



ADDIS ABABA UNIVERSITY

COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES

DEPARTMENT OF SPECIAL NEEDS AND INCLUSIVE EDUCATION AND

COLLEGE OF HEALTH SCIENCE

DEPARTEMENT OF SURGERY AND

DEPARTEMENT OF NEUROLOGY

**The Lived Experience of Motherhood to Children with Speech Delay at Agatos
Academy in Addis Ababa**

By Meseret Mengiste Negash

Thesis for Partial Fulfillment of the Msc in Speech and Language Therapy

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DECLARATION

I, the undersigned, affirm that the thesis titled " The Lived Experience of Mothers of Children with Speech Delay at Agatos Academy, in Addis Ababa '' is my original work. All sources of information used in its preparation have been duly acknowledged.

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This affirmation is for the thesis titled "The Lived Experience of Mothers of Children with Speech Delay at Agatos Academy, in Addis Ababa''. It is Meseret Mengiste's original work, completed under my personal supervision.

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Table of Contents

List of Contents	Pages
Acknowledgment	iii
Table of Contents	ii
Acronyms	iv
Abstract	v
CHAPTER ONE	1
1. Introduction	1
1.1. Background of the study	1
1.2 Statement of the problem	3
1.3 Research Objectives	4
1.4 Research Questions	4
1.5 Significance of the Study	4
1.6 Scope of the Study.....	4
1.7 Limitation of the study	5
1.8 Conceptualization of Key Terms.....	5
1.9 Methodology and Method.....	5
1.10 Research Site	6
1.11. The Study Participants	6
1.12 Data Collection Procedure and Strategies.....	6
1.13 Research Ethics	7
CHAPTER TWO	9
LITERATURE REVIEW	9
2. Motherhood a Conceptual & Theoretical Discussion	9
2.1 Motherhood: on the conceptual and theoretical grain.....	9
2.2 Motherhood Studies in Ethiopia.....	10
2.3 Mothers and children's speech development.....	11
CHAPTER THREE	13
RESEARCH METHOD	13
3.1. Research Design and Approach	13

3.2. Description of the Research Site	13
3.3. Research Participants and Selection Criteria	14
3.3.1. Sampling Technique and Size	14
3.3.2 Respondents Background	15
3.4 Data Collection Instruments.....	16
3.4.1 Interview	17
3.5 Procedure of Data Collection	17
3.6 Data Analysis and Interpretation Strategy	18
CHAPTER FOUR.....	20
RESULTS AND DISCUSSION	20
4.1. Experience of mothers: Description.....	20
4.2 Across-case analysis: Motherhood as Experience and as an Institution	31
4.2.1 Encountering motherhood to a child with speech delay.....	31
4.2.2 Challenges and Opportunities in the Mainstream and Ppatriarchal Society	32
4.2.3 Motherhood as an experience of Coping and Struggling	33
4.2.4 Between Miracle and Despair :Imagining theFuture in The Eye Mothers.....	34
CHAPTER FIVE	35
CONCLUSION AND RECOMMENDATION	35
5.1. Conclusion.....	35
5.2. Recommendations	37
References.....	40
Annex: Consent form and Interview guide.....	44

Acronyms

ADHD:	Attention-Deficit/Hyperactivity Disorder
DD:	Developmental Delay" Or Disability
ECD:	Early Childhood Development
FDRE:	Federal Democratic Republic of Ethiopia,
IE:	Inclusive Education
KI:	Key Informants
PwDs:	Persons with Disabilities
SELD:	Specific Expressive Language Disorder
WB:	World Bank
WHO:	World Health Organization

ABSTRACT

This phenomenological study aims to explore the experiences of mothers with children experiencing speech delay at Agatos Kindergarten. By examining motherhood as an experience, agency, and subjectivity, as well as an institution influenced by mainstream and patriarchal social structures, the study sought to understand how mothers handle their children's speech delays, the challenges they face, and the strategies they use to cope. Seven mothers with children experiencing speech delay were chosen as participants from Agatos Academy in Addis Ababa. Data was collected through semi-structured interviews, observations, and in-depth interactions with the participants. Furthermore, the researcher's personal experience as a mother of a child with speech delay also influenced the discussions. The findings indicate that motherhood transforms women as they deal with their child's speech delay. Despite the challenges stemming from their role as mothers and the influence of mainstream social structures, the experiences of the seven mothers demonstrate how motherhood continually evolves as they strive to provide their children with support and intervention. Consequently, mothers of children with speech delays adapt to their circumstances by transforming themselves and seeking to change the mainstream and patriarchal societal norms that restrict their opportunities in various ways. The study recommends providing continuous training to mothers who have children with speech delays or other disabilities, which complements the effort to create an inclusive society in Ethiopia. Professionals in their pre or in-service training must be trained on how to approach and engage parents. Since producing a large number of professionals and therapists who can provide paid care and intervention to special needs children takes time, it is imperative to train mothers to provide support according to the needs of their respective children.

Keywords: Motherhood, Speech-delay, Therapy

CHAPTER ONE

1. Introduction

1.1. Background of the study

Motherhood is a profound life experience worth systematic study. The concept of motherhood evokes powerful ideologies, cultural assumptions, structures and institutions. Beyond the experience of women who pass-through mothering, motherhood inform various meanings, values and social expectation (Rich 1976). Above all child bearing responsibility define women's experience as mothers (Klein, 1975).

Being a mother to a child with speech delay and other disabilities makes this experience more complex and challenging. Motherhood to a child with a speech delay appears a unique experience as it significantly shapes a dynamic relationship with a child, family members, and the community at large.

The research is an exploration of motherhood to a child with speech delay. The research particularly focuses on mothers who are already able to send their children to kindergarten. Kindergarten age is very critical to speech development and many other milestones. It is a critical intervention period for children with a particular disability and the role of the mother appears very profound and challenging at the same time. Hence, beyond perception and challenges, the study aims to explore mothers' practices, strategies, and coping mechanisms employed to help their respective child to improve their speech and language.

Motherhood as a role makes women experience closely and carries most of the burden of rehabilitation for their children with special needs. Motherhood can also be seen as a natural and social opportunity that can be used in rehabilitation, therapy, and care of children with special needs. Language and speech development are among other social skills that a child acquires from infancy onwards where motherhood plays a significant role (Lestari, 2020). Studies show that mothers with active communication patterns positively contribute to the development of their respective children's language development Children's speaking and language skills should enable them to participate in social interactions and shape their views on reality with that of the surrounding society (Chess & Rosenberg, 1974). Children are expected to gain much information

about the world around them in their early years of age and they get it directly from their mothers or mediated through motherhood.

However, not all children can achieve typical or regular speech and language development (Shetty, 2012). Some children in every society experience language and other developmental delays. These particular children around the age of five show lack of vocabulary, compared to the average children, coupled with poor pronunciation, behavior problems, and psychosocial adjustment disorder. These are indications of speech and language delay. Generally, speech-language delay is a term used to refer to a child with speech and language development that are significantly below the average child at his or her age (Shetty, 2012).

The mother is the most important teacher in the early years of a child's life. Language is learned by listening to others and practicing it (CDC, 2021). When speech delay occurs in a child, mothers as the first caregivers experience serious ups and downs in life. Especially when the external support system is fragile or even absent mothers experience this alone and struggle to make the lives of their respective children better. The World Health Organization (WHO) and the World Bank (WB) estimated that about 80% of the global 1 billion persons with disabilities (PwDs) currently live in developing countries where rehabilitation services are poor or non-existent. Mother, therefore, is the first and foremost person interacting with the child and suffers the most from the child's speech disability mainly in the global south where 80% of persons with disability live.

In various reports and research, motherhood to a child with a speech delay is primarily depicted as victimhood given the fragility of social and institutional support. Popularly there is also a different picture of motherhood depicted as a hero that transcends the child's disability. Motherhood is depicted as a possibility that creates opportunities for her child and many other similar children with speech and other disabilities. My interest in this research is to conduct a phenomenology of motherhood to a child with a speech delay and the aim is to approach the subject without a presumed image of victimhood and bravery of mothers.

1.2 Statement of the problem

Motherhood is a unique social experience with opportunities and tremendous challenges. As an experience, motherhood significantly shapes women's subjectivity. Particularly, when disability is involved, the experience appears unique and complex. For example, when a woman with a disability becomes a mother, the experience tends to be rewarding, though mothers face extreme challenges in Ethiopia ((Belaynesh *et al* 2017). When a woman becomes a mother to a child with special needs, the experience, the opportunity and the challenges appear different. Studies often depict the gloomy image of being a mother to a child with a disability because most focus on the challenges mothers face (Betelhem 2020 and Ermias 2021). For example, Miraf Demisse (2015) states that as a result of their child's disability, "commonly parents of autistic children in Ethiopia, particularly mothers, become disabled themselves." The problems mothers encounter every day and the prescriptive intention of researchers must have shaped this gaze and victim image of mothers of children with special needs.

Popularly, there is an opposite image of a few mothers of a child with special needs as a hero and an exceptional character that transcended the limiting experience of this particular motherhood. These few mothers become popular, particularly as they respond to a child's disability they find a new world of experience. Most established institutions for children with disabilities emerged as a leader that inspires most mothers with similar conditions. The inspiratory role of these few mothers is important, but it may also shape the development of unrealistic hope among other mothers. Unrealistic hope significantly affects parenting style and burdens mothers with extreme responsibility (Nur et al 2018).

The helpless victim and the hero images of mothers depict the two extreme positionalities of the experience of motherhood and also complement each other. However, the two images do not show the experience of most mothers who are neither helpless victims nor invincible heroes. To make the experience of these mothers intelligible, the framing of the research and the subjective interpretation of researchers should go beyond searching the needy mothers who are waiting for policy intervention. Accordingly, this research explores how mothers with uneven social, structural and institutional challenges and opportunities experience motherhood to a child with special needs, particularly to a child with speech delay in Addis Ababa. Such a study is

imperative even to policy intervention and design support programs for mothers of a child with speech delay.

1.3 Research Objectives

The major objective of this study is to explore the lived experiences of mothers of children with speech delays in Addis Ababa.

1.4 Research Questions

Accordingly, the research aims to answer the following research questions: What are the lived experiences of mothers raising children with speech delay and how do they experience this particular form of motherhood?

