PARENTAL ATTITUDES TOWARDS CHILDREN WITH HEARING IMPAIRMENT AND ACADEMIC PERFORMANCE: A CASE OF KAMBUI SCHOOL FOR THE DEAF, GITHUNGURI DISTRICT, KIAMBU COUNTY, KENYA

THUO NELIUS WANJIRU
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NOVEMBER 2014
DECLARATION

This thesis is my original work and has not been presented for a degree or any other award in any other university

Signature ___________________________ Date ___________________________

Thuo Nelius Wanjiru
Early Childhood Studies

This research thesis has been submitted for examination with our approval as university supervisors.

Signature ___________________________ Date ___________________________

Dr. Rachel W. Kamau-Kang’ethe
Senior Lecturer,
Department of Early Childhood Studies,
Kenyatta University.

Signature ___________________________ Date ___________________________

Dr. Nyakwara Begi
Lecturer,
Department of Early Childhood Studies,
Kenyatta University.
DEDICATION

This thesis is dedicated to my grandchildren Riannah Talya, Diellah Salvinah, Shammariah Martin, Mitchelle Wanjiru and all others who will come after them.
ACKNOWLEDGEMENT

I worship God and give Him all the glory for taking me through this learning process. I know it is by His grace so that I may build my part in His larger plan and get prepared for what God requires in the next level.

My special thanks and gratitude goes to my supervisors Dr. Rachel W. Kamau-Kang’ethe and Dr. Nyakwara Begi of Department of Early Childhood Studies of Kenyatta University for all the valuable guidance, insight, comments and direction throughout the course of writing this thesis. I also wish to convey my sincere appreciation to my brothers Gikandu, Macharia and Kaniu who through their immeasurable sacrifice saw me through primary and secondary levels after the passing away of our parents. Also my thanks go to my sister in-law Jacinta (Mum), who stepped into my mother’s shoes and provided motherly love when I needed it most, May God bless you abundantly. I am also deeply indebted to my husband, Job Thuo and our children Mike & Cate, Solo & Pri, Godfrey and Victor whose immense support I could not have done without.

Finally there are many more special people in my life; I would also like to extend my gratitude to each and every one of them for giving me strength and determination to complete this study despite all the challenges and discouragement. I praise God for all of you.
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OPERATIONAL DEFINITION OF TERMS

Age: Belonging to any of the bracketed chronological years 19 yrs and below, 20-29, 30-39, 40 yrs and above.

Attitudes: Mental or neural state of readiness that influence the parents ` response to their child with hearing impairment.

Birth order: This refers to the position of the birth of a child. Firstborn, middle-born or lastborn.

Child: A boy or a girl with hearing impairment and is in the Early childhood classes of Kambui school for the Deaf.

Disability: It is a physical state of condition that results from impairment i.e. physical, sensory, mental or other impairments which have substantial or long-term or adverse effects on a person’s ability to carry out normal day to day activities.

Gender: Refers to male or female or the sex of the parent.

Hearing Impairment: This is a generic term used to describe any level of hearing loss, ranging from mild to profound.

Housewife: A parent/ guardian who keeps in the home and is not involved in any financial activities.
<table>
<thead>
<tr>
<th><strong>Level of Education:</strong></th>
<th>The highest level of formal learning attained by a parent: no primary certificate, primary certificate, secondary certificate, college certificate or university degree.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Marital Status:</strong></td>
<td>Refers to whether one is married or not married: divorced, separated, widow or widower.</td>
</tr>
<tr>
<td><strong>Number of Children:</strong></td>
<td>It refers to the numerical number of children in a family.</td>
</tr>
<tr>
<td><strong>Occupation:</strong></td>
<td>This refers to how parents earn their financial resources. It ranges from casual labour, house wife, and small business, employed or large business.</td>
</tr>
<tr>
<td><strong>Parent:</strong></td>
<td>This includes mother, father, guardian, or any other adult taking care of a child with hearing impairment.</td>
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## ABBREVIATIONS AND ACRONYMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ASA</td>
<td>American Standard Association</td>
</tr>
<tr>
<td>CEDC</td>
<td>Children in Especially Difficult Circumstances</td>
</tr>
<tr>
<td>CBOs</td>
<td>Community Based Organizations</td>
</tr>
<tr>
<td>FBOs</td>
<td>Faith Based organizations</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development</td>
</tr>
<tr>
<td>ISO</td>
<td>International Standard Organization</td>
</tr>
<tr>
<td>KNBS</td>
<td>Kenya National Bureau of Statistics</td>
</tr>
<tr>
<td>KNSPWD</td>
<td>Kenya National Survey for Persons with Disabilities</td>
</tr>
<tr>
<td>NCAPD</td>
<td>National Coordinating Agency for population and development</td>
</tr>
<tr>
<td>NCPW</td>
<td>National Council for People with Disabilities</td>
</tr>
<tr>
<td>NICHCY</td>
<td>National Information Center for Children and Youth with Disabilities</td>
</tr>
<tr>
<td>PWDs</td>
<td>Persons with Disabilities</td>
</tr>
<tr>
<td>UNCRC</td>
<td>United Nations Convention on the Rights of the Child</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Program</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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ABSTRACT

In recent decades there has been a proliferation of studies on the empirical aspect of the parental attitudes on academic development of children. Results show that family socioeconomic levels, typology characteristics, a suitable home environment and parents' positive attitude on a child are factors affecting the academic development of the vast majority of children. Apparently, parents’ positive attitude towards their children and family support increase pupils’ confidence in their abilities and awakens the child’s interest in learning thus improving their academic performance. The present study was undertaken to investigate the relationship between parental attitudes towards children with hearing impairment and parent’s level of education, occupation, age, marital status, child’s birth order and the number of children in a family. The sample comprised of 65 parents of children with hearing impairments in Kambui School for the Deaf in the Nursery, infant, class one, class two and class three. The purpose of this study was to establish factors that influence parental attitudes towards their children who are hearing impaired in Kambui School for the deaf in Githunguri District, Kiambu County. The study was guided by Zanna and Rempel component theory and Brofenbrenner Ecological Model. The literature reviewed revealed that attitudes play an important role in how an individual behaves towards another. This intended behavior also affects the outcome of the person receiving it. Descriptive study design was employed. The dependent variable was parental attitudes towards children with hearing impairment while parent’s age, level of education, marital status, occupation, number of children and the child’s birth order were the independent variables. Purposeful and convenient sampling technique was used to select the sample of the study. A questionnaire was used to collect the required data. To measure the reliability of the instruments, split-half method and Cronbach’s Alpha methods were used. The validity of the instrument was measured using content validity. Frequencies and Pearson’s correlation coefficient were used to analyze the data. The results revealed that parent’s age, marital status and child’s birth order do not influence parents attitude towards a child who is hearing impaired at P > 0.05. However, parents’ level of education, occupation and the number of children parents have, influence the parents attitude towards a child with hearing impairment at P <0.05. The study recommends that the government through the Ministry of Education and other agencies like NGOs, FBOs and CBOs, should create support programs for parents of children with hearing impairment to ensure they develop positive attitudes towards their children. It also recommends that The Kenya Society for the Deaf to provide early intervention programs for children, since those who are assessed within the first few months of life and whose families are involved in effective early intervention programs have a positive attitude towards their children. Finally the study recommends for further research to be carried out on parental attitudes towards children with hearing impairment and use different research methodologies.
CHAPTER ONE
INTRODUCTION

1.1 Background to the Study

Healthy parental attitudes results in acceptance of the child’s disability and facilitates therapeutic progress. Attitudes of society, families and people with Disability themselves contribute to converting Impairments into disabilities (Masood, Turner, & Baxter, 2007). The attitudes of specific societies are critical in assessing both the intensity of a disability and assessing areas where collective action is likely to fail the disabled community, and hence public action is desirable.

In addition to the attitudes of the general society, the attitudes of persons with disabilities and their families are important. At the same time, different sets of attitudes clearly interact, so that negative views about people with disability in the broader community are likely to be internalized in many cases by people with disabilities and their household members (Antshel & Joseph, 2006). Disability is perceived either as a punishment for the misdeeds in the past lives of the person with a disability or the wrong doings of the parents.

In 1981 UN/WHO studies estimated that on average 10% of national populations are disabled. However in 1992, this estimate was modified to 4% for developing countries and 7% for industrialised countries (Metts, 2000). The UNDP estimates a global proportion of disabled people of 5% (Coleridge, 1993). There is no consensus as to which figures to use: USAID uses 10% and DFID uses 4-7%. These figures are all estimates based largely on incomparable information, with
no consideration of cultural variations in the level of exclusion relating to different impairments (Yeo, 2001).

An estimated 650 million people worldwide, of who 200 million are children, experience some form of disability. Surveys conducted in 55 countries by the Disability Statistics Compendium show prevalence rates varying from 0.2% to 21% (NCAPD & KNBS, 2008). The estimate could be higher but the marginalization that the people with disability face makes it difficult for outside researchers to find them and to communicate with them. This is because in areas where stigma is attached to having a child with disability in the family, other members of the family may deny the existence of their relative.

In most cases, persons with disabilities may not physically participate in community meeting places. They are excluded from all manner of social, economic and political interactions and experience discrimination from birth or from the moment of becoming persons with disabilities onwards. The birth of a child with any impairment is often considered a tragedy and economically unfair to give an equal share of resources (Burnett & Farkas, 2008).

Whatever the cause of impairments, they affect the life of the victims, making it difficult for them to live “normally”. They have to depend on other people or the community to do certain things for them. Persons with disabilities have thus been treated with pity in all settings. This is because people believe that disability is a punishment or a curse from God (Rao, 2003). Cultural attitudes in most African states view a person with disability as not “normal”. People use very abusive, derogatory and dehumanizing names in describing persons with disabilities. For example cripple,
dumb, idiot, moron and imbecile. The African Kiswahili word categorizes them with ‘things’ in the KI – VI class that is Kiwete – Viwete, Kiziwi – Viziwi, (Ndurumo, 1993). The current study was to investigate the attitudes of parents with children who have hearing impairments.

In everyday discourse, the term ‘attitude’ is used to mean an opinion or group of opinions held by an individual about a specific object. They are seen as relatively fixed and stable over time and context (Hogg & Vaughan, 2002). Attitudes apply a subject – object relationship because they are formed in relation to a specific, identifiable stimulus and ones relatedness to specific groups, issues and individuals. Myers (1983), Shutle (1997) and Peter (2001) agree that the actions of an individual are largely governed by his or her attitudes, and that an individual will behave in a manner that will satisfy his or her attitudes towards the object. This means that attitudes determine the behavior of an individual. For a parent who has practically no knowledge about deafness and has a child stigmatized as deaf and dumps”, this can be a shattering experience (Dharitri & Vinoda, 1990).

The parents struggle to cope with their own emotions and the reactions of others. Their attitudes towards their child change resulting in changes in responses towards the child. These attitudinal changes in turn may have an adverse effect on the child (McCartney & Taylor, 2009). The parents may start developing negative attitudes towards the child and the behaviour patterns too might change. It is against this background that the researcher sought to investigate the parent’s attitudes towards their children with hearing impairment in Kambui school for the Deaf.
According to 2009 census report, Kenya with an estimated population of about 38 million people had 187,818 persons with hearing impairment. The statistics further indicate that there were 89,840 males with hearing impairment out of the total population of 19,049,915 males and 97,978 females out of the total population of 193,621,73. This gives a ratio of 3.5% of the total population of the Kenyan people who suffer from hearing impairment (Kenya Bureau of Statistics, 2009). This implies that many may not have been accessed due to the cultural and community believes that disability is caused by witchcraft, evil spirits or infidelity in Eastern Central Africa (Waite, 1992).

In this study, the researcher investigated the factors that influence attitude of parents with children who are hearing impaired and the challenges the parents go through and the ways in which they mitigate them.

