might be neglected. Parents give quite a lot of attention to the deaf child. Gregory (1976) reported that mothers made more concessions to their deaf children than the hearing siblings and that the siblings of deaf children reported that more jealousy than did siblings of children with 'normal' hearing. Because the presence of a child with a disability can create additional stress on the family, many professionals have assumed that separation and divorce are more common among parents of deaf children (Moore, 1996).

One way of attempting to understand how a child's disability affects family members is to examine the likely impact of the child's special needs at different ages. Turnbril, et al (1986) have done this by describing the possible issues and concerns faced by parents and non-disabled siblings during the four life-cycle stages. Parents and siblings face different challenges at different life cycle stages of the disabled child (deaf child in this case) see Table 1 below:

Table 1: Possible issues Encountered by parents and siblings at different life - cycle stages of a child with disability (such as deafness).

Life-cycle stage	Parents	Siblings
Early child-hood ages,(0-5yrs)	<ul style="list-style-type: none"> - Obtaining an accurate diagnosis informing siblings and relatives locating services. - Seeking to find meaning in the exceptionality (deafness) clarifying a personal ideology to guide decision-making. - Addressing issues of stigma, Identifying positive contributions of deafness. 	<ul style="list-style-type: none"> - Less parental time and energy for sibling needs. - Feelings of jealousy over less attention. Fears associated with misunderstanding of exceptionality (deafness)
School age, (6-12 yrs)	<ul style="list-style-type: none"> - Establishing routines to carry out family functions. -Adjusting emotionally to educational implications. -Clarifying issues of mainstreaming versus special class placement. - Locating community resources. - Arranging for extra-curricular activities. 	<ul style="list-style-type: none"> - Division of responsibility for any physical care needs. - Oldest female siblings may be at risk. - Limited family resources for recreation and leisure. - Informing friends and teachers. - Possible concern over surprising younger baling . - Issues of mainstreaming into same school needs for basic information on exceptionality (deafness in this case)
Adolescence (13-21 yrs)	<ul style="list-style-type: none"> - Adjusting emotionally to possible chronicity of exceptionality (deafness). -Identifying issues of emerging sexuality. -Addressing possible peer isolation and rejection. 	<ul style="list-style-type: none"> - Over identification with sibling. - Greater understanding of differences in people. - Influence of deafness on career choice.

	<ul style="list-style-type: none"> -Planning for career/vocational development. -Arranging for leisure time activities. -Dealing with physical and emotional changes of puberty. -Planning for post secondary education. 	<ul style="list-style-type: none"> - Dealing with possible stigma and embarrassment. - Participation in sibling training programs - Opportunity for sibling support groups.
Adulthood (Ages 21-)	<ul style="list-style-type: none"> - Planning for possible need for guardianship. - Addressing the need for socialization opportunities outside the family for individual with disability (deafness). - Adjusting emotionally to any adult implications of dependency. - Initiating career choice or vocational program. 	<ul style="list-style-type: none"> - Possible issues of responsibility for financial support. - Addressing concerns regarding genetic implications. - Introducing new in-laws to deafness. - Need for information on career/living options. - Clarifying role of sibling advocacy. - Possible issues of guardianship.

2.4.1. *Feelings of Parents about having a Deaf Child*

In the course of anticipating the birth of a child, parents generate dreams, fantasies, and projections in to the future of who or what that child is to be for them. Such dreams are often extremely personal and hold great promise for the parents' future. Anticipating the birth of a child is a primitive experience that stirs people deeply. Unfulfilled needs, yearnings for the future, wishes to have deficiencies corrected, and desires to have fantasies maintained are often attached to the child yet to be born. Parents are generally deeply attached to these dreams (Powell, 1985).

However, Hibbs, 1988 cited in Aschalew (2001) pointed that many parents whose wish for the idealized child is not fulfilled because of a physical handicap like deafness consider such a youngster a burden. They do not abuse the child physically but do fail to provide the extra emotional care needed. They detach themselves emotionally from the child, although they provide physical care. In many instances, the child is ignored and rejected not because of a physical defect but mainly because of not meeting the parent's expectation of the idealized child for a high athletic or academic performance.

Similarly, Webster and Wood (1995) noted that the discovery of a handicapping condition such as deafness in an infant often leads to a sequence of emotional reactions. Initial shock and numbness make information difficult to assimilate. Parents may feel bitter or angry and this may be vented on professionals who are trying to help. Sometimes, parents go through a period of panic when they feel they can't accept responsibility for their child. It has often been said that the parents of a deaf child grieve for the "normal" child they have lost.

Moore (1996) stated that deaf children present the family with specific problems that may result in shame, guilt, parental recriminations and restricted communications. He also added that parents may feel and wonder whose fault it is (having a deaf child), the father's or the mother's: even today some interpret it as God's way of punishing the parents for the past sins and hence they feel guilty.

The ways in which parents, teachers and classmates feel and react to a child with disability like deafness are very important. Many children suffer from excessive pity, sympathy and overprotection where as others are cruelly rejected, stared at, teased and excluded from participation in activities with non-disabled children (Heward and Orlansky, 1998). Here one can understand that the way parents feel and react to their deaf child is so vital for the active involvement in social activities with the least communicative interaction problems. Hence deaf children suffer from marginalization by their parents/family, which is highly dependent on the family's feeling about having a deaf child in the family.

In addition, Meadow, 1968 cited in Sinkkonen (1994) stated that as the majority of parents are hearing, the diagnosis is unexpected and provokes an emotional shock. Fear, anger, guilt, bewilderment, sorrow and resentment are experienced by most parents. Anger is evoked by the insolubility of the problem. Threatening to spill over the child anger elicits and enhances feelings of guilt. Mixed feelings are reflected in confused feelings culminate at times withdrawal, rejection and anger toward the deaf child (Shopper, 1980 cited in Sinkkonen, 1994).

In relation to parental feelings, Kirk and Gallopher (1985) also noted that parents can feel many different ways about having a child with disability such as deafness some see it as a disaster, and they retreat, others think of it as a challenge. The way people define a situation has therefore to do with how well they cope with it and with the outcome.

On the other hand, Letourneou (Past President of Canadian Cultural Society of the Deaf) reported that some parents are embarrassed to have deaf children and do not want others to know that their children are deaf. These parents give their children the impression that signing should be suppressed in public, thus inhibiting their language development. They try to normalize their children by forcing them to go to public schools.

2.4.2. *The Challenges/problems Parents Face in Upbringing their Deaf Child*

Parenthood is an awesome responsibility. And parents of deaf children face even greater responsibility. Educators should nonetheless try to be aware of the varied and demanding roles exceptional parents like parents of a deaf child must fulfill.

Encyclopedia of Deaf people and deafness (1987) stated that when hearing parents of deaf children are asked what is the most problematic/challenging for them most of them reported that it is communication problem.

On the other hand, in addition to the challenges faced by parents and siblings of a deaf child shown in Table 1. Heward, Dardig and Rossett, 1979 cited in Heward and Orlansky (1988) described seven major challenges faced by parents of exceptional child (such as a deaf child):

1. *Teaching*: even though all parents are their children's first teachers, most non disabled children acquire great many skills without their parents trying to teach them. This situation often doesn't exist with deaf children who do not acquire many important skills as naturally or independently as their hearing peers.
2. *Counseling*: All parents are counselors in the sense that they deal with changing emotions, feelings, and attitudes of their developing children. But in addition to all of the normal joys and pains of helping a child grow up parents of a deaf child must deal with the feelings their child has as a result of his particular disability (deafness) "will I still be deaf when I grow up?", "I'm not playing outside anymore-they always tease me". Parents play an important role in determining how the deaf child comes to feel about himself. They can help develop an active, outgoing child who confidentially tries many new things or a withdrawn child with negative attitudes toward himself and others.
3. *Managing Behavior*: even though all children act out from time to time, the range and severity of maladaptive behavior of some deaf children demand more systematic and specialized treatment. Some parents must learn to be behavior therapists in order to have good relationship with their deaf child.
4. *Parenting non-disabled (hearing) siblings*: in recent years there has been increased recognition that hearing siblings are also deeply affected by having a deaf brother or sister. They often have concerns related to their deaf siblings disability: uncertainty regarding the cause of the disability and its effect on them, uneasiness over the reactions of their friends, a feeling of being left out or of being required to do too much for the deaf child.

5. *Maintain the parent-to-parent relationship*: Having a deaf child often puts certain stresses on the relationship between husband and wife. Those stresses can range from arguing over whose fault the child's disability is to disagreeing over what expectations should be made for the child's behavior, to spending so much time, money, and energy for the deaf child that little is left for one another.
6. *Educating Significant Others*: grandparents, neighbors aunts and uncles, can all have an important effect on the deaf child's development. Parents of deaf children can't simply rely on appropriate interactions with these people. They must try to be sure that as much as possible, other people interact with their child in a way that facilitates the acquisition and maintenance of adaptive behaviors.
7. *Relating to the school and Community*: Although some degree of involvement in the educational process is desirable for all parents, it is a must for parents of deaf children. These parents need to acquire special knowledge about their child's special needs in the educational process.

Generally, although there could be other challenges/problems faced by parents of the deaf child, the above-mentioned are the major ones, they fail to maintain and manage these important things.

2.5. Parent-Deaf Child Interaction

In the socio-linguistic model of language acquisition, the primary communication context of interest is the child-mother or child-care giver pair. Usually, the communication between hearing mother and hearing child may not be considered as a problem like the communication between hearing mother and her deaf child. For a deaf child born in a hearing family, effective communication may not be present in the child's home environment (Bench, 1992).

The way parent's interact/communicate with these children has a great impact on the life of the family. If parents have difficulty to interact with their deaf children, there will be a more stressful situation and the chance of negative outcome (Kirk and Gallapher, 1986). In relation to this, Moores (1996) also stated that the effects of deafness or of communication limitations arising from deafness have an early and profound impact on families and on parent-deaf child communication.

Similarly, Taylor, Steinberg and Rechards (1995) pointed that the ability to hear and respond to various sounds has an impact on virtually every aspect of life. If hearing is severely impaired, there can be far-reaching effects on an individual's capability to interact with parents.