General and specific research questions:

- How do mothers experience their respective child's speech delay?
- What kind of challenges have they faced and what sort of opportunities are out there to support their motherhood?
- How do mothers cope with the challenges in everyday life experiences as they raise a child with a speech delay?
- How do mothers imagine their child's future??

1.5 Significance of the Study

The study hopefully will be significant to academic and policy.. The documentation and systematic analysis of the lived experience of mothers with a child with a speech delay may contribute to broadening policymakers, caregivers and other professionals' understanding and perception of motherhood particularly to children with special needs.it is hoped to reveal the contribution to the area under discussion. It will help social support centres in designing their policies and programs that can help mothers. Academically, it may also enrich the debate about these particular mothers' experiences. In addition to this; the research result could trigger further studies related to the issue.

1.6 Scope of the Study

The study is phenomenological and will engage participants mainly mothers of children with speech delay selected from Agatos Academy in Addis Ababa.

1.7 Limitation of the study

Since this research is phenomenological a small size of participants considered and this requires caution in attributing findings to any specific individual mothers. Given there are only seven participants who children speech significantly improved other who have severe and also very insignificant speech delay is excluded from the research.

1.8 Conceptualization of Key Terms

Speech-language delay is a term used to refer to a child with speech and language development that are significantly below the average child at his or her age mainly to children above 4 years.

Motherhood: motherhood is an embodied and embedded relational and material practice and experience of women that bear and rear a child

Speech therapy: Speech therapy is one of the early interventions for children with delayed speech.

1.9 Methodology and Method

This research is a phenomenology of motherhood of children with speech delay. It is therefore a qualitative study that uses a descriptive and an interpretive phenomenological approach. Creswell (2007, 57) noted “A phenomenological study describes the meaning for several individuals of their shared experiences of a concept or a phenomenon”. My role in this research is dual as in addition to being a researcher. This approach is chosen due to the reason that “the final written report or presentation includes the voices of participants; the reflexivity of the researcher and a complex description and interpretation of the problem, and it extends the literature or signals a call for action” Creswell (2007, p.53). My voice as a participant and my reflexivity as a researcher will be intertwined in this research with similar experiences of participants.

In qualitative research, the aim is to explore specific cases and issues in depth. Therefore it is an explorative study with descriptive and interpretive features. Through the qualitative approach, this phenomenological study documents and analyzes the experiences of participants, gaining an in-depth understanding of occurrences, their mode of existence, and why and how these occurrences unfold in a particular context Creswell (2007, p. 2). As a mother with a child with a

speech delay, I have a unique experience of being inside the participants' group with organic participant observation opportunities creating important ethnographic possibilities. Accordingly, this particular shared experience of motherhood will be documented descriptively. The research does not end here and, hopefully, it will also interpret the meaning depicted in the description. Hence the research is hermeneutic phenomenology as it is simultaneously an empirical one. Heremetic phenomenology as Creswell (2007) citing Van Manen describes, combines a study of lived experience which is phenomenology and interpreting the “text” of life hermeneutics.

1.10 Research Site

This study will be conducted at Agatos Academy situated in the Gulele sub-city of Addis Ababa City Administration. The school is selected purposively because it is one of the rare schools that accommodate both typical and children with special needs. As it is located in the Gulele area the kindergarten relatively accommodates children from middle-income families as compared to other similar schools that are not affordable to middle incomers.

1.11. The Study Participants

The participants were drawn from a population selected from Agatos Academy where children without speech delay and typical ones are integrated into a kindergarten setting. Agatos is one of the rare schools that struggle to apply inclusive education in the city. As parents from different parts of the city teach their children with disabilities in Agatos, it is chosen as a convenient study site. A maximum of 7 mothers of children with speech delay were selected.

1.12 Data Collection Procedure and Strategies

The following consecutive and concurrent procedures were applied to carry out the research recognizing their relevance to generate information for the study. A review of documents such as research reports and international and national policy documents about speech disorders and intervention will be conducted. Since the role of the researcher is to investigate a phenomenon or event by describing and interpreting participants' experiences in depth about situations under study and to understand specific cases, the researcher used interviews, and observation, in addition to a systematic review of literature. The study is phenomenological; hence in-depth interviews at the school were conducted. The experience will be thematically documented,

interpreted and analyzed locating it into the study of motherhood in inter-disciplinary literature mainly in special needs, speech and language studies, psychology and social work.

The qualitative study employs different philosophical assumptions, strategies, and methods of data collection, analysis, and interpretation. The process involves emerging questions and procedures. Data typically collected in the participant's setting and analysis were made inductively from particulars to general themes and were interpreted (Creswell 2007). Hence, before starting data collection the researcher asked for approval to conduct the research.

After the approval, the researcher conducted discussion about the study and with participants to provide them with what the researcher is going to do. This is used as a transition for involvement and gathering relevant and true data. At the end of the discussion, participants were given consent forms to sign if they agreed to participate. Then, all logistic issues such as finalizing data collecting instruments, providing orientation for informants, and deciding specific schedules or dates, times, and venues to meet with the respondents were determined.

The interview can lead to under-coverage if it is not offered in a language that the respondents speak. Language also can shape the respondents' cultural and cognitive frames, affecting the response formation process (Andreenkova, 2018). So, the instruments for data collection were prepared in the English language, but they were translated into Amharic to grasp the real and original information and vital data to the study. The interview guideline questions and observation checklist were prepared before data collection. Essential and contributing points for the document analysis were also prepared as a checklist before the document analysis took place.

The researcher collected data after ensuring the validity of the by using the advisor's comments and by asking other experts and professional colleagues to check and assess the accuracy of the content area and reliability by using different data collection tools for triangulation purposes and enhancing detailed field notes by using recording devices and appropriately transcribing the document analysis.

1.13 Research Ethics

As Walker (2007) explained researchers need to consider ethical issues before and during phenomenological research. So, confidentiality and privacy will be the cornerstones of this

research to get relevant and appropriate data. The major research consideration in this type of research is informed consent. Therefore the mothers will be informed and any participation will be conditional on the consent of the participants. Accordingly, the information that the participants provided was used only for the study purpose. In addition, the researcher ensured confidentiality by making the participants anonymous.

CHAPTER TWO

LITERATURE REVIEW

2. Motherhood a Conceptual & Theoretical Discussion

In this chapter, the study of motherhood and its conceptual and theoretical debates are briefly discussed to give a foundation to the analytical chapter. Moreover, the study of motherhood in Ethiopia has been reviewed to situate this study, its questions and findings.

Motherhood has become a multidisciplinary subject and has been an object of many inquiries (Mori, 2015). Its focus became more experiential as women's activity. Literature on the mother has grown richer comprising various debates that fall into the conceptual, theoretical, and empirical grain. Psychoanalytic and Feminist theorists have influenced the conceptual and theoretical debates. The empirical grain is constructed more on the phenomenology of mothering and motherhood and therefore appears more sociological. This chapter first discussed the conceptual and theoretical discussion on motherhood followed by phenomenological debates.

2.1 Motherhood: on the conceptual and theoretical grain

The concept of “mother” is an ambiguous noun that primarily signifies a woman who gives birth but also anyone who cares for and raises a child. Mothering hence involves primarily relational experience between a mother and a child. It also signifies the logistical work of nurturing and caring for dependent children (Arendell 2000). Metaphorically motherhood symbolizes caring for others. In this research, motherhood signifies the relation also praxis of carrying children by women since motherhood is organically a woman’s activity. Mothering is a primary identity for adult women, and women's gender identities are reinforced by mothering (McMahon, 1995 cited in Arendell 2000).

At the risk of simplicity, psychoanalytical theorists from Sigmund Freud to contemporary Neo-Freudian developmental theories explain the child’s emerging subjectivity (and other aspects of the child’s mind) as a result of interactions with a mother. Motherhood is studied in relational terms between a mother and child as well as with her husband. “the mother was defined by her place *about* the father and son and their patriarchal prerogatives rather than elaborated in her own right; she was pre-Oedipal" rather than simply maternal” (Bueskens 2014, p. 6). The

relationship, however, is conceived as a derivative of the unconscious instinct of subjects. Hence “the mother emerged only as an absence, an unexplained "hole" in the text, through which the deeper meaning of the child’s (and in particular, the daughter’s) attachment fell.”(Bueskens 2014, p. 8). "

Psychoanalysis's conception of motherhood received critique mainly for lack of social and political dimension in the analysis. Both sociology and different stands of feminist political theories critiqued psychoanalysis for its blind spot towards power relation above all patriarchy. The major contribution of feminist theories is subject-centred articulation and theorization. In the second feminist movement, for example, Simone de Beauvoir’s *The Second Sex* (1949) reject the psychoanalysis conception of mothers and motherhood (Bueskens 2014). Motherhood is seen as a means of subordination of women in Beauvoirian conception. Since then there have been ambivalent positionalities of feminist social theories towards motherhood.

Adrienne Rich’s text is particularly influential for theorizing the differentiation between motherhood as an institution (motherhood as determined by dominant discourses) and motherhood as practice (the experiences of individual women) (Rich, 1976 and see also Jiao, 2019). She suggests that motherhood has more than one meaning; it is both a social institution and a private individual realm that refers to “the potential [and actual] relationship of any woman to her powers of reproduction and children” (Rich, 1976 p. xv). For Rich motherhood is defined as an oppressive patriarchal institution that exploits the reproductive power of women and their relation with their respective children. She also articulates motherhood as an enjoyable experience and creativity is based on choice. Defining patriarchy as an institution and ideology that subordinated women’s experience of mothering. Rich imagines the possibility of de-patriracalization and deinstitutionalization of motherhood. Rich’s contribution to conceptualizing motherhood as a form of subjectivity opens a new possibility to study mothering as a phenomenology of women who have children in different social contexts.

2.2 Motherhood Studies in Ethiopia

Motherhood has been studied in Ethiopia in various disciplines but most explore the phenomenology of mothers. For example, Sewit Haileselassie (2014) explores the experiences of university-educated working mothers within the household and how those experiences affect

their work-related choices. In the finding women remain the primary caregivers of children and the home despite its consequences on other spheres of their lives including their work.

Crivello et al (2019) explore the changing place of ‘motherhood’ in the lives of girls and young women in Ethiopia, from a generational, life course perspective. In their finding “Marriage and motherhood in childhood in past generations was the norm but has increasingly come to be seen as incompatible with the expectations for modern female childhood.”

