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**COUNSELING FAMILY WITH A CHILD WITH HEARING
IMPAIRMENT: A PERSPECTIVE OF NIGERIA**

BY

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Master Study Thesis

Olomouc 2021

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Dedication

This work is dedicated to the Almighty God for his protection, guidance and mercy throughout this project. To my parents who consistently prayed and encouraged me, to my husband who has always been my support system and to all lovers of persons with special needs education.

Declaration

I hereby declare that this thesis was carried out by me. All sources in any form cited have been acknowledged in the text and in the list of reference.

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Acknowledgement

My deepest appreciation goes to my father, the Almighty God, for life, mercies, guidance, provisions and the opportunity to undergo and finish this programme successfully. All glory to His holy name forever!

My sincere appreciation goes to my supervisor, Mgr. Hanakova, Adela Ph.D who took time to structure, contribute, and correct this work and her valuable advice that guided my action and writing.

To the lecturers in Institute of special education studies who in one way added value to me, I want to say thank you to the Dean of Faculty of Education – Prof. Libuse Ludikova, the Vice Deans – PhDr. Jana Kvintova Ph.D and PhDr.Vojtech Regec Ph.D. To the international office – Mgr. Dagmar Zdrahalova, Mgr. Jana Dostalova and Marcela Weiglhoferova. To all my teachers - Prof. Milon Potmesil, Prof. Milan Valenta, PhDr. Jiri Langer Ph.D, Jiri Kantor Ph.D, Mgr. Katerina Jerabkova Ph.D, PhDr. Katerina Vitaskova Ph.D , Chrastina Jan Ph.D, Ruzicka Michal Ph.D, Mgr. Jaromir Mastalir Ph.D Mgr. Tereza Houskova among others, I appreciate you all.

I will not fail to acknowledge Mr. Mathew Orim, who took time from his busy schedule to contribute immensely to the practical part of this thesis. May God bless your sir.

Finally to my entire family- parents, siblings and husband for their love, care, prayers and support throughout my programme.

Abstract

The purpose of this research is to examine the characteristics of children with hearing impairment, the perceived needs of the family and family support services and programmes (FSSP). The sample of this study consisted of one hundred and twenty (120) parents of children with hearing impairment in Southeast and South-south Geopolitical Zone of Nigeria. This study adopted purposive sampling technique because of the specific and limited number of respondents under consideration. Four research aims and questions were formulated. The first instrument for data collection was a 30 item self-designed questionnaire titled: Family Support Services and Programmes (FSSP). The second instrument was a 5 item self-designed scale titled: Programmes and Services Inventory (PSI). This instrument was used to ascertain the inventory of the available and accessible programmes and services for parents of children with hearing impairment in Nigeria. The results are presented in a descriptive form using tables of frequencies and percentages, bar charts, Pearson Product Moment Correlation (PPMC) and Multiple Regression Analysis. Results revealed that there is a gross unavailability of the programmes and services for parents of children with hearing impairment in Nigeria; the contribution and relationship between the independent variable (parent adjustment) and dependent variables (Family support services and programmes – information services, parents skills, parent education, support group services, counseling services) were significant. This study is divided into two parts: the theoretical part which dealt with literature review and the practical part focused on methodology and results analysis. Finally, recommendations, contribution to knowledge and suggestions for future research were stated.

Key Words

Hearing Impairment, Family Adjustment, family services and support programmes

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Introduction

Hearing Impairment has become a significant kind of disability. Its prevalence among children is 1.9%, while in adults male and females are 7.4% and 5.5% respectively in developing countries in sub-saharan Africa as Nigeria (WHO, 2012 in Jaiyeola & Adeyemo, 2018). Hearing impairment is the term that is used to describe all problems associated with the ability to use the human ear effectively. It is the inability to understand sounds, perceive the frequencies of sounds under normal circumstances (Mathers et al., 2010). When a child is born and diagnosed with hearing impairment, the parents tend to go through a process of unexpected and unfamiliar intervention (Luterman, 2004). Following the diagnosis of hearing impairment, parents experience various forms of grief and negative emotions such as fear, anxiety, shock, sadness, disappointment and complete apathy (Corcoran et al., 2000). Education growth and development may be disturbed due to problems such communication barrier, language difficulties, social and low-self concept. Through communication structure, individuals become socialized into approved roles, customs and norm of the society.

The family is the most important institution in the life of a child, and it is perceived as a system in which the action of each member affects the entire family (Ozozi, 2005). Hearing impairment pervades all aspects of life for both family and the child. The family system is naturally a way that problems affecting one family member will affect the others. Parents or family members have sufficient knowledge of the conditions of their family member which is why their involvement to support child tend to lead to an ultimate success. Vitaskova (2013 p.75) confirms that a family must be regarded as one of the significant influence determining the effectiveness of interventions of the child with impairments. This emphasizes the importance of family involvement and collaboration to solve difficulties that may occur during in the development of the child. Studies have revealed the impact of interventions such as the use of hearing aid, conduction of auditory verbal activities at home and cooperation of professionals during this process (Luterman, 2004). The effective intervention process may help parents to cope, understand themselves and their situation that will ensure effective treatment adherence and a successful process as a whole (Gonzaga & Fernandes de Mel, 2015).

Many children with hearing impairment have challenging behaviours of complex physical needs which pose a lot of stress on parent and other family members. Asika (2011) is of the opinion that parents in such situation lose balance psychologically due to focusing towards making the affected child become better or completely normal like other family members including the neighborhood. Apparently, family stress could be tied to finance, availability, communication barriers, management of hearing aids or technologies. Parents could be confronted with limited support, access to resources; unemployment- mothers may have to give up their jobs to take care of the child (Cantwell-Barti, 2009 in Fareo, 2015).

Counseling services is a support in meeting the needs of the child with hearing impairment and family (Ojo & Aderingbe, 2013). The primary goal is to help families identify and put into practice ways to support their health growth (Chen 2014). Provision of appropriate support that is tailored to the needs of a child with hearing impairment is an essential issue that needs to be considered. Thus, this research is to investigate the characteristics of children with hearing impairment, the perceived needs of the family and family support services and programmes (FSSP).

CHAPTER ONE

1. BACKGROUND OF HEARING DISABILITY

Langer (2013) noted that hearing is one of the most important human senses and auditory perception that is vital in the process of communication. Most hearing impaired individuals can conveniently go through life unidentified because there is no obvious physical characteristic that distinguishes them from the hearing population. As people move through the activities of daily living at home, school, work, social and business situation, basic auditory abilities take on functional significance (Ojo et al., 2015). Hearing is the sense that is used to assimilating the communication pattern of an individual's language. It affects the acquisition of language and speech, and cognitive abilities in children, and may be a major cause of childhood difficulties (Cook et al., 2006). In essence, communication structure makes it possible to socialize into the approved rules, customs and norms of the society (Onwuama, 2001 in Iwuama & Ekwe, 2003). When an individual has difficulties with his hearing or has hearing defects, it becomes impossible for him to independently function in the society without possible interventions (Iwuama & Ekwe, 2003).

1.1 Concept of Hearing Impairment

The definition of hearing impairment is not an easy task because often a blanket definition is provided without considering the unique problem of the hearing impaired. Hearing impairment is a reduced ability to detect sounds. It is a condition where there is a decrease of in the individual ability to hear and discriminate sounds. Mathers et al., (2010) sees it as the inability to understand sounds, perceive the frequencies of sounds under normal circumstances. Iwuama & Ekwe (2003) reveals that hearing impairment is a generic term indicating a hearing, disability which may range in severity for mild to profound. When hearing impairment is classified as profound, the individual is labeled deaf. Profound hearing impairment is the major disability that affects every aspect of life and has different effects on different persons (Kochkin et al., 2013).

Despite the age at which the hearing impairment develops, it may have implications such as the quality of life, communication skills socio-economic

independence of the individuals affected. This could go a long way to affecting all phases of life, speech development and the ability to succeed academically and vocationally (Kotby et. al, Mason, 2007). A child with hearing impairment may be on a high risk for emotional and physical abuse, social integration and stigmatization (Jones et al. 2012), while may experience depression, isolation, reduced employment opportunities and low income which makes the condition a substantial public health concern (Olusanya, Neumann & Sunders, 2014).

Physiologically, the ear consists of three main parts; the inner, middle and the outer ear. In the hearing sensory process, sound waves travel through the external canal and into the inner ear through the tympanic membrane causing a vibration. The vibration passes to the bones of the middle ear which amplify sounds and transfers waves to the cochlea – the inner ear where it further transforms into electric impulses (Barret et al., 2010). Langer (2013) notes that the human hearing functions on the principle of transforming the mechanical wave (acoustic energy) heard into bioelectrical energy and distributing it to the auditory center in the brain. Therefore getting sounds into the inner ear is by air and bones (p.12).

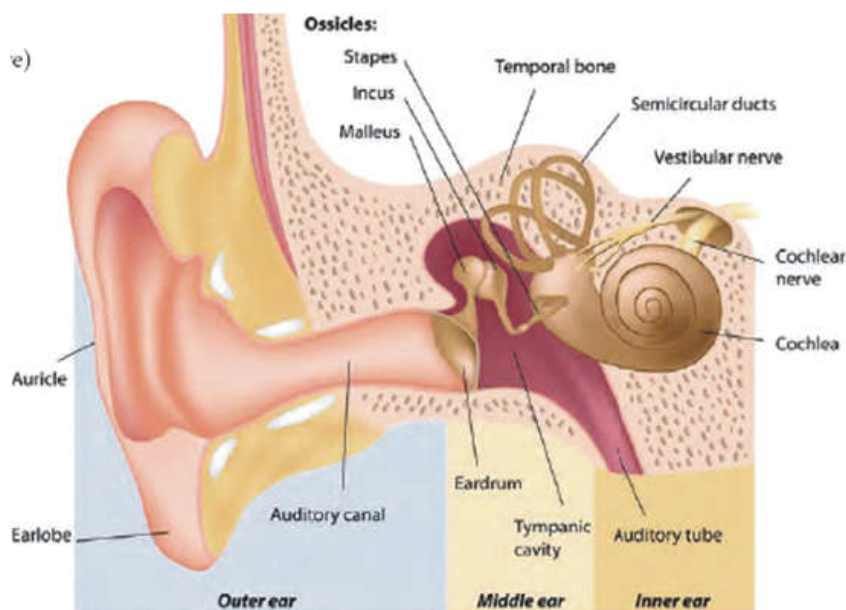


Figure 1 (Source: Resource Notebook for Families of Children Who Are Deaf or Hard of Hearing)

Hearing Impairment can also be referred to as a hearing loss. Langer (2013 p.14) suggests that the quantity of hearing loss has an essential impact on the individual's ability to perceive sound from the surrounding environment. A hearing loss that is greater than 40 decibels in the better hearing ear for adults and greater than 30 decibels in children (WHO, 2015). However, studies use the normality criteria that range from 20 to 40 decibels.

Degree of hearing loss	Hearing loss range (dB HL)
Normal	-10 to 15
Slight	16 to 25
Mild	26 to 40
Moderate	41 to 55
Moderately severe	56 to 70
Severe	71 to 90
Profound	91+

Figure 2: Grade of Hearing Loss

(Source: Clark, J.G (1981), Uses of abuses of hearing loss classification. Asha 23,493-500)

Hearing loss is measured in decibels hearing level that measures sound intensity (Langer, 2013). The degree of hearing loss is described as the extent to which a person's threshold exceeds normal hearing (0-25db) level and can significantly impact communication abilities and quality of life. A child with this level of hearing loss will have trouble hearing and understanding soft speech, speech from a distance or speech against a background of noise. Mild hearing loss (26-40 db) can impact an individual's ability to understand speech. Thus, the use of hearing aids may be necessary for persons in this range of hearing degree. Moderate hearing loss (41-55), a child has difficulty in hearing regular speech even at close distance. Moderately severe (56-70db) a child may only hear very loud speech or loud sounds in the environment such as fire truck siren or a door slamming; most conversational speech is not heard. Severe (71-90db) and profound (91+) hearing losses may severely impede speech and language development unless remediated through such means of cochlear implant. (Ojo, 2015, WHO, 2020)

It was stated earlier that the definition of hearing impaired individual is not an easy task because of the uniqueness of ear defects of different individuals. It determines the extent to which hearing loss affects the ability to speak and understand a language (Ojo et al. 2015). Hearing impairment is caused by various kinds of hearing defects (Iwuama & Ekwe, 2003). Furthermore, the amount of hearing loss someone maybe experiencing can be ranked as mild, moderate, severe or profound. (Cochlear.com). Therefore, the degree of hearing impairment can be narrowed down as deaf and hard of hearing.

