

Parents' Mode of Communication with Their Hearing Impaired Children in Gweru Urban

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ABSTRACT The study sought to establish the mode of communication used by parents with their hearing impaired children. A qualitative interpretive research methodology was adopted. Data was collected from Gweru Urban District in Zimbabwe. The population comprised of visually impaired pupils attending school at Jairos Jiri and their parents. The researchers used purposive sampling or availability sampling to come up with 20 parents and 20 children. The study observed that parents struggle to communicate with their hearing impaired children hence some parents end up using gestures, facial expression, pointing, touching and other manual signs that are not recognised in trying to communicate with their children. The study also established that hearing parents and guardians use Total Communication as a mode of communication with their hearing impaired children.

INTRODUCTION

The main issues of the functional aspects of deafness are communication and languages used by hearing impaired people in their interaction with each other and with hearing people. However, there seem to be a communication breakdown between hearing impaired children and hearing parents or guardians. This is evidenced by the way parents and guardians communicate with their hearing impaired children at Jairos Jiri Naran School in Gweru, in the Midlands Province. For example, parents or guardians may misinterpret facts said by their children. At the same time children may fail to comprehend what their parents will be saying. Mothers are the best teachers of language to their children, yet they have no formal training on how to help their children learn the family language. Parents seem to communicate with their learning impaired children only when it is necessary for example, when the child wants to go to the toilet or when the child is feeling hungry or unwell. Some parents and guardians might decide to ignore their children.

Upon discovering that their children are hearing impaired, parents experience shock, denial, anger, resentment, bargaining, depression and finally acceptance. The experiences of shock render the victim helpless, angry, anxious, con-

fused and numb (Chimedza and Sithole 2000). To some parents it is very difficult to accept such situations. They will always ask themselves questions such as, "Why me?", "What have I done wrong". It is against this background that the researcher saw it necessary to find out how parents and guardians communicate with their hearing impaired or deaf children.

According to Thurman (1985), more than 90% of deaf children have hearing parents and they are born in hearing families. In most cases hearing impaired children are the only members of the family with hearing impairment. Research has shown that parents significantly affect the characteristics of the family. Although parents are usually the primary persons responsible for the socialization of their children, because of the communication difficulties between hearing parents and deaf children, other agents and institutions such as schools for the deaf assume this role. In addition psychologists, audiologists and speech therapists play a great role in assessing children with special needs especially on the aspect of language development and placement (Chimedza 1998).

Jairos Jiri Naran School for the deaf, where the researcher works as a classroom practitioner is a hive of activity at the beginning of each year when parents have their children enrolled in the Early Childhood Development Classes. It has been observed that parents struggle to communicate with their hearing impaired children hence some parents end up using gestures, facial expression, pointing, touching and other manual signs that are not recognised in trying to com-

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municate with their children. In addition, some parents or guardians use speech and speech reading as a mode of communication. Schein and Delk (1997) argued that in some cases, parents will not want their child to sign because they are still on denial. Hence this has prompted the writer to investigate on the mode of communication used by parents or guardians to their hearing impaired children or deaf children in their homes in Gweru Urban.

Maxon and Brackett (1992) postulated that, hearing parents, most of whom will not have had past experience of deafness, face the difficulty of interacting, communicating and conversing with their deaf children in the absence of a common or shared linguistic system. This is the central feature of the early experience of deaf children of hearing parents. The language readily available to deaf children is not the language used by the parents or guardians. There is a direct and strong link between parents or guardians and teachers. Teachers can provide language experiences and link these to the language curriculum and home experiences. They also liaise with parents and inform one another on current developments and follow up topics of current occurrence while pupils still remember them. The teacher also serves to inform the parents on language development the child might be passing through. Teachers themselves continue working on structured introduced by the professionals. They have the capacity to rearrange situations, programmes and make adjustments to suit the child's situation (Bricker and Veltman 1990).

Therefore it was of paramount importance that the study to look at the mode of communication used by parents or guardians with their hearing impaired children was necessary. Such a study would look at challenges faced by parents and probably come out with some possible solutions.