If parents could make better interaction with these children, they would be able to make arrangements (which will be discussed in subsequent topic) easily. However, Schlesinger and Meadow, 1972 cited in Moores (1996) noted that compared to mothers of young hearing children, mothers of young deaf children were rated as being more controlling, more intrusive, more didactic, less flexible, and less approving or encouraging.

While talking about deaf-child parent communication, although there are three main approaches to deaf communication (which will be discussed in the next topic), Reed (1987) put that mothers of a deaf child communicate/ Interact by facial expressions, smiling, nodding and using body gestures to convey acceptance or otherwise whatever the child does.

In doing so, Briston, 1986 cited in Tirussew (2000) stated that parents need to observe the following points

Speak as clearly as you can. Neither is an exaggeration of the mouth required. The deaf child should observe the movements of speech so that he/she could develop lip-reading skill;

Do have something to write on;

If there is an impulse, try to write on,

Make your enunciation clear,

Consider the gestures and try to use it with hearing impairment.

Further more, Wirze and Winyand, 1993 cited in Tirussew (2000) emphasized the role of Parents in developing language as follows

Parents must communicate and talk to the deaf child as much as possible. The deaf children's that the deaf child learns about turn taking and learns to enjoy Communication. Often when the parents learn that their child is deaf, they stop doing these things. This is wrong. The deaf child needs this input as much, and in some ways more than hearing child.

The deaf child is unlikely to use spoken language as his/her main communicative method but he/she will use other methods, pointing, gesture, noises. The family must encourage the use of these different methods. If parents accept only speech and put a lot of pressure on the child to say words, he/she becomes very frustrated. Parents need to learn sign language to facilitate their interaction with their deaf children and enhance their psychosocial and cognitive development.

In Ethiopia, however, Alemayehu (2000) pointed that the communication skill of deaf children with their parents seems to be at a very low status. The reasons could be: lack of competent users of sign language, language models may not be available at home, lack of training in sign language on the part of mothers and lack of understanding about deaf people and their language.

Types of Communication

Communication is the sharing of information, opinions, thoughts, ideas, or feelings by two or more individuals. An effective communication is the one permits these using it to exchange information with a higher degree of ease, flexibility, and accuracy in a wide variety of circumstances (Tirusses, 1997; Ling and Ling, 19980, cited in Alemayehu, 1996).

As far as deaf children are concerned, the basic approaches to communication are oral, manual and total communication (Kirk and Gallapher, 1986). Oral methods are methods of communication that use whatever hearing and speech abilities they have; these include oral---method, speech / lip reading and auditory method. Manual methods are ways of communication with severely hearing impaired persons using signs; these include sign language, finger spelling, and cried speech. The total communication method is a combination of both oral and manual methods. The effectiveness of all of these methods depends on the severity of hearing less and the availability of early intervention.

2.6. Parental Beliefs about the Deaf Child's Potentialities

Knowledge of a deaf child's general ability and rate of progress will help parents how much to rely on hearing and therefore how to talk to the child in play or at any other time how far they may talk when the child is not looking, or how far they must wait until he/she is looking (Reed, 1987).

Moore (1996) stated that because the parents lack knowledge about the potentialities of deaf people, they may question whether the child will ever become self-sufficient and assume the child will be lifelong burden, draining the family's emotional and financial resources.

Ysseldyke and Algozzine (1995) also noted that the biggest obstacle to success in any environment has been the belief of people towards the capabilities of people with sensory disabilities such as deafness. Similarly,

Letourneau (former president of Canadian cultural Society of the deaf) stated that hearing people believe that deaf people are unable to think and know what it is like to be deaf. They tend to assume that- thinking can't develop without language. Language in turn, can't develop with out speech. Speech can't develop with out hearing. Therefore, those who can't hear can't think. These perceptions of people in general and parents/family in particular have influence on the deaf child's social, emotional and educational development.

2.7. The arrangements Families make for their Deaf child's social and Educational Development

All parents are responsible for their deaf child learns many skills. According to Heward and Orlansky (1988) many parents have responded that they systematically teach their children self- help and daily living skills and provide them home-tutoring sessions to supplement classroom academic instruction.

They further stated that parents could teach their deaf children both academic skills and social behaviors. They can also use instructional materials at home. This perspective that parents can serve as teachers of their deaf children is supported by numerous research studies. However they need guidance and training in doing so.

If parents could make effective interaction, with deaf child, they will be able to make arrangements for their child's social and educational development. According to Kirk and Gallapher (1986), the basic things that families are asked to do include.

If parents could make effective interaction, with their deaf child, they will be able to make arrangements for their child's social and educational development. According to Kirk and Gallapher (1986), the basic things that families are asked to do include.

- monitor homework to see it is completed
- encourage leisure reading
- express interest in the deaf child's progress
- discuss school with the deaf child
- learn sign or gestures communication system
- provide the necessary resource materials, etc

Heward and Orlansky (1988) also added that to prevent risks of these children (to safeguard them) is the responsibility of parents as they are the most important of all. And as they are the most frequent and constant observers of their child's behavior, they have also the responsibility of guidance and counseling as well as to determine that their deaf child's educational needs and goals.

2.8. The deaf child's feeling about being deaf in the family

Encyclopedia of deaf people and deafness (1987) explained that the deaf people share the frustrations and embarrassment of the failure to communicate with those who hear. They also share the loneliness of being left out by the hearing people; by the family members. In a world that assumes people can hear and speak, members of deaf communities share the experience of being outsiders.

Reed (1987) also explained that if deafness occurs after a child has well -developed speech and language, the effect could be devastating. There have been many examples of deaf children being very be wildered by what has happened. Many children deafened in this way react very violently and some never accept the situation in to adult hood.

Social development and language acquisition are intertwined. It is to be expected that hearing impaired children whose language development is retarded will have fewer opportunities for social interaction, both with in and outside the family. According to Meadow (1981) communication problems can seriously interfere with interpersonal relationships for children with hearing impairments. Their inability to communicate with others (hearing) can delay their language development. They communicate in ways that are different from those around them. It is understood that the effects of hearing loss are pervasive and can create psychological stress.

In addition, Heward and Orlansky (1988) cited in Tirussew (2000) pointed that feelings of depression, withdrawal and anger as well as isolation are frequently expressed by hearing impaired persons. They also added that these children are quick to anger and, as frustration due to deafness are great, unless there is an understanding of their difficulties, which should be treated carefully and with in sight, the out bursts may be frequent and aggressive.

Generally, according to Tafesse (1998) the social inter action, friendship and negative feelings of a deaf child seem to depend on the type of environment the child lives, degree of parents knowledge about deafness, the

extent of love and affection the deaf child gets from the family and vice versa as well as having other deaf member in the family.

In Ethiopia, a baseline survey on disability and situations of persons with disabilities by Tirussew, et al (1995) revealed that negative aspects of self-esteem to be more pronounced than positive dimensions. The following include all the negative feeling reported by persons with disabilities.

- Consider themselves inferior to the non-disabled (66.5%)
- Have a feeling of loneliness (60.2%)
- Hate themselves sometimes (60.1%)
- Are not satisfied in their way of living (54.3%)
- Can't lead independent life like any other person (53.8%)
- Do not have the potential to learn like other person (50.5%)
- Have a feeling that others do not accept and like them (46.4%)
- Have no confidence in their competence (45.1%)

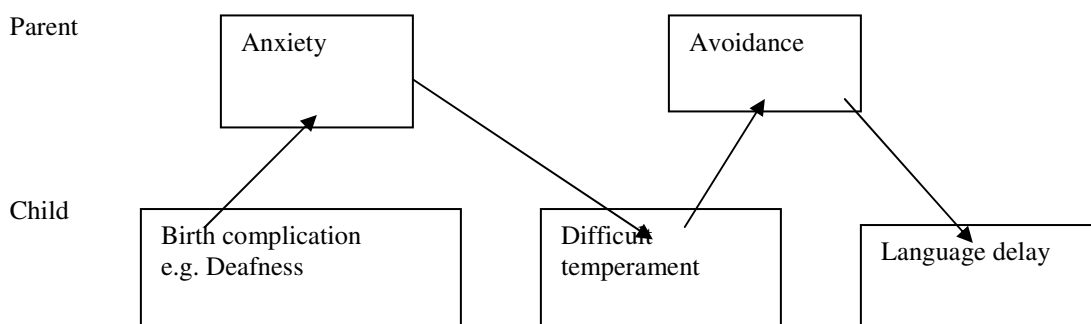
Here it is not difficult to infer that how deaf children feel negatively since it is the third major disability in the country next to motor disorder and visual impairment according to this survey.

Part II. Theoretical Framework of the study

2.9. Transactional Approach of Sameroff

With in this transactional model the development of the deaf child is seen as a product of the continuous dynamic interactions of the deaf child and the experience provided by his/her family and the social context. So the experiences provided by the environment to the deaf child's family are not viewed as independent of the deaf child. The transactional model used in this study, which is developed by Sameroff, 1987 from Meisels and Samuel (1993) is shown below:

Fig 2.1 Transactional process leading to developmental problem



(Deaf)

A complicated childbirth (like deafness) may have made mothers to have anxiety. The mothers' anxiety may have caused inappropriate interaction with the deaf child. As a result the child could develop difficult temperament. This difficult temperament decreases the pleasure that the mother obtains from the child and so she tends to spend less time with the deaf child. If adults are not actively interacting with the child, the child may delay language development and hence score poorly in pre school language tests.

2.10. Ecosystemic Approach of Bronfenbrenner

To see the family and the deaf child from this context helps to have a clear picture on how one factor can lead to the other in any given social system. As human development and behavior can't be understood independently of the social, cultural, environmental and historical context in which it occurs (Bronfenbrenner 1997 cited in Seligman and Darling 1989). This understanding implies that the social context influences the deaf child's family system its functions. This in turn can have a significant influence on each members of the family, including the development of the deaf child. As Hornby(1995:45) explained:

The effects on parents of caring for a child with any kind of special needs (e.g.: a deaf child) are strongly influenced by the social environment in which they are living, including the extended family, services available and community attitudes.