Ermias Kibreab (2021) explores similarly the lived experience of mothers with autistic children in Addis Ababa and in the finding he identifies social spaces such as public transport and mainstream schools as the most difficult places to deal with autistic children while getting the diagnosis, treatment, and support services for their children is a difficult experience. He also discusses coping mechanisms by mothers to deal with challenges.

These examples of studies of motherhood in Ethiopia focus on motherhood as an institution and underline how patriarchal and mainstream institutionalization affects the experience of women. The identified coping mechanisms such as alcohol and metaphysical connection are also short-term means of coping within the institutionalization of motherhood as a component of patriarchal and masculine society. The exploration of the subjectivity of women as mothers has not been given more attention in these valuable studies. In this study, noting motherhood as an institution but more as an experience that signifies the subjectivity of women, a phenomenology of selected mothers who have children with speech delays is explored.

2.3 Mothers and children's speech development

Mother’s communication is one of the factors that significantly affect a child’s language development. Various researches identified that mothers who have active communication patterns with their children will improve their child's language development (Lestari, et al 2019). Communication development whether it is speech or non-verbal communication to exchange thoughts and feelings depends on parents mainly mothers' activity during early childhood. The home learning environment, particularly the communication environment, for babies and toddlers during the first 24 months influences their language acquisition (Sichari,2016).

Conversation with children impacts early language acquisition (Golinkoff et al., 2019). Mothers who have children with speech delay therefore can play a significant role in improving the child's condition of speech. Parents should bond with therapists and others professionally by playing an active role in early intervention strategies (Brown & Woods, 2015). Researchers indicated children whose parents are more involved in their therapy process will develop language skills superior to children whose parents are less involved (Siller & Sigman, 2008).

Recently conducted research also concludes that “parental speech input supports children's language development and may play a critical role in improving such process in late talkers (Suttora et al 2021). Similarly, another research concludes that parent-based language intervention has practical implications for dealing with children with specific expressive language disorder (SELD) (Buschmann, 2015). This suffices and no need here to go to the debate on the different prosodic, structural and functional features of parental speech to children (see Suttora et al 2021). What should be underlined here is the key role mothers and mothering could play in impacting children's speech and language development.

Motherhood as a caring and nurturing experience involves language stimulation. At the same time, different forms of therapy began to be associated with mothering and paid and professionalization of mothering itself. Therapy signifies paid mothering mainly with the trend feminization of psychotherapy and perhaps other forms of therapies including speech therapy (Bueskens 2014). By inverting this we may ask if motherhood could be associated with the practice of therapy mainly speech therapy for mothers who have a child with a speech delay. As a caring and nurturing subject, a mother must struggle to provide the right intervention for her child's speech problem. If so some sort of therapy must involve the mothering of a child with speech delay. Documenting the experience of mothers of children with speech delay may depict a rich experience of caring and nurturing above all therapying that could illuminate a generation-enriching discussion about the subject of motherhood. Chapter four does this by documenting the selection of seven mothers expiring in mothering children with speech delay.

CHAPTER THREE

RESEARCH METHOD

This chapter is about research design and approach and it briefly presents the methodology, instrument of data collection, the study sites and selected participants in the study.

3.1. Research Design and Approach

This research is a phenomenology of mothers of children with speech delays in Agatos Academy. It is therefore a qualitative study that uses a descriptive and an interpretive phenomenological approach. Creswell (2007, 57) noted “a phenomenological study describes the meaning for several individuals of their shared experiences of a concept or a phenomenon.” This approach is chosen due to the reason that “the final written report or presentation includes the voices of participants; the reflexivity of the researcher and a complex description and interpretation of the problem, and it extends the literature or signals a call for action” (Creswell, 2007, p.53).

In qualitative research, the aim is to explore specific cases and issues in depth. Therefore it is an explorative study with descriptive and interpretive features. Through the qualitative approach, this phenomenological study documents and analyzes the experiences of participants, gaining an in-depth understanding of occurrences, their mode of existence, and why and how these occurrences unfold in a particular context (Creswell, 2007 p. 2). As a mother with a child with a speech delay, I have a unique experience of being inside the participants' group with organic participant observation opportunities creating important ethnographic possibilities. The researcher will be intertwined in this research with similar experiences of participants.

3.2. Description of the Research Site

This study is conducted at Agatos Academy situated in the Gulele sub-city of Addis Ababa City Administration. The school is selected purposively because it is one of the rare schools that accommodate both typical and children with special needs. As it is located in the Gulele area the kindergarten relatively accommodates children from middle-income families as compared to other similar schools that are not affordable to middle incomers.

In the 2023/2024 academic year, the number of children with speech delays is indicated in the following table 1.1 as indicated in the table there were 32 students with speech delays and 27 of them were male and 5 were female students. The majority (85.7%) 6 out of 7 of the children are male and one child (14.28%) is female. This distribution could reflect broader trends in speech delay prevalence, though specific causative factors are not detailed here.

3.3. Research Participants and Selection Criteria

Specifying study participants describes the sampling method, sample size, and procedure followed by the researcher for selecting participants in qualitative research to ensure that the findings will contribute rich data (Korstjens & Moser, 2017).

The participants were drawn from a population selected from Agatos Academy where children with speech delays and typical ones integrate into a kindergarten setting. Agatos is one of the rarest schools that struggle to apply inclusive education in the city. As parents from different parts of the city teach their children with disabilities in Agatos, makes it a plausible study site. A maximum of 7 mothers of children with speech delay were selected. The research participants were selected from Agatos Academy. Phenomenology uses purposive sampling, in which participants meet predefined criteria. The most prominent criterion is the participant's experience with the phenomenon under study. The phenomenon in this research is motherhood to a child with speech delay and issues of progress in speech development were key means to select participants from the kindergarten. The researcher spent considerable time for observation, discussion and interaction in the selected schools during weekdays when students are in the school compound.

3.3.1. Sampling Technique and Size

The samples in qualitative research are generally chosen according to what is known as purposive sampling. Purposive sampling is characterized by the incorporation of specific criteria met by the participants at the moment of selection (Padilla Diaz, 2006). The purposive sampling technique is also used as it helps to seek persons who understand the situation and are willing to express inner feelings and lived experiences of their own. As stated by Kreuger and Neuman, (2006 P.34) "Purposive sampling is important in exploratory research for detailed investigation

and deeper understanding of cases than generalizing about the large amount of population study".

Determining an adequate sample size in qualitative research is important in ensuring the adequacy of a sampling strategy. Sample size in qualitative research is ultimately a matter of judgment and experience in evaluating the quality of the information to be collected (Hammersley, 2015). The sample size is contingent on several factors relating to methodological and practical issues and sample sizes are large enough to allow the unfolding of understanding of the phenomenon under study.

In qualitative research, samples are frequently small to support the in-depth analysis that is essential to this type of investigation. Additionally, qualitative samples are purposefully selected to provide detailed information relevant to the phenomenon being studied (Vasileiou, 2018). According to Creswell (2013), five to twenty-five participants are suggested as adequate for phenomenological studies. Hence, for this research seven in seven informants were selected purposively as participants from Agatos Academy. Despite there were more mothers with children with only those who mother children’s whose speech skills improved are considered in this research.

3.3.2 Respondents Background

In this section, data gathered mainly through key informant interviews, observational checklists and document analysis are presented. Before diving deep into this, the basic characteristics of respondents are presented in the following table .

No	Key informant	Age	Education status	Child		Diagnostic age	Work experience
				Gender	Age		
1	1	36	Certificate	M	5. 6/12	2	Resigned
2	2	45	Certificate	M	12	5	Special needs
3	3	35	Certificate	F	8	6	Janitor
4	4	35	Certificate	M	4	2	Kg teacher
5	5	26	7 th	M	5.5/12	2	Housewife
6	6	32	MA	M	5.6/12	4	Resigned

7	7	39	BSC	M	7. 10/12	3	Private
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As indicated in the table there were a total of 7 voluntary informants in the study. Of the total 5(71.42%) respondents were age range of 30-39 while 1(14.28) was 26 age and 1(14.28) was 42 years old . The majority of mothers or 3 of them (42.86%) have a certificate-level education. Each of the other educational levels (12th grade, 7th grade, MA, and BSc) is represented by one mother, making up 14.29% of the total each.

As indicated in the table Four mothers (57.1%) have stopped working. This high percentage suggests that providing adequate care, including speech therapy, for children with speech delays can be a demanding responsibility, often requiring mothers to leave the workforce to manage their children's needs effectively.

One mother (14.3%) works as a special needs teacher in Agatos kindergarten, 1 mother (14.3%) works as a general teacher in Agatos kindergarten, 1 mother (14.3%) stopped professional full-time work/she was a secretary and sales and resumed working as a janitor for half day when her daughter is going school, 1 mother (14.3%) came to Ethiopia with their son from USA and She does her part-timer work after her son started school.

Youngest Children (4-5 years): 4 children (57.14%) are in this age group (one child his age 4 years, the other child his age 5 years and 5 months, and two of them are 5 years 6 months).Middle Childhood (7-8 years): 2 children (28.57%) are in this age group (one is 7 years 10 months, and the other one is 8 years old). Older Child (14.28%) one child is 12 years old.

The analysis of the diagnostic ages of children with speech delays shows that early diagnosis (2-3 years) is predominant (71.4%) that is 2 children diagnosed at age 2, one child diagnosed at the age of 2 years and 6 months and one diagnosed at the age of 3 years. Later diagnosis (4-6 years) is less common (28.6%), which are the children diagnosed at the age of 4 years, 5 years, and 6 years consecutively.

3.4 Data Collection Instruments

The following consecutive and concurrent procedures were applied to carry out the research recognizing their relevance to generate information for the study.

3.4.1 Interview

The researcher prepared an interview guide consisting of key items of questions that help to generate conversation and detailed answers from the interviewee. An interview is an appropriate data collection tool for qualitative research (Gill et al., 2008). Hence, the researchers design semi-structured questions to guide the interviews. All interviews were held in places chosen based on the consent and convenience of the participants of the study. The issues in the form of queries administered to the participants of the study focused on:

1. The experiences of mothers in understanding, accepting and intervening in their respective child's speech delay.
2. Social and economic challenges have they faced and sort of opportunities are out there to support their motherhood.
3. Coping mechanisms and strategies do mothers craft in everyday life experiences as they raise a child with a speech delay. /Motherhood and efforts to overcome children's speech problems.
5. Mother's imagination and vision about their child beyond miraculous hope and despair.