The Importance of Communication

Communication allows people to describe events, teach and learn to share experiences and ideas irrespective of colour, sex, tribe or ability. Rye and SKjorten (1989) propounded that communication is sharing of feelings, thoughts and opinions using set codes and symbols that all partners can understand. This means that there are common elements in communication that

make meaning essential to parties in a communication set. Both hearing and hearing impaired people would want to communicate to each other. Ideas and experiences that are shared are understood within the same context. Furthermore, people share common background, beliefs, values, attitudes, language and meaning. Bishop (1997) postulated that on the whole, communication is a process which involves sending a message, receiving a message and responding to that message. Bishop (1997) added that the basic communication skills are speaking, listening, writing and reading. Rye and SKjorten (1989) cited the following as some of the general aspects of communication.

To interpret and react to our environment, as a means by which social inputs are fed into social systems, as a means to modify behaviour, to effect change, to make in information productive and to achieve goals. However, we communicate in order to change, modify or influence the world around us. In this case communication is used as a means of controlling and regulating the environment. Chimedza and Sithole (2000) concur and categorized functions of communication into three main groups which are development of mental process, adjustment to our environment and manipulation of the environment.

People with multiple disabilities may benefit from Augmentative and Alternative Communication Systems. According to Lloyd (1997), an Augmentative and Alternative Communication is an International Symbol based and rule governed form of communication, consisting of a message being transmitted from sender to a receiver within a communication environment with appropriate feedback being given. AAC is an interactive process between communicators, one of whom may not have communication disabilities.

Communication between Parents and Their Hearing Impaired Children

It has been assumed until fairly recently that the fundamental problem for the deaf child is one of being cut off from the ordinary speech environment. Webster and Wood (1991) observed that, for the child who cannot hear speech, even with the provision of powerful hearing aids, there are bound to be enormous difficulties in acquiring basic language skills because of the

limited and distorted nature of the child's auditory experience. Webster and Wood (1991) added that deafness does not simply restrict what the child can hear but also disrupts some of the social-interactive process which take place between children and adults, and which are felt to be crucial stages in normal language development before the child begins to talk.

Many authors noticed that babies will focus attention and then withdraw attention when in the presence of the mother; and that this cycle of attention and withdrawal is different to the attention the child gives to other objects in the environment (Chimedza 1998). Winzer (1996) says deaf babies exhibit early vocal babbling which is similar to that of hearing babies and their mothers also vocalize though neither can hear the sounds. However, after the first few months, the vocal babbling decreases. Woll (1998) notes the importance of gesture in a baby's early social interaction with adults as all children gesture to communicate their wants and interest. In all children there is a well structured pattern of gesture development which continues to be used throughout life. All infants move their hands and arms but Pettito and Masentette (1991) indicate that deaf babies of deaf parents intimate hand and arm movements in what is called "manual babbling". Signing parents respond to manual babblings as if were intentional communication on the part of the infant, just as hearing and speaking parents respond with changes in their interaction patterns to syllabic vocal babbling.

For a child learning Sign Language the transition from prelinguistic communication (gesture) to linguistic communication (sign) is observed by the identity of modality between gesture and sign. Woll (1989) gives the example of gestural pointing which appears at around nine months and is used as an accompaniment for speech throughout life for all children, hearing and deaf. She says signing children do not use pointing to refer to objects and locations. Pointing to people returns as a linguistic requirement of personal pronouns at around eighteen months (Woll 1989).

The study of language development clearly demonstrates the importance of first language and how it enhances the learning of the second language. However, generally the issue of Sign Language as the first language for persons with hearing impairment is still a controversial issue.