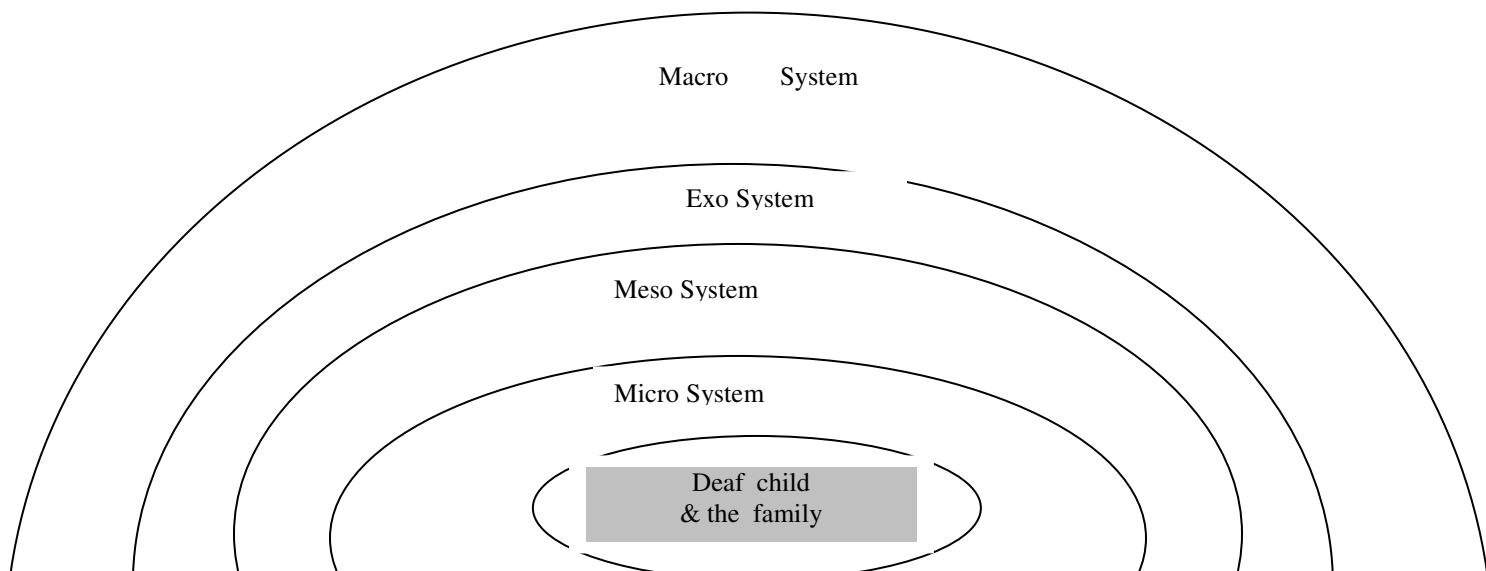
This idea implies that the social environment has a reciprocal influence on parents of a deaf child which in turn affects the over all development of this child. As pointed above this model is a general model explaining how different systems in society influence each other and how they all influence the family (the family of a deaf child in this case) the micro system.

The Ecosystem in Reference to the Informants

The parents of deaf children are like any of the parents of hearing children; their SES and cultural context can vary. Hence the micro system of deaf children can vary from family to family.

In this research, most parents are from low SES, low educational level and in Addis Ababa's culture. Their treatments/handling and interaction are the products of their particular life style in the family and among the neighborhood (micro system), the social relations with the other groups in their social roles and contacts (Mesosystem), their interaction with the information system, work places or organizations that have direct or indirect contacts. Example: Zonal administrations, Kifle Ketemas, who involved in the provision of schools, health services, roads etc (Exosystems), and the socio cultural and educational system of the ethnic groups and the country (macro system), Bronfenbrenner's ecosystemic model in relation to the study is shown in the following figure:

Fig 2.2. The family in the ecological model of bronfenbrenner cited in Seligman and darling (1989):



Part III. Issues Related to the Methodology

The aim of this study was to gather empirical or concrete data specific to the life situation of deaf children and their parents, the way they interact, the parents knowledge deafness, their feelings, the challenges they faced in upbringing these children, etc. To meet this aim, a qualitative case study design was found appropriate and was employed. According to priesler, 1996; Goode, 1994 cited in Chiswanda(1997), studies on parent deaf child interaction have focused on intensive and detailed case studies. For such studies, qualitative methods have been preferred. The use of observation methods of collecting data is common in these studies.

Interview method was also applied in this study since it permits much greater depth than any other method of collecting research data (Berg and Goll, 1989; Frank and Walla 1993 cited in Cherinet, 1999). They also stated that what is in the informants' mind what they think or how they feel about something is obtained through interviewing. In addition, there are many things, which we cannot directly find out through observation unless we interview them. Denzin (1994) also said that in qualitative casework, what the researchers are unable to see for themes live is obtained by interviewing people.

It was based on the above facts that observation and interview were used as the main methods of gathering data.

CHAPTER THREE

METHODOLOGY

3.1. Population and Sample

The sources of information/data for this study were preschool deaf children and their parents/family, the parents being the major informants of the study. Among these preschool deaf children, 7 preschool deaf students were identified purposefully with the help of the school administrator and his assistant by discussing that these children are mature enough to explain their feelings and that they are totally deaf. It was confirmed by their parents by the deaf children themselves and through my stay with them that they are deaf. Then among these 7

deaf children and their parents/family, two of them were selected randomly for the pilot study and the rest five were used as informants of the main study.

3.1.1. Children

As mentioned above, 7 deaf children of the preschool were identified purposefully by discussion. Among these deaf children 5 were girls and 2 were boys. Two of them (a girl and a boy) were used for the pilot study and five of them (4 girls and 1 boy) were used for the main study. (See Appendix: A for the background of deaf children).

3.1.2. Parents of deaf children

The seven parents/families of deaf children were identified by the criteria of being a biological parent, foster parent or the main caregiver of the preschool deaf child. Fortunately, all of them were found the biological parents of these children. Hence two parents for the pilot and the rest five for the main study were participated. They were the main informants of the study. (see Appendix A for the background information of the parents/family).

Generally, both the deaf children and the parents were selected on volunteer basis. First the agreement was obtained from the preschool deaf children then a phone call was made (the addresses were found from the deaf children's list) to all the seven parents/families and they were asked if they are willing to be studied. They all agreed and the study was started. But it was with the willingness of the school administrator that this all happened.

3.2. Instruments

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

3.2.1. Interview Guide

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

The interview guide prepared for this research consisted of part I about 5 sections with 34 interview questions for parents and part II with a total of 9 questions for the deaf children. Together the interview guide consisted of 43 open-ended items and the contents of the sections being:

Part I: For parents of the deaf child.

Section A: is about the parents' style/mode of communication with their deaf child.

Section B: about the parents' knowledge, awareness and information of the nature and causes of deafness.

Section C: the parents' feeling about having a deaf child in the family.

Section D: the parents' belief about the potentialities of their deaf child.

Section E: the arrangements parents make and the challenges/problems they face in upbringing their deaf child. (See Appendix: B).

Each parent was interviewed 2-3 hours daily in my stay with him or her. A total of 30 days were spent for the whole data gathering with the families using all the instruments.

Part II: For the deaf child

– About the deaf child's feeling being deaf in the family. (See Appendix: B).

3.2.2. Observation Guide

Observation method has been the predominant means of investigation in interaction-focused studies (Lussier, 1994). Hence it was necessary to develop an observation guide. It was developed based on key concepts focusing on exploring interaction/communication of parents and their deaf child. Using checklists by dividing the day into three sessions, each session is assumed to be where the deaf child interacts more to his/her family. These are during mealtime, during coffee ceremony and in evening times. For example:

Mealtime: How does the deaf child interact?

- Using signs
- Oral
- Writing
- Gestural
- Lip reading

How does parents interact/react?

- More controlling
- Less approving
- Limited interaction

➤ Less flexible. Etc.

(See Appendix: C).

3.2.3. Focus-Group-Discussion Guide

It was used as a very important instrument to guide the discussion by the family members who were concerned and participated. The main issues about deafness in general and possible solutions to solve the family's problem were raised and suggested. The guide consisted of 5 items (see Appendix: D). 5-7 family members participated in the focus -group-discussion. Each discussion lasted 1-2 hours.

3.3. Procedure of the Study

3.3.1. Preparation for the Study

A. Contact

After collecting and organizing the relevant literature reviews as well as arranging the necessary resource materials for data collection, first contact was made to the Ethiopian National Association for the Deaf (ENAD) to get information about the exact location of the Addis Ababa preschool for the deaf. There, the school administrator (who himself was hard- of- hearing) was contacted. He was shown my "to whom it may concern" letter, which was obtained from AAU. It was tried to explain the purpose of the study and he was asked permission to study some of the preschool deaf students and their parents/family. After getting permission with the help of his assistant, the researcher was introduced to the staff as well as the preschool deaf students. The researcher was allowed to consult all the school documents of the deaf students (those selected). The record actually contains; their age, sex, their addresses, etc. In addition, they helped the researcher to select the informants of the study by providing valuable information (the techniques used to select the participants were mentioned above). They all were volunteers.

B. Visiting the Study Area

After selection of the sample, it will be compulsory to visit the study area (the deaf children's home).

What was done was, their telephone numbers were obtained from the deaf children's school documents and a phone call was made to each family, the researcher introduced herself and told them why she wanted to contact them (the purpose of the study was told) and permission was obtained from the parents. They informed where their homes are and the researcher went to each family's residence by appointment. They all were welcoming.

Then they were visited several times (at least 3 times) before making the actual interview or observation to be acquainted very well. They assumed the researcher as if she was their relative and they were so free with her.

C. Translation of the interview Guide

To make the interview guide in a suitable way to the informants' language and culture, a necessary effort was made. With the help of one postgraduate Amharic student, the interview guide was translated into the language of communication, Amharic. Then things were made ready to conduct the pilot study.

3.3.2. The Pilot Study

The pilot study (which allows one to avail some of the inevitable problems of converting one's design into reality (Robison, 1993)) was conducted with two preschool deaf children and their parents/family, after studying school documents, of these children, visiting their homes, getting permission from parents and after translating the interview guide into Amharic. The two deaf children were chosen randomly among the seven purposefully chosen deaf children as described above. Then the two respective parents/families were met by means of their preschool deaf children chosen for the pilot study.