One major category of children with disabilities is that of children with hearing impairment. Hearing impairment can also be termed as hearing loss. Parents of children with hearing impairment often experience stigma and shame, limiting familial support (Ghosh & Magana, 2009). Parents also experience other negative attitudes towards their children and feelings of shame (Ansari, 2002). Mothers are also reported to experience greater rejection of children with any kind of disability than did fathers. This is because it is common for mothers to be blamed by others and to blame themselves for their child’s disability (Ghosh & Magana, 2009).

According to the report of the Educational Statistical Booklet (2003 – 2007), hearing impaired cases alone had 12,871 boys and 25,914 girls giving a total of 38,785 children who were hearing impaired in special institutions and units. In Kenya, much attention has been paid to the development of learning at pre-school and higher levels. Policy makers involved in the education
of young children in Kenya advocate highly the role of parents in children’s activities at home. This is clearly presented in the Pre-school Guidelines (K.I.E, 1999) which clearly spell out the role and importance of parents in the growth and development of their children. However, a parent belief, feelings and attitude towards their child who is hearing impaired determines how the parent will provide and nurture the child for future survival.

In recent decades there has been a proliferation of studies on the empirical aspect of the parental attitudes on academic development of children, and trends have emerged which analyze the effects of household structural and dynamic variables on student performance (Xia, 2010). Results show that family socioeconomic levels (McCartney & Taylor, 2009), family typology characteristics (Burnett & Farkas, 2008), a suitable home environment (Barkauskiene, 2009) and parents' positive attitude on a child’s education and their active involvement in it (Flouri & Buchanan, 2004) are factors affecting the academic development of the vast majority of children.

Other factors that influence children's learning and academic performance are expectations, perceptions and parental attitudes regarding their children. Apparently, parents’ positive attitude towards their children and family support increase pupils’ confidence in their abilities and awakens the child’s interest in learning thus improving their academic performance (Campbell & Verna, 2007). However, in families where there are children with deficits parents’ negative attitudes towards their children tend to predominate and there is usually fewer expression of feelings and emotions, and adults tend to provide negative feedback to their children on their behavior and ability, criticize them or underestimate their abilities, and show pessimistic expectations about their academic future (Dyson, 2010). These behaviors may help the child forge a negative self-
image, thereby damaging the development of her/his personality (Taylor, Chadwick, Heptinstall & Danckaerts, 1996).

Also, structural elements such as family income, parents’ level of education, marital status, or a high number of siblings greatly influence parents’ attitudes towards their children (James, 2004). Some studies have shown that pupils with hearing impairment disproportionately come from poor family backgrounds that do not support their education (Rydell, 2010). To this day, the real impact of each family structural element on the academic performance of children with hearing impairment remains unknown (Antshel & Joseph, 2006). Therefore, there is need for new studies to shed light on the factors that influence parental attitudes towards their children with hearing impairment. It is against this background that the researcher sought to investigate the factors that influence attitude of parents of children with hearing impairment in Kambui School for the deaf which had 286 children enrolled in the school comprising of 151 boys and 135 girls, in Githunguri District, Kiambu County, (School Administration Records, 2010).

1.2 Statement of the Problem

Research evidence shows that parental attitudes have positive impact on different aspects of children’s education (Cotton & Wikeland, 2001), achievement and motivation (Brooks, Bruno & Burns, 1997). Much of the research that examined the relationship between parental attitudes and children’s academic performance relied on parental participation in parent – teacher conferences (Baker & Sodden, 1997). Education has become highly competitive and commercial in many countries. Academic achievement has become a yardstick of self worth and success.
The outcome of education determines the quality of life, progress and status of people living anywhere in the world (Mayuri & Devi, 2003). An individual’s genetic makeup equips him or her with potentialities, but it is the environment in which he or she develops which is crucial in determining the attainment of the potential. Important among these environmental variables are familial variables, which include parental attitudes, involvement, and the facilities available at home. Parental attitudes play a crucial role in determining the physical and mental health of a child. This has been confirmed by both theoretical and empirical research (Campbell & Verna, 2007). Every interaction of a child with his or her parent has great effect on both his or her academic achievements and the potentialities for future action. Though parents differ in many statuses, their attitude towards their children academic performance plays a very important role. Regardless of parental educational qualifications, marital status and income status, a child’s academic performance depends largely on the parents’ attitude towards the child (McIntosh, 2008).

The studies which have been conducted in the area of hearing impaired have shown that deaf children did not differ from normal children. Swarsha (1990) studied the differences between normal and deaf children on perceptions of parental behaviour, perspective taking ability and cognitive functioning. This prompted the researcher to ask what would be the factors that influence the attitudes of the parents of children with hearing impairment in Kambui School for the Deaf.

1.3 The Purpose of the Study

Parents’ positive attitude towards children with hearing impairments is important in determining school attendance and academic achievement of the child. Favorable attitude towards schooling and education enhances parental involvement in children’s present and future studies. Parent’s
attitude towards their children education is affected adversely by low socio-economic status. Barkauskiene (2009) opines that the parents’ psychological well-being and the ease or difficulties with which they decipher the cues that facilitate the socialization process influence the personal and social development of the child. It is the parents who exert the major influence on the development of the child from birth to maturity. The purpose of this study was to establish factors that influence parental attitudes towards their children with hearing impairment in Kambui School for the deaf in Githunguri District, Kiambu County. The factors investigated were parent’s occupation, level of education, marital status, age of parents, number of children and children’s birth order.

1.4 Objectives of the Study

The objectives of this study were:-

i) To establish the relationship of parents’ level of education and occupation with attitude towards their children who are hearing impaired.

ii) To establish the relationship of parents’ marital status and age attitude towards their children who are hearing impaired

iii) To determine how parents child’s birth order and the number of children relates to parental attitudes towards hearing impairment.
1.5 Research Hypotheses

The following were the research hypotheses:

\( H_1 \) There is a relationship between parental attitudes towards deafness and the level of education of the parents.

\( H_2 \) There is a difference in parental attitudes towards deafness and the parent’s occupation.

\( H_3 \) There is a relationship between parental attitudes towards deafness and parents’ marital status.

\( H_4 \) There is a relationship between parental attitudes towards deafness and parents’ age.

\( H_5 \) There is a relationship between parental attitudes towards deafness and child’s birth order.

\( H_6 \) There is a difference in parental attitudes towards deafness and the number of children parents have.

1.6 Assumptions of the Study

The basic assumptions underlying this study were:

i. It was assumed that parent’s attitudes towards hearing impairment may be positive or negative.

ii. The study assumed that the parents would respond to the questionnaire genuinely.

iii. The study assumed that the school management and the teachers would cooperate and offer assistance where needed.

1.7 Limitations of the Study

The study was faced with limitations such as the scarcity of schools that cater for children with hearing impairments not only in the county but also in the country as a whole. Therefore the study sampled all the parents of children in the early childhood classes in Kambui School for the Deaf.
Additionally, it was very difficult for the researcher to verify the genuineness of the responses as prejudice against persons with disabilities is generally seen as unacceptable and it is likely that parents may not accurately report negative views towards their children with hearing impairment and consequently the true level of prejudice may have been under-reported. Because the questionnaire was administered within the school facilities, the researcher had to work with the parents who came to the school. However, all the parents were guided through the questionnaire before they made their responses and item cross checking was done at the point when the researcher was collecting the questionnaire.

1.8 Delimitations of the Study

The study was confined to attitudes of parents of children with hearing impairments in Kambui School for the Deaf. Although there are many factors which influence parent’s attitudes towards hearing impairment, the study was focused on parents’ level of education, occupation, marital status, age, child birth order and the number of children in the family. The study was only carried out in one school for the deaf in Githunguri District in Kiambu County because it is the only National school available for the category of the study within the district.

1.9 Significance of the Study

The findings from the current study may be significant to different stakeholders like school management, institutions offering special needs education among others. The study was to provide data on the nature of parental attitude towards their hearing impaired children and how it relates with different factors. It is also hoped that the school management will use the findings of the study in strengthening parent-teacher partnership. Institutions offering Special Needs Education
may use the findings of the study when developing or revising courses on how to assist parents and teachers in handling children with Special Needs and especially parents’ attitude towards the child who is hearing impaired. Moreover, the study findings may be of great contribution to the Kenya Society for the Deaf in helping parents to overcome the challenges they face with their children with hearing impairment. Counselors may use the study findings when counseling parents on how to overcome the challenges they face as they take care of their children who are hearing impaired. Finally, other researchers may find the study helpful while developing studies on attitudes held towards other specific categories of persons with disabilities.

### 1.10 Theoretical and Conceptual Framework

The study was guided by the Component Theory of Attitudes by Zanna and Rempel (1988) and Brofenbrenner Ecological Model (Brofenbrenner, 1989). The Model explains the challenges encountered by parents when bringing up their children with hearing impairment.

#### 1.10.1 Zanna and Rempel Component Theory

According to Zanna and Rempel (1988), the structure of attitudes consists of three types of components: the cognitive component (beliefs), the affective component (feelings), and the conative components (behavioral tendencies). Cognitive is the storage component where attitudes about children with hearing impairments are organized. The affective component is the feelings (likes and dislikes) while the conative component is the overt behavior attached to the internal attitudes. Zanna et al, (1988) state that attitudes are formed through four ways: direct experience, which is encountering an instance of the attitude of objects and generalizing from that, vicarious
experience, that is observing or hearing about an experience with an attitude object, assimilation of attitude from others, that is accepting what others report about an attitude and from the need for cognitive consistency that is trying to avoid conflict between beliefs and feelings.

Zanna and Rempel (1988) argue that attitudes may differ in four ways. Firstly, in favorableness, that is the extent to which the attitudes toward children with hearing impairment are considered to be good or bad. Secondly, in complexity, that is the number of identifiable dimensions of favorable to which the components of the attitude relate. Someone might perceive the object good in some respects and bad in others. The salience/ego involvement is the extent to which the attitude is important to the holder and regarded as being part of his/her dignity. Lastly, extremity is the extent to which the attitude is at one or the other of a continuum. Parent’s response to their children with hearing impairments is in line with what they believe about and how they feel towards children with hearing impairment. According to Zanna and Rempel (1988) attitude signifies what people think of, how they feel about and how they intend to behave towards an attitude object. In this study, factors causing attitudes in parents’ towards their children who have hearing impairments were investigated.

The components theory of attitudes was important in this study because attitudes play an important role in human behavior in a given situation. Parents’ belief about children with hearing impairment and their feelings towards them determines how the parent provides and nurtures the children. If parents have positive attitudes towards their children with hearing impairment, they are likely to recognize their role in helping the children grow and develop. Contrary, if the parents have
negative attitudes towards their children with hearing impairment, they are not likely to recognize their role in growth and development of the children (Zanna and Rempel, 1988).