Chimedza et al. (1998) propose that Sign Language as a language of a particular speech community and must be given an equal role, like any other indigenous or second language. While it is the first language to the deaf, there is no reason why it should not be a second language to the hearing, so that it becomes a linguistic resource than can take its rightful place in the language repertoire of the multilingual Africa is already highly multilingual that an added language is only a resource. For an optimal language learning environment, deaf children must participate in communication rather than being merely the targets for language stimulation. Deaf children should be encouraged to participate and their attempts at communication, whether by use of gestures, pointing, signs, or speech should be accepted and incorporated into the conservation. McAnally et al. (1994) observed that deaf children, like children with normal hearing, require positive reinforcement to maintain or increase a behaviour. A deaf child may want some milk and may communicate this need by pounding on the refrigerator door.

When mother opens it and the child points to the milk, a communication has occurred. If the mother either picks up the milk, gives some to the child, and signs or talks about the milk or picks up the milk, shakes her head, and says "no milk now, not now", she has provided feedback to the child, indicating that she understood the communication. The child then has a strategy and a fair amount of confidence that it will produce results again, and the mother will have continuing opportunities to help child grow in language development. Conversely, if the mother ignores the pounding on the refrigerator door, the child soon becomes discouraged and frustrated and "gives up" trying to communicate, the mother has lost the opportunity to advance the child's language learning.

The effects of breakdown in communication between parents and children may cause frustration, depression and anger to both parties. Hence there was need to research on the mode of communication used by parents or guardians with their hearing impaired children.

RESEARCH METHODOLOGY

Leedy (1980) points out that the nature of data to be collected dictates the research methodology to be employed. In this study the re-

researcher used case study design for a number of reasons. According to Tuckman (1994), a case study is an in-depth study of phenomenon in its natural setting and form the perspective of the participants involved. It is a study of phenomenon which focuses on specific instances that is cases and also shades light on a phenomenon which is the processes, events, persons or things of interest to the researcher. In this case the researcher was interested in studying the mode of communication used by parents or guardians with their hearing impaired children. The researcher chose case study design because this perspective is experienced through observing and informally discussing with participants in their natural context. Borg and Gall (1989) points out that case study is typically qualitative research which includes case studies an approach in social science research that involves observing people in their own territory and interacting with them in their language, and hence the research comes up with thick descriptions in case studies. In this case the researcher would communicate in both Shona and Ndebele languages as well as in Sign Language. Borg and Gall (1996) added that another major feature in case study is the collection of data over a long period of time. Case studies allow you to use more than one method of data collection which is triangulation.

Sample and Sampling Technique

Tuckman (1994) define a sample as a representative of the population. The researchers used purposive sampling or availability sampling. In this research subjects were drawn from a population of forty individuals comprising of parents and their deaf children.

Research Instruments

Borg and Gall (1996) conceded that a research instrument is a test, scale or device by means of which data for a study collected or the study itself is conducted. The researchers used observation and interview as research instruments. Observation was used during communication of parents and the hearing impaired children.

Data Analysis

Data gathered through the interview schedule and observation was presented in table form and bar graphs. Analysis was done by means of

descriptive statistics which involves ordering, reducing and summarizing the data.

RESULTS

Table 1: Demographic data (N = 20)

<i>Variables</i>	<i>Respondents</i>	<i>Frequency</i>	<i>Percentage</i>
<i>Male</i>	Parents	0	0
	Guardians	0	0
<i>Female</i>	Parents	8	40
	Guardians	12	60
<i>Total</i>		20	100

According to Table 1, twenty (100%) people were interviewed and the information was captured in the interview schedules. Among those interviewed were eight (40%) female parents and twelve (60%) female guardians. None of the people interviewed were male. In most cases men do not want to be associated with disability. The existence of a child with a disability in the family is blamed on the woman. Some men believe that this might have been caused by infidelity on the part of the women also a child with disability is known to be “the mother’s child”.

Table 2: Ages of deaf children whose parents were interviewed (N = 20)

<i>Age in years</i>	<i>Frequency</i>	<i>Percentage</i>
0 – 5	1	5
6 – 10	5	25
11 – 15	10	50
16 – 20	4	20
<i>Total</i>	20	100

The ages of deaf children whose parents were interviewed are shown in Table 2. The majority of the children fell in the age group 11 – 15. This shows that most hearing impaired children are admitted at school when they are older than the school going age. They complete their primary education when they are over puberty or adolescent stage. It was interesting to note that each household where interviews were held there was only one deaf child.