The pilot study was conducted on a 17 years old girl and a 13 years old boy (as mentioned in the population and sample section) and their parents/families. This helped the researcher to check the relevance of the main instruments (interview and observation guides) and the supplementary ones (video tape-recording and informal talking).

During the pilot study, two hired video men were with the researcher. In addition, one assistant was accompanying her. After going through the pilot study, the following modifications were made:

1. Some general questions seem difficult for parents and were simplified.
2. The purpose of the researcher's going there (i.e. to conduct Masters' Thesis) was explained as one family in the pilot study expected some financial aid.
3. The assistant (one guy) who was accompanying me was left in the main study. So that they could be free to be interviewed as well as to be observed.
4. It was observed that I must be careful in my reactions to the parents talking style and listen to them very attentively.

5. It was also noticed that I must avoid some English words which I use unknowingly in my talking and ask them, talk to them and discuss with them purely in Amhartic as one parent in the pilot study was asking “MinAlsh?” which means “What did you say?”
6. It was also noticed that I must have patience when the deaf children sometimes burst into anger with their parents and keep quiet at times.
7. It was also learned that I should ask parents the same questions in different ways to get their true understandings.
8. In addition, it was learned that parents should not be asked some questions that were answered accidentally in the informal talks.
9. The focus-group-discussion, that was planned to be conducted last, was made in the mean time when I found concerned family members together.

Based on the above information and after considering these necessary modifications in the instruments and in the way of my approach, the main study was conducted as described below.

3.4. The Main Study

During the main study, all the major and supplementary instruments used in the pilot study were also used with the necessary modifications mentioned above.

3.4.1. Interviews

All the five parents were interviewed in their own homes with their preference. This gave the researcher the chance that they will be comfortable to give relevant responses.

During the interview sessions, each parent was told about the purpose of the study and no harm will happen to him or her by telling the truth. In addition they were told that their names will be coded and they should not be afraid of any thing (see also ethical considerations). The interview guide (in 3.3.1) was used based on the above facts.

3.4.2. Observations

Naturally, the researcher has to observe everything that happens in the informants’ homes. But for the sake of convenience, the observation sessions were divided in to three. These sessions/times are chosen since it is in

these times that most families in our culture (Ethiopia) come together. For example, in the coffee ceremony, the neighbors, family members, guests come together and drink the coffee enjoying the ceremony. The observation guide (in 3.3.2) was used.

As lessons were taken from the pilot study, it was not difficult for the researcher to establish rapport with the parents/families of each deaf child. At the end of my observation, they (most of them) were asking the researcher “when are you going to come then?” which gave me evidence to their liking/enjoying of my stay with them. As I was participating in some activities of the parents’ homes (Example: in one of the families where she fortunately found marriage ceremony, the researcher served to invite and collect some empty cups and dishes after the invitation), it can be said that the researcher made semi-participant observation.

3.4.3. Focus-Group-Discussions

With the help of the guide and the researcher being a facilitator, discussions were conducted and it was possible to draw recommendations from the concerned family members. (See 3.3.4).

3.4.4. Informal Talks

These could be anything talked about events, ideas, etc. in the past or at that time in the parents’ homes. As mentioned above in the modifications, the researcher totally avoided using some English words while talking with them. These informal talks helped to get acquainted very well, not to repeat some of the questions in the interview guide if they are answered accidentally as well as to strengthen the data. These talks were made with the parents/families, deaf children (with interpreter), siblings, as well as with the school administrator and his assistant. The informal talks also paved the way to the interviews and observations.

3.5. Organization of Data

3.5.1. Recording of Data

Log Book: Their responses including their facial expressions and gestures were noted in the logbook. Relevant information observed was also noted in the logbook in the form of checklist (Example: their mode of communication; oral; is it frequently, rarely, etc). The place, time and date of each interview and observation were noted as well.

3.5.2. Transcription and Translation of Data

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

Transcription: All the observed video recorded data were transcribed on a notebook, which were labeled by code of the family (Case A, B, C, D, and E).

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

Arrangement and Analysis of Data

Management: The data were selected, categorized, condensed and transformed in to more meaningful form from transcriptions and translations of the notes in to thematic contents based on the research questions. Data reduction was done continuously through selecting relevant data, through summary and paraphrase, which was displayed logically in the process of this study. To permit writing analysis and presentation of data the information was organized and displayed. Data display is another component of data analysis (Miles and Huberman, 1994 cited in Alemayehu, 2000).

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

3.6. Plausibility

I tried to secure plausibility by collecting information using various methods. These methods are interviews, observation, focus-group-discussion and informal methods. The intention of applying all these methods is to gather the same data using various techniques. As to the interview guide, necessary modifications were made especially after the pilot study so that there will be no gap between the participants and me. It was also translated to the language of communication (Amharic) with the help of Amharic language professional to ensure whether it would bring the exact information intended. Continuous comments had helped me a lot specially to be careful in the wordings which communicating with them so that their feelings will not be damaged and hence could be free to communicate. The interview responses were never interrupted (i.e. were given enough time to think, talk and explain their ideas very well). The ways they explain things were also considered. At the end of each

interview, the researcher was summarizing for them all what they said to confirm whether they were understood very well or not.

Regarding the observation guide, those times were chosen deliberately since they interact and come together more than any other time.

Moreover, the deaf children were selected purposefully with the assumption that they could express their feelings, as they are mature enough than the others. In addition, the parents and the deaf children's willingness to be studied was first asked so that they could give valuable information for the study. Still further, frequent visits were made to be familiar with them before starting the main data collection hence the researcher was quiet sure that she became part of the family and hence there was nothing that deprives them to express their opinions freely. Hence the researcher herself was an important instrument for the study. Generally, prolonged stay with the informants was made. Lastly, as the researcher is living in the same town as the informants, both could have common language and culture, which could guarantee validity for the study.

3.8. Ethical Considerations

Before starting data collection, informal consent was considered. The informants were told full information about the totality of the study including the purpose. They all participated freely without any influence.

In addition, participants need to be protected from any harm. They were told that no harm will happen to them by telling the researcher the truth and they should not be afraid of anything as their names will be coded (their names will be kept anonymous). They were also told that whatever they say to the researcher will be confidential. Hence anonymity and confidentiality were applied.

The participants were also given their due appreciation during the course of the study as well as at the end of the study (data collection) for their contributions of this research.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF FINDINGS

4.1. Introduction

As mentioned in the introductory chapter, the purpose of the study is to see what life in a family of deaf child look like; the major research questions being:

- 1) What is the mode of communication/interaction of the parents/family and their deaf child? (Are they communicating verbally, using signs, gesture, etc. and are parents more controlling, less flexible, etc or the other hand?)
- 2) How do parents perceive the nature and causes of deafness?
- 3) What do parents feel about a deaf child in the family? And what is the deaf child's' reciprocal feeling?
- 4) What do parents believe about the potentialities of their deaf child?
- 5) What are the arrangements they make for the social and educational development of their deaf child and what challenges/ problems did they face in upbringing their deaf child?

The summaries of the findings to these focused research questions are shown below with the following main themes:

- Background Information
 - ◆ Parents/Family
 - ◆ Deaf children
- Mode of parent-deaf child interaction/communication
 - ◆ Style of communication
 - ◆ Way of interaction
- Parents' awareness to the problem
 - ◆ Nature of deafness
 - ◆ Causes of deafness
- Parents' feelings
- Feelings of the deaf child
- Parental beliefs about the potentialities of the deaf child
- The arrangements made
- The challenges faced

I tried to make the presentation from the participant's perspective. Hence the presentations are free of the researcher's comments.

4.2. Background information

To enrich the case study, four mothers and one father were identified with their deaf children. The following tables and descriptions show an overview of background information about these parents and their deaf children.

4.2.1. Background Information about Parents of The Deaf Children

Table 4.1. Background information about parents of sampled deaf children

Information	Case A	Case B	Case C	Case D	Case E
Sex	M	F	F	F	F
Age	47	45	50	40	41
Educational level	8 th	Literacy	Literacy	7 th	Literacy
Occupation	Guard	Petty trade	Unemployed	Kebele sales	Petty trade
Religion	Orthodox	Orthodox	Orthodox	Orthodox	Orthodox
Relation with the child	Father	Mother	Mother	Mother	Mother
Ethnicity	Amhara	Oromo	Amhara	Amhara	Amhara
No. of children in the family	5	2	14	4	3
Family size	7	5	15	5	6
Hearing level	Hearing	Hearing	Hearing	Hearing	Hearing
Economic status	Low	Low	Medium	Low	Low
No. of children with disability	1	1	1	1	1
No. of children without disability	4	1	13	3	2

All are biological parents of the sampled deaf children. Their age ranges from 41 to 50. All of them were found orthodox Christians. Regarding their educational level, they were found grade 8 and below. The majority are from low level socio economic status where two of them employees of low level salary like guard and kebele sales and the other two petty traders, as the mothers said, “Gulit cherchari” and Tella shachi” and the other one is unemployed widow. Except one parent who is from Oromo ethnic group, the rest were found from Amhara ethnicity. All the parents were found hearing (without any level of hearing impairment). Although the majority’s income is very low their number of children ranges from 2-14 and their family size ranges from 5 to 15.

4.2.2. Background Information about the Sampled Deaf Children

Table 4.2. Background information about the deaf children.

Information	Case A	Case B	Case C	Case D	Case E
Sex	F	F	M	F	F
Age	13	21	14	15	19
Birth order	3 rd	1 st	1 rd	2 nd	2 nd
Onset of Deafness	9yrs	Congenital	Congenital	3yrs	Congenital
Schooling/education	Preschool	Preschool	Preschool	Preschool	Preschool
Hearing level	Deaf	Deaf	Deaf	Deaf	Deaf

Among the sampled deaf children, all of them were females except one male. Their ages range from 13 to 21. One of them was the 13th boy among the 14 children; one first born, two of them second born and the other one is third born. Regarding their onset of deafness, three of them were born deaf; one girl became deaf at the age of 3 and the other one at 9 years of age. All of them were preschool students. They all were identified deaf firstly, with the help of the school administrator and his assistant; secondly, by the children themselves witnessing that they can hear no sound; thirdly, by confirming from their parents and lastly, through the researcher's stay with each of them.