3.5 Procedure of Data Collection

The qualitative study employs different philosophical assumptions, strategies, and methods of data collection, analysis, and interpretation. The process involves emerging questions and procedures. Data is typically collected in the participant's setting and analyzed inductively from particulars to general themes and interpreted the meaning of the data (Creswell. 2007). Hence, before starting data collection the researcher got the consent of the kindergarten to conduct the research.

After approval, the researcher prepared a discussion about the study and with school participants to provide them with the researcher's intention. At the end of the discussion, participants were asked to sign consent forms. Then, all logistic issues such as finalizing data collecting

instruments, providing orientation for respondents, and deciding specific schedules or dates, times, and venues to meet with the respondents were well designed accordingly.

The interview can lead to under-coverage if it is not offered in a language that the respondents speak. Language also can shape the respondents' cultural and cognitive frames, affecting the response formation process (Andreenkova, 2018). So, the instruments for data collection were prepared in the English language, but they were translated into Amharic to grasp the real and original information and vital data to the study. The Interview guideline questions were prepared ahead of before data collection.

The researcher collected data after ensuring the validity by using the advisor's comments and by asking other experts and professional colleagues to check and assess the accuracy of the content area. Reliability is ensured by using different data collection tools for triangulation purposes and enhancing detailed field notes by using recording devices and appropriately transcribing the document analysis.

3.6 Data Analysis and Interpretation Strategy

As stated above, a qualitative research method was employed to analyze the collected data. The data collected through the interview was thematically organized and analyzed following the thematic issues. The thematic organization and analysis were done following the major objectives of the study mainly the lived experiences of mothers raising children with speech delay.

The researcher describes and lists each of the relevant quotes of the study topic to give them equal value to the expressions of the participants and proceeds to identify the main point of the phenomenon (Creswell, 2013). The researcher analyzed the data qualitatively by focusing on the explanation of the practices, beliefs, thoughts, experiences, and feelings of participants. The analysis involved coding or categorizing the data into themes. An attempt is made to read patterns of meanings from the data organized thematically. As a result, the researcher stated the results using direct participant wording, field notes, and documents, separating the main points into segments and units, and summarizing them into much smaller categories under four/five themes using descriptive and narrative text.

Then, the discussion and analyses were made by integrating the results with the review of related literature and the researcher's knowledge, skill, experiences, and evidence-based judgment by addressing participants' words followed by descriptive explanations from the researcher and supporting them with literature. Then, data interpretation was done by interpreting the findings inductively, synthesizing information, and drawing inferences and comparisons.

Therefore, in chapter five the researcher stated the summary, conclusion and recommendation separately based on the interpretation of the result and the professional judgment.

CHAPTER FOUR

RESULTS AND DISCUSSION

This chapter presents primarily the data descriptively. Followed by a thematic analysis using theory, perspective, and concepts reviewed in the second chapter. The themes were organized following the major questions of this research such as the experiences of mothers in understanding, accepting and intervening in their respective child's speech delay. The social and economic challenges have they faced and sort of opportunities are out there to support their motherhood, coping mechanisms and strategies do mothers craft in everyday life experiences as they raise a child with a speech delay, mothers imagination and vision about their child beyond miraculous hope and despair and What lesson can be deduced from mothers' experiences and reflections. First brief descriptions of each informant's experience are presented in the following section.

4.1. Experience of mothers: Description

Key informant one

The first mother interviewed is named Emu. She is married and has one child who is 5 years old. Initially, it seemed that the child did not have any speech problems, as he was able to recite the alphabet at around one-year-old. However, at the age of two, he began showing unusual behaviour such as not responding to his name, being unable to speak at his age milestone, and displaying repetitive actions without reason. After taking him to a neurologist who had been monitoring him for other health issues it was revealed that he was experiencing speech delay and exhibited some symptoms of autism. Despite the repeated advice from her mother for the past 8 months to take him to the hospital, she had not paid much attention, assuming that nothing was wrong with him. Some people also told her boys to speak late and gave her hope he would speak as he grew.

When the doctor told her about speech delay and mild to moderate autism, she didn't know the extent of the problem. Her husband was also confused by the diagnosis. She started to search on YouTube, and she saw different things about autism, especially when she saw the lecture of the owner of Meleu Foundation, Mrs Tigist and tried to accept it and even showed it to her husband.

"After 3-4 months of anxiety, I started to do the intervention, he received applied behavioural analysis (ABA) and speech therapy for 6 months when he was almost three years old" Emu explains. What she did immediately was to go to the market and buy a table and a chair to teach him to speak one-on-one. She said "I decorated the walls of the house, and I bought balls balloons and other materials. Started to choose foods that are gluten-free and stopped milk."

Initially, she faced some challenges but remained proactive by teaching the child to eat with his hands and nurturing his love for singing, which eventually led him to hum the Our Father prayer before he even started speaking. She turned to YouTube for guidance and purchased books on autism subsequently, she invested in a 3-month training program at the Melu Foundation for speech therapy, where she learned effective techniques to manage negative behaviours and prepare gluten-free meals. Following the completion of the program, she obtained a certificate in special needs education. She said "to continue his progress, I hired a teacher to provide speech and language support at home. Since then, I've dedicated considerable time and effort to further assist his learning by creating tailored educational materials.

The informant was in Arab countries worked as a hotel chef and came to here Ethiopia. She also worked as chief in the hotel and had a shop. Later on, it became harder for her. She said, "My husband changed his job and also started school, he could not help me". The housework was on her in addition to carrying and helping the son. I argued with my husband.

At the age of 4, he started KG and she told the director who was a foreigner, and teachers about her child's case. Then the director told her that they didn't have professionals to help him. She decided to try to make her kid be part of the school. He got admission but without any special assistance from teachers. At the end of the year, they did not even give the results of the child.

"Then in the summer, I started homeschooling my son at home. I work it until 6 o'clock, I stand him to sing and sing 3 to 4 songs. I teach him how to paint in addition to speech." She explained.

When she got tired, sometimes she took him to the family house or, to the playground. In September, she put him in a school in the neighbourhood and started working. but the kid regressed and came with the behaviour of another child who cries and screams and collides with the wall. So she withdrew him from school and started working on homeschooling. "Again I

hired a teacher who gave him speech therapy, besides me, my husband has played with him on Sundays, like he rides a bicycle and helps me," she explained. When they go to her mother's place, she gives comfort extends care and love to him and prepares the food he needs, such as cabbage and lentils.

This year he got admission at Agatos in February and is doing very well. Now he can say his name up to his father, his age, his mother's name, his father's name, the name of the school he attends, and his class. After school, he sometimes plays with the children in the neighbourhood, throws the ball, and sometimes sits and watches them.

"I have a neighbour, he loves her, and when he goes to her house, she plays music and dances with him." she proudly explains.

He has been baptized with holy water since he was two years old, anointed with holy anointing, and attending church since the age of two. "I think he will be a musician in the future. After I switched to gluten-free food, he fell asleep for the whole night. I volunteered for a week at Agatos School, but I still don't feel like I did much."

A theme emerged from the life experience

The informant's primary experience is her subjective, dynamic experience as a mother of a child with a speech delay. She encountered and struggled to transcend the limitations created by the circumstance. She turned herself into a teacher, speech therapist and special needs educator through reading and training. The challenges she encounters emerge from the mainstream exclusive school and social spaces. There is a lack of awareness about special needs, and above all, a defined role given to her by a patriarchal society as a mother appears visible.

Key informants 2,

The second key informant's name is Hady. She has two children. Her second child was slow to speak and didn't start speaking until he was four years old. She said "We first attributed the delay to language confusion, as most people around us speak Arabic. We hope that he will improve his speech over time."

“When my son was five years old, I took him to the paediatrician, who told me that he was speech-delayed and had autism. At that time, I didn't know much about autism, so the doctor advised us to socialize and play with other kids. A couple of months later, we went to Ethiopia with hope, but we couldn't find a school or a speech therapist for my son. When my husband and I received the diagnosis together, I felt confused and anxious. Not being able to find the right support for my son in Ethiopia made me feel depressed. Back in our country, I confided in my mother about my son's speech difficulty. Even though I am a follower of Islam and my mother is an Orthodox Christian, we prayed together for my son, even going to church and praying at the mosque.”

First, she took him to Joy and Nehemiah Autism Center. They told her there was a queue of up to 1000 people. Then she ran here and there but couldn't get a solution. She described how she came up with a new solution as follows:

"Then I looked for another solution. I went to Nehemiah Autism Center and told them that I wanted to work as a volunteer. They accepted me and I started doing everything that they did. I saw the children making mouth movements and making words come out. When the children were forced to feed by themselves, they played with mud, balloons and other ordinary materials they used to make it order and match the colours and so on then I went to my house at night and started working on my son."

The institute arranged different training by different experts from different countries. She also started to be trained with the help of a language interpreter. Finally, the institute concluded that she could do better if her son joined the institute.

He could not speak, he would pull her hand and show her what he wanted. Her brother and sister were living with her and they would take him to go outside. Her mother also helped her. Gradually she began to think not only of her son but also of other children with special needs. The community when they saw him considered him mentally ill and they used to advise her to take him to church for holy water baptism.

I hired a speech therapist at home to give him one-to-one speech therapy intervention in addition to Nehemiah for 6 or 7 months. He started talking, received one-step and two-step commands, speaking, and answered in a good way relatively. He mastered basic things, his name, his age, his mother's name, his father's name, and other short conversations. She spends a lot of time with him after school and on weekends. He still needs her support, there are things he can't do. Like he can't explain and make it a conversation and, he doesn't know evil and wrong.

Friends, her sister, and her mother, who helped her by giving him orders, They helped him to have two-way communication and discussed with her friends about nutrition, how to upgrade his speech, etc.

"I sometimes cry being a mother of speech delay when I see that there is a negative attitude in the society." Despite this challenge she taught him to ride a bicycle, play football and swim, he goes out and plays with the neighbourhood kids. He has various skills, he dresses, eats food by himself, and can express himself but still, he has a speech barrier.

"I wish in the future speech therapy will be given by the government institution or if the private is also given at a moderate price, to reach different societal groups.