1.10.2 Brofenbrenner’s Ecological Model

The ecological model has proven useful in understanding family functioning associated with having children with physical disabilities, chronic illness (Kazak, 1989) and other disabilities (Dunst & Trivette, 1990). Intervention based on these models involves assessing needs and stressors emanating from both outside and within the family, with the goal of enabling parents to make use of both intra family and extra family resources in order to promote the functioning of the family and each of its members. It has been proven beneficial in providing insight into all factors that play a role in the growth and development of individuals. It also shows how all factors are intertwined and impacting on the development cycle. The model provides the ability to see how our lives are balanced between every aspect of our environment. Educators use this model to assess problems in a child’s life to begin the healings. Most people fail to realize that their actions towards their children have a lasting impact in the future relationships and adjustment of their children. This model therefore guided the researcher in investigating the parent attitude towards their children who are hearing impaired. Brofenbrenner (1989) developed an ecological model for understanding social influences that are seen to emanate from a series of systems extending beyond the child, where the child is the centre of the model.
The most immediate influences are within the micro system and include those with whom the child has immediate contact. This consists of the child’s most immediate environment (physically, socially and psychologically). This core entity stands as the child’s venture for learning initially about the world. As the child’s most intimate learning setting, it offers him or her a reference point of the world. It may provide the nurturing centerpiece of the child or become a haunting set of memories of one’s earliest encounters with hatred and/or violence (Stanley, Miller, Richardson & Thomson, 2010). The real power in this initial set of interrelations within the family for the child is what they experience in terms of developing trust and mutuality with their significant people (Pipher, 1996). The family is clearly the child’s earliest micro system for learning how to live. The caring relations between children and parents (and many other caregivers), can help to influence a
heath personality (Swick, 2004). For example, the attachment behavior of parents offers children their first trust-building experience (Brazelton & Greenspan, 2000). Parents and siblings reciprocally influence each other hence; the functioning of the nuclear family depends on variables associated with each of its members. Some of the variables are whether the diagnosis was shortly after birth or later. Earlier diagnosis is easier to come to terms with than one diagnosed later since parents will have believed for several months or even years that the child was normal in every way and may find it difficult to change the belief. With this understanding, the researcher sought to find out the reaction of parents when they learn that their children had hearing impairment.

The mesosystem are the close, intimate system of our relations within families that create our buffer and ‘nest’ for being with each other. However, we all live in systems psychologically and not physically. For example, parents may physically be at work but psychologically they are very present in the child-care center where their child attends. Likewise, the child in the first grade ‘goes to work’ with the parents in the sense that they wonder about and seek experiences with ‘the work of the family’ they never physically experience (Galinsky, 1999). Mesosystems are the context experienced vicariously and yet they have a direct impact on the daily life of a person. They can be empowering (as a high quality child-care program is for the entire family) or they can be degrading (as excessive stress at work is on the total family ecology). In so many cases mesosystems bring about stress in families. Our absence from a system makes it no less powerful in our lives (Garbarino, 1992). For example, many children realize the stress of their parents’ workplaces without ever physically being in these places (Galinsky, 1999). We all need to seek to be involved in our mesosystems, encouraging more family-friendly practices especially on those parents whose children have hearing impairment.
The exosystem helps to connect two or more systems in which child, parent and family live (Brofenbrenner, 1979). They help to move us beyond the dyad or two party relations. So exosystems are or should permeate our lives in every dimension. For example, the friend at church who links a parent into a “parent night out” and then in turn, watches the baby while the parent attends an evening adult education course is indeed a powerful exosystem. As Pipher (1996) cautions, “community” must become a concrete reality for young children and their parents. There must be loving adults beyond the parents who engage in caring ways for children. With children who have hearing impairment, the community finds it an uphill task since they have little or no knowledge of how to relate with these children. The cultural ideologies and beliefs about hearing impairment also create a wedge between the community and the parents with children who have hearing impairment.

The macrosystem is the larger systems of cultural beliefs, societal values, political trends and “community happenings” that act as a powerful source of energy in our lives. The macrosystems we live in influence the what, how, when and where we carry our relations (Brofenbrenner, 2005). In a sense, the macrosytems that surround us help us to hold together the many threads of our lives. Without an umbrella of beliefs, services, and supports for families, children who have hearing impairment and their parents are open to great harm (Garbarino, 1992). The relationship of the parent with the microsystem, mesosystem, exosystem and macro system plays an important role in developing the parents’ attitude towards their children who have hearing impairment. The parent may develop a positive or a negative attitude depending on the interrelationship with the systems.
The conceptual framework (Figure 1.2) illustrates how some factors under study relate and influence others. Parental attitude towards children who have hearing impairment may be influenced by several factors like parent’s occupation, parent’s marital status, level of education, the child’s birth order, number of children in the family and the parents’ age. Parental attitude towards children who are hearing impaired in turn also influence the teacher – parent partnership in taking care of the child in school.
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents the literature reviewed on the important areas related to the study. The areas discussed include; children with hearing impairment, parental attitudes towards children with hearing impairment, hearing impairment and academic performance and the factors influencing parents attitude towards children with hearing impairment including age, parental level of education, marital status, parental occupation, child birth order and the number of children in the family. It also highlights the challenges the parent face while bringing up children who are hearing impaired.

2.2 Children with Hearing Impairment

According to Deborah (1998), No other area of exceptionality in early childhood education is more crucial than with the hearing impaired. Even when alone in the woods, a person is surrounded by meaningful sounds. The gurgling brook tells him water is near, the chirping birds let him know when it’s day break, the rustling leaves indicate the presence of wind or the approach of an animal or another person. For the hearing infant, the world of sounds help him to learn to associate objects, persons and events and to draw inferences and to make predictions about what will happen. It also provides an excellent means for them to relate to other people (Deborah, 1998). This study therefore sought to find out the parental attitude towards children with hearing impairment in Kambui School for the deaf.
Considering the important role of hearing in the rapid learning that babies accomplish, it is easy to understand the enormity of the impact on child and family that a severe congenital hearing disability can have. In view of the fantastic rate at which young hearing children become proficient in understanding and using their native language it is apparent that intervention for the child with impaired hearing must begin in the early years (Glorig & Roberts, 1965). Sometimes through a false sense of shame, or through ignorance of the possibilities open to a child who is hearing impaired, mothers have refused to admit that their children are deaf, or to allow anything to be done for them, until very valuable time has been lost. This is unfair to the child and very wrong. A mother should have only pity for the child with hearing impairment and eagerness to aid him or her to overcome his handicap so far as possible. Delay in frankly facing the facts and in taking all possible measures to develop the remaining facilities will in the end only increase the mother’s shame and add to it the pangs of remorse (Umadevi & Venkatramaiah, 1993).

Hearing impairment or deafness is a major disabling condition worldwide. The etiology of hearing loss range from congenital to acquired, and includes common and preventable childhood infections like otitis media, meningoencephalities and malnourishment mainly lack of Vitamin A and Iodine, and these mainly affect poor families. The morbidity and burden of hearing impairment on the children and their parents is enormous. This is because affected children have developmental delay in many domains including speech, cognition as well as behaviour and other aspects of psychosocial development. Early identification and effective treatment of hearing loss improves language, other forms of communication and cognitive skills (Frank-Briggs, 2012).
For a parent who has practically no knowledge about deafness and has a child stigmatised as "deaf and dumb", this can be a shattering experience particularly as it so often happens, "the cause is unknown." The first reactions are usually panic, guilt, blame and despair. They strive to understand the disability and its implication (Powell, Son, File, & San Juan, 2010). They struggle to cope with their own emotions and the reaction of others. Their attitudes towards their child change, resulting in changes in responses towards the child. These attitudinal changes in turn may have an adverse effect on the child. For hearing parents, it is a very difficult task to accept the disability. Once they come to know about the diagnosis of deafness, they are shocked and traumatised. Parents may start developing negative attitudes towards the child after the diagnosis, which may not have been present prior to the diagnosis. Their behaviour patterns too, might change (Kumar & Rao, 2008).

The basic issue is that a person with disability is often not respected as a person. Instead, they are subjected to different meanings and prejudices in all aspects of their lives (Augoustino & Reynolds, 2001). The beliefs are changing depending on the strength and intensity of their acceptance by each culture, knowledge of technology and clinical or medical knowledge to disabilities. The study therefore investigated how parents of children with hearing impairments cope with the societal attitudes towards their children. In every day discourse we use the term ‘attitude’ to mean an opinion, or group of opinions held by an individual about a specific object. They are seen as relatively fixed and stable over time and context (Hogg & Vaughan, 2002). Individuals respond to various attitudinal objects (individuals, social groups, situations, social issues) and this response is predetermined by their attitude towards that particular object (Hovland & Rosenberg, 1960). Lalljee, Brown and Ginsburg (1984) had a notion that attitudes are internal dispositions that strongly influence behavior. They also state that attitudes are fixed and enduring.
This is in agreement with attitude theory which maintains that attitudes are evaluative hence defines attitude as communicative acts that imply favourable or unfavourable evaluations about a class of objects, persons or events. According to Lalljee et al (1984), what is of particular importance is the assertion that attitudes derive their meaning from their source and the context in which they are expressed. Attitude is also an expression of a social representation. Hogg & Vaughan (2002) suggest that specific attitudes are framed by, and embedded within wider representational structures. Himmelweit & Gaskell (1990) state that attitudes derived from society and are reworked by individuals as part and parcel of their experiences and as a function of their correspondence with existing social representations. Campbell (1963) and Wicker (1969) defines attitudes in two ways: one, attitudes are more or less consistent responses with a degree of organization and predictability. Two, attitudes are underlying latent variables, inner processes that give direction and consistency to a persons’ responses. In summary, attitudes are latent acquired behavioral dispositions.

2.3 Parents Attitude Towards Children with Hearing Impairment

Parents obviously have the most important role to play in the growth and development of their children. With the new life that is brought into the world come an awesome responsibility and a sense of self-worth and satisfaction (Oliver, 1996). The attitude and behavior of the parents directly affects the attitude and behavior of the child and vice versa. Therefore a concerned parent who provides the basic necessities for growth and development like food, clothing, shelter, protection and belonging must be anxious why a child is behaving in the way he/she is (Maslow, 1987). The parent must acquire the ability to identify the developmental tasks that the child is
working on. Developmental tasks include: learning to control their bodies, getting along with others, communication, independence, problem solving like when small children ask the what? That or why questions, trying the words that are appropriate for use (Albrecht, 1992). Parents must also develop the skill of reflective listening and this enables them to bring the child in touch with his own feelings. Children do not know how to explain their anger, frustration, or even their joy and more so difficult for the hearing impaired. Therefore, listening through paying close attention to children’s verbal and non-verbal messages and allowing children to learn by solving their own problems is important (Barnes, 1991). Unrealistic expectations are a source of frustration but the goal of parenting is to help children grow into responsible, self-directed adults who can care for themselves and nurture others regardless of their condition (Maslow, 1987) and (Shakespeare, 1996).

Philosophers, educators and psychologists have long speculated about the connection between thought and action, character and conduct. The prevailing assumptions are that our feelings and beliefs determine our behaviours. Myers (1983), Shutle (1997) and Peter (2001) agree that the actions of an individual are largely governed by his or her attitudes and that an individual will behave in a manner that will satisfy his attitudes towards the object. Wang-wen (1998), states that attitudes are implicit responses whose drive strength occur within an individual as a reaction to stimulus pattern and affects subsequent overt responses. This means that attitudes determine the behaviour of an individual. According to Allport (1988), attitude determine for each individual what he or she will see and hear, what he will think and what he will do. Attitudes interact with other personal characteristics such as motives, values and personality traits that in turn interact with environmental factors to determine behaviour. An individual therefore determines his
behaviour tendencies to excel or to fail in the performance of daily task and this will influence once social interactions and degree of social adjustment. Tascot (1998) remarks that formed attitude of parents of children who are hearing impaired play a significant role in the life of the child. Therefore the researcher sought to find out the parental attitudes towards children who are hearing impaired in Kambui School for the Deaf in Githunguri District, Kiambu County.

All families experience stress from time to time, but the types of stress and the resources available to aid in coping vary among families. According to Holloyd & Lacarus (1982), psychological stress occurs when environmental and/or internal demands tax or exceed the individual’s resources for managing them. The negative effects of such stress can be buffered by social support including informational, instructional, psychological, material and physical resources provided by members of a person’s social network (Dunst & Trivette, 1990). They continue to argue that social support increases parents’ well being, promotes better family functioning and improves interactions between family members. Social support can also have a positive effect on child behavior and development. It can insulate parents against the deleterious influence of stress that threaten optimal parenting and family functioning (Brofenbrenner, 1979). Support can enhance family well being, alleviate family stress, nurture positive parental attitudes and promote successful family adaptation (Dunst et al, 1990).