4.3. Mode/Style of Parent-Deaf Child Communication/Interaction

The mode/styles of communication/ interaction of parents and their deaf children are interviewed and observed in their homes and the summaries are shown below.

4.3.1. The Mode of Communication of parents and their Deaf Child Interview Results (which were also observed)

Table 4.3.1. Mode of communication

Theme	Case A	Case B	Case C	Case D	Case E
More of speech (oral)	√	√	√	√	√
Home made signs (milikit)		√	√	√	√
Non-verbal signals (tikisha) (facial expressions, gestures, eye contact)		√	√	√	√
Written communication (bewereket)	√				
Lip reading	√			√	
Pantomimic		√	√	√	√
Sign language					

N.B.: √ mark confirms the information of the cases

Most parents were observed communicating by oral communication (more of speech) with their deaf child. In addition, they use non-verbal signs (facial expressions, gestures, eye contact, etc) and pantomimic except one family (Case A) whose daughter became deaf at the age of 9 and who refused signing as a result they use written communication and lip reading (as she was a third grade student before her deafness). They can't understand each other easily and it is through more and more repetition that they could get each other. Sometimes, they end up without understanding each other. Example: when the father (Case A) tried to explain about me, he said she came from a university but she was not able to understand the word 'university', even after he said it 3 to 4 times. Pantomimic (movements which copy mimic or visual attributes of concrete object or event) is experienced by almost all parents. Signing is not observed by all parents instead home made signs are used. Non-verbal

Signals as they call it ‘Tikisha’ were experienced by all the parents except case A who uses written communication in case of misunderstanding.

4.3.2. Parent’s Style of interaction/way of Treatment

Interview Results (as well as observed)

Table 4.2.2. Parents ‘ way of interaction

Theme	Case A	Case B	Case C	Case D	Case E
More controlling	√	√	√	√	√
Less approving/encouraging	√	√		√	√
Discuss daily activities, jokes, short stories, etc (participate in family chatting)					
Allow them to play with other children out side the home					
Less interactive (limited interaction)	√	√	√	√	√

N.B.: √ mark confirms the information of the cases

As can be seen from the table above, the parents interviewed said that we have limited interaction and since they know nothing we used to control them. All of them were also observed more controlling with limited interaction. The deaf children were told to do this, not to do that without considering the child’s interest. The majorities were less approving/encouraging except one parent (Case C) who says “ Berta yene lij” which means “keeps it up my son” most of the time. None of the parents allow them to play with other children outside the home. In addition, none of them were observed discussing daily activities, jokes and short stories with their deaf child. The parents interact only while giving commands and when the deaf children request for something otherwise they keep silent with the deaf child most of the time (one parent (Case E) said how can we discuss stories and jokes, she can’t listen and even talk with us. “Bizu gizie enatefalen” meaning” we look each other confused most of the time”

4.4. Parent’s Awareness to the Problem

The parents were interviewed on the nature and causes of deafness. The findings are summarized in the following table.

4.4.1.Parent’s Awareness to the Nature of Deafness

Interview Results

Table 4.4.1. Parent's awareness to the nature of deafness

Theme and responses of the cases	Case A	Case B	Case C	Case D	Case E
"Dudanet” meaning to be dumb <u>Example:</u> He was born "duda"			√		
"Damaged of ears only". <u>Example:</u> Her ears	√				

were damaged by.....					
Dinkurina" meaning unable to understand. <u>Example:</u> She was assigned to be " denkoro" and this " Dinkurian" made her like this		√			√
"Likift meaning "being contaminated by evil sprit. <u>Example:</u> She had fallen and " Likift" caught her.					

N.B.: √ mark confirms the reponses of the cases.

One parent (Case C) said that this is “Dudanet” she explained that “duda hono teweledede” which means “ he w3as born dumb”. Case A also responded that it was only her ears that were damaged nothing is associated with it he said it is “ yejoro megodat” which is to say “damage of ears”. The other parents cases B and E said that it is “dinkurina” meaning “unable to understand” as they further explained it. It is inability to hear and speak. They said as you can see, she can’t hear and speak (“Mesmatim menagerim atchilm”). The other (Case D) said that it is sort of “likift” which tied her ears and mouth after her falling down when she was 3. This “likift” means, “being contaminated by evil spirit”.

4.4.2. Parent’s Awareness to the Causes of Deafness

Interview Results:

Table 4.4.2. Parent’s awareness to the causes of deafness

Theme and Responses of the cases	Case A	Case B	Case C	Case D	Case E
“Wrath of St. Marry”. <u>Example:</u> He was my 13th birth and when I was pregnant I used to go to st,Marry’s church and cry every morning saying why you gave me all these number of children? Because of Mary’s wrath (“yemariam kuta”) as she explained, he was born like this			√		
“Likift”. <u>Example:</u> She fall down at 3, and “Likift” caught her hence she became...				√	
“Gift of God”. <u>Example:</u> God made her to live like this and gave me her.		√			
“Meningitis”. <u>Example:</u> It was the meningitis epidemic in the year 2000 that damaged her ears	√				
“Punishment of God”. <u>Example:</u> My husband and I were quarreling every time, God doesn’t like this hence he punished us by giving this deaf child.					√

N.B.: √ mark confirms the Responses of each case,

All the parents explained the causes of deafness in different ways. One parent (case C) said it is the wrath of St. Marry, Case D said it is sort of contamination by evil spirit, Case B said that it is gift of God while Case E responded that is punishment from God for our frequent quarreling. But Case A reported that it is the result of meningitis. He explained my going late to the hospital for treatment made the meningitis damages my child's ears severely.

4.5. Parental Feelings about Having a Deaf Child in the Family and the Reciprocal Feelings of the Deaf Child

Interview Results:

When parents were asked about their feelings in having a deaf child, they have mentioned a variety of feelings such as hopelessness, heavy sadness and anger, accepting the situation, and feeling of numbness as explained in table 4.5.1 .In addition, the deaf child's reciprocal feelings, which vary from loneliness and isolation by frustration and unhappiness, are shown in table 4.5.2 below.

Table 4.5.1. Feelings of parents about having a deaf child.

Theme and Responses of the cases	Case A	Case B	Case C	Case D	Case E
“Heavy sadness and anger” <u>Example:</u> She became deaf when she was in grade three and now she is preschool hence I feel heavy sadness and anger. He said “kebad hazen yisemagnal” meaning “I feel heavy sadness”	√				
“Accepting the situation” <u>Example:</u> Because she is given to me like this.		√			
“Feeling of guilt”. <u>Example:</u> Had I taken her to the Hospital very soon, she would have been ‘normal’ (Case A). Had it been that I didn’t cry on St Marry... Case C	√		√		
“Feeling of numbness” <u>Example:</u> I don’t know what I am feeling					√
“Feeling of shame”. <u>Example:</u> I feel shame by my negligence, which caused her deafness.	√				
“Feeling of hopelessness”. <u>Example:</u> I don’t think that she could be independent -people even do not marry them				√	

N.B.: √ mark confirms the Responses of each case.

Some parents feel guilty of what they did, as Case A feels guilty of not taking the child right after her sickness to the hospital and hence he has a feeling of shame. Case C also feels guilty of making St. Marry angry. She said my husband used to tell me that ‘please you beg St. Marry only to give you a healthy child’ hence it happened. Had I thanked her, this boy could have been healthy (hearing).

The other parent Case B has accepted the situation, she said I used to thank God for giving me the child because the only thing she lost is hearing and speaking otherwise she is quite healthy. Case E also responded that I don't know what I am feeling. Case D has a feeling of hopelessness when thinking about the child's futurity. In addition to feeling guilty of what they did in the past, Cases A and C blame themselves for the problem.

Table 4.5.2. Reciprocal feelings of the deaf children
Interviewed (by an interpreter)

Theme and Responses of the cases	Case A	Case B	Case C	Case D	Case E
“Loneliness”. <u>Example</u> : I feel lonely when the whole family chats enjoying. I try to ask them what they were talking about but they continue laughing	√	√	√	√	√
“Very angry”. <u>Example</u> : When I feel that they mock at me I feel very angry.	√	√		√	√
“Frustrated” <u>Example</u> : I am frustrated to go out side because they used to tell me that it is dangerous.			√		
“Unhappiness”. <u>Example</u> : I most of the time feel unhappy because I miss things that the rest of the family do not.	√	√	√	√	√
“I sometimes feel that I am better” <u>Example</u> : I can see a car coming in front of me and hence I can avoid. Therefore, I am better than the blind people. I feel sympathy for them.			√		
“Isolation”. <u>Example</u> : I sometimes prefer isolation since I can't understand what they say	√	√	√	√	√
“Embarrassment”. <u>Example</u> : I feel embarrassed when I can't communicate with the hearing.	√	√	√	√	√

N.B.: √ mark confirms the Responses of each case,

All of the deaf children responded that they have a feeling of loneliness in the family. Most of them said that they feel angry when they guess that they (the family) are mocking at them. All of them also reported that they feel embarrassed when they fail to communicate with the hearing.

One child case C said that I am frustrated to go out because they used to tell me that it is very dangerous for me. All of them responded that they feel unhappy especially when they realize that they missed things that the rest of the family didn't. Case C also responded that because I can see things, I feel that I am better than the blind people. He said at the very sight of the car in front of me, I can rush away and save my life but the blind

couldn't. Moreover, all of them responded that they have a feeling of isolation. Since we can't understand all what the rest of the family say, we prefer isolation.