Deaf: Deafness is defined as the total loss of sound. It implies the inability of sound to be transmitted to the inner ear. For an individual to be labeled deaf, the sense of hearing is non functional for ordinary purposes of life. The deaf individual resorts to reliance on compensatory function such as the visual cues in acquisition of knowledge (Iwuama & Ekwe, 2003). With or without hearing aids, the deaf cannot process linguistic information because there is a total loss of the sense of hearing.

Hard of Hearing: Hard of hearing is a state of the presence of residual hearing which permits successful processing of linguistic information via speaking and lip reading (Ojo et al, 2015). It is the power of hearing with or without a hearing aid but it is functional though not at optimum level. Hard of hearing is the mild degree of hearing impairment. The hard of hearing population can benefit from the normal classroom activities.

Other types of hearing impairment that is important to point out are **pre-lingual and post-lingual** which are based on time or age of occurrence of hearing loss. Congenital pre-lingual hearing impairment is the situation when a child is born deaf. Pre-lingual condition is usually severe or profound. In this case, the hearing impairment occurred before birth or before the development of language as the name suggests (pre-lingual) and cannot develop speech or language (Ewa, 2016). Langer, (2013) suggests that the basic development of the language and speech usually ends at the age of 4-7, and the age of 6 on the average which does not hamper spontaneous spoken language acquisition. Congenital hearing impairment emanates from malfunction of auricles or auditory canal. Thus, the factors responsible for pre-lingual hearing impairment are determined during the pre-natal stage of human development which cannot be medically treated (Ekwe & Iwuama, 2003).

Post-lingual hearing impairment occur adventitiously after the birth of a child. The child was born with normal hearing but in whom the sense of hearing became malfunctioned later as a result of a disease, ill health or accident. The language has been developed before the appearance of hearing loss but are able speak clearly. Ekwe and Iwuama (2003) suggest that Medical treatment can be beneficial to children with adventitious post-lingual hearing impairment as well as benefiting from mainstream education. Ewa, (2016) suggests that children who are known for both pre-lingual and post-lingual hearing issues may eventually benefit from the use assistive technology devices.

Hearing impairment can also be classified based on affected organs as abound in the following category: **Conductive Hearing/Partial Impairment, perceptive hearing Impairment and Mixed hearing Impairment**. Conductive hearing impairment results when there is a sort of blockage in the hearing path. This brings about interferences of transmission from the outer ear to the inner ear. The blockage prevents sounds waves from reaching the inner ear. It is also referred to as partial hearing impairment because there is quite a residual amount of hearing left. It can result from obstruction of external auditory carnal by cerumen, debris or foreign bodies (Lewis, 2007). Individuals can be treated medically through operation or simply removing blockage in the hearing path, they can also participate academic instructions with or without the hearing aids.

Perceptive hearing impairment is caused by damage or failure in development of the tissues of organs of the inner ear or the auditory nerves. The damage may be due to hereditary factors or by diseases such as measles or rubella contracted by mother during the first trimester of pregnancy. Perceptive hearing impairment cannot be treated medically and so it is not reversible (Iwuama & Ekwe, 2003).

Mixed hearing impairment results from a combination of conductive and perceptive hearing impairment. It is usually difficult to diagnose. In this condition, there is malformation or failure in formation of hearing organism tissues or nerves and there is presence of blockage in the hearing path at the same time, the condition of mixed hearing impairment is usually profound and irreversible (Iwuama & Ekwe, 2003).

Despite the various terminologies used to describe individuals or children with hearing impairment that are based on the level of hearing and at different frequencies, it is necessary to understand the individual needs of the child and family in order for them to receive appropriate and effective interventions to reduce and prevent development, communication, learning, emotional and social difficulties (Kochkin et al., 2013). Frank-Briggs (2012) adds that early diagnosis, identification and effective interventions of hearing loss help to improve language, various forms of communication and cognitive skills. Therefore, the description of hearing loss in a single word may not accurately define an individual's ability in wide range of skills such as language, speech, reading, listening, mode of communication or social interaction (Ewa, 2016).

1.2 Etiology of Hearing Impairment

There are a number of causes of hearing loss in humans. Genetics has played an enormous role in determining the hearing impairment of individuals. 80% of genetic defects occur in an individual whose parent do not suffer from hearing impairment while 10% to 20% are born to parent who are hearing impaired, in both cases are autosomal recessive and autosomal dominant type of inheritance (Shearer et al., 2017) while 50%-60% are attributed to genetic etiology, 40% -50% are caused by environmental factors such as trauma, ototoxic drugs or prematurity (Cohen & Gorling, 1995, Tekin et al., 2001 in Angli, Lin & Liu, 2012).

For clarity, the etiology of hearing impairment will be discussed in three stages of human development which are Pre-natal (Before birth), Peri-natal (During Birth) and Post-natal (After Birth). **Congenital acquired impairment** can be further determined based on the time of occurrence - prenatally or perinatally. It also has both genetic and environmental causes (Luxon, 2014). Certain factors can bring about hearing impairment in a foetus such as maternal diseases-(e.g Rh factor, X-ray etc) drugs, malformation of organs, hereditary traits, and blood compatibility. Peri-natal is at the time of delivery, certain conditions could lead to hearing impairment such as prolonged labour, difficult deliveries, age of mother, use of sedatives (Iwuama & Ekwe, 2003).

The World Health Organization, (2020) summarizes the common causes of hearing impairment before, during or immediately after birth which includes:

- Hearing loss inherited directly or indirectly from parents
- Premature birth and/or low birth weight
- Birthing difficulties where the baby may suffer lack of oxygen (hypoxia)
- Infections in the mother, such as rubella (german measles), syphilis, cytomegalovirus infection and toxoplasmosis during pregnancy can cause damage to the baby's inner ear.
- Use of certain medicines that damage hearing
- Jaundice, especially where it was not treated (p.12)

In post –natal phase, we speak of **Acquired hearing impairment**. After birth, the baby in the course of his development may encounter certain conditions which may cause hearing impairment. Condition such as head injuries, hearing analyzers inflammation of middle ear otosclerosis, use of poisonous drugs such as quinine and antibiotics, constant exposure to loud sound, foreign objects in the ear such as grains, stones and interruption of blood circulation in the inner ear and growth like tumour (Langer, 2013; Iwuama & Ekwe 2003).

In the context of Nigeria, most children in Nigeria who suffer from hearing impairment mostly diagnosed when speech fails to develop, this could be partly due to lack of routine or targeted newborn screening and parents failure in recognizing its manifestation (Olusanya et.al, 2008). The need for early diagnosis and intervention still remains paramount and the only way to ensure speech, language and all round development.

1.3 Manifestation of Hearing Impairment in Children

The child's hearing impairment has an overall impact on the development of his personality especially on the mental development and development of speech. When the communication with the environment is not sufficiently built, it has a negative impact on the socialization of the individual and future education (Kochkin et al., 2013). Hearing

impairment show up at different stages of a child's development and it is difficult to recognize in young children. To avoid negative impact on child's personal, educational, and professional opportunities, the parents of the child are able to detect the symptom early and take immediate action (Switzerland, 2013).

Typically, children with hearing impairment do not have the same developmental milestone with children with normal hearing. Therefore babies and young children may not achieve developmentally as far as speech and language is concerned (Harvard Health Publishing, 2018). Felman (2018) recognizes symptoms of hearing impairment as being controlled by its causes. He noted that some individuals are born without the ability to hear while others could become hearing impaired because of illness or accident. The symptoms of hearing impairment may progress over time.

Felman (2018) identifies symptoms that indicate hearing impairment in infants and toddlers as follows:

Hearing Impairment in Infants:

- The baby does not turn their head towards sounds before the age of 4 months
- The baby has not uttered a single word by the age of 12 months
- The sound of a loud noise doesn't startle the infant
- The infant only responds at the sight of persons but responds far less or does not respond at all when out of sight of a person.
- The infant may only be used to certain sounds

The Hearing impairment in toddlers and children

- The child is behind others the same age of speech communication
- The child keeps asking to have things repeated such as what? Pardon?
- The child talks in a very loud voice and tends to produce
- Having speech and language problems, utterances are not clear when the child speaks.

The development of speech in a child with a hearing impairment is therefore different from the development of speech of a hearing child. How speech development will take place is determined by several factors, notably the degree of hearing impairment, the presence of further impairment, the child's age and the stage of speech development reached when hearing impairment occurred, external social factors, family environment, early diagnosis and the onset of special interventions.

1.4 Interventions for the Hearing Impaired Child

Generally, interventions focus on those practices that are aimed at developing, improving or removing negative consequences of a disability. There are various forms of interventions for person with disabilities such as medical, social, medical and educational interventions, which require a family, social network, professional collaboration to maximally develop individuals with disabilities. Intervention includes strategies and methods of removing barriers to learning, provision of individual services and family services (Hornby, 2015).

In the human life, childhood development at the early stages remains the fastest phase of development. This developmental period is between the ages of 0-6 years. The family of the child is the most important during the child's development, they are not understood when separated from one another but rather united as one as family members. It is the first social institution of the child where child could interact and understand by each family member which may have an impact on the development. The child relies on their family members for care in daily life, education and rehabilitation due to a disability (Li, 2017). When a hearing disability is detected earlier involving the services of medical care, special education, rehabilitation and other specialist team, this could help to improve, alleviate or reduce the negative impact of hearing impairment. Heward (1996) confirms that early intervention prevents and reduces the effects and the occurrence of learning and developmental problems in the future for children with disability. Therefore early intervention is not only necessary for the child with hearing impairment, but also necessary for the family. In essence, timely identification and early intervention services has to be given attention.

It remains clear that early identification and intervention is done in the best interest for children with hearing impairment and designed for children at the early of age. Early intervention minimizes developmental delays and promotes communication, education and social development (Yoshinaga-Itano et al. 1998, Fulcher et al. 2015). It focuses on all round development of skills, working with family members- parental support and training and collaboration with other professionals (Alliston, 2015). The main goal is to produce individuals who are included in their communities as much as possible and have skills needed to meet the demands in life.

The World Health Organization (2020) considers the following as interventions for children with hearing impairment.

- *Hearing aids or cochlear implant:* It is based on advice of a doctor or audiologist
- *Rehabilitation:* it includes aural rehabilitation, speech and language therapy, auditory verbal therapy, cued speech, and total communication
- *Learning Sign Language:* this option is especially where hearing device are not preferred, not beneficial or are not available. It ensures that the child can communicate and gain education.
- *Families/Care persons and teachers:* These are the team that support child in rehabilitation and use of hearing aids or cochlear implants. They learn to use sign language for easy and effective communication with the child, if needed.
- *Counseling and peer-group support:* This is basically for family, care person of the child. Parents of children with hearing impairment may seek different kinds of support such as advice information, an opportunity to get to meet and relate with other parents that are in the same situation, getting training and mentorship, time for personal relaxation and other possible benefits.

Many studies have paid attention to the importance of family in early intervention and there are many various options for children with hearing impairment and their families. WHO, (2020) concludes that early intervention leads to better outcomes in children. For instance, infants whose hearing loss are diagnosed by 3 months after birth and intervention implemented by 6 months of age can develop speech and language

similar to their peers with normal hearing. For interventions to be effective they should be appropriate, timely, family- centred and undertaken through and interdisciplinary approach, which includes audiological, medical, therapeutic and pedagogical services (American Academy of Pediatrics, 2007).

1.5 Hearing Impairment in Nigeria context.

It is reported that there are approximately 93 million children with disabilities around the world (UNICEF, 2017). The prevalence of children with disabilities, however, varies between one society and another. It is revealed, for example, that the prevalence is higher in poorer countries and in areas with lower socioeconomic status which can be explained by greater exposure to risks during pregnancy, childbirth, and childhood such as poor nutrition, infections, environmental hazards, drugs, and poorer access to healthcare (Families Special Interest Research Group of IASSIDD, 2014).

The WHO has revealed that 8.5 million Nigerians are living with a disabling hearing loss (Global Accessibility News, 2019). According to Olusanya (2011), the prevalence of children with hearing impairment is up to 28 per 1000 live birth with sensorineural hearing loss, which is one of the two highest rates reported worldwide. Some studies has showed that in West Africa, the cause of hearing impairment in children could vary from diseases such as malaria, upper respiratory infections, sinuses, meningitis, typhoid, Lassa fever etc (Dunmade et al., 2006). The quality of life has been affected by unemployment and poverty, which has led to malnutrition, lack of access to quality medical care and quality education. The hearing impaired child and family may suffer barriers such as finance constraints, lack of access to basic services, transportation, gender, culture and disability discrimination, negative attitude, service delivery, lack of consultation and involvement (WHO, 2011).