A theme emerging from her experience

Through Hady's personal experience, we gain insight into the complex and subjective nature of being a mother to a child with a speech delay. We learn about the multitude of challenges that such mothers face within the societal framework, particularly the limited availability of inclusive schools in urban areas. Her experience depicts the role of religious institutions, family support, and the coping mechanisms required to navigate a mainstream societal structure. Hady's struggles and efforts to provide her son with immense love, care, and essential therapeutic interventions are vividly portrayed.

Key informant three Case 3

The third key informant is 35 years old married and has two daughters. Her second daughter was diagnosed with a speech delay at the age of 6. Initially, she didn't see her daughter's speech delay as a problem, but after her daughter's teachers raised concerns, she sought help from a neurologist.

Despite initial resistance from her husband, she left her job to care for her daughter and sought help from Agatos School, where she received valuable training in nutrition, language, and social skills.

"When I started to apply it to my daughter, she started repeating the word and understood what it meant. She became calm" she stated. My family all have the same position and they help her with ideas as much as possible. Her daughter used to say some words that were difficult to understand. She communicated by pointing and uttering some words.

"People often find it difficult to understand speech delay and may mistake it for bad behaviour when a child is overactive. When a child does not respond to people, many consider it to be strange behaviour. I have to explain to them that she can't speak not because she doesn't want to, but because she physically can't. Some even suggested taking her to a spiritual place to rid her of a "ghost." I stopped taking her to birthday parties because she would bother others, but I realized that socializing is important for her development, so I started taking her to our neighbours' gatherings. Even if some people are judgmental, I try to ignore their negative reactions and listen to my instincts."

Instead of finding a speech-language therapist, she gave her therapy herself with the help of her 9-year-old sister. She would tell her sister to repeat what she said, and she did the same. The Agatos Academy provides training that has helped her provide support for her daughter.

Her daughter improved a lot as a result. She expresses her name, age and what she wants for example she says "Give me water if she wants to drink water", and she asks for a toilet when she wants to pee. She spends most of the time after school and on weekdays and I give her therapy or help her to trace and write or draw etc. Every day for 20-30 seconds. She needs my help in writing. But she won't talk when she has pain so if her behaviour changes or is different from the other day, I will take her to the Hospital.

"I have a neighbour who understands my daughter. I trusted her for the first time and I allowed her to go home and play and dance with her." I'm happy being a mother to her and made me think of God". Tsedi stated "My daughter now plays, learns, tries to dress, and wakes up in the morning. She enjoys listening to music, and she likes to write or draw on the whiteboard that is her favourite routine."

Her daughter becomes her reason for living. She wants to see her daughter become self-reliant and achieve that. She loves talking about speech delays and other forms of disability to create awareness among the public.

Theme from her experience

The key informant, similar to the previous two mothers, struggles to help her daughter in mainstream society. Her experience also shows that family support is key while community

awareness about disability is very poor in the city. she also has an optimistic vision for her daughter. Beyond helping her daughter, similar to previous informants, she also wants to help others.

Key informant 4

The fourth informant's name is Bere. She is 35 years old and works as a kindergarten teacher. She has a certificate in teaching and teaches at Agatos School. Bere is married and has one child who is 4 years old. Her child was diagnosed with autism at the age of 2. When he was 2 years old, Bere noticed that he didn't have any words and didn't want to be touched. She took him to the pediatrician and he was diagnosed with a mild level of autism.

"I politely told his father that there are other children who need help, and I believe our son also needs help. When I gently advised him that our son shouldn't be disturbed, he responded by saying, "He is my son, and even if he turns into a beast, I will stand by him." It became apparent to me that there was a problem when he didn't have any words, particularly because I work with children."

"After I arrived at Agatos, I received training. I cried during my first training session. I didn't know much about autism, especially about nonverbal children. I believe that I have to take action instead of just trying. I used gestures, spoke, sang, and communicated with my child. I even tried to anticipate his needs, such as when he needed to use the restroom or was thirsty. I would offer him food and water, and sometimes he would guide my hand to show me what he wanted."

When her son was two years old, she tried to enrol him in a daycare, but they refused to accept him because he was sick. She then approached another school and even offered to take a pay cut to afford their fees, but they also turned us down. As a result, she had no choice but to stay at home without a job for six or seven months. After some time, she learned about Agatos School and applied for a job there. She explained her son's situation to them and asked if she could bring him with me. They responded positively and allowed her son to stay in the nursery.

There is pressure from society, and they say that it affects morale. They try to talk to him and bring other children his age to compare him. However, he is very active. The only concern at the moment is that he is not talking like other kids his age. Because of this, people have concluded that he is sick. They thought they had to go to church to have him baptized and prayed for,

believing he had an evil spirit. This situation creates discomfort for her. She ignored them but felt excluded from society.

“My son has improved a lot. He expressed his name and very Agatos teacher's name he takes speech therapy two days a week, Agatos academy and the school community help him to learn and interact with him even before his age is not ready for school. Now he is 4 years old and started nursery class.”

He likes drawing instead of talking to him, it helps a lot if you tell him about yourself in a picture. He tries to draw a picture. She shared her feelings and imagination about the future of children as follows:

“Sometimes I have fear about the future, if I were to die, what he would be, so I want to teach him everything until he becomes independent and should qualify him and work hard to help society understand him better.”

She aspires to engage with society mainly with mothers who have children with disability. She stated it as follows:

“I want to share my experience with the parents whose they have special needs children they accept as normal as the typical ones and if they accept them and give them love and care they would be changed.”

Theme from her motherhood experience

Bere, similar to other mothers of a child with a speech delay, struggles to navigate within mainstream society to find the right support for her child. Her husband appears to be very helpful. She has an optimistic vision for her child.

Key informant five

The fifth informant's name is Atse. She is 26 years old, married, and has two children. She quit school in 7th grade and started to work in a hotel as a chef but quit the job to take care of her 5-year-old son who has been diagnosed with a speech delay. She lives with her husband's brother and sister.

Her son's speech delay was discovered after he was hospitalized for an illness at the age of 2. The family initially kept it a secret but it eventually became known to their neighbors and family members. Despite the challenges, Atse has been taking care of her son diligently, along with her 3-year-old baby.

She expresses concerns about her son's future and her inability to provide him with professional speech therapy due to a lack of information. However, she has seen a positive change in her son after he started therapy at school, and she remains hopeful and determined to support him.

Atse also wishes for more support from the government for children with special needs and hopes for a better future for her family. If his mother is not around, she has a 3-year-old baby. She looks after him, locks the door from inside, calls his name and makes him come back when she sees something burning.

When she takes him to the playground, many parents are unwilling to play with their children and don't like it. We quarreled with a neighbour. When he came out and said bad things to him, she felt very sad. Early in the morning, she would prepare a lunchbox and take the kids to church, keeping them there until night, to allow their father to go back to work.

She didn't take him to a speech therapist for an assessment because she didn't have much information about professional speech therapists. He has changed a lot with the therapy he receives at school. Now he is calm and has started eating. He tries to call her and his father by name. She said "My child spends more time with me. I provide every support at home to improve his speech." She states her ambivalent imagination about her child as follows:

"I had been feeling despair, but now I have been rewarded. I felt hopeless because I couldn't get an education. He doesn't play with the neighbour's kid; he plays with his sister, which is not very limited. I am worried about what will happen if there is something wrong with me. I know God knows, but I am frustrated about the future. I wish he could better express his feelings, and do things as normally as other children. I am ready to do everything; I always have hope."

She also states, "One day, time will tell. I believe it is much better than before. Today, tomorrow will be better than today."

Key informant 6

Key informant six is 32 years old and has a Master's degree. She was working in sales. She has two children. Her second child, who is 5 years old, was diagnosed with speech delay at 4 years of age.

Since he was 3 years old, his words are limited. I couldn't admit that he counts alphabets he also counts numbers. We went to the hospital for another follow-up and they told me that he has a

speech delay and Attention-deficit/hyperactivity disorder (ADHD) but can't admit it, my husband still doesn't admit it, and he challenges me.

"I didn't tell anyone that it was me and his father who held his case. When some of our families see him, they understand that he has a health problem and advise us to take him to prayer instead of treatment. Now we spend some time practising, we talk to him frequently, and we sing songs to him. when we come to our communication he brings something he needs by himself or pulls me by the hand. When he is sick, he slows down his running. Then I took him to the hospital even though he didn't have pain."

There is no one in the house except me, his father and his sister. Occasionally, I have a brother who is studying medicine. When he comes, he understands the problem and tries to talk to him. I used to be an employee and now I quit. I can't work when he is at home. I spend my time hiding things.

"The school has also benefited us. It has given us training on what to eat and how to help". she states. She has given up many things for him. He wants a lot of support and still has a lot to do. There is no family and they don't let him go to the neighbors so he stayed at home mostly after school. She is sad because of her son and also has hope in God because she thinks she is far from God's place, now because of her son I pray and have a strong attachment with my God.

"We should be able to do things to the best of our ability, regardless of any problems or economic failures. It's important not to be discouraged, especially if the society around us is supportive and understanding. However, if they do interfere with our lives, we must stand firm and raise awareness about the issues we face. If the community is aware of our problems, they can help protect our children and give us a voice. We must not lose hope, and in the future, I hope the government will recognize our efforts. Currently, government schools do not accept us, but if more schools are built, it would be beneficial if necessary changes are made to the policies."

Theme from key informant six

The informant, Tena, experience informed the mothering experience of her 5-year-old son who has been diagnosed with speech delay and ADHD. His life experience depicts how she and her husband struggled to come to terms with their son's condition, especially when faced with scepticism from their family. Tena similar to the other informants in this paper has left her job to care for her son and has found solace in prayer. She emphasizes the importance of support and understanding from the community and hopes for better recognition and support from the

government. Transformation of the mainstream society is key to embracing the dynamic motherhood that shifts as a result of encountering speech delay.

Key informant 7

The seventh informant is a 39-year-old mother with a 7-year-old child born in the US. She holds a BSc in dental hygiene. When her son was 3 years old, he was diagnosed with speech delay and autism. Initially, she and her family struggled to come to terms with her son's condition as they believed that boys are usually late to develop. However, with time, she and her husband accepted the situation and recognized the challenges her son faced.