Table 3: Reaction of parents / guardians on deafness (N = 20)

<i>Variables</i>	<i>Frequency</i>	<i>Percentage</i>
Not affected	12	60
Affected at first and now not affected	6	30
Not affected at first but affected now	2	10
<i>Total</i>	20	100

The information in Table 3 shows that a total number of twelve (60%) parents or guardians were not affected and are not affected at all by the state of deafness of their children. Six (30%) parents or guardians were affected at first and now they are not affected. In other words they are not disturbed by anything. Only two (10%) parents or guardians were not affected at first but are now affected. Therefore a total number of eight parents or guardians were affected by the condition of their children. In most cases parents react differently when a child with disability is born in the family. They experience what is known as stage theory. They experience anger, denial and go around shopping which is called bargaining and finally they accept the disability which is acceptance.

Table 4: Effects of communication breakdown (N = 20)

<i>Variables</i>	<i>Frequency</i>	<i>Percentage</i>
Anger / frustration on the child	16	80
Anger / frustration on the parent	2	10
Anger / frustration on both parent and child	0	0
Nothing at all	2	10
Total	20	100

According to Table 4, sixteen (80%) parents revealed that their children reacted with anger or frustration each time there was communication breakdown. Two (10%) parents reported that they felt anger or frustration each time there was communication breakdown. Only two (10%) of the parents interviewed felt that there was no effect on communication breakdown. This shows that children as human beings want their concerns or feelings to be heard or responded to. They are emotionally affected through anger and frustration. This shows that communication between individuals is very important.

Table 5: Use of hearing aids by the children (N = 20)

<i>Variables</i>	<i>Frequency</i>	<i>Percentage</i>
Once used hearing aid when young	0	0%
Does not have hearing aid at home	20	100%
Total	20	100%

All parents reported that their hearing impaired children do not have hearing aids as shown in Table 5. Hearing aids are important in the communication of deaf children. A hearing aid is a machine that amplifies sound. Many parents cannot afford to buy hearing aids for their children hence they are very expensive. The parents or guardians indicated that their children are given hearing aids to use at school.

The research carried out was to find out the mode of communication used by parents / guardians with their hearing impaired children in Gweru urban. The researcher used observation and interview as instruments. The researcher noted that there was a frequent breakdown of communication between parents and their hearing impaired children. Some parents used their home-made signs whereas children had their own signs that they learnt at school. In the Zimbabwe context, for a Shona or Ndebele family the home language is Shona or Ndebele even though the Shona / Ndebele child may have learnt English as the medium of instruction at school. But when the child returns home from school, Shona or Ndebele will typically be the home language of interaction. Chimedza and Sithole (2000) concurred that it is typical for deaf children of hearing parents not to have a home language. Chimedza (1998) added that more than 90% of deaf children have hearing parents who have had no previous experience of deafness or Sign Language.

These parents usually use a spoken language in the home. In view of this, it would be very difficult to promote the acquisition of both a spoken and Sign Language (Moore 1996). The deaf child does not have the auditory channel with which to acquire spoken language and the parents cannot make use of the child's available visual channel because they may not know how to communicate using Sign Language.

DISCUSSION

It was interesting to note that all the parents or guardians interviewed were females. In addition, none of them was hearing impaired. Incidentally, those interviewed were grandmothers, mothers and aunts. Chimedza and Sithole (2000) reported that in most African cultures, a child with a disability is often referred to as "the mother's child". Mothers and grandmothers are often left with the responsibility of caring for chil-

dren with disabilities as well as fending for the family. Some of the respondents interviewed felt as if it was a punishment from God to have a hearing impaired child in the family while others thought that it was God's plan and nobody could change it.