In the developed countries of the world, screening newborns after birth has become a common practice which leads to early diagnosis and subsequent treatment and timely intervention, screening for hearing impairment is one of routine checks, followed by diagnostic assessment and referral to early intervention by age of 6 months (Joint Committee on Infant Hearing, 2007). In Nigeria, families with a new born may not have

access to hearing screening practice and early detection until the child's begins to show symptom of a hearing impairment in later life at 2-6 years when intervention outcomes may be suboptimal (David et. al, 1997 in Olusanya et al., 2008). This is due to the fact that screening practice is not wide spread and resources are restricted. Olusanya and associates (2008) reveals that conventional hospital-based universal hearing screening programmes are unlikely to be effective, as the majority of births occur outside regular hospital.

The Nigerian scenario is pathetic regarding counseling services and early intervention practice. The government is yet to make provisions for the structure of early identification and early intervention service for persons with hearing impairment. In addition, there is limited infrastructure in place for those with hearing impairment as well as access special assistive technologies due to lack of awareness, affordability and professionals services. The importance of early intervention cannot be overemphasized, for it to be effective in Nigeria, the government has to enact law aimed at the development of children with disabilities and their families, providing services, diagnostic devices and education materials and parent training (Abang, 2005).

1.6 Educational Implications for children with hearing Impairment

The hearing impaired child is unable to develop language early. This condition reduces their ability to learn adjustment and communication skills for easy integration with the hearing community. There is therefore need for early identification so as to initiate prompt medical or special education assistance to avoid isolation from other hearing community. Early and an appropriate identification calls for retraining of teachers, parents and other specialist in their development (Olaniyan, 1991).

Iwuama and Ekwe (2003) enumerates some educational implication of children with hearing impairment as follows:

- Professionals should be encouraged to undertake visits to alert parents on the signs of hearing impairment.

- Speech reading should be introduced early and this calls for early development of the observational skills of the hearing impaired. This is essential because greater dependence is placed on sight as hearing diminishes.
- Hearing aids should be introduced early to enable the hearing impaired acquire basic communication skills.
- Auditory training should also commence early to enable the hearing impaired differentiate and appreciate the various sounds in their environment – music, singing of birds and other animals.
- In the schools, favorable sitting position should be reserved for them where they can easily hear the teacher and limit number of pupils. In addition, teachers and peers should be encouraged to speak clearly when communicating with the hearing impaired.
- Individuals with mild hearing loss, who are able to communicate minimally with others need not use hearing aids, rather they should be encouraged to use their residual hearing and sight by observing the movement of lips of the speaker during communication.
- Special guidance is necessary to help the children accept the hearing aids without feeling negatively different from others and proper enlightenment about the use and care of hearing aids.
- There is need for the establishment of parents/teachers support group. This support group's will afford parents the opportunity of meeting and interacting with other parent with similar situation. This will help reduce parents' sense of isolation.
- Family counseling is also essential for families of the hearing impaired children. Counselors are needed to help them accept their situations, develop empathy for the child and provide a beneficial home environment for the child rather than living in aggression and depression.

The role of teachers in the development of children with hearing impairment is not an easy task. The teachers must understand the individual educational needs of different categories of hearing impairment ranging from mild to profound. Also, the teacher needs to work in collaboration with other colleagues and personnel regarding instructional

strategies and types of assistive technology devices that will be suitable for student for effective learning in the class (Ewa, 2016). It is emphasized that to meet up with an effective and successful education and communication needs, appropriate or suitable assistive technologies must be used for children with hearing impairment. Assistive technology devices can be enhanced by accommodations and modifications (Ibid).

To further describe effective education and communication needs for children with hearing impairment, Carpenter and Johnson (2011 in Ewa, 2016) summarized necessary accommodations which includes.

- Sitting placement or position of the child with hearing in the classroom
- Modification of the classroom
- Accommodation/modification of instruction and instructional materials.

This chapter highlighted some aspects of the hearing impaired. It has been stressed earlier that to enhance personal, social and educational achievement of the hearing impaired child depends on parents/siblings, teachers and other professionals. Early intervention and family group counseling helps for all round development and to support parents to get over negative emotions such as frustration, shame, guilt and depression.

CHAPTER TWO

2. FAMILY OF A CHILD WITH HEARING IMPAIRMENT

Family is the most important institution in the life of a child, and play significant role in his/her development. Primarily, a child learns how to communicate, interact and socialize with his/her family members. The child's family members are his/her best friends. The way the family members relate, love, care, interact and accept a child with hearing impairment promotes the wellbeing of the child. Children with hearing impairment have influence on the parents, siblings and extended family members, relating to family functioning and other aspects. Awasan and Hassan (2008) confirm that the structure of the family have significant impact on the development of a hearing impaired child cognitively, and affectively. They explained that family structure is the combination of relatives that comprise a family. Basically, the family is the support system that provides care for children.

Ozozu (2005) defines family as a system where action of each individual member affects the family as a whole. Wholeness is explained as the sum of element, when mixed produce a total that is greater than the sum of all the parts (Murray et. al 1991). It is a system in which other members of the family are affected when one member encounters a problem such a disability. The family approach holds that family system functions as a system of emotion which every member plays specific role in accordance to certain rules. By this responsibility, members are expected to interact, relate and respond to one another in certain way. When a family member has a hearing disability, the families often have to adjust to changing family specific roles. There are different forms of family structures in Nigeria such as nuclear family, extended family, single parent, grandparent parents family, step family, polygamous family etc. Awasan and Hassan conclude that a child raised in a nuclear family tends to be well adjusted emotionally than a child raised in step family situation due to affection difference that may affect care responsibility.

2.1 Family System: Roles and Experience

The parents have the most important influence in the life of a child with hearing impairment, because they often become primary caregivers; the older siblings take greater responsibilities while the younger ones may feel neglected. Taking care of a family member with hearing impairment brings stress into the family and can make family members physically and mentally exhausted. This is why each family member has to take responsibility because it changes the family system and roles. Initially, the reality of having a child with a hearing impairment always come as a painful surprise to the parents, they are faced with physical stress such as shock, guilt and defensive behavior (Aderibigbe & Iheke, 2015). The stress could bring about high physical, financial and emotional pressure on parents.

It could also cause a state of confusion on how to deal with the expectation and lost dreams for the child, this changing image of the family altered their view of self and role performance (Murray, et al, 1991). As earlier mentioned, having a child with hearing disability may take a toll of mental and physical health on parent. The stress associated with it can make it difficult to find an appropriate and affordable child care and decision about working with them, training or education, having more children and depending on public support. This is connected with guilt, blame, or diminished self-esteem, which may consequently divert attention from other aspects of family functioning (Riechman et. al, 2007).

Parents especially often believe that they are alone in these negative emotional feelings, which is why educating parents that such feelings are normal could lessen their stress. Reichman and associates (2007) suggest that there are various programs and organizations that provide resources they may need, resources to assist family members such as counseling, parents and sibling groups, and various support groups depending of the type of specific diagnoses. In the long run, the family needs for special education and rehabilitation have a lifelong and enormous impact on family relationship and roles of family members.

Many studies have discovered that families have experienced various degree of pressure taking care of their child with a disability. Children with hearing impairment need a lifelong daily routine care from their family members, incurring enormous stress on them with a large work load of caring, the difficulties of upbringing, the psychological emotions, reduced income, future choices, family division and lack of social interaction (Li, 2017). Some studies have investigated how a disability of a child can affect family system – the parents, siblings, grandparents and extended families. The studies have proved that parents of children with a disability have lower rates of social interaction or participation than parent of children without a disability condition; the same study revealed that the parents of a child with a disability are not likely to have large family. Also, having a child with a disability may increase the risk of parent separation or divorce (Riechman et. al, 2007, Skórczyńska, 2007; Stelter 2013; Furgał, 2012 in Kichler et al., 2017). This could suggest issues such as anger, frustration, guilt or blame that may arise in the course of upbringing.

Mothers have a significant functional responsibility in the upbringing of a child with hearing impairment. Maternal attachment is a deep and lasting emotional bond that connects a mother to her hearing impaired child. Julia (2017) affirms that hearing impaired adult who experience high maternal attachment during childhood were found to be more secure and tend to be positive about life and the hearing community generally. Mothers are reported to have a daily positive relationship, interaction and responding sensitively and appropriately to the needs of the child in the family. Mothers take care, and are in a bond of affection with their child (Pisula et al., 1993, 2003 in Kichler et al., 2017). Yet, their caring experience may yield high degree of anxiety and depression than mothers of healthy children (Barlow et. al, 2008). In as much as every sane mother would not neglect her child regardless of with or without a disability, bearing the burden of taking care of the child alone or being overly involved in the rehabilitation of a disabled child could cause frustration and depression that may lead to marital breakdown, especially when the father is less involved. Benzies e. al., (2013) confirm that mothers role are more than the usual family responsibilities, because they have to cover services, education, and advocacy needs of their disabled children. As a primary care giver of a child with a hearing impairment, mothers are likely to be unemployed and their career life may be

unattainable due to the involvement with a child with disability. Mothers, who had a job before having a child with a disability, could become economically strained as they may not be able to return to work, and they may incur extra expenses supporting the child (Cartwell-Barti, 2009 in Fareo, 2015).

The siblings are also involved in disability services and experience in the family system. Initially, they may experience a range of emotions about the condition of their disabled family members such as guilt, fear, anger, jealousy and embarrassment (Milevsky, 2014). Siblings experience anger or jealousy because of the attention given to their family member, they also feel embarrassed due to the nature of disability and may disassociate with their sibling. They may as well feel uncomfortable when friends come around to avoid answering questions about their disabled sibling which may also limit their social life and interaction with their environment. Siblings may also neglect their own issues because of the attention given to their disabled family member; in most cases they may take the role of the parents and not paying attention to their own personal needs (Milevsky, 2014). Milevsky further explains that the responsibilities often helps sibling to develop some positive attributes such as self-control, cooperation, empathy, tolerance, and maturity in dealing with situation of the family. The parents engagement in education and rehabilitation of the disabled child could make siblings feel neglected considering the time spent on appointments, emotional energy, leaving little emotional energy, care and support for siblings (ibid).

The grandparents of a child with hearing disability may play specific roles to support the child. Prendeville and Kinsella (2018) suggest that the interaction and relationship position of the grandparents in the family is determined by how they are engaged within the system. When grandparents are familiar with their grandchild and parent, they tend to play a “potent role” (Glasberg and Harris, 1997 in Prendeville & Kinsella, 2018) to support child with a disability. Grandparents may ease the burden of expenses on parents by supporting them financially. A study showed many grandparents support parents financially and some grandparents reported that they had to live closer or move in with family of to ease the financial burden they were facing (Hillman et al, 2016 in Prendeville & Kinsella, 2018). Moving in with parents can also create an opportunity

for grandparents to have quality contact with their grandchild, eliminating boredom and loneliness and could also affect them negatively due to additional demands. Prendeville and Kinsella pointed out that some difficulties grandparents' experience includes: family conflicts, age factor, giving up their jobs or retirement opportunity to support family have an impact in their lives. Therefore, their role within the family may cause stress and affect their psychological well being which that may be a source of concern, when taking care of their grandchild with hearing impairment.

In conclusion, families of a child with disability such as hearing impairment face an enormous pressure that affects them physically and mentally. Some of this stress includes financial, emotional, physical and mental stress. Therefore, the family system – parents, siblings and extended family adapt to changes coping with their situation such as a change in family interaction, family functions, and family culture. Concerning a child with a hearing disability, there is need for resource support that is tailored to their need from childhood to adulthood which may include compensatory means AVT, assistive technology, rehabilitation, therapy etc that professionals may help provide. Based on child's needs, early intervention service is necessary for effective development and upbringing of the child and the family.

2.2 Impact of Hearing Impairment on Family

Every parents look forward to a beautiful and healthy baby after birth. The reality of having a child with a hearing impairment always come as a painful surprise because parents anticipate their child's development to follow conventional norms, the initial response to a disability is often shock. The disability condition makes parents experience guilt, shame and frustration to the extent of regarding disability as calamity (Aderibigbe, 2007). Some parents conclude that the disability condition is from the wrath from God for their sins or the work of their enemies (ibid). A child's development is impacted not only by the kind of disability itself, but by family reaction on getting to know about the disability (Tomasello et. al, 2010).

The announcement of a diagnosis of a child with hearing impairment to parents with normal hearing brings grief. Okuoyibo (2006, 1990 in Ewa, 2016), asserts that the

news of the arrival of a child with a hearing impairment is a crisis that most parents find difficult to accept initially. As humans, parents may show different feeling when aware that their child is born with a developing hearing loss. They tend to show feel confused, overwhelmed and a state of hopelessness while some react by showing enormous anger (Ewa, 2016). This loss affects the dreams that parents have on how their life and child will turn out (Luterman, 2004). The grief parents experience can be compared to death of a family member (Tanner, 1980 in Luterman, 2014), He further noted that the experience of parents with a disability is chronic and unaccompanied by ritual (p.216). This means that they may have an emotional breakdown being isolated and difficulties in finding communities such as extended families, friends or neighbours to support the family. (Cantwell-Barti 2009, in Fareo, 2015; Luterman, 2004).