Belsky (1984) suggested that social support is associated with maternal self-esteem, sensitivity and patience. This in turn promotes family cohesion and allows optimal functionality (Goldstein, Diener & Mangelsdorf, 1996). Alternatively, those parents who lack support are more likely to experience depressive symptoms and engage in negative parenting which strain family relations
For the parents whose children suffer from any disabling condition, the relationship, interaction and support from the social environment that supports parents in their parenting is heavily affected. The situation is made worse by common misconceptions about the consequences of disability. People often overemphasize the limitations that a disability brings along and do not see the possibilities that every child has. This in turn promotes the stereotype that children with disabilities are totally incapable of living a meaningful and productive life. However, the truth is that if every child grows up in a stimulating environment and has access to opportunities; he/she can develop his/her full potential and contribute to the development of the community. Poverty and gender discrimination are the main contributors to the negative attitudes towards children with disabilities and in many cases they seem to aggravate the situation (Schild, 1971). The study therefore endeavored to establish the parent’s attitude towards their children with hearing impairment as this would impact on their growth and development.

Historically, societies have not dealt fairly with defective children. In ancient civilizations, children were destroyed if they were not physically and mentally able bodied. The medieval ages saw mentally defective people become the court jesters or become subjected to ridicule and scorn. In later civilizations, defective people sometimes were believed to have magical powers or were regarded as the devil’s handwork (Lareau, 1987). Although the extremely negative attitudes of earlier years are not considered dominant in today’s society, certain feelings of fear, anxiety and embarrassment still consume parents and professionals alike when they view persons with disabilities. Children with learning disabilities are viewed as more socially acceptable than children with mental retardation which carries a connotation of dumbness (Harris, 1998). The
child who is blind can become an object of instant pity while the hyperactive, emotionally disturbed child can elicit fear and anxiety in the onlooker. Most people today respect persons who are crippled or blind and do not believe their intelligence is limited. These same persons might regard the child with multi handicapped as a ‘vegetable’ and feel pity for the parents (Harris, 1998). A definite stigma is attached to some forms of exceptionalities that do not extend to all kinds of handicapping conditions (Batshaw & Perret, 1981).

According to Umadevi et al (1993) parents tend to deny the reality of the disability, requesting further medical tests, trying to “cure” the disability, for example by sending their child to witchdoctors and preachers, and hoping for a miracle cure. When this does not work, parents may then deny the existence of the child itself. They feel their social status is lowered and do not want to be associated with their child who is hearing impaired. Parents may feel ashamed of the situation. This can lead to hiding children with disabilities from the public. Parents experience anger, directed at themselves or immediate family members. For instance, parents start blaming each other for the disability and such conflicts can lead to some parents divorcing. Anger could also be directed at God, at the doctors and other professionals. There is also the risk of the anger being directed at the child. Parents lose their temper towards the child or even abuse the child. This only raises more guilt feelings and hinders the ability to cope (Sylvia, 2002).

2.4 Parents’ Level of Education

Education is a tool for life and health. It provides the knowledge and skills needed to get a job, solve problems, and gain access to information that can keep them healthy, and have a sense of
control over their lives. In general, as education increases, parents are more likely to be able to acquire greater levels of information about special needs, rehabilitation measures and resources, and can access the latest medical and rehabilitation help available (Kurian, 1978). Miles (1992) reported that uneducated families sometimes see children with special needs as ‘God’s people’. They reported that families attributed the special need to varied causes such as an eclipse of the moon or parental sins. In a survey of rural and urban families in Pakistan, Miles (1992) found that more than fifty percent of parents attributed their child’s special needs to fate, no cause and will of God. Therefore, the parents struggle to cope with their own emotions and the reactions of others. Their attitudes toward their child change, resulting in changes in responses towards the child. Their attitudinal changes in turn, may have an adverse effect on the child.

Kurian (1978), in his study reported a significant difference in parental attitudes between the lowest educational level and those of graduate parents and higher educational qualifications. He concluded that as the education level of parents increases the attitude towards their children with hearing impairment becomes more favourable. Cohen (1997) did a study to examine the early literacy experiences of rural disabled children ages 3-8. The results showed that among other things, the incidence of children with disabilities was higher among parents with less than a high school education. In addition, black children had a higher incidence of disabilities than did other racial and ethnic groups. The results also indicated that family members were less involved in early literacy activities with children with disabilities at pre-school level. Therefore this study sought to find out the difference in parental attitudes towards children who are hearing impaired and the parents’ level of education.
2.5 Parents’ Occupation

The demands of parenting are challenging for most families. Families who have a child with a disability frequently have additional demands that often exceed existing resources. This in turn can create additional burdens of care that may increase the stress of everyday coping (Beckman, 1983) and (Friedrich, Wilturner & Cohen, 1985). Economic hardships adversely impact the physical and psychological well-being of both children and parents (Barling, 1990). Moreover the social economic status of the family has been related to parental warmth, level of paternal involvement, methods of child discipline and desired child traits. Some of these differences likely reflect that the adaptiveness of a particular parenting behavior or family interaction style is often determined by the nature of the broader social context. Kurian (1978) in his study reported a significant difference in parental attitudes between the lowest and higher socio-economic groups.

Families that have no past experiences to draw upon to meet the challenges of having a child with a special need may find themselves more vulnerable to stress (Rutter, 1981). Increased levels of stress have been found in families that have children with a special need compared to families with no special needs (Dyson, 1993). The vulnerability caused by these stressors may be related to the interpretation of the stress and the availability of services to cater for the family’s needs as they change over time (Byrne & Cunningham, 1985). The overall economic situation in the society in which the family lives will affect many aspects of how the family copes with having a child with special needs. Typically, in developing countries where there is insufficient money available to provide essential health and education services to the community, many of the facilities which are available for children with special needs have been established by charitable organizations and a large proportion of such children do not receive appropriate health care, therapy or education.
(Rank, 2000). The professional guidance and financial support that is available to families in developed countries will also be mainly lacking in developing countries which adds to the difficulties experienced by those families.

According to McLoyd (1990), family income has a direct influence on children’s health and well being. Children depend on their parents, guardians and communities to provide food, shelter, clothing and activities that will ensure their health development. An adequate income contributes positively to a child’s physical and mental health, cognitive and social development, and academic achievements - benefits that will serve them well for the rest of their lives. The study therefore sought to establish the relationship between parental attitudes towards their child with hearing impairment and parent’s occupation.

2.6 Parent’s Marital Status

Parents bring their life history, their own personalities and their relationships with each other into the family dynamics. Significant parental conflict has a profound effect on the entire family system. Children suffer from insecure attachment under such a family situation. The parent’s own internal working model of attachment seems to have a very strong effect on the family system and thus on the children (Brofenbrenner, 1975). Adults who are themselves securely attached are much more likely to have a child who is also securely attached.

Many factors can influence the well-being of a family care. One factor is certainly the emotions and physical health of the parents. Parents are definitely the heart of the family. They are the ones
who deal with issues associated with their child’s special needs and they are also required to maintain the household (Bronfenbrenner, 1975). Some families are single-parent families but for others, the relationship between the parents is a factor that can influence the family’s well being. When the parent’s relationship is a strong and supportive one, the parent – child relationship is of very good quality (Mandra & Murray, 2000).

The quality of parental relationships spills over into relationship with their children; couples with satisfying marital relationships are more warm and supportive towards their children. However for those whose marriage is full of discord, will have more negative relationships with their children (Parke & Buriel, 1998). Their children show high level of anxiety, depression and delinquent behavior (Harold & Conger, 1997). Children may be affected by such conflict indirectly when marital difficulties cause parents to change their childrearing practices. Parents in conflicted marriages have a poor parenting style that is characterized as cold, unresponsive, angry and deficient in providing structure and setting limits (Parke & O’Neil, 1998). Children under such rearing style tend to display a lot of anger and non compliance in interacting with their parents. Children may also be affected directly by marital conflict when they actually witness arguments and fights. The more frequent and violent the conflict, the more likely children will show distress, shame and self-blame (Frosch, Mangelsdorf & Mctide, 2000). For a child with hearing impairment, the family status plays an important role in the way the child is taken care of. A healthy marital relationship exerts a positive influence on the family whereas the consequences of an unhappy marriage are likely to be tension and conflict (Marks, 2006). From this understanding, the study investigated the relationship between the parental attitudes of children who are hearing impaired and the parent’s marital status.
2.7 Parents’ Age

A child who is the first born child of young recently married parents is in a very different position to a child with the same kind of special need who is born to older parents who already have several other children. The young couple is likely to experience higher levels of stress and have more difficulties in coping than the more established family (Williams, 1988). Bell (2004) found out that a young family with a hearing impaired child experience higher levels of stress and have more difficulties in coping than the larger and more established family.

A study from the British Social Attitudes Survey, on ‘‘public perception of Disabled people’’ stated that the older the person the more likely they are to report comfort with children who suffer from impairments (Staniland, 2009). Forer (1999) also stated that young parents are usually more tense and anxious when the first child is born than they are when other children are born. This is because they are uncertain of their ability to care for a child, but as they grow older and gain experience they overcome the uncertainty.

2.8 Child’s Birth Order

A persons gender, age, place of birth, accent, manners among others are the matters people take into account when describing or evaluating an individual. Birth order appears to be one of these matters as well. Birth order as it is used in this research indicates a child’s place in the family. Birth order has an advantage of being easier to check than other characteristics (Forer, 1999). This type of study made it possible to ask a person about their siblings without offending or taking too much of their time. Some individuals tend to determine the birth order of others simply by observing their behavior. Parents have a tendency of stereotyping their children according to their
birth order. Thus birth order brings variations in the way the parents treat their children (Leman, 1989). Differences in parental attitudes and behaviours in turn greatly influence a child’s personality, which is the way parents treat their children with regard to a child’s birth order. Although birth order and parental attitudes and behaviours tend to influence a child personality, a child’s place in the family does not explain everything about that child. Whether a child happens to be a firstborn, a lastborn or somewhere in between, parents need to become aware of stereotyping by looking beyond it and attempting to treat each child equally and uniquely (Gabriel, 1990).

In today’s society, parents pay different amounts of attention and attend differently to children of opposing birth order. Parents have distinct expectation for each of their offspring. A study done by Spitze & Logan (1991) showed that the parental attitude towards their children is affected by their number, gender and birth order. These factors also influence the closeness the child feels towards his parents. Parents also tend to have higher expectations for their oldest children than for children of any other birth order. Bradley & Mims (1992) states that parents treat oldest children in the family differently from the way they treat subsequent children. Parents high expectations of the firstborn also becomes a problem when the first born develops a low self-esteem and becomes unable to satisfy all of the expectations set for him or her. This becomes even worse when the child is hearing impaired.

Leman (1989) also explores the hardships of being the middle child. He states that being the middle child means you do not get much attention as the oldest and youngest children. The oldest is important simply because he or she is the oldest and the youngest is special because he or she is the baby. Therefore being the middle child means living in a sort of anonymous haziness. The
middle child are pushed as hard or expected to accomplish as much as the one who came before him/her (Leman, 1989). Forer (1999) describes the middle child as threatened by severe feelings of insecurity and inadequacy because he or she lacks recognition within the family and he or she is in danger of not receiving enough affection. He or she suffers from lack of attention. The study therefore sought to find out the parents’ attitude towards their children with hearing impairment in relation to the child’s birth order.

Leman (1989) also describes the only child as one who does not have to share the love, affection and attention of his parents with any other sibling allowing him or her to believe that the world revolves around him or her. They become extremely selfish, stubborn and self centered. Unfortunately whenever anything bad happens, the child automatically assumes that it is aimed at him or her. He or she either sees himself as the center of everything or because he or she has been sheltered and kept from any kind of harsh reality in his or her earliest years, the position of the family leaves an indelible stamp on the child’s life (Brazelton, Berryand, Cramer & Bertrand, 1990). Birth order is extremely important in the makeup of a person and it profoundly affects that person and especially the child with hearing impairment when the parents’ expectations are shattered. With this understanding the researcher sought to investigate the relationship between parents’ attitudes towards the child with hearing impairment and the child’s birth order.