4.6. Parental Beliefs about the Potentialities of the Deaf Child

Interview Results:

Table 4.6. Parental beliefs about their deaf child's potentialities

Theme and Responses of the cases	Case A	Case B	Case C	Case D	Case E
"I doubt she could be independent". <u>Example:</u> The only thing I wish is to see her self- supporting ("Erasuan chila mayet") but I doubt.				√	
"I came to realize that they could go to school in the near past". <u>Example:</u> With other's advice I realized that they have schools hence I send him/her to the preschool.	√		√	√	√
"I sent her to school just to make her happy". <u>Example:</u> It is to make her happy otherwise it is waste of time and energy. She said "Endaykefat" meaning to please her.		√			√
"I hope he could make it". <u>Example:</u> As you can see him, he is very fast and I hope he could succeed.			√		
"I allow him/her to participate in home activities." <u>Example:</u> She makes bread for sale (Case B). She prepares "tela" (local beer) for sale (Case E). He brings "yeij wuha" (water for washing hands) (Case C). She washes her clothes (Case D). She collects empty cups during the coffee ceremony (Case A)	√	√	√	√	√

N.B.: √ mark confirms the Responses of each case,

Parents have the belief that they could make some home activities and hence all of the sampled deaf students are allowed to participate in home activities. Regarding their learning potentialities, the majority came to realize with others advice that they could learn except one parent who still doubts. One parent Case C has a positive feeling for the child's good futurity as she explained it, "as you can see him he has a bright mind and I used to encourage him". But case D is very doubtful for her deaf child's futurity as she explained it, "Erasuan satichil geta ayigdelegn" meaning "God should not kill me before she becomes self supporting". Case B and E reported that it is waste of time and energy to send such children to school. Both said it is to make the child happy "Endaykefat" that I send her to school. Moreover, all of them reported that they allow their deaf children to participate in home activities.

4.7. The Arrangements Parents make for their Deaf Child

Interview Results:

Table 4.7. The arrangements parents make for they deaf child

Theme and Responses of the cases	Case A	Case B	Case C	Case D	Case E
Monitor homework if it is completed. <u>Example:</u> All of them reported (was also observed) that they don't monitor homework every time to see if it is completed.					
Show interest in his/her progress. <u>Example:</u> Used to show interest when he talks about his schooling. She said, "Berta yene lij" meaning "keep it up my son".					
Discuss school with the child. <u>Example:</u> Ask the child about with whom he/she ate his/her lunch saying ("keman gar belah/belash?")	√		√	√	
Provide the necessary resource material. <u>Example:</u> The only thing I buy is pen pencil and exercise books, "akim endefekede" meaning "up to my level". Otherwise the uniforms are offered by the school	√	√	√	√	√
Training in SL. <u>Example:</u> I took no SL training	√	√	√	√	√

N.B.: √ mark confirms the Responses of each case.

As can be seen from the table above, none of the parents monitor the deaf children's exercise books for homework completion. All of them also reported that the only thing they provide for their deaf children is pen/pencil and exercise books. Except one parent, case C the rest do not show interest in the child's progress in school. Case A, C and D discuss school with regard to their social interaction. None of them took training in SL.

4.8. The Challenges of Parents in Upbringing the Deaf Child

Interview Results:

Table 4.8. Challenges faced by parents

Theme and Responses of the cases	Case A	Case B	Case C	Case D	Case E
Communication problem. <u>Example:</u> We most of the time misunderstand each other this makes them angry	√	√	√	√	√
The relation with extended family. <u>Example:</u> When relatives came our home, they can't communicate with them very well which in turn upsets the child.	√	√	√	√	√
Financial resource. <u>Example:</u> Because of shortage of money we can't provide the child with other resource materials, treat the child very well, etc.	√	√	√	√	√
Disagreement of couples. <u>Examples:</u> Although my husband is dead now, we used to quarrel each other for blaming me that it is your work that made the child deaf.			√		
Availability of early intervention. <u>Example:</u> I received no professional support like counseling, training in SL which could have at least decreased the problem	√	√	√	√	√
Refusing to sign. <u>Example:</u> Because she is always angry by her deafness, she refuses to sign and hence performed poor in schooling. This makes me angry and hence we usually quarrel	√				

N.B.: √ mark confirms the Responses of each case.

As can be shown above, all the parents reported that they have communication problem not only with in the family but also when relatives came to our home, this makes them at times burst in to anger (i.e. the deaf children). The majority also reported that the financial problem they had has an impact on their relation with the child. One parent case C said that the presence of this deaf child had affected the relation with my husband until he (my husband) passed away last year. All of them also reported that they took no training in SL, which could have helped them to minimize their misunderstanding with the child. In addition, no guidance/counseling was offered to them. Moreover, one parent (case A) said that because the child became deaf at 9, she refuses to sign and lost interest in signing hence she performed poor in school which in turn makes me angry. As a result we used to quarrel every time.

4.9 Focus-Group-Discussion Result

The purpose of the focus-group-discussion is to draw recommendations for the problems from the concerned family members.

Theme and Concluding Remarks	Case A	CaseB	Case C	CaseD	Case E
It is mainly communication problem.	√	√	√	√	√
Family members should be trained SL to alleviate the problem.	√	√	√	√	√
Guidance of the professionals if available will help us a lot.	√	√	√	√	√
Deafness is: “Dudanet” (Case C), “Damage of ears” (Case A) “Dinkurina” (Case B And E) “Likift“ (D)	√	√	√	√	√
Early intervention as you explained it seems important but we know nothing about it.	√	√	√	√	√

4.10. Short Summary of the Findings

Generally, it seems that most parents of deaf children who participated in the study have several misconceptions about the nature and causes of deafness.

In addition, as a result of their misunderstanding and wrong beliefs about the nature and causes of deafness, they experienced feelings of anger, sadness and hopelessness which in turn, affected their expectations and interactions with their deaf children negatively.

Moreover, it seems that these parents have limited interaction with their deaf child and have misconceptions about their learning potentialities.

Still further, most of them do not make arrangements for their deaf children’s social and educational development except providing them with pen/pencil and exercise books. And all parents have communication problem with their deaf child.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

The study was guided by the main research questions listed in chapter one with the main objective being to study life in a family of deaf child. It is the deaf child's immediate context, the home that is considered. The focus being on parents.

Issues related to the study and theoretical frame works considered were seen in chapter two. The central theories considered are Transactional Approach and Bronfenberenner's ecological approach

This chapter will be organized in such a way that:

1. Discussion on the findings under the following topics:

- Mode/style of communication/interaction of parents with their deaf child
- Parents' awareness to deafness
- Parental feelings about having a deaf child in the family
- The Deaf Child's Reciprocal Feeling
- Parents' Belief about the Potentialities of their Deaf child
- The Arrangements made for the Deaf child and the Challenges Faced by Parents

2. Concluding Remarks

3. Recommendations Based on the Findings

5.2. Discussion on the Findings

5.2.1. Mode/style-of-communication/Interaction of Parents and Their Deaf Child

All the family members of the deaf child were found hearing and they had no SL training for communication with their child hence all the cases were not able to use SL instead they developed some home signs. Home signs according to Morford, 1996 cited in Alemayehu (2000) are the gesture communication of the deaf Children who do not learn a spoken language and who are not exposed to a SL. Parents often used speech and as it was observed is very seldom understood. As reported by other researchers, speech and lip reading are unsuitable as vehicles for full communication process (canard, 1979).

The findings of this research show that parents use nonverbal signal, pantomimic and home made signs, which shares Reed's (1987) idea that mothers of a deaf child communicate by facial expression, smiling, nodding and using body gesture to convey acceptance or otherwise whatever the child does.

Parents of these deaf children were also found less interactive, more controlling and do not allow them to play with other children outside the home. None of them discuss daily activities, jokes, short stories, etc with their deaf child. Other researchers' finding like that of schlesinger and Meadow's as noted in Moores (1996) also shows that compared to mothers of young hearing children, mothers of young deaf children were rated as being more controlling, less flexible and less approving or encouraging. This could be understood as because parents lack knowledge about the nature and causes of deafness they feel different feelings (as explained in chapter four) and became less interactive with the above behavior in relation to their deaf child which as a result the child faces language delay which eventually bring about social and emotional problems of the deaf child (transactional approach is assumed).

5.2.2. Parents' Awareness to the Causes and Nature of Deafness

From the findings, parents have misconceptions and wrong beliefs about the nature and causes of deafness (except one case). This misconception could have great impact on treating/handling of their deaf child. This is

supported by the idea that different people in general and parents in particular believe different things about the causes of disability (such as deafness). Some believe that it is a curse of God or a curse of elderly people. Others believe that it is a punishment by God (to have a deaf child). Still, others believe that it is bewitchment by evil spirits or demons. Hence because of these misconceptions, parents limit their interaction with their deaf child (Amare, et al., 2001)

The way parents' define/understand deafness has a great impact on the deaf child's potentialities. Some parents were found that they understand deafness as "Dinkurina". "Donkoro" the adjective of "Dinkurina" according to Kessate, 1951 quoted in Tirussew (1997) has the meaning an individual whose hearing organ doesn't at all function, mentally handicapped, and who lacked the ability to understand any language. This has negative impact on the child's learning potentiality as well as on the parents' interaction with their deaf child.

5.2.3. Parental Feelings About Having a Deaf Child in the Family

As the majority of parents of deaf children are hearing, the diagnosis is unexpected and provokes an emotional shock. Fear, anger, guilt, sorrow, etc are experienced by most parents (Meadow, 1968 cited in Sinkkonen, 1994). Anger is evoked by the insolubility of the problem. Threatening to spill over the child anger elicits and enhances feelings of guilt. Mixed feelings are reflected in confused feelings culminate at times withdrawal and rejection toward the deaf child (Shopper, 1980 cited in Sinkkonen, 1994). The findings of this case study support the above idea because parents responded that they feel heavy sadness, guilt, numbness, hopelessness, etc.

Moore (1996) also added that parents might feel and wonder whose fault is this (having a deaf child), the fathers' or the mothers'. Even today some interpret it as it is Gods' way of punishing the parents for the past sins and hence they feel guilty. This idea was agreed by one of the findings where the mother was crying every morning on St. Mary and the husband used to say that it is the mothers' fault and the birth of this deaf child is Mary's way of punishing. Hence the mother reported that she feels guilty.

Although different feelings are experienced by parents as explained above, one case was found accepting the situation since they are religious. As explained in chapter two, religious parents accept the situation than the non-religious ones.

5.2.4. The Deaf Child's Reciprocal Feeling

The deaf children responded that they have feelings of loneliness, frustration, isolation, embarrassment, etc. Here, encyclopedia of Deaf people and Deafness (1987) confirmed that the deaf people share the frustrations and embarrassment of the failure to communicate with those who hear. They also share the loneliness of being left out by the hearing.