It is known that parents must experience feelings such as grief, anxiety, anger, guilt, and vulnerability raising a child with disabilities (Luterman, 2004) such as hearing impairment. Throughout the development of the child, many parents of children with hearing impairment have to manage disruptive behaviors (Plant & Sanders, 2007), difficult child temperament (Bailey et.al 2000), and an enormous care-giving responsibilities (Gupta & Singhal, 2005) on a daily basis. Some studies has suggest that parents of children with hearing impairment experience higher levels of stress compared to parents of children of intact children (Gerstein, et al. 2009; Hastings, 2002; Olsson, 2009). Reichman and associates (2007) affirms that parental distress may divert attention from other aspects of family functioning.

Numerous studies have documented the impact of childhood hearing impairment on family life. Certain factors including family functioning, family resources, and social support play significant roles in predicting parenting stress. Most families of children with disability as hearing impairment are more likely to be faced with social challenges and pervasive economics problems than families with intact children (Cassidy et al., 2008; Emerson et al., 2006; Shearn & Todd, 2000). In addition, parents with a child with hearing impairment often engage longer time of daily responsibility compared to parents of intact children (Olsson & Hwang, 2001). There is also a high risk for being exposed to stigma and marginalization from society (Cassidy et al., 2008). The society negative attitude

towards deafness, the difficulty of obtaining support, and negative interactions between parents and professionals can contribute to the parents' stress and well-being in parents of children with disabilities (Dempsey et. al, 2009; Summers et al., 2007).

Having a child with hearing impairment in the family may affect financial flow and time contribution not only to immediate parents but also to other family members including grandparents, extended family members. This may affect the physical and emotional wellbeing of these family relatives (Reichman et al., 2007). Ewa (2016) suggests that impact on family is usually demanding and catastrophic due to hearing condition of their child. He further affirms that only few families may be united firmly together by experience but unfortunately in most cases the stress parents go through outweigh any benefit. The stress parents encounter taking care of a child with hearing impairment can also be as a result of external inputs to the family system. There is need to educate family system about the benefits of allowing other systems to contribute towards adapting, and willingness to accept situation to cope effectively. Murray and associates (1991) suggest that parents who have access to sufficient formal and informal support system and able to make use of them, may have the ability to cope with the stress than parents who do not have sufficient support system.

2.3 Family Needs and support of a child with hearing Impairment

The family of an intact child has a responsibility to meet the needs of their child in preparation to a healthy growth and development. However, the parents is a child with disability such as hearing impairment is burdened with more needs and responsibilities such as teaching the skills, coping skills and practicing the rehabilitation programs (Roberts & Lawson, 2001 in Yucel et al., 2008). A family that is willing to accept their child's disability can as well support the need of the child which may facilitate the language development, social, emotional wellbeing of the child. For children with hearing loss and family to have access to gainful early intervention and counseling services, the needs of the family should be put into consideration. Therefore it is important to conduct a family assessment and child developmental evaluation while providing counseling services and intervention for the child (Li, 2017). The essence of addressing the families need is to "strengthen the care- giving efforts to families, promote access to services and

support, improving quality of life and community and family integration (Beach centre on Disability, 2009). According to Bailey and Simoensson, (1990 in Li, 2017) in a survey, family needs can be classified into seven levels: 1) Information 2.) Family and social support 3.) Financial need 4.) Child care 5.) Explanation to others 6.) Professional support and 7.) Community support. Another study conducted by Yucel et.al (2014) on a survey of family needs came up with issues which included general information, hearing impairment information, communication, services and educational resources, family and social support, community services and financial needs.

Family Support

Having considered various kinds of family needs for child with hearing impairment and their families, parents need time and support to adapt and cope with their family situation. Families of children with hearing impairment are faced with a lot of challenges in connection to the needs of their children. Financial support can be considered as one the most important need of the family. Burton and Philips (2009, in Tétreault et. al, 2014) noted that care and upbringing of children with disability demands greater expenses. They further suggested government priority to highly support families especially those that have children with severe conditions. From this perspective, parents' need for support is related to the challenges due to the child's impairments and to the parents' own needs such as improving skills to manage daily stress and having the opportunity to socialize with other parents. Luterman (2004) reveals that it is when group of parents can meet and share their experiences that validation occurs, which start healing process. Furthermore, Parents may become economically constrained due to care for their child. Mothers especially are not able to keep their job, they are forced to take care of children at home, in most cases many reject employment offers or reduce their working hours (Tétreault et al., 2014) in order to have quality time taking care of their disabled child. Lack of adequate financial support can reduce access to resources that parents need to take care of the child. Fareo (2015) noted that families incur a lot of expenses such as medical bills, special equipment, purchase of prosthetic devices, enrolment in therapeutic consultation and transportation. Therefore, families need additional support at all levels to

reduce psychological distress on parent of children with developmental disability such as hearing impairment. (Murphy et. al, 2006 in Tétreault et al., 2014).

Social support serves as a beneficial service to eliminate stressful situation and also facilitates coping for families. It is regarded as a beneficial resource that people may draw regardless of the reality of stressor. Interestingly, Rodrigo et al., (2007) categorized social support into two kinds: formal and informal social support. Formal social; support system deals with network of support from experts and service delivery sources in organizations such as counseling/intervention centres, schools, or various social services while the informal support focuses on the environmental relationship of the family such as friends, peers, neighbours or community.

From the informal perspective, families that receive care and support from their environment or community contribute to parent's wellbeing and reduce their feeling of pressure. Zait (2008) confirms that constant participation of family and friends in providing tangible support and emotional support promotes parents coping for family with a child with hearing impairment. Schneider (1984 in Murray et al., 1991) recommends that parents can use community support to deal with disability condition and the support has to be available until parent are able to resolve grief and the opportunity to grow positively amidst their crisis. Murray further highlights that informal network support in difficult situation helps parents to find solutions which gives parents the chance to release tension and reflect on their own needs, decisions, behaviours and values.

Formal support on the other hand refers to professional support geared towards helping parents develop coping skills based on awareness and understanding of the needs of child with disability (hearing impairment) within the family (Murray et.al, 1991). He further suggests that professionals need to be aware and access parental management skills and the available resources within the family such as material and non material resources. In order to provide adequate support for children with hearing impairment disabilities and families, it is necessary that families and their children are involved in the decision-making process of support. Parents need to communicate with the professionals who provide support services for their child on a regular basis (Rently & Roeyers, 2006;

Stoner et al., 2005). Counseling professionals could make appropriate decisions about families and how they can be helped based on their identified needs.

Involving parents in decision making is considered as key for effective support with their hearing impaired children because parents have unique knowledge about the condition of the child (Stoner et al., 2005). Therefore, collaboration among professional support organization and between parents and professionals is therefore required for effective outcomes. It is a relationship based on trust, respect and mutual understanding between parents and professionals (Prezant & Marshak, 2006). In addition, support based on partnership between support provider and parents has been found to improve parents' confidence, improve quality of family interaction, emotional wellbeing (Brookman-Frazer & Koegel, 2004; Regan et al., 2006), and service satisfaction (Dunst et al., 2007).

Apart from the financial and formal and informal social support, other kinds of support are resources and health support. Resources are compensatory services to provide families with some hearing services and devices such as assistive technology and other compensatory measures to ease family disability situation, parental training and education. Health support are required to monitor and keep track of hearing impairment at different stages of child's life, this offers parental counseling and health care services to promote health and decrease the physical and mental stress of family taking care of a child with hearing impairment (Li, 2017). Family support in all aspect is necessary and should be family centred not only focused on the hearing impaired. Support is a vehicle for promoting quality of life of family and promoting the wellbeing of hearing impaired child. In the same vein, it facilitates relieve on family stress, ensures family adapt to their specific roles and promote parental skills.

2.4 Parents/Family Adjustment to a child with Hearing Disability

Having a child with a hearing impairment increases stress, affects the physical and mental health of parents and family as a whole. Parents may rely on support from public due difficulty to find appropriate, sufficient and inexpensive child care, parents decisions about jobs are affected, additional children needing care and day to day activities with child affects parent/family wellbeing. When the family is undergoing high level of stress,

they may behave in certain ways that may lead to negative impact on functioning of the child with hearing impairment. Changes in family life routines are necessary in the upbringing of the child which significantly found to affect family functioning (Waggoner and Wilgosh 1990).

Ghojavand and Ghojavand (2012) noted that parents constitute the heart of the family. They are more involved in upbringing and dealing the disability condition of their child as well as maintaining the family as a whole. The relationship between the parents of child with hearing disability can influence the family well being. When there is a positive attitude between parents, they can be strong and support each other to establish a good relationship as a couple, it enriches family life for all members and the family can be well adjusted (Abbot & Meredith, 1986 in Ghojavand & Ghojavand 2012).

According to Elliot and Mullins (2004), family adjustment entails physical health and personal wellbeing. Therefore, the service institutions, health care programs maintain the health and optimal adjustment related to a greater sense of well-being and satisfaction. Coping can be referred to as the role a person or social system plays in the utilization of physical, social and psychological resources to manage or control a stressful situation in their environment. It is worthy of note that adjustment is associated to the effectiveness at which the family uses its resources and support from the social network. The social support system is a significant factor in family adjustment and coping. Apparently, studies documented that family having internal control over condition promotes reduced stress and influences positive adjustment in families (Hastings & Brown 2002; Miller & associates 1992, Rimmerman, 1991; Dyson 1991).

Researchers have found that the family can have a positive or negative impact following their child's disability such as hearing impairment (Hastings et. al 2002; Hastings and Taunt 2002). Brinker et. al (1994) posit that less positive outcomes are predicted when parents undergo early intervention programs when there is a high level of stress. However, when parents stress and family challenges are addressed before the early intervention program begins. Some families experiences positive changes with reason that it has compelled families to take responsibly, confront trust issue, mortality and values which force members to develop deeper commitment within the family (Olkin, 1999 in

Elliot & Murray 2004). There is a greater state of closeness experienced in the family, positive changes in sharing family values fostering greater personal and family relationship (Elliot & Murray, 2004).

The coping, wellbeing and the total adjustments of parents, siblings and their extended families of children with a hearing impairment can be influenced positively by formal and informal supports, early intervention services, family services, therapies and counseling services, which helps in reducing burden and enhancing a healthy, physical and mental life of the family as a whole.

2.5 Attitude towards Disability in Nigeria

Generally, children with disability are predominantly exposed to negative attitude due to traditional beliefs on the causes of disabilities in Nigeria. Most communities believe in the model of disability, which reflects disability as a manifestation of spiritual, moral, religious, or personal weaknesses or strengths, either in this life or past lives (Olkin, 2012). It is believed that deafness or disability is a punishment for sin committed by parent. In some communities, it is regarded as witchcraft manipulations and evil spirits that manifest in form of disabilities or death of persons who are considered deviant. Ajavon (2006 in Ewa, 2016) asserts that the negative attitude or belief is as a result of ignorance and lack of understanding of special needs of children with hearing impairment and other disabilities. Furthermore, children with disabilities such as hearing impairment are socially excluded from other children; they are teased and not regarded as human beings within their neighborhood. This attitude has a great impact on the parents as they experience enormous agony together with their children and difficulty taking care of the child as well as carrying most of the burden (Iyabo, 2014). Ewa (2016) alludes that parents show attitudes of outright rejection, open hostility, indifference and or frustrations.

It is observed that parents who identify a disability in their children are usually stressed and emotionally disorganized. They tend not pay attention to the nature of disability or prioritizing towards helping the child's development. Therefore the parents may misunderstand the disability and the role to play due of their emotional states (Gbenda, 2013). Furthermore, some of these parents may find it embarrassing to introduce their disabled child to visitors as their legitimate offspring or exposing them to the public

to avoid stigmatization associated with disability; this in-turn affects the personality development of a child. However, the traditional fetish belief of having a child with a disability as a punishment is disturbing for parents. When the stress of managing the disabled child becomes exhausting, parents tend to find possible solutions through diabolic means.

The fact that Nigeria has a policy regarding children on protection and education of children which provides equal opportunities for all citizens, the policies and laws are yet to be carried out. The situation looks almost impossible due to the fact that the government has channeled its energy on other political matters, coupled with the fact that there is a problem in managerial skills to help enforce these laws. The Nigeria Decree of Disability (2018), a prohibition Act against discrimination of persons with disability states that the Act provides full integration of persons into the society and a National Commission to ensure education, healthcare, social, economic and civil rights of persons with disability. The Act further dealt with other issues and difficulties that persons with disability encounter in the country such as education, privileges, vocational rehabilitation, employment, transport and housing (Obi et al., 2019). Despite the enacted Act, persons with disability are faced with difficulties such as access to support and resources for their wellbeing.