2.9 Number of Children in the Family

Cancian, Slack & Yang (2010) states that the higher the number of children in a family, the higher the need for stabilized financial economy. Economic hardships adversely impact the physical and
psychological well-being of both children and parents. Economic hardships also cause child abuse (Cancian, Slack & Yang, 2010). The children with hearing impairment are often considered a tragedy and economically unfair to give equal state of resources. Family support is vital to the outcome for children who are hearing impaired. This is because children rely upon their parents and siblings to guide them through proper child growth and development (Cancian et al, 2010). The added complication of children with hearing impairment is the requirement of additional supportive efforts ensuring the needs of the child are met and the needs of the entire family. This becomes a big challenge where the family is large.

According to Muderedz (2006), the birth of a child with special needs is often considered a tragedy. The child needs more care and may not be considered to have the potential to support him or herself let alone the older generation in the future. In communities that are already living in chronic poverty, children with special needs may be excluded even further, where there are limited resources it may be seen as economically irresponsible to give an equal share of resources to a child with special needs who is perceived as unlikely to be able to provide for the family in the future (Jahoda & Warren, 1966). Children with special needs often get last access to food and other basic resources. When children with special needs get ill, they are often not given treatment but left to the “hand of God”. They are less likely to be sent to school for fear that they will not cope (Cancian et al, 2010).

Maina (2007) studied “problems facing learners with special needs in accessing education”, he found that it is relatively a hard task for parents with low income to support their families and provide for the expenses required by children with special needs. Most parents still believe that
children with special needs cannot learn like ‘normal’ children and therefore educating them is a waste of resources. Since these studies used the general category of children with special needs, the current study was set to find out the difference between parental attitudes towards children with hearing impairment and the number of children the parent have.

2.10 Challenges Faced by Parents of Children who are Hearing Impaired

A newborn child is a miracle, a tiny, perfect new life; virtually all parents, looking at their infants for the first time, vow to protect them from harm, to give them only the best. Educating and training their children to be independent and productive members of society is a decade’s long responsibility at the very least. But if a child has physical or other challenges, the responsibility may never end (Wang, 2005).

Parents of children with disabilities need information, support, resources and a long term plan to help ensure their children’s right of life, liberty and the pursuit of happiness which is a right to all children. A study by Wang (2005) revealed that families of children with disabilities have far-ranging concerns and may be overwhelmed about the future of their children with disabilities. Parents wonder how they can meet the basic needs of their children who have disabilities and how to ensure that their children enjoy the highest possible quality of life. For families of children with disabilities, simply getting through each day may be a struggle. This is because children with disabilities need support with daily activities such as bathing, dressing and eating yet they receive little or no financial support, physical support or emotional support from extended family or friends.
In every single category of children with disabilities parents express concern for specifics such as health and employment, as well as intangibles such as quality of life. Parents are also concerned about the cost of caring for their children with a disability for it usually have a negative impact on the ability to save for emergencies, retirements and simple luxuries such as eating in a restaurant. Frequently they have to deny their other children their basic needs if they will have to take care of the children with disability. Majority of parents with children with disabilities have multiple fears for their children after their death. They worry about their children’s living situation, the emotional stability and the quality of life. They also worry about their finances and the ability to support themselves and the feeling of unpreparedness for the future (Easter, 2011). The study therefore investigated the challenges the parents go through in taking care of their children with hearing impairment.

Hearing loss is not routinely screened for at birth and many families do not start to suspect that their children’s hearing is impaired until the children’s second year when he or she does not begin to talk. Therefore once a family has had its child’s hearing tested by an audiologist and a diagnostic of deafness has been given, reactions may range from shock to anger, to depression, denial and shame. Other feelings may include guilt, confusion and embarrassment (Turnbull, Turnbull, Erwin & Sodak, 2006). Emotional and financial worries may be too much for the family. It may be difficult to find a house-help able to care for the child as they may be struggling hard for their livelihood and therefore considers this child an extra burden. Parents also feel isolated and hesitant to express these feelings for fear that they will be harshly judged or that no one will understand (Terredes, 2007). A common reaction is to transfer the child to a boarding school which is initially seen as a will to “get rid” of the child, though it may be also a relief to be in
contact with others who are able to take specialized care of the child (Abrahams & Hogg, 1990). Parents therefore suffer a lot of challenges that may make them have different attitudes Studies discussed above shows that parents of children with impairment suffer a myriad of challenges that may make them have different attitudes hence the researcher sought to find out the challenges faced by parents with children who are hearing impaired in Kambui School for the Deaf.

2.11 Challenges faced by the Children with Hearing Impairment and Academic Performance

Hearing is the main sensory pathway through which speech and verbal communication develop. Hearing also influences learning and other aspects of maturation. Children learn to talk by listening and imitating others and by hearing themselves. The hearing child enters kindergarten with a vocabulary of approximately 5,000 words. The hearing impaired child may understand and speak only a few basic words and even the few words spoken may be hard to understand. Our society assumes that people can convey their wants and needs verbally. In school, children are expected to ask to go to the bathroom, to tell the teacher if they are hurt, and to talk with their playmates. They are also expected to put away their toys when told to, and to run up or come when called. Hearing impaired children have trouble following instructions and discussions. They may be mistaken for children who daydream or choose not to listen, and they are sometimes seen as being stubborn, disobedient or lazy.

Hearing allows a person to gain cognitive information about the world. We use hearing to monitor our physical and social environment. Children who cannot hear danger signals may find
themselves in hazardous situations that others can avoid. Being out of touch with moment to moment ordinary sounds has a social emotional impact of equal magnitude. Parents therefore are faced with the challenge of being present for the child all the time failure to which make the child be closed indoors in attempt of protecting the child.

2.12 Summary of Reviewed Literature

The literature reviewed reveals that the parents suffer a myriad of challenges that make them have different attitudes. The quality of attitude is generally influenced by variables such as age of the parent, level of education, parents’ marital status, parents’ occupation, number of children in the family and the child’s birth order. It is evident that every parent wants his or her child to be physically and developmentally perfect. When this is not forthcoming the attitude of the parent towards the child is affected by the prejudices and the stigmatization they experience from the environment around them. Studies reviewed displays that parents of children with impairments go through several reactions like denial, feeling of shame, anger, loss of temper, hatred, or emotional worries at the realization of the condition of the child. This therefore affects the important role of the parent in the growth and development of the child. The attitude and behavior of parents directly affects the attitude and behavior of the child and vice versa. Therefore a concerned parent must provide the basic necessities for growth and development like food, clothing, shelter, protection and belonging. Unfortunately individuals are largely governed by their attitudes and behave in a manner that will satisfy the attitude towards the object and in this case the child with hearing impairment. Parents obviously have the most important role in the growth and development of their children but families with children with disabilities have far ranging concerns about the future
of their children with disabilities and how they can meet their basic needs. Therefore there was need to conduct a study to establish the attitudes of parents towards children who are hearing impaired in Kambui School for the Deaf.
CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter describes the research methodology employed in the study. Specifically, it deals with the study design, description of study variables, location of the study, study population, sampling procedure and sample size, research instruments, pilot study, data collection procedures, data analysis, logistical and ethical considerations.

3.2 Research Design

This study employed ex-post facto research design. This is a process of collecting data in order to test hypothesis or to answer questions concerning the current status of the subjects in the study (Gay, 1981). The research sought to obtain information that describes such things like possible behaviour, attitudes, values and characteristics. Since the approach report the way things are, it was appropriate for this research which investigated parents’ attitudes towards their children with hearing impairment. Kovacs (1985) defines ex-post facto as a systematic empirical enquiry in which the researcher does not have the direct control of the independent variables because manifestations have already occurred. He looks far beyond the present and does not manipulate the variables. For this reason, the researcher sought to seek explanation behind the parents’ attitude towards their children with hearing impairment.

3.3 Variables of the Study

Variables are characteristics and concepts that carry different values (Bluman, 1992). They are mainly dependent and independent variables and are described in the following subsections.
3.3.1 Dependent Variables
Dependent variables are the presumed effects, which the investigator seeks to investigate and give explanations to. In this research, the dependent variable was parental attitudes towards hearing impairment. It consisted of the parents’ beliefs about hearing impairment, feelings and actions or the way they treat the children with hearing impairment.

3.3.2 Independent Variables
The independent variables are presumed causes. In this study, the independent variables were:

i) Parent’s age: This is the aspect of belonging to any of the bracketed chronological years. That is; 19 years and below, 20-29 yrs, 30-39 yrs, 40 yrs and above.

ii) Parent’s level of education: This is the highest level of formal learning attained by a parent.

iii) Parent’s marital status: This refers to whether one is married or not married.

iv) Parents’ occupation: This is the way in which parents earn their livelihood ranging from house wife, casual laborer, small business, employed, or large scale business.

v) Number of children in the family: This describes the numerical number of children in a family.

vi) Birth order: This is the position of the birth of a child whether firstborn, middle born or lastborn.

3.4 Location of the Study
The area of study was Kambui School for the Deaf in Githunguri district, Kiambu County. Kambui School for the Deaf is a public institution which was founded in 1965. The pupils were accommodated and fed by the then Kambui women teachers college and P.C.E.A Woman’s Guild.
It is 45 minutes drive from Nairobi off Thika Super Highway on the Ruiru – Githunguri road to Ngewa. The school is located one kilometer from Ngewa town on Ngewa – Kiambu road.

The school is run and managed by the board of governors on behalf of the Ministry of Education. Currently the school consists of fourteen (14) board members, 300 pupils aged between 5 to 23 years, 28 teachers and 24 non-teaching staff. All the teachers are trained in special needs education. The school uses the 8-4-4 system of education as stipulated by the Ministry of Education from nursery to class 8. On completion of class 8, the candidates join either the secondary school or the vocational section located within the same premises. Finally the researcher chose the area because a study of a similar nature had never been conducted there.

3.5 Target Population

Population is the entire group of individuals, events or objects with common observable characteristics. Population can also be defined as the aggregate of all that conforms to a given specification. The target population in this study was parents who have children with hearing impairment in Kambui School for the Deaf in nursery, infant, primary one, primary two and primary three classes. The distribution of the children per class is shown in table 3.1 below.
### Table 3.1: Number of Children by Class in Kambui School for the Deaf

<table>
<thead>
<tr>
<th>Class</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery</td>
<td>12</td>
<td>18.5</td>
</tr>
<tr>
<td>Infant</td>
<td>8</td>
<td>12.3</td>
</tr>
<tr>
<td>Class 1</td>
<td>14</td>
<td>21.5</td>
</tr>
<tr>
<td>Class 2</td>
<td>18</td>
<td>27.7</td>
</tr>
<tr>
<td>Class 3</td>
<td>13</td>
<td>20.0</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### 3.6 Sampling Technique and Sample Size

This is the process of selecting a number of individuals or objects from a population such that the selected group contains elements representative of the characteristics found in the entire group (Orodho & Kombo, 2002).

#### 3.6.1 Sampling Techniques

The study in question used simple random sampling techniques. This is a procedure in which all the individuals in the defined population have an equal and independent chance of being selected as a member of the sample. Purposive sampling technique was used to select the school and the size of the population since the researcher had the expert judgment of the institution and the population required for the study. The institution was a school for the children with hearing impairment and the population was the children in the school in the Nursery, Infant, class one, class two, and class three.
3.6.2 Sample Size

Studying an entire population is advisable, the larger the sample size the better. However, Gay & Diehl (1992) recommends that in the descriptive studies, the minimum sample size should be 10% for a large sample and 20% for a small one. On this strength the researcher targeted a sample size equivalent to 100% of the population of parents which was 84 parents but only 65 parents responded to the questionnaire. This was still satisfactory since the sample size was 77.4% hence would allow generalization of the research findings.