Reed (1987) explained that if deafness occurs after a child has well-developed speech and language, the effect can be devastating. There have been many examples of deaf children deafened in this way and being very bewildered by what has happened. Many children deafened in this way react very violently and some never accept the situation in to adulthood. In this research the finding in chapter four shows that there is common idea with what Reed has said because one case (case A) is a child who became deaf at 9, she refuses signing, she is very violent because she couldn't accept the situation. The parents reported that because she was not able to accept it, she was wishing to kill herself entering in to a rushing car. She herself also reported that "I feel unhappy and so I quarrel with my family most of the time.

Moreover, a base line survey (as indicated in chapter two) on disability and situations of persons with disabilities such as deafness revealed that negative aspects of self-esteem seem to be more pronounced than that of the positive dimensions. Hence the survey reported (62%) said that they have a feeling of loneliness. In this finding also all of them (100%) reported that they have a feeling of loneliness. Although the survey at the same time reported that (45.1%) of them said that they have no confidence in their competence, one case in this study reported "I feel I am better than the others."

5.2.5. Parental Beliefs About the Potentialities of Their Deaf Child

Because parents lack knowledge about the potentialities of their deaf child, they may question whether the child will ever become self-sufficient and assume a productive role in society. They may assume the child will be a life long burden, draining the family's emotional and financial resources (Moore, 1996). As indicated in chapter four, some parents have a doubt about the potentialities of their deaf child as one parent's reported that "I doubt she could be independent" and the other one said "I send her to school just to make her happy otherwise it is waste of time and money".

Despite the fact that all the parents allow their deaf child to participate in home activities, the majority realized that they could learn (even their having Schools) in the near past. This could be the biggest obstacle for these children to succeed as Ysseldyke and Algozzine (1995) noted that the biggest obstacle in any environment, has been the belief of people towards the capabilities of children with sensory disabilities such a deafness. In relation to this the past president of the Canadian cultural society of the deaf (as noted in chapter two) said that the hearing people believe that deaf people are unable to think and know what it is like to be deaf. They tend to assume that thinking can't develop without speech. Speech can't develop without hearing, therefore, those who can't hear can't think. And hence they engage the deaf in physical home activities. These perceptions of people in general and parent/families in particular have great influence on the deaf child's' development. Here one can understand that how the macro system (peoples' traditional beliefs) affect the Microsystems (the family's belief) and hence influence on the deaf child's social, emotional and educational development which is related to the theoretical frame work (Ecological Approach in chapter two). In addition, parents' misconception about deafness has brought various feelings on their side and reciprocal feelings on the side of the child, which could bring about limited interaction between them. Hence, the deaf child's social language and educational development could be delayed which is related to the theoretical frame work (Translational Approach in chapter two).

5.2.6. The Arrangement Parents Make for Their Deaf Children and the Challenges they faced in upbringing their Child

All parents are responsible for their child's social and educational development. They should arrange home tutoring to supplement classroom instruction (Heward and Orlansky, 1988). The basic things that parents of a disabled child such as a deaf child are asked to do (according to Kirk and Gallapher (1986) as mentioned in Chapter two include:

- monitor homework to see if it is completed
- encourage leisure reading
- arrange recreation times
- express interest in the child's progress
- learn SL
- provide the necessary resource materials

Despite the fact that these arrangements are very important for the deaf child's social and educational development, none of the parents in this study were found practicing or arranging except providing the deaf child with pens/pencils and exercise books.

Regarding the challenges faced by parents in upbringing their deaf child, all of the parents reported that they have communication problems, which challenged their life. This finding coincides with the idea of Encyclopedia of Deaf people and Deafness (1987) in that when hearing parents of deaf children are asked about what was the most challenging for them, most of them said that it is communication problem.

More over, the parents of deaf children face problems in teaching, counseling, managing behavior of their deaf child, parenting non disabled siblings, maintaining the parent-to-parent relationship, etc (Heward and Oriansky, 1988). In this finding it was confirmed that many parents face the above-mentioned challenges because they didn't get early intervention services (like professionals 'advice, training in SL, etc). Their communication problem could also be the result of not having this service. Their inability to educate significant others like the extended family is also a challenge they faced.

5.3. Conclusions

Generally, the study reveals that most parents of deaf children who participated have several misconceptions about the nature and causes of deafness.

In addition, as a result of their misunderstanding and wrong beliefs about the nature and causes of the problem (deafness), they experienced feelings of anger, heavy sadness and hopelessness which in turn affected their expectations and interactions with their deaf child.

Moreover, it seems that these parents have limited interaction with the deaf child and have misconceptions about the learning potentialities of the child.

Still further, most of them were not able to make arrangements for their deaf child's social, emotional and educational development except providing with pens and exercise books. All parents face communication problems with their deaf child, which challenges their life. Because of the non-availability of early intervention services, they were not able to teach, counsel and manage behavior of their deaf child. They were not also able to

teach the extended family members and the non-disabled siblings as a result faced problems, which could be the cause of the deaf child's reciprocal feeling.

5.4. Recommendations

The following recommendations based on the findings are very important for the deaf Children and parents' improvement of life (i.e. in a general sense for the improvement of life in a family of deaf child): -

1. First and most, there must be a need for early intervention services. So that parents could learn: -

- (a) SL and hence how to communicate;
- (b) how to treat/handle their deaf child;
- (c) how to counsel and teach their deaf child;
- (d) how to manage behavior of their deaf child;
- (e) how to apply early stimulation.

Therefore, there is a need for professionals' help for families of deaf children (As the majority also confirmed in the focused-group-discussion sessions).

2. Parents and family members should always be provided with information about the nature and cause of deafness, and the potentialities of deaf children in order to promote the social and emotional growth of the home environment, the family as well as the deaf child.
3. The deaf children should have early contact with other deaf adults so that they can acquire many skills in learning language.
4. There must be a need for parent-to-parent interaction so that they could share their problems and exchange their life experiences and hence they minimize their negative feelings. ENAD (Ethiopian National Association of the deaf) should try its best on this issue.
5. Since the macro system has a great role, there should be a need for a program on ETV especially for parents of deaf children so that they could be empowered.
6. The government and NGO's should do their best either financially or educationally to empower these parents since it is the home environment where the foundation for each deaf child lies.
7. Last but not least, many special needs educators (specially in the area of hearing impairment) should be trained so that these parents could effectively be helped.

References

- Alake, S.F. (1988). Primary Education for Deaf Children in Nigeria. New South Wales: Croom Helm Ltd.
- Alemayehu, T. (1996). The Situation of Education of Hearing Impaired Children in Six Schools of Ethiopia. A Research Report. University of Joensuu.
- Alemayehu, T. (2000). Challenges of Mother-Child Communication. Masters' Thesis. Oslo: University of Oslo.
- Amare, Daniel, Tirussew and Wana (2001). Education of Girls with Disabilities. Addis Ababa: Addis Ababa University Press.
- Aschalew, M. (2001). Coping Strategies and Carrying Styles of Parents of Children with Mental Retardation. Masters' Thesis. Addis Ababa University.
- Banister, (1994). Qualitative Methods in Psychology: A Research Guide. Buckingham: Open University Press.
- Batshaw, M.L and Perret (1992). Children with Disabilities (A Medical Primer). Mary Land: Paul H.Brooks Publishing Comp.
- Birtat Bulletin (2001). Ethiopian National Association for the Deaf. Birhanena Selam Printing.
- Bose, A. (1985). Centenary Education of the Deaf in India. Kent: Croom Helm Ltd.
- Bowlby, J. (1965). Child Care and Growth of Love. London: The White Friars Press Ltd.
- Cherinet, T. (1999). Parental Attitudes Toward Children with Mental Retardation. Masters' Thesis. Oslo: University of Oslo.
- Chiswanda, M.V. (1997). Hearing Mothers and Their Deaf Children: Mediated Learning Experiences. Dissertation Submitted for Dr. Scient in Special Education. Oslo: University of Oslo.
- Dale, P.S. (1996). Language Development: Structure and Function. New York: Rinehart.
- Encyclopedia of Deaf People and Deafness (1987). New York: McGraw Hill, Inc. Gallaudet College.
- Gallagher, Kirk and Anastasiow (1993). Educating Exceptional Children. Boston: Houghton Mifflin Company
- Gearheart, B.R. and Weishan, W.W. (1992). The Exceptional Students in the Regular Classroom. Columbus: Merri Publishing Company.
- Gonard, R. (1979). The Deaf School Child. London: Harper and Row Pub.
- Gregory, S. (1976). The Deaf Child and His Family. London: Gregory Allen and Unwin.
- Guralnick, M.J. (1993). The Effectiveness of Early Intervention for At-Risk and Handicapped Children. London: Academic Press Inc.
- Henderson, R.W. (1998). Parent-Child Interaction. New York: Academic Press.
Heward, W.L. and Orlansky, M.D. (1988). Exceptional Children. Ohio: Merrill Publishing Company.
- Holborow, C. (1988). Problems of Deafness in some African Countries. Australia: Croom Helm Ltd.
- Hornby, G. (1995). Working with Parents of Children with Special Needs. New York: Cassell.
- Horne, A.M. (1982). Family Counseling and Therapy. New York: Peacock Pub. Inc.