The situation of hearing impaired children in Nigeria has enormously affected the attitude of parents who are left without any form of support from the government, the community and their environment. One of the most common situations of parents is financial constraint; a family that does not have adequate financial support to take care of their daily needs cannot carry the burden of taking care of a child with a disability such as hearing impairment. Some parents may rely on orphanage homes to take care of their disabled child. Johnson and Wiman (2001) confirm that the cost of educating a child with a disability in Nigeria, where government support is inefficient, is more than four times compared to that of an intact child. The burden of school fees, cost of books and materials, uniforms, transportation are a huge concern for these parents.

The government is responsible to ensure that parents are being supported, all citizens are given equal rights especially children with disability by ensuring that the needs of each child with a disability are fully met to develop and improve their quality of life.

The family support should be accepted and enforced to impact parents/family members with skills and give meaning to the lives of children with disability. The relevance of counseling system cannot be overemphasized; Oluka and Okorie (2014) see counseling as efforts geared towards improving emotional, social, educational, physical and vocational conditions of individuals. Parents of disabled children need counseling services for to improve negative consequences and cope with disability. Community awareness and education is paramount to eradicate social problems related with the ideas of a disability; and foster support to families of a disabled member. Although the family is regarded as one of the significant influences determining the effectiveness of intervention in the field of special needs, the care of children is not only the sole prerogative of parents, but communal support of the society. The ideas of discrimination, stigmatization, segregation and marginalization due to some negative beliefs and cultural practices in Nigeria need to be eradicated. This can be achieved by education and awareness of communities and access to information provided by the government, enforcement of government policies and laws and counseling services.

CHAPTER 3

3. COUNSELING FAMILIES OF CHILDREN WITH HEARING IMPAIRMENT

As far as the child with hearing impairment is concerned, counseling service becomes essential because it provides new ways of responding to situations and developing improved planning procedures. There is need for parents of hearing impaired children to be involved in counseling to build an effective relationship with professionals. The parents who become knowledgeable about the distinguishing characteristics and growth patterns of a child with hearing impairment can become excellent resource persons when actively involved in programmes for their hearing impaired child. In other words, the family is in a better position than anyone else to provide rich, exciting and stimulating environment where the child thrives. The child learns how to strengthen his relationship with family members and others, use available resources effectively and mobilize self to cope with current and long-term problems (Iwuama & Ekwe, 2003).

3.1 Concept of Counseling

Counseling services are associated with diverse fields and connected to possibilities of making a change in people's lives. It is a professional service on managing persons with a disability to foster hope for living and improve the quality of life. Counseling is a relationship between a counselor and the client in attempt to assist him attain a favourable life adjustment or self actualization. Fareo (2015) suggests that counseling is "a profession that is central to proper adjustment of an individual". Kabir (2017) perceives counseling as a professional advice given by a counselor to an individual to help him overcome personal and psychological challenges. He further noted that counseling scenario is a helping relationship in which the professional and client work together to solve problem, to influence behavior change and promote awareness and personal growth and development. Kachan (2019) defines counseling as a service offered to a person who is undergoing a day to day problem and needs professional help with a goal to overcome it and enhance positive change. Tambawal (2014) concludes that "counseling is designed to remove the emotional, psychological and personal social

roadblocks placed in the way of an individual by the multidimensional problems of the day to day life”.

Since family have a strong and direct impact on their personal development of their family member, their role in counseling cannot not be ignored. Parent’s collaboration with schools in the education of their child with a disability influences determines the significant effectiveness of interventions and educational outcomes of their children. Parental involvement increases social capital, increasing parents’ skills and information and making parents better equipped to assist their children in school-related activities (Hill & Taylor, 2004 in Grubbs, 2013). The school has to ensure that parents participate in the educational affairs of their children; they must be given the opportunity to participate in all meetings in which their child's identification, evaluation, program or placement is discussed. The school provides gainful training, workshops and consultation services for parents of children with a disability. Grubbs also pointed out that the needs of the parents have to be considered in such a way that when information or a process is not understood, parents have the right to be clarified without judgments. School teachers need to use verbal and non-verbal communication to interact with parents of children with disability such as providing basic information on disability, support, Individual Education Plan, supporting parents with training, responding to parents views, interest and needs and home visit and activities for children with disability. It is important for school counselors to take charge to facilitate parent’s participation. Since school counselors focus on academics, personal/social and career development and all three areas benefit from strong parental cooperation and involvement to enhance school-family partnership (Grubbs, 2013).

3.2 Benefits of Family Counseling

Counseling approaches with individuals or families are based on beliefs, values, theories we have as human beings regarding human relationships. Working with families, adults, adolescents and children require understanding their background, experiences, recognizing their family relationships to engage them effectively. Counseling develops skills needed for problem solving, assertiveness, decision making and goal setting to family of the disabled member. It is a profession that supports persons with hearing impairment to respond and behave in a satisfying manner by providing services that helps

clients to develop behaviours that helps them deal with themselves and their family effectively (Fareo, 2015).

Iwuma and Ekwe (2003) stated the benefits of family counseling below:

- Family counseling help parents understand and accept their child's situation. Participation promotes strengths, supporting and helpful.
- Parents experience many anxieties stemming from their feelings about the psychological and educational development of their children. Family counseling helps them discover that they are not alone; other parents experience same and are able to cope.
- Parents should realize that they are an integral part of their child's learning, development and behavior. Through Family counseling, parents are equipped and engaged in training to foster child development.
- Family needs differ. Family counseling helps to provide various support tailored to the needs of child with disability and family.
- Family counseling promotes skill development and deals with popular topics such as parents' advocacy, communication skills, behavioural management, social skill development, school and vocational opportunities (p.97).

Generally, the benefits and goals of counseling are facilitating behavioral change; enhancing one's coping skill; Promoting decision making, improving relationships; and facilitating one's potentials (Kabir, 2017) targeted at maximum development and support for children with hearing impairment and their families.

3.3 Communication in Counseling

Communication is the medium of meaningful interaction among humans. It facilitates expression of thoughts, ideas and feelings, understanding, creating awareness, avoiding isolation, development, social interaction, problem solving and fulfilling a goal. This can be in form of verbal and non- verbal communication for expressive and receptive communication. Dettmer et al. (1999, p. 6 in Siloe and Pater, 2012) defines communication as an “ act of transmitting, giving, or exchanging information , or the art

of expressing ideas”. Siloe and Pater (2012) assert that communication is critical to the success of collaboration when working with families of a child with hearing impairment.

3.3.1 Communicating with Parents/Family

Parents are faced with challenges in support and care of their children who are born deaf or hard of hearing or developed later in life. Therefore, most parents are curious to find ways to develop or improve their children. These challenges amounts to feel guilt, fear, worry about the vulnerability of their children. There is need for effective relationship support with professionals to help them cope with their situation. Professionals are to create a positive attitude and recognize the personal and emotional investment of parents and be aware of their feeling regarding the vulnerability of their children.

Warzlawick et al. (1967 in Murray 1991 p. 228) agreed that every communication interaction is both a subject matter exchange and a relationship-defining event. Family communication with a member who is hearing impaired is important, and responding to him/her while communicating is key to promote child’s language development. Within the family cycle, each member may communicate differently with a member with hearing impairment. There are many ways for children who are deaf or hard of hearing and their families communicate. How much a hearing loss affects communication in the family depends on the following:

- The type, degree and configuration of the hearing loss
- Family involvement in child’s communication development
- The age when child became deaf or hard of hearing
- The age at which intervention began, how often it occurred and the quality of the intervention provided
- Other health conditions (Washington State Department of Health’s Early Hearing Detection, Diagnosis and Intervention (EHDDI), 2017 p. 29-30)

Kichler et al. (2017) noted that family functioning with a child with a disability such as hearing impairment is measured with communication which many authors

underscored as a significant source of stress. Communication difficulties can have lasting emotional and psychological consequences that lead to feelings of isolation, depression and loneliness. Family members may have many different views, and it may take some time to discover what actually works best. When parents communicate effectively over the disability, share skills based on needs and strengths it will help other family members lessen stress (Murray, 1991). The relationship of parents is strengthened when they give each other a chance to use their communication skills. Also, Parents must make additional decisions in communication mode, devices and education placement when raising a child with hearing impairment. The condition of child creates additional family difficulty when making decisions using communication mode and device (Liu, 2010)

In a school system, communication involves creating a good relationship, acceptance and understanding parent situation, respecting parent views, flexibility in meeting timing structure to mention but a few. Using verbal communication, the professional has to choose words that are clear and meaningful to parent of children with SEN when asking questions or providing relevant information about disability and procedures to improve situation. Non-verbal communication such as touch, maintaining eye contact is sign of active listening, proxemics, facial expression, gestures helps professional and parents to clearly draw meaning from message (my.vanderbilt.edu). Involvement of parents can include encouraging parents to come during schools hours to participate in school work, taking part in support sessions, decision making and courses/training for parents. Support can be information about SEN support, information available through health, social services and voluntary services, involvement of other professionals, parent to parent support etc (my.vanderbilt.edu). Murray et al. (1991) suggest that in education and counseling, the entire professional teams are meant to communicate different parameters to the whole family with consistent messages and clarity.

3.3.2 Communication Strategies for Educating a child with Hearing Impairment

The possibility of communication of a child with a hearing impairment at school depends on the severity or degree of hearing loss. Children without a natural development of speech in spoken language and with serious pre-lingual loss make use of visual-motoric

communication systems – such as sign language accompanied by finger Alphabet, while children with post – lingual or milder pre-lingual loss are provided with audio-oral communication system such as spoken language, reading/writing and lip reading (Jerabkova, 2013). Iwuama and Ekwe (2003) noted that, for an effective education for children with hearing impairment, there is need for the provision of adequate teaching materials such as:

- The hearing aid
- Mirrors
- Chars showing demonstration of month and tongue position. (p.94)

Ewa (2016) also suggest that to meet the educational needs of the hearing impaired child, teachers need to be familiar with methods of communication and use them when necessary and modify others to suit the degree of loss and intellectual functioning levels of hearing impaired child and meeting their educational needs. There have been controversies by experts about the best communication approach that is most suitable for education hearing impaired children. Various approaches were preferred in different regions of the world (Langer, 2013). The communication approaches exposed to the hearing impaired are as follows:

- Auditory-oral approach
- Total communication
- Bilingual communication
- Cued speech approach

These approaches are used to meet the needs of hearing impaired child; there are no evidences that one approach is better than the other. Therefore, teachers should adopt appropriate communication approaches that will not only promote academic achievement but as well enhance psychological adjustment (Ewa, 2016).

3.4.1 Early Intervention Service

Early Intervention is implemented after infants are diagnosed with a hearing impairment. This service is for children between the ages of 0- 7 years of age and their

families. It leads to better outcomes in children, by six months of age a child can develop speech and language similar to their peers with normal hearing (WHO, 2020). These special programs are designed to support the learning development of children, teach families how to help child learn and to minimize developmental delays and promote communication, education and social development (Fulcher et al., 2015; Yoshinaga-Itano, 1998). These programs are provided by trained specialist to work with deaf or hard of hearing children and families. Liu (2010) documented various kinds of early intervention services which includes medical-focused intervention, education-focused intervention and rehabilitation-focused intervention.

Families who are enrolled in the early intervention program are assigned a specialist to work with them. They have options such as play groups and parent meetings/training (EHDDI, 2017). Most importantly, the success of early intervention depends on partnership with facilities and working collaboratively. The involvement and collaboration of parents and specialist are essential elements for effective child development outcomes, family trust, confidence and competence working with their child with hearing impairment. Early intervention programs are meant to use resource-based approach to map out benefits available for families of a child with hearing impairment to be able to support their needs and their adjustment (Dunst, 2000).

3.4.2 Family-Centred Intervention

Family centred services have been recommended as a branch of early intervention services that is considered the best approach of service delivery. It is focused on specialists supporting families with respect, sharing information, providing individualized and flexible services (Dunst, 2000). Family centered services involves professional work with parents, respecting parents choices and values, involving other family members, enhancing family strength and building partnership.

Concerning families of children with hearing impairment, Audio-Visual is a contemporary family-centered intervention relating to hearing and spoken language development. The method is specifically developed to help families or caregivers support their children with hearing impairment develop listening and speaking skills. Helping them recognize auditory information geared towards establishing spoken language (Lim & Simser, 2005 in Liliegren & Persson, 2015). The essence of AVT is to empower family or

caregivers to be competent and confident in realizing success in child support and to promote the spoken language development of a hearing impaired child. (Liliegren & Persson, 2015). In addition, family centered services focuses on enhancing quality of life of all family members and engaging in meaningful activity and participation of the community as a part of pediatric rehabilitation services. (King et al., 2004). Parent satisfaction with service should be put into consideration including siblings, family as whole to promote psychosocial wellbeing, and better psychological adjustment of children (King et al., 2004) or hearing impaired children.