3.7 Research Instruments

These are the tools that the researcher used in collecting data for the study. In this study, questionnaire was used to collect data. This is because the method allowed the researcher to follow up leads and to obtain greater depth and clarity than other methods. It gave a higher response rate and permitted a more thorough understanding of the respondent’s opinion and their reasons.

3.7.1 Questionnaire for Parents

A questionnaire is used to collect a large amount of information in a short time. The study in question used closed and open ended questions. This is because open ended questions permit greater depths of response, stimulate respondent to think and express their feelings. Closed ended questions were also used due to the time required and also for the respondent to offer more direct answer in relation to the study in question (Mugenda and Mugenda, 1999). Section A of the instrument collected background information; Section B measured parental attitudes towards their children with hearing impairment and Section C gathered information on challenges faced by parents and how they overcome the challenges.
3.7.2 Scoring of Questionnaire

Section A: Background Information
The background information was analyzed using qualitative methods. Frequencies and percentages were calculated. This included responses regarding parents’ academic levels, marital status, occupation, childbirth order, age of the parent and number of children in the family.

Section B: Attitude Scale
The mode of responses and scoring of attitude scale was a rating scale where a Likert scale was used. Aiken and Dredger (1961) developed this type of scale and revised it in 1963. Oketch (1982) modified and used it successfully to find out attitudes of elementary school teachers towards mathematics. The stability and consistent high reliability results made Likert scale suitable for use in this study. In this study, the scale had items that measure feelings, beliefs and behavior of parents towards their children with hearing impairment. Positive and negative items were presented to the respondent.

The researcher gave five alternatives in each item where the respondent chose one only. The positive alternative ranged from, the highest strongly agree (SA), agree (A), undecided (U), disagree (D), and strongly disagree (SD). These alternatives were weighed from 5(strongly agree) to 1 (strongly disagree). The range symbolized by SA=5, A=4, U=3, D=2 and SD=1. The negative item alternatives were in the reverse order as follows: SA=1, A=2, U=3, D=4 and SD=5. Positive items were 2,4,6,10,12,15,16,17,18,20,21,23,25,27,29 and 30 while the negative items were 1,3,5,7,8,9,11,13,14,19,22,24,26, and 28.
Section C: Challenges Experienced by Parents and how they Overcome these Challenges

In section C, parents were asked open ended questions where each one of them would state their major challenges and how they mitigated the challenges. The responses from this section were analyzed qualitatively. Frequencies and percentages were used.

3.8 Pilot Study

The instruments were pre-tested to enhance their validity and reliability (Thomas & Nelson, 1996). This enabled the researcher to identify vague questions, ensure that the instrument measures the concepts intended and checked for flaws and bias (Mugenda & Mugenda, 1999). To uphold validity and reliability of the results of this study, the researcher took two stages in piloting of the research tool.

Stage 1: The researcher requested qualified researchers of long standing experience from the Department of Early Childhood Studies of Kenyatta University to read over the questionnaire, and critique it. The lecturers provided valuable information on questionnaire format, content, expression and importance of test items. Their suggestions were incorporated.

Stage 2: The reviewed questionnaire was administered to five parents from Murang’a School for the Deaf Children in Murang’a county. This was because the school serves the same category of children.

3.8.1 Reliability of the Instruments

This is the degree of consistency with which an instrument measures the attribute it is designed to measure (Kombo & Tromp, 2006). In this study to check for internal consistency in the content of the study instruments a split-half test of reliability was carried out. The relevant instruments for this purpose were administered to five parents from Murang’a school for the Deaf, an institution of
the same category. Researchers suggest that in social sciences, a correlation coefficient of 0.70 and above is sufficient to show particular test items to be reliable. The modified Oketch (1982) likert scale instruments with corresponding responses from the pilot subjects were subjected to Cronbach Alpha scores of even numbered items were correlated against those of odd number items. Cronbach alpha coefficient results computed from the data at the pilot stage are shown in table 3.2 below

$$\alpha = \frac{N \cdot \bar{c}}{\bar{v} + (N-1) \cdot \bar{c}}$$

Where \(N\) is equal to the number of items, \(c\)-bar is the average inter-item covariance among the items and \(v\)-bar equals the average variance.

### Table 3.2: Internal Consistency Reliable Test Results

<table>
<thead>
<tr>
<th>Instrument.</th>
<th>Even number items</th>
<th>Odd number items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude items.</td>
<td>0.782</td>
<td>0.817</td>
</tr>
<tr>
<td>Challenge items.</td>
<td>0.842</td>
<td>0.847</td>
</tr>
</tbody>
</table>

As can be seen from table 3.2, the questionnaire used had high internal consistency ranging between 0.78 and 0.84. This implies that the test items in each of the two sub-parts of the questionnaire were reliable.
3.8.2 Validity of the Instruments

Content validity was used to measure the validity of the instruments. Validity is the degree to which a test measures what it purports to be measuring (Orodho, 2005). In this research the instruments were handed over to the supervisors to assess whether they measured what they intended to measure as per the objectives of the study. Therefore, based on the supervisors advice Content validity was achieved by ensuring that items of the instruments covered all variables and objectives of the study.

3.9 Data Collection Procedure

The questionnaire was prepared in advance and first tested on a pilot sample of five parents. The questionnaire was then revised as appropriate before being administered to the respondents by the researcher. This enabled the researcher to validate the instrument before the final data collection was done. Parents were oriented about the purpose and confidentiality of the study before administering the questionnaire and consent was obtained through the parents signing the researcher’s introduction letter. The questionnaire was administered individually to the Parents during a parents open day visit in the school, with the help of two teachers from the school who helped the researcher to identify the parents whose children were in the nursery ,infant, primary one ,two ,and three. The parents were requested not to consult with any one in answering the test items but truthfully answer the questions by themselves within the time of stay in the school compound. The questionnaire was later collected before the parents left the school compound.
3.9.1 Secondary data

The researcher collected the relevant, printed/written materials (records) related to the children’s Performance from the schools administration records and then recorded the details in the document analysis checklist.

3.10 Data Analysis

Descriptive and inferential statistics were used to analyze the data. Descriptive statistics calculated were frequencies, means, standard deviations and percentages. Inferential statistics calculated were t-test and Pearson product moment of correlation which was tested at alpha value of 0.05.

3.10.1 Statistical Hypotheses

The statistical hypotheses tested were:

$H_{01}$ There is no significant relationship between parental attitudes towards deafness and the level of education of the parents

$H_{02}$ There is no significant difference in parental attitudes towards hearing impairment and the parent’s occupation.

$H_{03}$ There is no significant relationship between parental attitudes towards hearing impairment and parents’ marital status

$H_{04}$ There is no significant relationship between parental attitude towards hearing impairment and parents’ age.

$H_{05}$ There is no significant difference in parental attitudes towards hearing impairment child’s birth order.
There is no significant relationship between parental attitudes towards hearing impairment and the number of children parents have.

A t-test was used to test $H_02$ and $H_05$, while Pearson product moment of correlation was used to test $H_01$, $H_03$, $H_04$, $H_06$. The level of significance was $\alpha = 0.05$.

### 3.11 Logistical Considerations

These are all the processes, activities and actions that the researcher addressed or carried out to ensure successful completion of a research thesis (Orodho, 2005). The researcher after obtaining a letter from the Dean, Graduate School Kenyatta University, took it to the National Council for Science and Technology to apply for a research permit. After obtaining the permit, the researcher also sought permission from District Commissioner Githunguri District, who then instructed the District Education Officer Githunguri District. The administrators of the school were officially approached, informed about the research and requested them to make the parents aware of the research activity as they come for the visit day before the researcher met the parents. The researcher then visited the school during the parents open day when the parents visited their children with hearing impairment for interaction since it is one of the times parents could be found in the school. In this study, the researcher visited the school thrice to familiarize with the environment and also to develop a rapport with the institution management.

### 3.12 Ethical Considerations

At the beginning of the data collection, all the respondents were briefed on the purpose of the study. They were assured that it was just a fact finding research whose findings were only to be
used for educational purposes. They were also assured of confidentiality of the information they would give. The parents were informed that no one else would have access to the information until when it would be translated to a report and that it would be presented in grouped data and averages rather than individual information. Their consent to be involved in the study was also sought and they signed the researcher’s letter of introduction.
CHAPTER FOUR

FINDINGS, PRESENTATION AND DISCUSSIONS

4.1 Introduction

In this chapter, findings, presentation and discussions are discussed. It includes the demographic information of the respondents and the description of inferential results. The objectives of the study were:

i) To establish the relationship of parents’ level of education and occupation with attitude towards their children who are hearing impaired.

ii) To establish the relationship of parents’ marital status and age attitude towards their children who are hearing impaired.

iii) To determine how parents child’s birth order and the number of children relates to parental attitudes towards hearing impairment.

The demographic information is presented first and then followed by descriptive and inferential results which have been presented according to the objectives and hypotheses of the study.

4.2 Demographic Information

The demographic information of the parents included their age, level of education, occupation, and marital status and has been presented in the following subsections:

4.2.1 Age of Parents

The age of the parents was determined and the results are presented in figure 4.1 below.
Figure 4.1: Distribution of Parents by Age Bracket

Figure 4.1 shows that among the 65 parents who responded to the questionnaire, 34 were between 30 and 39 years old which is more than half of all the respondents, 16 were aged between 20 years to 29 years, those who were forty years and above were 11 and 4 of the parents were 19 years old and below. The result implies that the majority of the parents were above 30 years.

4.2.2 Parents’ Occupation

The parent’s occupation was sought and the results are presented in figure 4.2 below.
Figure 4.2 shows that out of the 65 respondents, 30.77 percent of the parents were small business owners, 27.69 percent were housewives, 20.0 percent were employed or salaried, 18.45 percent were casual laborers and only 3.08 percent owned large scale businesses. The results show that the majority of the parents earn their financial support from small businesses.

### 4.2.3 Parents’ Level of Education

The study also established parents’ level of education and the results are presented in Figure 4.3 below.

![Parent’s Level of Education](image)

**Figure 4.3: Parent’s Level of Education**

Fig 4.3 shows that out of 65 respondents, 35.38 percent of the parents had primary certificate of education, 27.69 percent had secondary education certificate, 18.46 percent had college level certificate, and 10.77 percent had no primary certificate while only 7.69 percent had a university degree. The results reveal that the majority of the respondents had only accessed education up to the primary level.
4.2.4 Parents’ Marital Status

The researcher had also investigated parents’ marital status and results are presented in Figure 4.4 below.

**Figure 4.4: Parents Marital Status**

Table 4.4 shows that out of the 65 respondents, 67.7 percent (44 parents) were married, 13.8 percent (9 parents) were not married, 7.7 percent (5 parents) were widowed, 6.2 percent (4 parents) were separated and 4.6 percent (3 parents) were divorced. The results show that the majority of the parents were married.
4.3 Relationship Between parental attitudes towards hearing impairment and parents level of education and Occupation

The First objective of the study was to find out how parents’ level of education as well as parents occupation relates to parental attitudes towards hearing impairment. The results are presented in the following sub sections

4.3.1 Parents’ Attitudes towards Hearing Impairment and Parents’ Level of Education

To test if there was any significant difference in parental attitudes towards hearing impairment across various levels of education, the following hypothesis was generated and tested;

$H_0$: There is no significant difference in parental attitudes towards hearing impairment across various levels of education.