She enrolled her son in a school for special needs students, but he found it difficult to adjust and often cried when he had to go. When the COVID-19 pandemic led to the closure of schools, she took the opportunity to educate herself and work from home so she could spend more time with her son.

Following the pandemic, she and her son relocated to Ethiopia where her nieces provided valuable help in improving her son's communication skills. She now works at a private business and makes sure to give her son the attention he needs while also assisting him with his speech.

She faces challenges from society and schools, where her son's behaviour is often misunderstood. She emphasizes the importance of strength and dedication for parents of children with special needs. She also expresses concern about her son's future and advises other parents to seek help if they notice developmental delays in their children.

She strongly believes that society and the government need to be more aware of and supportive of children with special needs. She hopes that by raising awareness, there will be more understanding and acceptance for children like her son.

A theme emerging from key informant 7's experience

She, a 39-year-old mother, has a 7-year-old child diagnosed with autism and speech delay. She struggled to accept her son's condition at first but later embraced it and dedicated herself to supporting him. This depicts the transformation and dynamic nature of being a mother to a child with a speech delay. She emphasizes the need for strength and dedication for parents of children

with special needs and advocates for greater awareness and support from society and the government. As a mother's struggle is multiple while responding to a child's case her life also depicts the need to work to transform mainstream society.

4.2 Across-case analysis: Motherhood as Experience and as an Institution

In this phenomenological exploration, the major questions that guided the study were what are the experiences of mothers in *understanding*, *accepting* and *intervening* in their respective child's speech delay? What kind of social and economic challenges have they faced and what sort of opportunities are out there to support their motherhood? What kind of coping mechanisms and strategies do mothers craft in everyday life experiences as they raise a child with a speech delay? And what is their imagination and vision about their child beyond miraculous hope and despair? As discussed in the conceptual and theoretical discussion these questions fall either in a conceptual grain of motherhood as an experience and pleasant power of women or as an institution that limits this reproductive power because of patriarchal gendered role and more in our case because mainstream culture and exclusionist structure and institutions.

4.2.1 Encountering motherhood to a child with speech delay

The result shows the experiences of these seven mothers reveal diverse timelines and circumstances under which they discovered their children's speech delays. From the responses of the seven mothers, it's evident that most of them did not identify their children's speech delays as early as possible; most mothers noticed signs of speech delay around the age of 2 to 3 years. Some delays were identified later, around school age (6 years old), especially when initial speech milestones were not seen as concerning. Common early signs included a lack of response to names, limited vocabulary, unusual behaviour, and difficulty in speaking. These are easily identifiable problems. Early identification: Early signs such as lack of response to names and unusual behaviour can be critical indicators of speech delays.

All seven mothers recognized that their children had speech delays, yet they did not take them to the hospital promptly due to various reasons. Cultural beliefs, such as the notion that boys develop speech later, contributed to the delay for some. Others compared their child's progress to that of an older sibling who also spoke late, leading to a wait-and-see approach. Language confusion and the child's ability to count or say short words like ABCs initially masked the

severity of the speech delay. These factors collectively resulted in delayed medical intervention, highlighting the need for increased awareness and education about speech development milestones.

The mothers interviewed displayed varying degrees of acceptance and confusion regarding their children's speech delay diagnoses. Some mothers initially rejected the diagnosis, citing their child's ability to count a,b,c,d, and recite letters or short words as evidence against it. Others attributed the issue to language mixing, further complicating their acceptance. The diagnosis often led to significant emotional distress, including anxiety and depression, particularly among mothers. One mother described her challenging journey of accepting the diagnosis and gently informing her husband, fearing his possible negative reaction. Another mother struggled to accept her son's condition, while her husband remained in denial and confrontational reaction. Conversely, in some cases, as the mothers came to terms with the diagnosis and controlled their emotions, their husbands eventually followed suit and accepted the situation. This range of responses underscores the emotional complexity and varied coping mechanisms among parents facing their child's speech delay.

4.2.2 Challenges and Opportunities in the Mainstream and Patriarchal Society

Ones encountering the problem of speech delay or similar disability mother's first challenge was how to accept this circumstance given limited awareness among most mothers. Second how to communicate to the fathers since the blame goes to mothers and fear of reaction from fathers. Third, how to inform the family and the wider society was a challenge.

Parental Perception

There was a range of initial responses from not worrying due to family history to immediate concern upon noticing signs. Cultural or familial beliefs (such as boys speaking later) influenced the timing of seeking professional help.

Out of seven, husbands, six relatively accepted and only one father remains in the denial stage for a long. The same is true with close family members siblings and grandmothers. Most

provided support to mothers who have a child with speech delay. Others recommended spiritual intervention as per religious institutions' rituals.

All mothers experienced the mainstream exclusionist culture when it came to their children with speech delays. This mainstream culture manifests at the individual level from neighbours, or institutionally from schools, churches and hospitals as well as in many other public places. Most public places are not inclusive in Addis Ababa as the experience of these seven mothers revealed. This mainstream structure and institution appear the major challenges mothers encounter.

However, few neighbours and family members assist these mothers and their respective kids. The presence of schools such as Agatos also provided a critical intervention to these mothers.

4.2.3 Motherhood as an experience of Coping and Struggling

The lives of these mothers are profoundly influenced by their agency and subjectivity, which are shaped by their unique experiences with their children and the societal structures that do not always accommodate them. This gives rise to a complex interplay between motherhood as an expression of agency, lived experience, and subjectivity, and the institutional constraints that can limit their autonomy and happiness, as outlined in the theoretical framework of bifurcated motherhood using Adrienne Rich's (1976) work. The contradiction inherent in this duality is made possible by the distinct and ever-evolving phenomenology of each participating mother.

The mothers' ongoing struggle to integrate their children into mainstream society underscores their remarkable capacity to adapt to and address the challenges they encounter. They transcend the constraining structures and navigate the obstacles present in mainstream and patriarchal society to expand their roles as primary caregivers and nurturers. The experience of motherhood is dynamic, compelling women to leave previous occupations behind so they can become nurturing educators, therapists, and nutritionists. They draw knowledge and expertise from diverse sources as they embrace these new roles.

These mothers do not merely find themselves thrust into the world of disability due to having a child with speech delays. Instead, they actively strive to overcome the barriers imposed by prevailing social structures. Their efforts extend beyond personal boundaries as they connect

with other mothers facing similar challenges, collectively working to broaden their horizons. They also advocate for societal transformation through various means.

4.2.4 Between Miracle and Despair :Imagining theFuture in The Eye Mothers

All mothers seem optimistic about their child with a speech delay. However, their respective children also give them a sense of purpose. They hope to support their children until they become self-reliant. They also express feelings of insecurity and fear due to their child's circumstances and the enduring mainstream social structure. Nonetheless, they envision a future marked by gradual change and improvement in their child's speech skills. This hope is neither miraculous nor despairing; it is a realistic optimism that becomes evident as the mothers work to intervene in their respective children's circumstances.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATION

This chapter briefly presents the conclusion drawn from this study on the phenomenology of mothers who have a child with speech delay. The conclusion follows the research questions such as the context of encountering the child's speech delay, the challenges mothers face because of their child's condition and the means of coping mechanism and the mothers' perspective on the prospect of their respective child.

The themes were organized following the major questions of this research such as the experiences of mothers in understanding, accepting and intervening in their respective child's speech delay, The social and economic challenges have they have faced and the sort of opportunities that are out there to support their motherhood, coping mechanisms and strategies do mothers craft in everyday life experiences as they raise a child with a speech delay, mothers imagination and vision about their child beyond miraculous hope and despair and what lesson can be deduced from mothers' experiences and reflections. First, a brief description of each respondent's experience is presented in the following section

5.1. Conclusion

The study conducted on seven mothers of children with speech delays from Agatos Academy in Addis Ababa reveals critical insights into the multifaceted challenges these mothers face daily. They encounter challenges as they occupy a crucial role in the patriarchal and mainstream social and structural context. Motherhood appears as an institution where the woman who becomes a mother is expected to habitually play an ascribed role and task.

When mothers have a child with a speech delay in mainstream society motherhood as an institution burdened them with additional roles and tasks. Hence any phenomenology of motherhood evolved in this entanglement of women with this structural and sociological context. This reveals how women came to know their respective child's speech condition late and how lack of awareness about speech delay and other forms of disability reproduced by mainstream social culture significantly affects the possibility of early detection and intervention. The popular view towards disability in general and speech delay in particular negatively affects early

detection particularly when it comes to speech denial of the problem is very prevalent. This means motherhood as an institution produced by patriarchal and mainstream culture conditions and adversely affected mothers' understanding, acceptance and intervening in their respective child's speech delay. Early recognition and intervention of speech delays are crucial, yet the mothers in this study reported late recognition, which delayed effective intervention. The efforts of these mothers have led to progress in their children's speech development, although at a considerable personal cost.

The participants' experience reveals how motherhood as an institution eclipsed and limited the possible power and joy of motherhood. Mothers' relations with their husbands, family members, neighbours and society in general particularly as a result of their respective child with speech delay reveal the deeply entrenched patriarchal and mainstream culture that negatively affects motherhood. The study reveals mothers carry the burden of mothering a child with a speech delay without any change in the respective role they play at home and in the community. The experience of most of the women in this study mothers are forced to leave their jobs and focus on carrying and mothering their children with speech delays.

The study also reveals the emotional and physical toll on mothers who often quit their jobs, face economic dependency, and experience isolation and emotional distress. The lack of societal acceptance and support exacerbates their burden, as does the inadequate provision of inclusive educational and therapeutic services. Furthermore, the community's misconceptions about speech delays, sometimes attributing them to parental sins or spiritual causes, add to the mothers' challenges.

Moreover, societal stigma and a lack of inclusive educational opportunities exacerbate their burden. The lack of community acceptance and support, coupled with insufficient inclusive schools and therapeutic centres, creates a challenging environment for both mothers and their children.

The progress in children's speech development is largely dependent on the mothers' efforts and the timing and consistency of the interventions. The study underscores the urgent need for systemic support to alleviate the mothers' burdens and enhance the efficacy of speech therapy interventions.

However, as a dynamic institution, this phenomenology depicts a gradual change and transformation that creates relatively better opportunities that open new possibilities for mothers. Progressive husbands, family members, neighbours, and schools depict this gradual transformation of motherhood as seen in the phenomenology of the participants in this research.