3.5 Family Support Services and Programmes

This refers to a wide range of programmes and models that can be provided for the family and child with hearing impairment. These services are professional support that will enable them become actively involved in upbringing and care of a hearing impaired family member. Faroe (2015) posits that the main area of concern in these programmes is the participation of parents/family in the planning and evaluation child development. Therefore, there it is necessary to develop culturally appropriate intervention strategies that can enable families and their disabled member adapt to the situation (omoniyi, 2014).

King, Williams, & Goldberg (2017) point out intervention programmes for parents/families such as information service, skill training programme, parent's education and support group programmes.

3.5.1 Information Service:

The necessity of counseling information service for parents of children with hearing impairment cannot be over emphasized. Parents who experienced grief and distress need information sources to help them improve their general wellness and quality of life. These services provide information about disability, services that are available and wide range of resources (King et al., 2017). There are various parent resource centres or counseling centres that can help parents with basic information about their rights, privileges and benefits to help them cope with their situation. Kings and associates (2017) also noted that information can be sourced through written formats, groups, social media

and organizational sites where parents can have access to health information and availability of types of resources.

3.5.2 Skill Training Program:

The essence of this program is to give stable, protective and emotional supportive environment managed by parents and other caregivers to promote good health and learning of hearing impaired child (WHO, 2020). The programme uses family-centred approach using a network health and social services for families of these children (WHO). Parenting skills involves practical childcare skills, home safety and ways to respond sensitively to children with behavior and supporting approaches. In addition, It focuses on training parents in problem solving, making decision, communication skills, utilization of social network and coping strategies that may include self-statements, self-praise and relaxation (Slopper, 1999 in King, Williams, & Goldberg, 2017). Parents' skill training is based on learning theory, principles of operant theory and behavior modification. It has been proven that building positive parenting skills and focusing on family-child interactions have effects on the behaviours of children with disability such as hearing impairment (Forehand & Mc-Mahon, 1981 in Lee, 2008). Faroe (2015) suggests that experts should be able to consider the various needs of the entire family members in order to help the design individualized education programmes to support them.

3.5.3 Parents Education Service:

The service of educating parents is targeted at meeting the needs of parents about the health challenge or disability of their child. Parents may need to have information about the cause of disability or disorder, programme or stage of development, skill development and effective way to use existing resources to manage situation (Faroe 2015; Kings et al., 2017). Kings and associates further noted that the formats for education service for parents may include internet, online self-management software and teaching sessions either individualized, family or group session. Parents are provided with intervention strategies that impact positive behavior, skills for positive academic outcomes of children and collaborative support with professionals.

3.5.4 Support Groups

The emotional support system for parent with child with hearing impairment is necessary due to the stress parents' experience. The main aim of these support groups are mainly to empathize, strengthen and all round support for the wellbeing of family of a child with a hearing impairment. Apparently, it is forum to help parents develop realistic expectations for a disabled child and to develop competence. Support groups help families to accept their condition, knowing that they are not alone. Participating in such group increases strength, and foster psychological wellbeing (Ekwe & Iwuama, 2003). These support groups may be parent-led or provider-led geared towards social/emotional, practical and cognitive support (Law et. al, 2011 in King et. al 2017) for parents in condition such as hearing impairment. Ekwe and Iwuma (2003) maintained that popular topics that can be covered during support group programmes discipline, parent rights and advocacy, skills for behavior management and social skills development and vocational opportunities. Omoniyi, (2014) added that within the support groups and during program sessions, the group can discuss issues such as feelings of frustration and problems in upbringing.

King, Williams, and Hahn-Goldberg (2017) summarized family related services for the wellness of parents/families as illustrated in the diagram below:

Frame Work Showing Family Support Services and Programmes

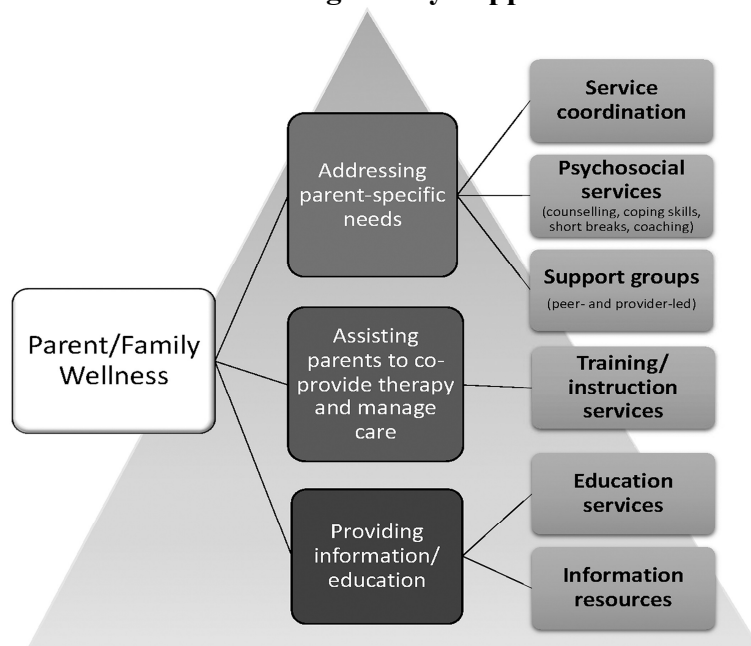


Figure 3: (Source: Article - King G., Williams L., Hahn Goldberg, 2017. John Wiley Sons Ltd.)

Families of children with hearing impairment are faced with uncertain and difficult life journey. These difficulties may include financial constraints, family disunity, stigma and social isolation and marital stress which may affect their psychological wellbeing. Therefore, the need for family counseling services are paramount and beneficial to support and help families adjust to their unfolding life situation.

In Nigeria, children with hearing impairment and families have not been given a pride of place. Parents and children with hearing impairment do not have free and accessible services due to the fact that there are little or no provision for this structure. The National policy on Education stipulates that every Nigerian child of school age with or without a disability should have equal opportunity and education access, including support services and personnel for special needs children (FGN, 2004). Yet, children with hearing impairments and families have limited opportunity of benefitting from the services of supporting professionals.

The Nigerian constitution has not recognized the legal rights of children with hearing disabilities. When a country does not have legislative structure on the provision of services to children with disability in general, such a country is bound to fail on its commitment to children in this category, by implication promoting anarchy to persons with disability (Ewa, 2016). The upbringing and care are left in the hands of their parents without a support service. There is need for counseling service to help families gain confidence, improving self-esteem and assertiveness (Omoniyi, 2014). Therefore, Government legislation and policies about family services or support programmes should be implemented to facilitate personal, social and developmental needs for parent, families of children with hearing impairment.

3.6 Summary

The study focused on the counseling for families with a child with a hearing impairment. The first chapter deals with the concept of hearing impairment. Hearing impairment is a generic term that describes any condition that affects the hearing acuity of an individual and makes it easier or impossible for the individual to interpret auditory

signals (Okuoyibo, 2001). The study reviewed causes, manifestation and educational implication of hearing impairment.

The next chapter focused on the family of a child with hearing impairment. Parents/families of children born with a hearing loss experience a feeling of shock, guilt, anger, depression dealing with an unfolding life situation. The parents need support system within the family, community and collaborating with professional counselors to strengthen the social network and help overcome stress and negative attitude towards their hearing impaired child. Every family member as a system has specific roles to play to help foster the growth and development of their disabled family member. Formal and informal support is necessary - financial support is regarded as one of the most important support to improve their quality of life.

Finally, counseling services and programmes that are designed specially to support families and children with disability at critical stages of the child development. Many studies have confirmed that appropriate intervention strategies help families adapt to the situation, reduce the negative effects of disability and by implication, promoting health and development for children with hearing impairment and families.

CHAPTER FOUR

METHODOLOGY

This chapter focused on the objectives, research questions, design, population of the study, sample and sampling technique, instruments, method of data collection as well as method of data analysis.

4.1. Objectives of the study

The following are the objectives of the study:

1. To investigate the extent to which programmes and services (such as sign language training, total communication training, family therapies, parents' education programmes and services and support group services) are available in Nigeria.
2. To find out the relationship between (information services, parental skills training, parents' education, support group services and counseling services) and parental adjustment to hearing impairment.
3. To determine the composite contribution of (information services, parental skills training, parents' education, support group services and counseling services) to parental adjustment to hearing impairment.
4. To investigate the relative contribution of (information services, parental skills training, parents' education, support group services and counseling services) to parental adjustment to hearing impairment.

4.2. Research questions

The following research questions were posed to guide the study:

1. To what extent are programmes and services (information services, information centre, sign language training, total communication training, family therapies, parents' education programmes and services and support group services) are available in Nigeria?
2. Is the relationship between (information services, parental skills training, parents' education, support group services and counselling services) and parental adjustment to hearing impairment significant?

3. Is the composite contribution of (information services, parental skills training, parents' education, support group services and counseling services) to parental adjustment to hearing impairment significant?
4. Is the relative contribution of (information services, parental skills training, parents' education, support group services and counseling services) to parental adjustment to hearing impairment significant?

4.3. Research design

This study adopted a survey research design of correlational type. Mofoluke and Dada (2012) stated that correlational survey is an approach to research that seeks to tease out the relationship between factors and elements that have some bearing on the phenomena under investigation. This research design is framework for collecting and utilizing data so that desired information can be obtained in order to estimate or determine the extent to which the data for the factors are related. The rationale for the use of this design was because the researcher was not interested in the manipulation of the variables under study. This study made use of this approach to obtain a picture of family support services and programmes for children with hearing impairment in Nigeria and the relationship between these services/programmes and parental adjustment to having a children with hearing impairment. It is useful for opinion and attitude studies, it depends basically on questionnaire and interview as means of data collection.

4.4. Population

The population of this study comprised all parents of children with hearing impairment in Nigeria.

4.5. Sample and sampling technique

The sample of this study consisted of one hundred and twenty (120) parents of children with hearing impairment in Southeast and South-south Geopolitical Zone of Nigeria. This study adopted purposive sampling technique because of the specific and limited number of respondents under consideration.

4.6 Instrument for data collection

The two underlisted instruments were used for the study:

- i. Family Support Services and Programmes (FSSP)
- ii. Programmes and Services Inventory (PSI)

The first instrument was a 30 item self-designed questionnaire titled: Family Support Services and Programmes (FSSP). This instrument was used to elicit opinions of the respondents on the relationship and contribution of information services, parental skills training, parents' education, support groups and counselling services to parental adjustment to having a child with hearing impairment. This instrument consisted of section A and B. Section A required the respondents to supply their sociodemographic information such as sex, family size, age, educational status among others while Section B consisted of 30 hypothetical statements requiring the respondents to rate their opinions across a 4-point scale from Strongly Agree to Strongly Disagree to allow for better understanding of the situation.

The second instrument was a 5 item self-designed scale titled: Programmes and Services Inventory (PSI). This instrument was used to ascertain the inventory of the available and accessible programmes and services for parents of children with hearing impairment in Nigeria. This instrument required respondents to rate their opinions across a 5-point scale from "Not Available" to "Highly Available". This allowed for better understanding of the situation.

4.7.1. Validation of the instruments

The instruments were presented to three professionals in Special Education Department and two experts in Measurement and Evaluation, University of Calabar, to vet the instruments appropriately. The instruments were finally presented to the supervisor to do the final vetting by making necessary changes before they were pilot tested to establish reliability.

4.7.2. Reliability of the Instruments

The Cronbach Alpha reliability method (internal consistency) was used to establish the reliability of the instrument for this study. FSSP and PSI were administered to 10% of the sample consisting of parents purposively sampled from the Tamtam centre in Olomouc. These were not part of the population of the study. The instruments were administered and retrieved within one week. The responses were coded and analyzed using SPSS (Statistical Package for Social Sciences) and using Cronbach Alpha reliability method. The analysis of FSSP and PSI produced high reliability coefficients ranging from 0.800 to 0.935 respectively as shown in the tables below.

Table 4.1: Summary of the reliability coefficient of FSSP

S/NO	Variable	N	Cronbach's Alpha
1	Information services	8	0.830
2	Parental skills training	8	0.800
3	Parents' education	8	0.874
4	Support groups	8	0.935
5	Counselling services	8	0.894
6	Parental adjustment	8	0.839

Table 4.2: Summary of the reliability coefficient of PSI

S/NO	Variable	N	Cronbach's Alpha
1	Information services	8	0.808
2	Information centres	8	0.820
3	Sign language training	8	0.831
4	Total communication training	8	0.865
5	Family therapies	8	0.811
6	Parents' education programmes and services	8	0.882
7	Support groups services	8	0.846

4.8. Procedure for data collection

A letter of introduction was obtained and given to all the respondents, and participation consent was obtained from the parents. Upon acceptance to carry out the research, research assistants helped in translating confused and grammatically demanding items of the instrument to the local languages of parents to ensure that their responses actually reflect their opinions. 120 participants completed the instruments. The administration of (PSI) paralleled FSSP. 140 copies of the instruments were given and 120 were returned with 85.7 percent return rate.