The results are presented in table 4.1 below

<table>
<thead>
<tr>
<th>Parent’s Education</th>
<th>Pearson Correlation</th>
<th>Sig. (2-tailed)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.317 (**)</td>
<td>.002</td>
<td>65</td>
</tr>
</tbody>
</table>

Table 4.1 shows that Pearson correlation coefficient between parents’ level of education and parental attitude towards hearing impairment was 0.317 with p-value of 0.002. The result imply that the relationship between Parents’ Level of Education and Parental Attitudes was highly significant
The findings of the study are supported by those of Kurian (1978) who found that more educated people are more likely to be able to acquire greater levels of information about disability, rehabilitation, measures and resources, and can access the latest medical and rehabilitation help available. It is also supported by the findings of Staniland (2009) from Britain, who stated that the higher the level of education of the parent the more comfortable the parent is with the child who is hearing impaired. The results also are supported by those of Rice (1984) who found that the level of education of parents influenced their attitude towards the education of their children. The findings are further supported by the report by UNDP (1997) that parents` illiteracy is one of the significant factors influencing their attitudes towards the education of their children. Cuskelly & Gilmore (2007) also states that more years of education are also associated with more positive attitudes towards children with disability. This is in contrast with Raju & Sananda (1992) who found out that the education of parents does not influence parental adjustment and attitude towards their children with mental retardation.

4.3.2 Parents’ Attitudes towards Hearing Impairment and Parents Occupation

After the above analysis, the researcher sought to find out if there was significant relationship between parental attitudes towards hearing impairment and parents’ occupation, the following hypothesis was formulated and tested.

\[ H_0: \text{There is no significant relationship between parental attitudes towards hearing impairment and parents’ occupation.} \]

The results are presented in table 4.2 below
Table 4.2: Pearson Correlation Coefficient for Parents’ Occupation and Parental Attitudes

<table>
<thead>
<tr>
<th>Parent's Occupation</th>
<th>Pearson Correlation</th>
<th>0.324(**)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sig. (2-tailed)</td>
<td>.008</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>65</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.2 shows that the correlation coefficient for parents’ occupation and parental attitudes towards hearing impairment was 0.324 with p-value of 0.008. This implies that the relationship was highly significant (p-value < 0.05) hence the null hypothesis was rejected. This means that parents’ occupation significantly affect parental attitude towards hearing impairment of their children.

The study findings are supported by Lareau (1987), who in his study on “social class and parental attitude towards education” found that working class parents have higher aspirations for their children’s educational attainment. Cornell & Donerberg (1982) found out that working class parents want their children to have what they did not have. Maina (2007) in his study on “Problems facing learners with special needs in accessing education” found that parents with low income to support their families and provide for the expense required by persons with disabilities is a relatively hard task. The low income families believe that children with special needs cannot learn like “normal” children and therefore educating them is a waste of resources.
4.4 Relationship Between parental attitudes towards hearing impairment and parents’ marital status and age

The second objective of the study was to find out how parents’ marital status as well as parents’ age relates to parental attitudes towards hearing impairment. The results are presented in the following sub sections

4.4.1 Parents’ Attitudes Towards Hearing Impairment and Parents’ Marital Status

After the descriptive statistical analysis, it was important to find out if there was significant relationship between parents’ attitudes towards hearing impairment and parents’ marital status. The following hypothesis was thus formulated and tested.

\[ H_0: \text{There is no significant relationship between parental attitude towards hearing impairment and parent’s marital status.} \]

The results are presented in table 4.3 below.

<table>
<thead>
<tr>
<th>Table 4.3: Pearson Correlation Coefficient for Parents’ Marital Status and Parental Attitude towards Hearing Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent's Marital status</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Table 4.3 shows that the correlation coefficient for parents’ marital status and parental attitude towards hearing impairment was 0.048 with a p-value of 0.706. The results imply that the relationship between parental attitude towards hearing impairment and the parents’ marital status was not significant at p value of 0.05. The null hypothesis was therefore accepted.
The findings are in conformity with report of an extensive study by Collins, Maccoby, Steinberg, Hetherington & Borstein (2000) who concluded that parental influences on child development are neither as ambiguous as earlier researchers suggested nor as insubstantial as current critics claim but parents are tolerant, co-operative and compassionate with their children regardless of their marital status. This contrasts with Friedrich & Friedrich (1981) who found that parents of handicapped children reported less satisfactory marriages, less social support, lower physical well being than parents of non-handicapped children.

4.4.2 Relationship between parental attitudes towards Hearing Impairment and age of parents

To determine whether there was a significant relationship between parental attitudes towards hearing impairment and the age of the parent, the following hypothesis was formulated and tested.

\( H_0 \): There is no significant relationship between parental attitudes towards Hearing Impairment and the age of the parent.

Pearson Correlation was used to measure the relationship between the parents’ age and parental attitude towards children with hearing impairment. Table 4.4 presents the results.

<table>
<thead>
<tr>
<th>Parent's age bracket</th>
<th>Parental attitude.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pearson Correlation</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
</tr>
<tr>
<td></td>
<td>N</td>
</tr>
</tbody>
</table>

Table 4.4: Pearson Correlation Coefficient for Parents’ Age and Parental Attitude towards hearing Impairment
Table 4.4 above shows that the correlation coefficient between the parents’ age and parental attitudes towards hearing impairment was 0.060 with p-value of 0.633. The results imply that, the relationship between parental attitudes towards hearing impairment and the age of the parents was not significant at 0.05. The null hypothesis was therefore accepted.

These findings are inconsistent with those reported by Bell (2004) who found out that a young family with a hearing impaired child experience higher levels of stress and have more difficulties in coping than the larger and more established family. A study from the British Social Attitudes Survey, on ‘‘public perception of Disabled people’’ stated that the older the person the more likely they are to report comfort with children who suffer from impairments (Staniland, 2009). Forer (1999) also stated that young parents are usually more tense and anxious when the first child is born than they are when other children are born. This is because they are uncertain of their ability to care for a child, but as they grow older and gain experience they overcome the uncertainty. Yazbeck & Parmenter (2004) also states that younger people tend to have more positive attitudes than the older ones.

4.5 Relationship Between parental attitudes towards hearing impairment and child’s birth order the number of children in a family

The third objective of the study was to find out how a child’s birth order as well as the number of children in a family relates to parental attitudes towards hearing impairment. The results are presented in the following sub sections
4.5.1 Parental Attitudes towards Hearing Impairment and Birth Order of the Child with Hearing Impairment

The study sought to find out if there was a significant relationship between parental attitudes towards hearing impairment and a child’s birth order. To determine the relationship the following hypothesis was formulated and tested.

\[ H_0 : \text{There is no significant relationship between parental attitudes towards hearing impairment and child’s birth order.} \]

The results analysis is presented in table 4.5 below.

**Table 4.5: Pearson Correlation Coefficient for the Child’s Birth Order and Parental Attitude towards hearing impairment**

<table>
<thead>
<tr>
<th>Birth order of hearing impaired children</th>
<th>Pearson Correlation</th>
<th>-.031</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.809</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>65</td>
</tr>
</tbody>
</table>

Table 4.5 shows that the correlation coefficient for child’s birth order and parental attitude towards hearing impairment was -0.031 with a p-value of 0.809. The results show that the relationship between child’s birth order and parental attitude towards hearing impairment was not significant at the p value of 0.05 hence the null hypothesis was accepted.

The study findings contrast those of Kurian (1978) who found that firstborn children enjoy more favorable parental attitudes in comparison to those born later. He cited that the difference in attitude maybe attributed to the expectations and excitement of parents with regard to the birth of the first child and is not paralleled again. The study also contrasts that of Pitze and Logan (1991),
who found that parental attitudes towards their children is affected by birth order. This is because parents have higher expectations for eldest children than for children of any other order. The first born is expected to set a good example for later-borns.

### 4.5.2 Parents’ Attitudes towards Hearing Impairment and Number of Children in the Family

The numbers of children in the family where the hearing impaired children comes from was found as presented in the table 4.6 below.

<table>
<thead>
<tr>
<th>Number of Children in the Family</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 or 2</td>
<td>26</td>
<td>40.0</td>
</tr>
<tr>
<td>3 or 4</td>
<td>31</td>
<td>47.7</td>
</tr>
<tr>
<td>5 and above</td>
<td>8</td>
<td>12.3</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4.6 shows that out of the 65 respondents, 47.7 percent had 3 or 4 children, 40.0 percent of the families had 1 or 2 children while 12.3 percent had 5 children or more. The results therefore show that most of the families with a child who is hearing impaired had either 3 or 4 children. To determine whether there was a significant difference in parental attitudes towards hearing impairment and the number of children the parents has, the following hypothesis was formulated and tested.

\[ H_0: \text{There is no significant difference in parental attitudes towards hearing impairment and the number of children parents have.} \]
The hypothesis was tested and the results are presented in table 4.7 below

**Table 4.7: Pearson Correlation for the Number of Children and Parental Attitudes Towards Hearing Impairment**

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Pearson Correlation</th>
<th>.245(*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.049</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>65</td>
</tr>
</tbody>
</table>

Table 4.7 shows that the correlation coefficient for parents’ attitude towards hearing impairment and the number of children in the family was 0.245 with a p-value of 0.049. The results imply that there was a significant relationship between parental attitudes towards hearing impairment and the number of children parents had. The null hypothesis was therefore rejected.

The findings concur with those of Maina (2007) who found that parents have low income to support their families and providing for the expenses required by the children with disabilities is a relatively hard task. The higher the number of children in the family, the more difficult it is to share the family income hence, the child with disability is considered last. The findings of the study also confirm the findings by Wang (2005) in his study of understanding the long term challenges of disabilities who stated that ‘*I have not worked full time in twenty years because of his disability. This has impacted our family financial health. I often put off what I want to do and things to take care of him*.’ This implies that the child’s condition has a significant impact on the parents’ attitude especially if it denies them an opportunity to work and therefore earn additional income for the family.
4.6 Challenges Faced by Parents of Children with Hearing Impairment

The third objective was to find out the challenges faced by parents of children who are hearing impaired and how they overcome the challenges. Parents were asked to list some of the challenges they faced while bringing up their children who are hearing impaired. The results are presented in table 4.8 below.

Table 4.8: Challenges Faced by Parents of Children with Hearing Impairment

<table>
<thead>
<tr>
<th>Challenges Faced by Parents of Children with Hearing Impairment</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial constraints</td>
<td>30</td>
<td>46.2</td>
</tr>
<tr>
<td>Rejection</td>
<td>20</td>
<td>30.8</td>
</tr>
<tr>
<td>Communication</td>
<td>8</td>
<td>12.3</td>
</tr>
<tr>
<td>None response</td>
<td>7</td>
<td>10.8</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4.8 shows that out of the 65 respondents, 46.2 % of parents faced financial restraint when handling a child with hearing impairment, 30.8 % faced rejection, 12.3 % faced communication challenges, while 10.8 percent did not indicate the challenges they faced.

The findings are supported by Maina (2007) who found out that parents have low income to support their families and to provide for the child who is hearing impaired. Additionally Miles, (2009) found that there is ineffective mode of communication with learners who are hearing impaired. NICHCY (2003) reported that rejection is a reaction that parents experience when they learn that their children have a disability. This rejection can be directed toward the child or toward the medical personnel or towards other family members. One of the more serious forms of
rejection is a ‘death wish’ for the child- a feeling that many parents report at their deepest points of depression (NICHCY, 2003).

Parents were also requested to state the ways in which they overcome the challenges they faced while taking care of their children with hearing impairment. The results are presented in table 4.9 below

Table 4.9: Mitigation of Challenges Faced by Parents with Children who have Hearing Impairments

<table>
<thead>
<tr>
<th>Types of mitigation</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finding comfort in God</td>
<td>24</td>
<td>36.9</td>
</tr>
<tr>
<td>Protecting my child from rejection</td>
<td>19</td>
<td>29.2</td>
</tr>
<tr>
<td>Working hard to provide financially</td>
<td>13</td>
<td>20.0</td>
</tr>
<tr>
<td>None response</td>
<td>9</td>
<td>13.8</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4.9 shows that out of the 65 respondents, 36.9 percent of the parents found comfort in God, and 29.2 percent protect their children from rejection while 20.0 percent work hard to provide financial security while 13.8 percent did not indicate the challenges they faced. The results show that the majority of the parents overcome the challenges they face by finding comfort in God.