- Hurlock, E.B (1980). Developmental Psychology. A Life Span Approach. New York: McGraw-Hill.
- Jokinen, M. (1988). History of Sign Language in Western World East African Sign Language Seminar. Helsinki: Finnish Association of Deaf.
- Kazdin, E.A. (1982). Single Case Research Designs. New York: Oxford University Press.
- Letourneau (Past President of Canadian Cultural Society of the Deaf). Attitudes Toward Deafness Tolerance and understanding. Internet
- Lussier, J.B. (1994). Effect of Three Adult Interaction Styles on Infant Engagement. Journal Of Early Intervention.
- Marsh, D.T. (1992). Families and Mental Retardation, New Directions in Professional Practice. New York: Praegen.
- Meadow (1980). Deafness and Child Development. London: Edward Arnold Ltd.
- Meisels and Samuel, J. (1993). Handbook of Early Childhood Intervention. New York: Cambridge University Press.
- Mekides, G. (2000). Attitudes of Parents on the Inclusion of Children with Mental Retardation. Masters' Thesis Addis Ababa University.
- Ministry of Labour and Social Affairs (MoLSA) (1996). Developmental Social Welfare Policy. Addis Ababa Unpublished.
- MOE (1988). A Report on Education of Socialist Ethiopia. Unpublished. Addis Ababa: MOE of Ethiopia.
- Moore, D.F. (1987). Educating the Deaf: Psychology, Principles and Practices. Boston: Houghton Mifflin Company.
- Moore, D.F. (1996). Educating the Deaf: Psychology, Principles and Practices. Boston: Houghton Mifflin Company.
- Patterson, J.M. and Garwick, A. W. (1994). Levels of Meaning in Family Stress Theory. Family Process, Vol. 33, September, 1994.
- Powell, F. (1985) Education of the Hearing Impaired Child. London: Taylor and Francis Ltd.
- Reed, M. (1987). Educating Hearing Impaired Children. London: Open University Press.
- Robson, C. (1993). Real World Research. Oxford: Black Well.
- Savage, R.D. (1981). Psychology and communication in Deaf children. New Delhi: Sage Publications, Inc.
- Schlesinger, H and Meadow, K. (1972a). Sound and Sign; Child hood Deafness and Mental Health. Berkeley: University of California Press.
- Seigel, M.G. (1989). Psychological Testing From Childhood Through Adolescence Madison: International University Press, Inc.
- Seligman, M. and Darling, R.B. (1989). Ordinary Families Special Children. A systems Approach to Childhood Disabilities. New York: The Guilford Press.
- Seyoum, D. and Desta, K. (1997). Family Life in the Ethiopian Society. Addis Ababa.
- Silverman, D. (1993). Interpreting Qualitative Data. London: Sage Publication.

- Sinkkonen, J. (1994). Hearing Impairment, Communication and Personality Development. Helsinki: University of Helsinki.
- Sternberg, L. and Richards, S.B. (1995). Exceptional Children: Integrating Research and Teaching. London: Singular Publishing Company.
- Tackett and Hunsberger (1981). Family Centered Care of Children and Adolescents. Philadelphia: W.W. Saunders Company.
- Tafesse, C. (1998). Social and Educational Problems of Deaf Children in Regular Schools Special Classes in Arba Minch. Masters' Thesis. Joensuu University.
- Tibebu, B. (1995). Communication Methods Used at Home and in School for the Hearing Impaired in Ethiopia. University of Jyväskylä.
- Tirussew, Savolouhan, Agidew and Daniel (1995). Baseline Suruey on Disabilities in Ethiopia. Addis Ababa: Addis Ababa University Press.
- Tirussew, T. (1997) Psychosocial and Learning Aspects of Disability and Intervention Strategies. Department of Educational Psychology. Addis Ababa University. (First Draft)
- Tirussew, T. (2000). Human Disabilities: Developmental, Educational and Psychosocial Implications. Addis Ababa: Addis Ababa University Press.
- Turnbull, A.P. and Turnbull, H.R. (1986). Families, Professionals and Exceptionality: A special Partnership . Columbus: OH: Merrill.
- Vergason, AA. (1990). Dictionary of Special Education and Rehabilitation. Colorado: Love Publishing Company.
- Webster, A. and Wood, D. (1995). Special Needs in Ordinary Schools. Children with Hearing Difficulties .London: McMilan Press Ltd.
- Wolcott, H.T. (1994). Transforming Qualitative Data: Description, Analysis and Interpretation .London: Sage Publications.
- Yahaya-Isa, S. (1982). Special Problems of the Hearing Impaired in Developing Countries. Hamburg: Heidelberg.
- Ysseldyke and Algozzine (1995). Special Education. A Practical Approach for Teachers. Boston: Houghton Mifflin Company.
- Zerihun, H. (1988). The Present Stage of SL Work in Ethiopia. East African SL Seminar. Helsinki: Finnish Association for the Deaf.

Reference Materials Consulted but not used in the Study

- Adler, R.B and Rodman, G. (1991). *Understanding Human Communication*. Fort Worth: Holt, Rinehart and Winston, INC.
- Demerc, C. (1988). *The Importance of SL to the Deaf*. East African SL Seminar. Helsinki: Finnish Association for the Deaf.
- Dilka, K.L. (1984). *The Hearing Impaired Child in School*. New York: Grune and Stratton Inc.
- Freeman, R.D. (1981). *Can't your Child Hear? A Guide for Those who care About Deaf Children*. Texas: Pro-ed-inc.
- Katherine, G.B. (1994). *Hearing Impairment and Language Disorder*. New York: An Aspen Publication.
- Michael, N. and Ivan, J.T. (1988). *The Hearing Impaired Child and the Family*. London: A Condor Book Souvenir Press (E&A) Ltd.
- Nolan, M. and Tucker, I.G. (1981). *The Hearing Impaired Child and the Family*. London: Souvenir Press Ltd.
- Peterson, C.C. and Siegel, M (1995). *Deafness, Conversation and Theory of Mind*. *Journal of Child Psychology and Psychiatry*.
- Rodda, M. (1966). *Social Adjustment of Deaf Adolescents*. London: British Psychological Society.
- Schick, B. And Gale, E (1997). *The Relationship Between Theory of Mind and Language Skills in Deaf Children*. Colorado: Copper Mountain Comp.
- Sharma, P.L. and Jangira, N.K. (1987). *Teaching Teachers of Hearing Impaired*. New Delhi: National Council of Educational Research.
- Steinberg, A., Brain, L. and Li, Y. (2002). *A look at the Decisions Hispanic Families Make After the Diagnosis of Deafness*. Internet.

Appendix: A

Table 1:
Background Information about the Parents of Deaf Children:

Information	case A		case B		case C		case D		case E	
Sex										
Relation with the child										
Age										
Education										
Occupation										
Religion										
Ethnicity										
Hearing Level										
Economic Status										
Family Size										
Number of children in the Family(with disability)										
Number of children in the Family (with out Disability)										
Any other Information										

Table 2: Background Information About the Deaf Child:

	case A		case B		case C		case D		case E	
Sex										
Age										
Birth order										
Onset of Deafness										
Schooling/Education										
Any other Information										

Appendix:B

Interview Guide

I Parents:

A. Interview Questions that will answer what the made/style of communication of the family/parents and the deaf child look like:

1. Can you tell me some of the methods of communication with your deaf child? Are you using signs, gestures, speech, etc?
2. Do you discuss day-to day life activities with your child?
3. Are there any misunderstandings? If so how do you solve these misunderstandings?
4. Is the child allowed in the family discussions?
5. Is the child given the necessary attention by you and other family members?
6. Does the family allow him/her to play with other children
7. Are you controlling (restricting the child's interest, net allowing to do things by himself, etc) less flexible (not adjusting yourself to the child's needs& interests, etc) or the reverse?
8. Do you have skill in singing?

B. Interview questions that will answer whether the family/parents have the awareness, knowledge and information about deafness:

1. When did you know that the child is leag/
2. What efforts did you make to cure your child/
3. What do you believe caused the condition of year child?
4. what do you think is deafness?

C. Interview questions that will answer the family's/parents feeling about having a deal child in family:

1. Can you tell me your child's situation from the very beginning?
2. What did your feeling right knowing your child is condition?
3. What do you feel by having him?
4. Why you feel like that?
5. Have you been out with him to shops, churches, visiting relatives, etc?
6. What do you feel when same people stare at, tease, etc the child?
7. How does your relation with the child look like? Are you very intimate, or you contact the child requests something? only when giving commands or when the child requests something?

D. Interview questions that will answer the parents' belief about the learning potentialities of the deaf child:

Do you at first thought that the child can learn like any other child?

What about now?

What do you expect in relation to the Childs's education?

Does your child participate in home activities? If no, why?

Do you let the child anywhere alone?

Do you believe that you can do something for the improvement of your child?

Do you think that his/her situation If yes, how? If no, why?) Can be improved?

What do you think is important for the Childs's important for the Childs improvement?

E. Interview questions about the arrangements the family/parents make for the Childs social & educational development and the challenges they faced in bringin up the child:

1. What arrangements do you make for his/her educational and social development?

2. Do you monitor the child's homework if it is completed?
3. Do you encourage the child leisure reading? How often?
4. Do you express interest in the child's progress? How often?
5. Do you discuss school with the child? /how often?
6. Do you provide the child with the necessary resource materials?
7. What are the major challenges? Problems you faced in bringing up your child?

II. The deaf child (by means of an Interpreter)

1. Can you tell me your feelings about being deaf in the family?
2. What do you feel about deafness in general?
3. What are your feelings about your family's reaction to you?
4. How do you communicate with your family?
5. What do you think is deafness?
6. What do you believe caused it?
7. Do you believe that the deaf could learn and succeed like any other child?
8. What do you think are the major problems of being deaf?
9. What do you believe are the possible solutions for these problems?

Appendix: C

1. Observation Guide

Meal time

2. How does the family communicate with the child?
3. Is the deaf child treated the same way like other children in the family?
4. With whom is the child eating?
5. Does the child eat the same food like other children in the family?
6. How does the family react to the child's request?

II. During coffee ceremony

1. Is the deaf child allowed to attend the ceremony?
2. How does they communicate during the ceremony?
3. What roles does the child have in the ceremony? (Does the child call neighbors for the ceremony, does the child collect empty cups or does he/she invite people attending the ceremony, etc)?

III During evening times

1. Is the child allowed to participate in same activities?
2. Is the child allowed to participate in family discussions?
3. Does the family give attention to the child's feelings, emotions, etc?
4. With whom does the child talk more?
5. What does the parents do the child?
6. What does the child sleeping place look like? Are there any differences from the siblings sleeping place?
7. Who makes the child's bed?

Appendix: D

III. Concerned Family Members (Focused - Group - Discussion)

1. What do you think are the major problems challenges of having a deaf child in the family? Let us discuss.
2. What do you think are the possible solutions to improve the situation?
3. Have you ever received professionals' help like traehenving in sign language and early intervention?
4. do you think that their guidance and help are important?

What conclusions do you have about deafness, deaf child and parent hood in your family?