4.9. Method of data analysis

Descriptive statistics of bar chart and percentage were used to analyse Programmes and Services Inventory (PSI), while inferential statistics of Pearson Product Moment Correlation was used to determine the relationship between the understudied programmes/services and parental adjustment in the FSSP. Multiple Regression Analysis (MRA) was also used to verify whether the independent variables predicted and contributed to the dependent variable at 0.05 level of significance.

CHAPTER FIVE

RESULTS

This chapter presents results of the study. The results obtained were presented according to the research questions posed. The results are presented in a descriptive form using tables of frequencies and percentages, bar charts, Pearson Product Moment Correlation (PPMC) and Multiple Regression Analysis.

5.1. Restating research questions

The following research questions were posed to guide the study:

1. To what extent are programmes and services (information services, information centre, sign language training, total communication training, family therapies, parents' education programmes and services and support group services) are available in Nigeria?
2. Is the relationship between (information services, parental skills training, parents' education, support group services and counseling services) and parental adjustment to hearing impairment significant?
3. Is the composite contribution of (information services, parental skills training, parents' education, support group services and counseling services) to parental adjustment to hearing impairment significant?
4. Is the relative contribution of (information services, parental skills training, parents' education, support group services and counseling services) to parental adjustment to hearing impairment significant?

5.2 Answering research questions

Research question 1: To what extent are programmes and services (sign language training, total communication training, family therapies, parents' education programmes and services and support group services) are available in Nigeria?

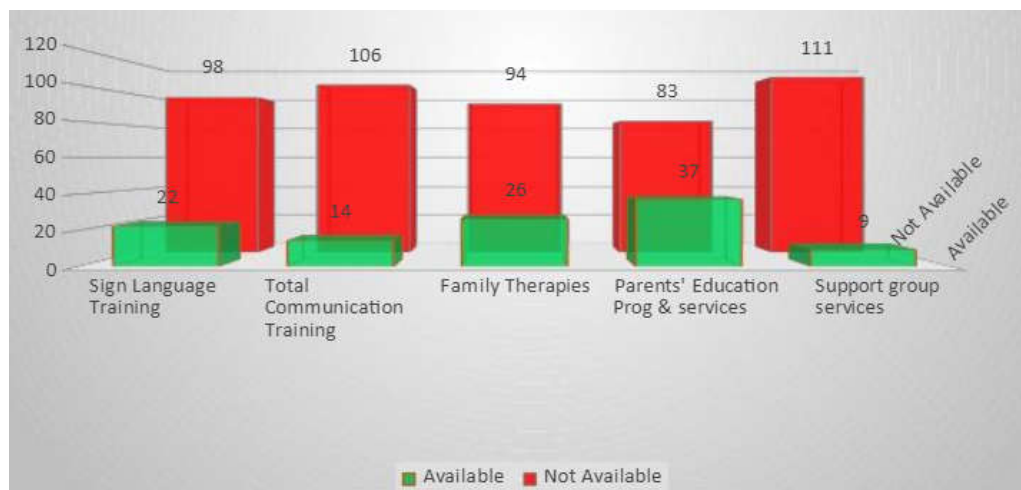
S/N	Item	Total No.	0	1	2	3	4
1	Sign language training	120	N=98 %=81.67	N=19 %=15.83	N=2 %=1.67	N=1 %=0.83	N=0 %=0.00
2	Total communication training	120	N=106 %=88.3	N=12 %=10	N=2 %=1.67	N=0 %=0.00	N=0 %=0.00
3	Family therapies	120	N=94 %=78.33	N=15 %=12.50	N=9 %=7.50	N=2 %=1.67	N=0 %=0.00
4	Parents' education programmes and services	120	N=83 %=69.17	N=30 %=25.00	N=5 %=4.17	N=2 %=1.67	N=0 %=0.00
5	Support group services	120	N=111 %=92.50	N=8 %=6.67	N=1 %=0.83	N=0 %=0.00	N=0 %=0.00

Table 1. The extent to which sign language training, total communication training, family therapies, parents' education programmes and services and support group services are available in Nigeria.

Where:

- 0 = Not Available
- 1 = Barely Available
- 2 = Somewhat Available
- 3 = Moderately Available
- 4 = Highly Available

Figure 4: Summary of services and programmes available in Nigeria.



The table and figure above indicate the level of availability of some programmes and services for parents of children with hearing impairment in Nigeria. It is revealed that there is a gross unavailability of the programmes and services for parents of children with hearing impairment in Nigeria. It is shown that out of 120 parents of children with hearing impairment that participated in the study, 98 (81.67%) of them revealed that there was no Sign language training for parents of children with hearing impairment. Also 106 (88.30%) indicated that there was no Total communication training for parents who have children with hearing impairment. Similarly, 94 (78.33%) revealed that there were no family therapies for parents of children with hearing impairment. 83 (69.17%) of the respondents also noted that there was no parents' education programmes and services for parents of children with hearing impairment. Finally, Support group services hardly available for parents of children with hearing impairment as whopping number of 111 parents out of 120 indicated a gross lack of support group services.

Research question 2: Is the relationship between (information services, parental skills training, parents' education, support group services and counseling services) and parental adjustment to hearing impairment significant?

Table 2: Correlation between the independent variables (information services, parental skills training, parents' education, support group services and counseling services) and parental adjustment to hearing impairment

Variables	Mean	Std. Deviation	N	df	R	P	Remark
Parental adjustment	11.04	3.24	120	5	-	-	-
Information services	10.81	3.11			.614*	.000	Sig.
Parental skills training	9.01	3.01			.851*	.000	Sig.
Parents' education	10.30	3.07			.755*	.000	Sig.
Support group services	10.01	3.05			.710	.000	Sig.
Counseling services	9.90	3.02			.797	.000	Sig.

* Correlation Significant at 0.05 level

Table 2 revealed that the relationships between the independent variables (information services, parental skills training, parents' education, support group services

and counselling services) and the dependent variable (parental adjustment to hearing impairment) were significant. This meant that parental adjustment to hearing impairment has a positive correlation with Information services ($r=0.614$, $P < 0.05$), Parental skills training ($r=0.851$, $P < 0.05$), Parents' education ($r=0.755$, $P < 0.05$), Support group services ($r=0.710$, $P < 0.05$), and Counselling services ($r=0.797$, $P < 0.05$) since P-value was lesser than 0.05 level of significance. Therefore, there were significant relationships between the independent variables (information services, parental skills training, parents' education, support group services and counselling services) and parental adjustment to hearing impairment.

Research question 3: Is the composite contribution of (information services, parental skills training, parents' education, support group services and counseling services) to parental adjustment to hearing impairment significant?

Table 3: Summary of multiple regression analysis showing the joint contribution of independent (information services, parental skills training, parents' education, support group services and counseling services) to parental adjustment to hearing impairment

R		R Square		Adjusted R Square		Std. Error of the Estimate
0.899		0.808		0.806		1.351
SUMMARY REGRESSION ANOVA						
	Sum of Square	Df	Mean Square	F	P	Remark
Regression	4711.209	5	718.246	7.123	.000	Sig.
Residual	2231.123	114	107.122			
Total	7637.832	119				

Table 3 above showed that the composite contribution of the independent variables (information services, parental skills training, parents' education, support group services and counseling services) to parental adjustment to hearing impairment was significant. The table also shows a coefficient of multiple correlation (R) of 0.899 and a multiple R Square of 0.808. This means that 80.6% ($Adj. R^2 = 0.808$) of the variance in the parental adjustment to hearing impairment is accounted by the independent variables, when taken

together. The significance of the composite contribution was tested at $p < 0.05$ using the F-ratio at the degree of freedom ($df = 5/119$). The table also shows that the analysis of variance for the regression yielded a F-ratio of 7.123 (sig. at 0.05 level).

Research question 4: Is the relative contribution of (information services, parental skills training, parents' education, support group services and counseling services) to parental adjustment to hearing impairment significant?

Table 4: Summary of multiple regression analysis showing relative contribution of the independent variables (information services, parental skills training, parents' education, support group services and counseling services) to parental adjustment to hearing impairment

Variable	Unstandardized Coefficients		Standardized Coefficients		
Model	(B)	Std. Error	Beta	T	Sig.
Constant	17.461	.546	-	21.577	.000
Information services	.909	.038	.721	25.149	.000
Parental skills training	.911	.043	.771	29.238	.000
Parents' education	.904	.033	.747	23.439	.000
Support group services	.810	.054	.605	20.456	.000
Counselling services	.760	.0345	.651	21.132	.000

Table 4 reveals that there was a significant contribution of the independent variables to parental adjustment to hearing impairment, expressed as beta weights. Using the standardized regression coefficient to determine the relative contribution of the independent variables, Parental skills training ($\beta = 0.771$, $t=29.238$, $p < 0.05$) indicates most potent contributor to the prediction, followed by Parents' education ($\beta = 0.747$, $t=23.439$, $p < 0.05$), Information services ($\beta = 0.721$, $t=25.149$, $p < 0.05$), Counseling services ($\beta = 0.651$, $t=21.132$, $p < 0.05$), Support group services ($\beta = 0.605$, $t=20.456$,

$p < 0.05$) has the least contribution to parental adjustment to hearing impairment. It implies that there is a significant relative contribution of the independent variables (information services, parental skills training, parents' education, support group services and counseling services) to parental adjustment to hearing impairment.

5.3 Discussion of findings

The study revealed that programmes and services such as information services, parent sign language training, parents' education, and parents support group services and counselling services are not available to a large extent in Nigeria. These findings are in line with the report of WHO (2012) which stated that the quality of life in Nigeria has been affected by unemployment and poverty, which has led to malnutrition, lack of access to quality medical care and quality education. The hearing impaired child and family may suffer barriers such as finance constraints, lack of access to basic services, transportation, gender, culture and disability discrimination, negative attitude, service delivery, lack of consultation and involvement. This is evident in the current study in that well over 80% of parents agreed that they lack relevant support programmes and services to help reduce the stress of raising the child and enhancing their adjustment to their child's condition.

It is no surprise that Joint Committee on Infant Hearing (2007) reported that in the developed countries of the world, screening newborns after birth has become a common practice which leads to early diagnosis and subsequent treatment and timely intervention, screening for hearing impairment is one of routine checks, followed by diagnostic assessment and referral to early intervention by age of 6 months. Unfortunately in Nigeria as confirmed by the current study that families with a new born may not have access to hearing screening practice and early detection until the child's begins to show symptom of a hearing impairment in later life at 2-6 years when intervention outcomes may be suboptimal.

Also, as reported by Abang (2005) in line with the findings of this study, the Nigerian scenario is pathetic regarding counseling services and early intervention practice.

The government is yet to make provisions for the structure of early identification and early intervention service for persons with hearing impairment. In addition, there is limited infrastructure in place for those with hearing impairment as well as access special assistive technologies due to lack of awareness, affordability and professionals services. The importance of early intervention cannot be overemphasized, for it to be effective in Nigeria, the government has to enact law aimed at the development of children with disabilities and their families, providing services, diagnostic devices and education materials and parent training.

Similarly, the findings of this research in outlining the importance of parental adjustment to the hearing impairment of their child are similar to Aderibigbe and Iheke (2015) who revealed that parents have the most important influence in the life of a child with hearing impairment, because they often become primary caregivers; the older siblings take greater responsibilities while the younger ones may feel neglected. Taking care of a family member with hearing impairment brings stress into the family and can make family members physically and mentally exhausted. This is why each family member has to take responsibility because it changes the family system and roles. Initially, the reality of having a child with a hearing impairment always come as a painful surprise to the parents, they are faced with physical stress such as shock, guilt and defensive behavior. Having a child with hearing disability may take a toll of mental and physical health on parent. The stress associated with it can make it difficult to find an appropriate and affordable child care and decision about working with them, training or education, having more children and depending on public support. This is connected with guilt, blame, or diminished self-esteem, which may consequently divert attention from other aspects of family functioning

The findings of these study corroborated the study of Li (2017) stated that the family of an intact child has a responsibility to meet the needs of their child in preparation to a healthy growth and development. However, the parents of a child with disability such as hearing impairment is burdened with more needs and responsibilities such as teaching the skills, coping skills and practicing the rehabilitation programs. A family that is willing to accept their child's disability can as well support the need of the child which may

facilitate the language development, social, emotional wellbeing of the child. For children with hearing loss and family to have access to gainful early intervention and counseling services, the needs of the family should be put into consideration. Therefore it is important to conduct a family assessment and child developmental evaluation while providing counseling services and intervention for the child.