The major findings of the study revealed that the majority of parents / guardians use total communication mode when communicating with their children. Total communication philosophy combines the aspects of listening, speech reading, signing and finger spelling. Only 10% of parents use oralism as a mode of communication. The major focus of oralism is the use of English in the oral form that is speech. None of the parents or guardians interviewed reported that they used manualism or Manual Coded System as a form of signed communication that may be voiced, but it usually mouthed. It incorporates the uses of spoken syntax as well as signs from Sign Language. Manualism is a type of visual communication which uses hands as well as facial expression and body language as the primary method of communication. Parents found out that using total communication was much easier. This mode of communication combines the aspects such as listening, speech reading, signing and finger-spelling. All these serve the purpose of teaching language and communication skills to a child with hearing impairment. Parents / guardians reported that they did not go to school to learn Sign Language but were taught by their children. Some parents / guardians indicated that they observed how their hearing impaired children interacted with their peers hence they imitated.

The findings revealed that sometimes parents fail to communicate with their hearing children effectively. As a result they end up frustrated and depressed. Maxon and Brackett (1992) observed that hearing parents, most of whom will not have had any past experience of deafness, face the difficulty in interacting communicating with their deaf children in the absence of a common or shared linguistic system. This is the central feature of the early experience of deaf children of hearing parents. Young children who are hearing impaired as from two to five years have or encounter major problems when communicating with their parents or guardians. As they grow older they become confident of themselves and become more mature.

Generally, the findings revealed that some parents were affected by the presence of hear-

ing impaired children in their families. Hardman et al. (1996) alluded that the experiences of shock render the victim helpless, angry, anxious, confused and numb. While grappling with the feelings of shock, parents usually go through a second stage in the stage theory. This stage is denial. They refuse to accept that their child has a disability. They shop around for different diagnosis in the hope that they will be told something different. They go from doctor to doctor, traditional healer to traditional dealer, and from church to church seeking for different diagnosis or corrective measure. Parents / guardians also go through stages of anger and resentment, bargaining, depression and discouragement. The final stage in this process is the stage of acceptance. All the respondents were elderly females. The research revealed that only a few females were biological mothers and the rest were grandmothers, aunts and cousin sisters. The biological mothers tend to be over protective to their hearing impaired children. However, mothers suffer most. This is because mothers usually develop a strong attachment with their children who have disabilities. According to Turnbull and Turnbull (1990), biologically it is the mother who carries the baby for nine months in her womb and gives birth to it. The mother in a way feels responsible for giving birth to such a child. In some cultures for example Shona and Ndebele the birth of a child with a disability is usually blamed on the mother.

The mode of communication used by parents / guardians with their hearing impaired children is mostly total communication. Both parents / guardians and hearing impaired get frustrated when there is a breakdown of communication between them. For communication to be an effective process, there need to be a sender who encodes and formulates the message and a receiver who decodes and interprets or understands it. This is because communication is both an expressive and receptive process. If these minimum conditions are not met, then there will be a breakdown in the communication process. Communication is also fundamental aspect of learning, especially the learning of language. Effective communication in social settings such as the home revolves around conversation. Taylor et al. (1994) concurred that conversation models language, accelerates vocabulary, provides access to information and conceptual development.

CONCLUSION

The study found that hearing parents and guardians use Total Communication as a mode of communication with their hearing impaired children in Gweru Urban. However, results cannot be generalized since the study was only confined to a small part of the country. Total communication seems to be easier for parents. They seem to encounter problems during the early childhood stages of their children, but as the child grows older they learn to sign from their children. Many parents confirmed that they did learn deaf language which is Sign Language. However more research is required on the mode of communication used by deaf parents with their hearing impaired children.

RECOMMENDATIONS

In the light of the above conclusions, it is recommended that government and policy makers through the relevant ministries should put in place the following:

- ♦ A policy on Special Education that covers pre-school basic and post basic education. The policy should include the teaching and learning of a Zimbabwean Sign Language and provision for mobility appliances for students with disabilities.
- ♦ There should be early intervention programmes and schools should begin to teach parents and hearing impaired children Sign Language early in life.
- ♦ Police, court interpreters and other court officials should be trained on Sign Language.

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