The significant role that mothers play in the speech therapy and overall development of their children is also discussed as a phenomenological experience of mothers. Regardless of their educational background, these mothers have taken on the primary responsibility of providing speech therapy, often without adequate support from the community, educational institutions, or government. This reveals motherhood as an experience where mothers in their everyday struggle to cope with the challenges emanating from their social conditions and new continuously evolving subjectivity women who mothered a child with speech delay. Motherhood appears as a dynamic experience that encounters motherhood as an institution. In this encounter, both aspects of motherhood get transformed.

Mothers gradually become like therapists and educationalists as they struggle to give a better place to their respective children. Despite the challenges, the mothers employed various techniques and strategies—some self-taught, others acquired through formal training or community institutions—to help their children progress in speech development. The research shows that mothers predominantly bear the responsibility for their children's speech therapy, often without adequate early diagnosis and professional support. Despite varying levels of education, these mothers have employed a range of self-taught and institution-based techniques to aid their children, demonstrating significant dedication and resourcefulness.

5.2. Recommendations

Based on the findings and supported by the literature, the following recommendations are made. Some of the recommendations can be implemented by the mothers who have children with speech delay and many of them by the government agencies, schools and civil society organization together:

Increase public and parental awareness

Increase public and parental awareness about the signs of speech delays and the importance of early intervention through media campaigns and healthcare provider education. Implement standardized early screening protocols in pediatric and healthcare settings to ensure early detection of speech delays. This is needed because a lack of awareness and knowledge about speech delay often produces denial by the parents and the community as revealed in this study. Moreover, the societal perspective about children with speech delay and other forms of disability appears very exclusionary and biased. This manifests in a lack of inclusive institutions and the everyday experience of mothers with a child with speech delay with their family members and neighbours. Hence increasing the awareness and knowledge of the society is urgently needed towards building an inclusive society that embraces children with special needs. Encouraging community participation in supporting families through inclusive social activities and support networks is very important. This may transform motherhood into an institution produced both by patriarchy and mainstream culture.

Training and Support for Mothers

This reveals the struggle of mothers to give care and right mothering to their respective child with speech delay. This shows the agency and subjectivity of mothers depicting an immense possibility for social transformation and building an inclusive society. With little support, the women who participated in this research travelled far to intervene and provide care to their respective children. Their experience pointed to the potential of mothers to serve as not only caregivers because of their motherhood but they can be mobilized as partner therapists and educationalists if they get appropriate short-term training. Hence developing accessible training programs for mothers on speech therapy techniques, utilizing online platforms, local institutions, and community centres significantly enhance their efforts. Given producing professional therapists in Ethiopia is beginning, mobilizing and supporting mothers to become partners of therapists and educationalists with short-term training is indispensable.

Forming Mothers' Community and Network

Forming a community of mothers also appears a significant and effective strategy as the study reveals online and school-based community conversations transformed mothers understanding and capability. Establishing support groups and counselling services help to address the emotional and psychological needs of mothers, reducing isolation and stress. These also serve as experience-sharing platforms that have an invaluable place in transforming motherhood. Above all to make their voice heard and influence policy mother's should established parents' association and act accordingly.

Inclusive Education

Despite the rhetoric, inclusive education is not fully accessible in Addis Ababa. Enforcing inclusive education policies that mandate the inclusion of children with speech delays in mainstream schools is very crucial. As the experience of mothers in this reveals getting inclusive school appears very difficult in Addis Ababa and this made mothering a child with a speech delay very difficult. Inclusive schools are the foundation for building an inclusive society.

Government and Institutional Support

Access to diagnosis and therapy services is very limited in Addis Ababa. Hence establishing this service and making it accessible is imperative to minimize the burden of mothers and their children with speech delay. The government needs to establish this service at basic health service institutions at the district level is important given the prevalence of speech and other forms of disability in the city.

Research

As discussed in the second chapter most research explored motherhood as an institution as a part of women's experience and often motherhood as agency, subjectivity and experience has been given little attention. This study reveals how the subjectivity and agency of mothers reveal an insightful aspect of how to address the structural and institutional burden that women encounter in their everyday lives. Hence focusing on women's subjectivity and agency may further enrich our understanding of the phenomenology of mothers as they encounter and interact with institutional and structural conditions.

References

- American Speech-Language-Hearing Association. (2020). Guidelines for Early Identification of Speech and Language Delays. Retrieved from asha.org
- Arendell, Teresa. (2000). Mothering and Motherhood: A Decade Review. Berkeley Collection of Working and Occasional Papers.
- Belaynesh Tefera, Marloes Van Engen, Jac Van der Klink & Alice Schippers (2017) The grace of motherhood: disabled women contending with societal denial of intimacy, pregnancy, and motherhood in Ethiopia, *Disability & Society*, 32:10, 1510-1533, DOI: [10.1080/09687599.2017.1361385](https://doi.org/10.1080/09687599.2017.1361385)
- Betlehem Birhanu. The Lived Experiences of Mothers Raising Children Diagnosed with Autism Spectrum Disorder in Ethiopia: Perceptions and Challenges. Dissertation University of Stavanger, Norway, June 2020.
- Black, Maureen M., Susan P. Walker, Lia C. H. Fernald, Christopher T. Andersen, Ann M. DiGirolamo, Chunling Lu, Dana C. McCoy, et al.(2017). “Early Childhood Development Coming of Age: Science through the Life Course.” *The Lancet* 389, no. 10064 (2017): 77–90.
- Blackman, J. A. (2002). Early intervention: A global perspective. *Infants & Young Children*, 15(2), 11-19.
- Brown, J. A., & Woods, J. J. (2015). Effects of a triadic parent-implemented home-based communication intervention for toddlers. *Journal of Early Intervention*, 37(1), 4468. doi: [10.1177/105381511558935](https://doi.org/10.1177/105381511558935)
- Bueskens, Petra. (2014). Introduction: Mothering, Feminism, Psychoanalysis, Psychotherapy and Sociology: Intersections and Antinomies. *Mothering and Psychoanalysis: Clinical, Sociological and Feminist Perspectives* Demeter Press.
- Buschmann, A., Multhauf, B., Hasselhorn, M., & Pietz, J. (2015). Long-Term Effects of a Parent-Based Language Intervention on Language Outcomes and Working Memory for Late-Talking Toddlers. *Journal of Early Intervention*, 37(3), 175-189. <https://doi.org/10.1177/1053815115609384>
- Chess, S., & Rosenberg, M. (1974). Clinical differentiation among children with initial language complaints. *Journal of Autism and Childhood Schizophrenia*, 4(2), 99-109.
- Creswell, John W. (2014). *Qualitative inquiry & research methods: Choosing among five approaches*. (3rd edition). Thousand Oaks, CA: Sage.
- Crivello, Gina, Jo Boyden Alula Pankhurst (2019) 2 Motherhood in Childhood’: Generational Change in Ethiopia. *Feminist Encounters: A Journal of Critical Studies in Culture and Politics*, 3(1-2), 12

- Ermias Kibreab (2021) “The Lived Experience of Mothers with an Autistic Child in Addis Ababa: A Phenomenological Study”. *The Ethiopian Journal of Education*: Vol. 41 No. 1 (2021).
- Ermias Kibreab (2021) The Lived Experience of Mothers with an Autistic Child in Addis Ababa: A Phenomenological Study *The Ethiopian Journal of Education* Vol. 41 No. 1 (2021):
- FDRE Negarit Gazeta (2010) Ratification of Convention on the Rights of Persons with Disability. Proclamation' Proclamation No. 676/2010.
- Fouzia Khursheed Ahmad (2015) Exploring the Invisible: Issues in Identification and Assessment of Students with Learning Disabilities in India. *Transcience* (2015) Vol. 6, Issue 1.
- GD Lestari, UA Izzati, DE Indriani (2020) The role of mother’s communication patterns on the children’s language development *Journal of Talent Development and Excellence*.
- Girolametto, L., Weitzman, E., & Greenberg, J. (2003). Training day care staff to facilitate children's language. *American Journal of Speech-Language Pathology*, 12(3), 299-311.
- Gunarti Dwi Lestari, Umi Anugerah Izzati and Dian Eka Indriani (2019) The Role of Mother’s Communication Patterns on Children’s Language Development. *International Research Association for Talent Development and Excellence*
- Guralnick, M. J. (2005). Early intervention for children with intellectual disabilities: Current knowledge and future prospects. *Journal of Applied Research in Intellectual Disabilities*, 18(4), 313-324.
- Haber JS (1991) Early diagnosis and referral of children with developmental disabilities. *Am Fam Physician*. 1991 Jan;43(1):132-40. PMID: 1702577.
- Hammersley, M. (2015). Sampling and thematic analysis: a response to Fugard and Potts. *International Journal of Social Research Methodology*, 18, 687–688. doi: 10.1080/13645579.2015.1005456.
- Hughes, M. (2008). Funding for Special Education. *Special Education Today*, 22(1), 5-9.
- Individuals with Disabilities Education Act (IDEA). (2004). Public Law 108-446.
- Jiao, Min. (2019). Mothering and Motherhood: Experience, Ideology, and Agency. *Comparative Literature Studies*, 56(3), 541–556. <https://doi.org/10.5325/complitstudies.56.3.0541>
- Kasari, C., Gulsrud, A., Wong, C., Kwon, S., & Locke, J. (2014). Randomized controlled caregiver-mediated joint engagement intervention for toddlers with autism. *Journal of Autism and Developmental Disorders*, 40(9), 1045-1056.
- Khodabakhshi Koolae, A, Ebrahim Baighi, H & Navidian, A 2016, 'Effects of communication skills training on aggression and quality of lives of male patients with chronic mental illnesses', *Journal of Client-Centered Nursing Care*, vol. 2, no. 1, pp. 3-10