The current findings also show that parental programmes and services such as information services, counselling, and sign language training among others foster parental adjustment to the hearing impairment of their child. Using the standardized regression coefficient to determine the relative contribution of the independent variables, the current study revealed that Parental skills training ($\beta = 0.771$, $t=29.238$, $p<0.05$) indicates most potent contributor to the prediction, followed by Parents' education ($\beta = 0.747$, $t=23.439$, $p<0.05$), Information services ($\beta = 0.721$, $t=25.149$, $p<0.05$), Counseling services ($\beta = 0.651$, $t=21.132$, $p<0.05$), Support group services ($\beta = 0.605$, $t=20.456$, $p<0.05$) has the least contribution to parental adjustment to hearing impairment. Though these statistics may vary if the study is carried out in a different location, but it implies that there is a significant relative contribution of the independent variables (information services, parental skills training, parents' education, support group services and counselling services) to parental adjustment to hearing impairment. These findings support the study of Burton and Philips (2009) in Tétreault et al., (2014) who stressed that parents need time and support to adapt and cope with their family situation. Families of children with hearing impairment are faced with a lot of challenges in connection to the needs of their children. Financial support can be considered as one the most important need of the family. They further suggested government priority to highly support families especially those that have children with severe conditions. From this perspective, parents' need for support is related to the challenges due to the child's impairments and to the parents' own needs such as improving skills to manage daily stress and having the opportunity to socialize with other parents. Luterman (2004) buttressed that it is when group of parents can meet and share their experiences that validation occurs, which start healing process. Furthermore, Parents may become economically constrained due to care for their child. Mothers especially are not able to keep their job, they are forced to take care of children at

home in most cases many reject employment offers or reduce their working hours in order to have quality time taking care of their disabled child.

Also Rodrigo et al., (2007) in a similar vein, revealed that social support serves as a beneficial service to eliminate stressful situation and also facilitates coping for families. It is regarded as a beneficial resource that people may draw regardless of the reality of stressor. Zait (2008) confirms that constant participation of family and friends in providing tangible support and emotional support promotes parents coping for family with a child with hearing impairment. Schneider (1984 in Murray et al., 1991) recommends that parents can use community support to deal with disability condition and the support has to be available until parent are able to resolve grief and the opportunity to grow positively amidst their crisis. Murray further highlights that informal network support in difficult situation helps parents to find solutions which gives parents the chance to release tension and reflect on their own needs, decisions, behaviours and values.

It is important to note that government is responsible to ensure that parents are being supported, all citizens are given equal rights especially children with disability by ensuring that the need of each child with a disability are fully met to develop and improve their quality of life. The family support should accepted and be enforced to impact parents/family members with skills and give meaning to the lives of children with disability. The relevance of counseling system cannot be overemphasized. This support the view of Oluka and Okorie (2014) who stressed that counseling as efforts geared towards improving emotional, social, educational, physical and vocational conditions of individuals. Parents of disabled children need counseling services for to improve negative consequences and cope with disability. Community awareness and education is paramount to eradicate social problems related with the ideas of a disability; and foster support to families of a disabled member. Although the family is regarded as one of the significant influences determining the effectiveness of intervention in the field of special needs, the care of children is not only the sole prerogative of parents, but communal support of the society. The ideas of discrimination, stigmatization, segregation and marginalization due to some negative beliefs and cultural practices in Nigeria need to be eradicated. This can be achieved by education and awareness of communities and access to information

provided by the government, enforcement of government policies and laws and counseling services.

5.4. Summary of findings

Based on the statistical analysis of each of the research question, the findings of the study were summarized as follows:

That only 18.33% of the parents of children with hearing impairment had received Sign language training. Also 88.30% indicated that there was no Total communication training for parents who have children with hearing impairment. Similarly, a high percentage of the respondents revealed that there were no family therapies for parents of children with hearing impairment. In the same vein, barely 30% of the respondents agreed that they had parents' education programmes and services for parents of children with hearing impairment. Finally, only 9 out 120 parents of these children agreed that they could access support group services.

The findings also revealed that:

The relationship between (information services, parental skills training, parents' education, support group services and counseling services) and parental adjustment to hearing impairment was significant.

The composite contribution of (information services, parental skills training, parents' education, support group services and counseling services) to parental adjustment to hearing impairment was significant

The relative contribution of (information services, parental skills training, parents' education, support group services and counseling services) to parental adjustment to hearing impairment was significant.

5.5. Conclusion

No parent is ever ready to welcome a child with hearing impairment. The arrival of a child with hearing impairment comes as a disaster to parents in such a way parents need adequate support to raise, train and oversee the development of their child. Such support structures comes in form of many programmes and services which include but not limited

to information services, parental skills training, parents' education, support group services and counselling services. These services and programmes in the current study have proven to be effective in fostering parental adjustment to having a child with hearing impairment. These services are essential in equipping parents with the necessary skills, knowledge and faith in raising a child with hearing impairment to fulfil their potential and become capable young youths and adults who contribute their quota to community and national development.

5.6. Recommendations

Based on the findings of this study, it is therefore recommended that:

1. Government, nongovernmental organizations and well-meaning individuals should through integrated funding approach provide a foundation that offer adequate support structures to families struggling with the raising their child with hearing impairment.
2. The foundation should develop such programmes and services as information services, parental skills training, parents' education, support group services, counselling services among others to help parents cope and adjust to the challenge of raising children with hearing impairment
3. Government and other help agencies should ensure that there is a carefully written individualized family intervention plan to meet the unique needs of each family in raising their child with hearing impairment.
4. Ongoing professional development should be given to personnel who train parents on the emerging skills and knowledge needed to raise a child with hearing impairment.

5.7. Contribution to knowledge

The study has established that information services, parental skills training, parents' education, support group services and counselling services foster parental adjustment to having a child with hearing impairment. Parental adjustment is very germane to ensuring that parents create a positive look of the future full of unlimited

possibilities for their child with hearing impairment. The faster the parents get adjusted to their child's condition the faster the child accepts oneself and his/her condition, and believe their capacity to change the world regardless of their disability. The study revealed that such programmes and services help parents to reach the highest level of adjustment sooner than imagined. This study has also contributed immensely to the existing body of knowledge in the field of special needs education. Thus, through this knowledge, the attention of government, nongovernmental organizations, professionals, parents and other service providers would be shifted to helping parents adjust to their child's condition which would foster a quick way for the child to realize their potential.

5.8. Limitations of the study

This study is dependent on parents' subjective reports and opinions which may introduce some potential for biased responses and common method of variance among the measures. The study did not take into consideration some other extraneous variables such as socioeconomic background, knowledge and experience of the parents which may have significant effect on the outcome of the study. The design of the study was another limitation of the study. Treatment packages would have provided a more objective outcome to determine the effect of these programmes and services on parental adjustment to hearing impairment. Also, the scope of this study was limited to only south-south and southeast geopolitical zones of Nigeria and the respondents of the study did not include children with hearing impairment themselves. Despite these limitations, the results obtained from the study remain valid and give some light to the relevance of the programmes and services understudied to parental adjustment to hearing impairment.

5.9.1 Suggestion for further studies

Future research can explore the relative effects of parental communication and sign language training on language proficiency of children with hearing impairment. Secondly, it can explore the socioeconomic background, knowledge and experience of the parents in order to perceive outcomes and provide the appropriate best support services according to various needs of families with children with hearing impairment

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<http://globalaccessibilitynews.com/2019/08/19/who-8-5-million-nigerians-experiencing-hearing-impairment/>

A Guide to Working with Parents of Children with Special Needs
<https://my.vanderbilt.edu/specialeducationinduction/files/2011/09/Working-with-Parents-Guide.pdf>

APPENDIX

Dear parents/caregivers,

You are invited to participate in a research study entitled “*Family Supports services and programmes*”. I am a foreign student, studying at the Faculty of Education (Palacky University Olomouc).

This research is to explore the current situation of family supports and family adjustment caring for a child with hearing impairment. Your participation in this survey is strictly voluntary and your responses will be kept confidential. It should only take about 10 minutes of time; all responses will be compiled together and used only for statistical analysis as group. There is no standard answer to all the questions, please give your answer according to your own opinion and fact. The results will serve as a reference for professionals providing family support services.

Your participation is very important; we hope this form will be helpful to you in identifying the services that you feel are important.

Thank you for your cooperation.

Yours faithfully,

Ngozi Nwaukwa

APPENDIX A

Family Information

- A. I am 1) A man 2) A woman
- B. Relationship between you and child:
 - 1. Mother 2.Father 3.Grandparents 4.Foster parent 5.Others
- C. Family type:
 - Two-parent 2.Single-parent 3.Others

- D. Family size:
 1. Small-sized (Parents and child), 2. Large-sized (with other children) 3. Others
- E. Your age:
 1. Under 30 years 2. 31-40 years 3. 41-50 years 4. Above 50
- F. Educational status:
 1. Primary school 2. Secondary school 3. University 4. Others
- G. How long I have been taking care of the hearing impaired child
 1. within 1 year 2. 1-2 years 3. 2-3 years 4. more than 3 years
- H. compensatory aid
 1. Hearing aid; 2. 1 CI; 3. 2 CI; 4. Hearing aid + CI; 5. BAHA; 6. without compensatory aid;
 7. other

APPENDIX B

Instruction: Below are different instruments to rate the strength of your opinion based on your experience as a parent of a child with hearing impairment.

A: A questionnaire on Family Support Services and Programmes (FSSP)

S/N	ITEM	SA	A	D	SD	I don't know
	Information services:					
1	Information services: Information on appropriate early childhood intervention programmes/centres are crucial to parental adjustment to their child's disability					
2	Information services: Information on the right agency for childcare support is valued by parents					
3	Information services: Information on the right facilities for audiological assessments fosters parental adjustment to their child's hearing impairment					
4	Information services: Providing parents with information on the available counselling centres has a role to play in parental adjustment					
5	Information services: Information centres provide parents with all information needed to aid in the development of their child with					

	hearing impairment					
	Skills training:					
6	Skills training: Training parents on the use of sign language is important for raising their child with hearing impairment					
7	Skills training: It is important that parents are trained on different communication approaches with their child with hearing impairment					
8	Skills training: Training parents on necessary coping skills helps them in managing the crises of raising their child					
9	Skills training: It is crucial that parents are trained on how to inculcate social skills in their child with hearing impairment					
10	Skills training: Parents training on how to teach sign language instruction to their child helps in bridging communication gap at home					
	Parents' education:					
11	Parents' education: Early education of parents sets them psychologically and mentally ready to raise their child with hearing impairment					
12	Parents' education: It is important that parents are educated on the nature and characteristics of hearing impairment					
13	Parents' education: Education of parents on age-appropriate interventions for their child helps to ease the stress of raising the child					
14	Parents' education: Education of parents on their child's right to education and appropriate assistive learning devices is important					
15	Parents' education: Education of parents on the attitudes of the society towards disability and how to respond to such negative attitudes helps them to adjust					
	Supports groups:					
16	Supports groups: Support groups helps in sharing their experiences with parents to facilitate their adjustment to their child's disability					
17	Supports groups: Support groups help parents to know that many other parents out there are going through the same issue					
18	Supports groups: Support groups help to allay fears of having a child with hearing impairment and raise hope in parents					
19	Supports groups: Support groups help parents to facilitate acceptance of their child and their child's condition					
20	Supports groups: Support groups help parents facilitate adjustment to their child's disability					
	Counselling services:					
21	Counselling services: Counselling helps parents to reduce the emotional stress of having a child with hearing impairment					
22	Counselling services: Counselling brings courage, mental strength and hope of a bright future for their child with hearing impairment					
23	Counselling services: Through counselling parents develop love and empathy towards their child's condition					
24	Counselling services: Counselling services help provide information					

	about family therapies, support groups, programmes and services					
25	Counselling services: Counselling helps parent to rapidly go through the feeling of shame to accepting the child and having reasonable expectations for the child					
	Parental adjustment:					
26	Parental adjustment: Parental adjustment fosters peace, love and unity in the family having a child with hearing impairment					
27	Parental adjustment: Parental adjustment is a function of adequate and appropriate support systems for parents					
28	Parental adjustment: Parents automatically get adjusted to their child's disability without any support systems					
29	Parental adjustment: Every parent needs some support structures to enhance the raising and adjustment to their child's disability					
30	Parental adjustment: Parent can successfully raise their child to realize their potential without the help of relevant professionals and services.					

In the scale below, rate from 0-4 to reflect the extent to which the underlisted programmes and services are available to you as a parent of a child with hearing impairment

S/N	ITEM	0	1	2	3	4
1	Sign language training					
2	Total communication					
3	Family therapies					
4	Parents' education programmes and services					
5	Support groups services					

Where:

0 = Not Available

1 = Barely Available

2 = Somewhat Available

3 = Moderately Available

4 = Highly Available