The findings are supported by those of Charanjeev (1985) who reported that parents felt that their acceptance would enable the child to be better adjusted, feel confident and secure and get along well with everyone. Umadevi et al (1993) found that parents had higher aspirations for their children with hearing impairment and a majority of the parents wanted their children to be settled
in jobs and to lead an independent life. The results are also supported by those of Bell, Goodman and Dutton (2004), who found out that African-American parents facing major difficulties in their lives, used prayer as a coping strategy and were less likely to seek help from mental health counselors. Ghosh & Magana (2009) in their study reported that, religious believes are important in understanding attitudes towards people with disability. Religious organizations may provide positive support and tend to understand disability through the lens of religion and they may see disability as God’s gift or will.
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This study established the factors that influence parents’ attitudes towards children with hearing impairment in Kambui School for the deaf in Githunguri District, Kiambu County, Kenya with specific reference to the factors which influence the attitudes. The factors investigated were parents’ level of education, occupation, marital status, age of parents, child’s birth order and the number of children in the family. The chapter presents a summary of the findings of the study, conclusions drawn and recommendations made based on those findings. It also highlights areas suggested for further research.

5.1 Summary of the Findings

The objective of this study was to establish the relationship between parental attitudes towards their children with hearing impairment and parents’ level of education, occupation, marital status, age, child’s birth order and the number of children in the family. Six hypothesis were generated and the findings were as follows:-

The relationship between parental attitudes towards their children with hearing impairment and the parents’ level of education was significant. Pearson’s correlation coefficient was 0.317 with a p-value of 0.002. Furthermore, majority of the parents of children in the school had primary and secondary school education. The relationship between parental attitude towards hearing impairment and the parents’ occupation was highly significant. The correlation coefficient was
0.324 with p-value of 0.008. Majority of the parents had low income. Together, those who were
housewives, casual laborers and small business operators accounted for 77 percent leaving only 23
percent who were salaried, employed or were large business operators.

The relationship between parental attitude towards hearing impairment and the parents’ marital
status was not significant at 0.05. Pearson’s correlation coefficient was 0.048 with a p-value of
0.706. Most of the parents were also married. This was accounted for by 44 of the parents
representing 67.7 percent of the respondents. Parental attitudes towards children with hearing
impairment and the age of the parent, was not significant. Pearson’s correlation co-efficient was
0.06 with p-value of 0.633.

The relationship between parental attitudes towards hearing impairment and the child’s birth order
was not significant. The correlation coefficient was -0.031 with a p-value of 0.809. The children
with hearing impairment were mostly firstborns. The relationship between parental attitude
towards their children with hearing impairment and the number of children parents have was
significant. The Pearson’s correlation coefficient was 0.245 with a p-value of 0.049. In addition,
majority of the parents had either 3 or 4 children or 1 or 2 children which was accounted for by
47.7 percent and 40 percent of the respondents respectively. Together, this accounted for 87.7
percent of the respondents.

The results indicated that the major challenges included financial constraints, rejection from the
society and difficulties in communicating with their children. They also indicated that parents
overcome the challenges by finding comfort in God and working hard to meet the needs of the
children.
5.2 Conclusions

The purpose of the study was to establish the relationship between parents’ attitudes towards their children with hearing impairment and parents’ level of education, occupation, marital status, age, child’s birth order and the number of children in the family.

The relationship between parental attitudes towards hearing impairment and parents’ level of education and number of children in the family was significant; the relationship between parental attitude towards hearing impairment and the parents’ occupation was highly significant. The relationship between parental attitudes towards hearing impairment, age and marital status of parents, and child’s birth order were not significant.

The parents of children with hearing impairment faced several challenges including financial constraints, rejection from the society, and difficult to communicate with the children. The parents overcome the challenges by finding comfort in God, and working hard to meet the needs of the children.

5.3 Recommendations

The recommendations are:

i. Considering the communication challenge faced by parents of children with hearing impairment and the disparities implying that parents attitudes was influenced by the level of education, the Ministry of Education and other agencies like NGOs, FBOs and CBOs, should create support programs for parents of children with hearing impairment to ensure they develop positive attitudes towards their children.
ii. The study found that parents discovered that the child had hearing impairment when the child failed to turn his/her head when their names were called out. The parents became angry to this realization, therefore the Kenya Society for Deaf children should provide more intensive and flexible programmes that will help parents to interact and learn more about children who are hearing impaired. They should also recommend early intervention programs for babies, since those who are assessed within the first few months of life and whose families are involved in effective early intervention programs for children with hearing impairment are off to a good start.

iii. The study also established that parents of Kambui School for the deaf had positive believes, feelings and favourable behaviour unlike the state in the community domain therefore the counselors should put in place concerted efforts to eliminate existing beliefs that impede the access to proper information about children with disabilities more so the hearing impairment. Since parental attitudes play an important role in the rehabilitation of any child who is impaired, it may be desirable to include the “Parental attitude scale” as a screening tool along with other audio-logical speech and psychological assessments. The scale could help in understanding parental attitudes and feelings about the children who are hearing impaired and serve as a guideline for counseling parents to bring about the attitudinal changes for more effective rehabilitation.

iv. In view of the fact that many parents consider communication as great impediments to their child’s support; the school should come up with more programmes that will help the parents to learn simple communication skills. This should be made compulsory to all the parents who should then train the significant others. This will go a long way in ensuring
that the child who is hearing impaired benefits even out of school. A strategy of using parents with older children to have an open talk with those bringing up the young children should also be established (peer education). The information the parents with older children gives to the parents with younger children would go a long way in assuring them that their children who are hearing impaired will grow up and be able to do things that they are told or thought that could not happen.

5.4 Recommendations for Further Research

i. More research studies on parental attitudes towards hearing impairment need to be carried out. This study used a questionnaire for data collection. A similar study could be carried out using other data collection methods.

ii. The study chose to use parents of hearing impaired children in an institution. These parents seem to have overcome a number of challenges. Therefore a study should be done on parents who have not yet taken their children who are hearing impaired to any institution of learning.

iii. The current study chose to deal with hearing impairment yet there are other disabilities, studies in attitudes towards visual impairment among others need to be done.
REFERENCES


National Information Center for Children and Youth with Disabilities (NICHCY) 2003: News Digest, (3rd Ed.).


APPENDICES

APPENDIX I: LETTER OF APPROVAL

Republic of Kenya

National Council for Science and Technology

Telegram: "SCIENTECH", Nairobi
Telephone: 254-020-2411349, 2221302
254-020-310571, 2221323.
Fax: 254-020-2213213, 318245, 318249
When replying please quote

Our Ref: NCST/RRI/12/1/SS/752/3

Date: 19th August 2010

Ms. Nelius Wanjiru Thuo
Kenyatta University
P. O. Box 43844
NAIROBI

Dear Madam,

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "Parental attitudes towards hearing impaired children: A case of Kambui school for the deaf, Central Province, Kenya" I am pleased to inform you that you have been authorized to undertake research in Kiambu East District for a period ending 31st December 2010.

You are advised to report to the District Commissioner and the District Education Officer, Kiambu East District before embarking on the research project.

On completion of the research, you are expected to submit two copies of the research report/thesis to our office.

P. N. NYAKUNDI
FOR: SECRETARY/CEO

Copy to:
The District Commissioner
Kiambu East District

The District Education Officer
Kiambu East District
APPENDIX II: QUESTIONNAIRE FOR PARENTS

INSTRUCTIONS:-

Kindly answer all the questions in this questionnaire as honestly as possible.

This is a fact finding study and the information you provide will help establish to find the situation of the parents in relation to their attitudes of their hearing impaired children. The information will help in making recommendations on what needs to be done to improve the parents’ status. This information will be treated as confidential and will not be disclosed to anyone.

Tick or fill your best response

SECTION A

BACKGROUND INFORMATION

1. In which class is your child?
   a) Nursery
   b) Infant
   c) Class 1
   d) Class 2
   e) Class 3

2. What is your age bracket?
   a) 19 years and below
   b) 20-29
   c) 30-39
   d) 40 years and above

3. What is your highest level of education achieved?
   a) No primary certificate
b) Primary certificate

c) Secondary education certificate

d) College certificate

e) University degree

4. What is your marital status?

   a) Married
   b) Divorced
   c) Separated
   d) Widow
   e) Widower
   f) Not married

5. What is your occupation?

   a) House wife
   b) Casual laborer
   c) Small business
   d) Employed salaried (specify)
   e) Large scale business

6. How many children do you have? ..............................................

7. How many hearing impaired children do you have? ........................

8. What is the birth order of your child/children with hearing impairment?

   a) First born
   b) Middle born
   c) Last born
9. How did you learn that your child has difficulties in hearing?
   a) The child stopped babbling
   b) The child could not follow spoken commands
   c) The child failed to wake up to loud noises
   d) The child could not turn the head when called out
   e) The doctor suspected/suggested

10. How did you react when you learnt that your child had hearing difficulties?
    a) I was shocked when I learnt that my child was hearing impaired
    b) I was angry when I learnt that my child was hearing impaired.
    c) I was depressed when I learnt that my child was hearing impaired.
    d) I felt guilty when I learnt that my child was hearing impaired.
    e) I felt confused when I learnt that my child was hearing impaired.
    f) I did not believe when I was told that my child was hearing impaired.

SECTION B

PARENTAL ATTITUDES TOWARDS HEARING IMPAIRMENT

*Tick or circle your best response.*

**SA = Strongly Agree, A = Agree, U = Undecided, D = Disagree, SD = Strongly Disagree**

**Beliefs**

1. Hearing impairment is a bad fortune?
   
   SA  A  U  D  SD

2. I believe that a hearing impaired child can be useful if helped and supported.
3. Hearing impairment is punishment by God?
   SA A U D SD
4. Hearing impairment is a punishment by forefathers?
   SA A U D SD
5. Hearing impairment is a result of witchcraft?
   SA A U D SD
6. I believe taking care of a hearing impaired child is a blessing.
   SA A U D SD
7. Hearing impairment is a result of the father in-laws selfishness?
   SA A U D SD
8. I believe that a hearing impaired child is not a burden.
   SA A U D SD
9. Hearing impairment is a curse?
   SA A U D SD
10. I believe that it is my responsibility to take care of my hearing impaired child.
    SA A U D SD

**Feelings**

11. I feel shocked when I see my hearing impaired child.
    SA A U D SD
12. I feel motivated when I see my hearing impaired child.
    SA A U D SD
13. I feel sad when I see my hearing impaired child.
14. I feel guilty when I see my hearing impaired child.

15. I do not show impatience to my hearing impaired child.

16. I feel happy with my hearing impaired child.

17. I love my hearing impaired child.

18. I feel competent when helping my child who is hearing impaired.

19. I felt confused when I learnt that my child was hearing impaired.

20. I feel important when taking my hearing impaired child to school.

**Possible Behaviours**

21. I provide everything that my hearing impaired child needs.

22. I get isolated because of my hearing impaired child.

23. I protect my hearing impaired child.

24. I complain about my hearing impaired child.
25. I play a lot with my hearing impaired child.

26. I get bothered by my hearing impaired child’s activities.

27. I do not exempt my hearing impaired child from the duties, tasks or from obedience properly demanded from all other children.

28. I don’t like visiting my hearing impaired child in school.

29. I am always there for my hearing impaired child.

30. I accept that my child has a hearing impairment.

SECTION C:

CHALLENGES EXPERIENCED BY PARENTS AND HOW THEY OVERCOME THESE CHALLENGES

1. List some of the challenges you face while bringing up your hearing impaired child.

   i.

   ii.

   iii.

   iv.
2. How do you overcome the challenges you have listed above

   i.

   ii.

   iii.

   iv.