- Korstjens, Irene & Moser, Albine. (2017). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *The European journal of general practice*. 24. 1-5. 10.1080/13814788.2017.1375092.
- Klein, M. (1975). *Love, guilt and reparation*. New York, NY: The Free Press.
- Leko Melinda, Lysandra Cook, and Bryan G. Cook, (2021) *Qualitative Methods in Special Education Research in Learning Disabilities Research and Practice* ·
- Lindsay, G. (2007). Educational psychology and the effectiveness of inclusive education/mainstreaming. *British Journal of Educational Psychology*, 77(1), 1-24.
- Mori, Gina Ferrara (2015) Introduction in Ferrara Mori, G. (Ed.). (2015). *From Pregnancy to Motherhood: Psychoanalytic aspects of the beginning of the mother-child relationship* (1st ed.). Routledge. <https://doi.org/10.4324/9781315742915>
- Nur, Haerani & Tairas, Mareyke & Hendriani, Wiwin. (2018). The Experience of Hope for Mothers with Speech Delay Children. *Journal of Educational, Health and Community Psychology*. 7. 104. 10.12928/jehcp.v7i2.8936.
- Padilla-Díaz, M. (2015). Phenomenology in Educational Qualitative Research: Philosophy as Science or Philosophical Science?
- Patterson, J. M. (2002). Integrating family resilience and family stress theory. *Journal of Marriage and Family Therapy*, 28(3), 201-218.
- Priya Shetty: Speech and language delay in children, *Journal of Indian Society of Pedodontics and Preventative Dentistry*, Apr-Jun 2012.
- Rich, Adrienne (1976) *Of Woman Born: Motherhood as Experience and Institution*
- Romski, M., & Sevcik, R. A. (2005). Augmentative communication and early intervention: Myths and realities. *Infants & Young Children*, 18(3), 174-185.
- Seresht S, Khodabakhshi-Koolae A, Falsafinejad M R. The Lived Experiences of the Mothers of Children with Speech Disabilities. *JCCNC* 2022; 8 (3):209-222
- Seresht, Shourideh & Khodabakhshi-Koolae, Anahita & Falsafinejad, Mohammad. (2022). The Lived Experiences of the Mothers of Children With Speech Disabilities. *Journal of Client-centered Nursing Care*. 8. 209-222. 10.32598/JCCNC.8.3.33.18.
- Sewit Haileselassie (2014) *Work-Life Experience of Women with University Degrees: A Phenomenological Study of Working Mothers in Addis Ababa*. A thesis submitted to the Center for Gender Studies in partial fulfilment of the requirements for the Degree of Masters of Arts in Gender Studies.
- Sichari, Manson. (2016). Mother's Influence Child's On the Speech Development in Kenya. *Archives of Business Research*. 4. 10.14738/abr.46.2373.
- Siller, M., & Sigman, M. (2008). Modelling longitudinal change in the language abilities of children with autism: Parent behaviours and child characteristics as predictors of change. *Developmental Psychology*, 44(6), 1691-1704. doi: 10.103

- Stahmer, A. C., Collings, N. M., & Palinkas, L. A. (2005). Early intervention practices for children with autism: Descriptions from community providers. *Focus on Autism and Other Developmental Disabilities*, 20(2), 66-79.
- Sunderajan T, Kanhere SV. Speech and language delay in children: Prevalence and risk factors. *J Family Med Prim Care*. 2019 May;8(5):1642-1646. doi: 10.4103/jfmpe.jfmpe_162_19. PMID: 31198730; PMCID: PMC6559061
- Suttora, C., Zuccarini, M., Aceti, A., Corvaglia, L., Guarini, A., & Sansavini, A. (2021). The Effects of a Parent-Implemented Language Intervention on Late-Talkers' Expressive Skills: The Mediation Role of Parental Speech Contingency and Dialogic Reading Abilities. *Frontiers in Psychology*, 12, 723366. <https://doi.org/10.3389/fpsyg.2021.723366>
- United Nations Educational, Scientific and Cultural Organization (UNESCO). (2020). Inclusive education: An imperative for equity. Retrieved from unesco.org
- United Nations. (1948). Universal Declaration of Human Rights. Chicago, Citation: (United Nations 1948).
- United Nations. (2006). Convention on the Rights of Persons with Disabilities. *Treaty Series*, 2515, 3.
- United Nations. (2006). Convention on the Rights of Persons with Disabilities. *Treaty Series*, 2515.
- Vickerstaff, J., Heron, J., & Eley, S. (2015). Building inclusive communities: Overcoming barriers in mainstream education. *Inclusive Education Journal*, 10(2), 22-35.
- Walker, Wendy. (2007). Ethical considerations in phenomenological research. *Nurse researcher*. 14. 36-45. 10.7748/nr2007.04.14.3.36.c6031.
- World Health Organization & United Nations Children's Fund (UNICEF). (2012). Early childhood development and disability: a discussion paper. World Health Organization. World Health Organization & United Nations Children's Fund (UNICEF). (2012). Early childhood development and disability: a discussion paper. World Health Organization.
- World Health Organization (2011). World report on disability. In *World Report on Disability 2011*. Geneva: World Health Organization.
- Zwaigenbaum, L., Bauman, M. L., Choueiri, R., Kasari, C., Carter, A., & Granpeesheh, D. (2015). Early intervention for children with autism spectrum disorder under 3 years of age: Recommendations for practice and research. *Pediatrics*, 136(Supplement 1), S60-S81.

Annex: Consent form and Interview guide

Addis Ababa University

College of Education and Behavioral Studies

Department of Special Needs Education and Neurology Department

Date _____

Consent Letter

My name is Meseret Mengiste. I am a graduate student studying Speech and Language Therapy at Addis Ababa University. This study is conducted to complete the prerequisites for an MSC degree in Speech and Language Therapy. The purpose of this interview guide is to gather information from mothers of children with speech delays in Agatos Academy.

The objective of this study is to explore the lived experience of mothers of children with speech Delay, in the Case of Agatos Academy in Gulele Sub City. As a result, your response contributes significantly to meeting the central theme of the study. I am pleased to confirm that the information collected from your interview will be used only for the purpose of the study and it will be kept confidential. Hence, I kindly request your cooperation in the provision of clear and genuine responses to the questions presented below, and the researcher appreciates your collaborative engagement.

The researcher would like to let you know that you are under no obligation to continue sharing any kind of information and can suspend your involvement at any time during the interview process. I would also like to let you know that the interview may last an hour, and I may record your interview on a digital recorder only based on your consent, once the final document of the study is accepted, the recorded Information will be deleted.

Last, but not least, I would like to express my utmost respect and thank you for your willingness to participate in the interview.

Date-----

Interview Agreement

I am Mrs Meseret Mengiste, a graduate student at the Special Needs and Inclusive Education Department of Addis Ababa University, and I am currently working on my thesis at Agatos Academy. Therefore, in order to collect important information for the thesis, I have chosen to interview Mrs._____. I agree to keep the information collected during the interview confidential and use it only for the intended purpose. I confirm my agreement with my signature.

I, Ms/Mrs. _____, participate in the services given to my child at Agatos Academy. Having the above-stated points in mind I also agree to participate in the interview with my consent. I also confirm my agreement with my signature.

Agreement Acceptor

Name_____

Signature_____

Date_____

Agreement Giver

Name_____

Signature_____

Date _____

I. Interview Guide for mothers of children with speech delay in Agatos Academy

1. Profile of the interviewee

Parental Status

- Biological mother
- Guardian

Marital Status

- Single
- Married
- Divorcee

Age _____

Academic qualification _____

Occupation _____

Child sex _____

Child age _____

Child diagnostic age _____

Number of siblings _____

Male _____ Female _____

1. Motherhood experience whose children have delayed speech skills

1.1 When and how did you find out that your child has a speech delay?

1.2 How did you feel when you found out about your child's speech problem?

1.3 Tell us how you and your husband felt and what you did / how you and your husband expressed your feelings

1.4 At what age was your child when you identified he/she won't have speech?

1.5 Whom did you tell when you found out that your child has a speech problem? Or you didn't tell anyone?

1.6 What kind of advice/suggestions did the person give you about the child's speech problem?

1.7 What kind of action/technique did you or the family use to find out the child's speech impediment?

2. Mother and children relationship and communication in the context of family and neighbourhood

2.1 How do you communicate with your child/how do you help him/her when she or he feels hungry/thirsty/upset?

2.2. Are there other family members at home? If so, who are they? Do they/ help/interact with the child?

2.3. How do you describe the role of family members?

2.4 Are you an employee or a housewife? If an employee, are you working or stopped working? If you have stopped working, how do you spend your time at home?

2.5 How do you describe the attitude of the community?

2.6. Has the family encountered any difficulties or unfavourable circumstances related to the child's speech delay?

2.7. After knowing the problem, what did you do next?

2.8 Did you seek professional assessment by contacting a speech-language Therapist (SLT) or paediatrician to schedule an evaluation for your child after recognizing their speech?

2.9 How did you come to know that there is a professional assistant for speech difficulties?

3. Motherhood and efforts to overcome children's speech problems

3.1. Where did you go or what did you do after you found out about your child's speech impediment? (With a paediatrician, with a language and linguistics expert, traditional medicine or religious place etc.)

3.2. What was the result of the assessment?

3.3 To question No.2.3 If the child was visiting a speech therapist how long or often? Do you take the child to a traditional or spiritual place for healing? How often do you take your child to a religious place (holy water), or traditional medicine?

3.4 To question No.2.3 If the child was taken to other places, how long or how often?

3.5 Would you tell us about the improvement of your child after the therapy?

3.6 Is your child showing a change or not?

3.7 If the answer to No. 3.6 does not matter, if there is not much improvement, will you be with the child when he receives speech therapy? Is the child taking the therapy as prescribed by the experts, or is it interrupted?

3.9 How much do you spend with your child at home? How much do you spend giving your child speech therapy?

3.10 Does your child need your help or special attention to do other activities of daily living?

- 3.11 Do you get any assistance from other family members or neighbours? If yes who are they and what type of assistance?
- 3.12 How do you feel about being a mother of a child with a speech delay?
- 3.13 Do you let your child mingle and play with the children in the neighbourhood or do you keep him/her at home? Please tell me about the special interests you observed in your child!
- 3.14 Tell us about the current situation of the child
- 3.15 Please let us know if your child has any special skills, behaviour or needs
4. What is the solution for the future of their children as seen by mothers?
 - 4.1 Tell me about the future prospects of your child. What do you think should be done to enhance the quality of life of the child? What needs to be done in the future?
 - 4.2 What is your hope about your child's speech?
 - 4.3 Are you worried about your child's future? Tell me your opinion.
 - 4.4 Based on your personal experience, what do you advise parents/others when they discover the child has a speech delay?
 - 4.5 What do you think that the government, society and parents should do to improve the quality of life of the children with speech delay in the country?
 - 4.6 What should be done to assist children with speech delays in the country?