AN EXPLORATION OF THE PERCEPTIONS OF CAREGIVERS REGARDING THE PSYCHOSOCIAL SUPPORT NEEDS OF HEARING IMPAIRED CHILDREN: A CASE STUDY OF THE USKO NGHAAMWA SPECIAL SCHOOL IN THE OHANGWENA REGION, NAMIBIA.

A THESIS

SUBMITTED IN FULFILMENT

OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS IN SOCIAL WORK

OF

THE UNIVERSITY OF NAMIBIA

BY

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201209903

April 2023

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ABSTRACT

This qualitative study was undertaken to explore the perceptions of caregivers regarding the psychosocial support of hearing impaired children at the Usko Nghaamwa Special School in the Ohangwena region of Namibia. Data were collected by means of semi-structured interviews by means of audio recordings and field notes. Five teachers and five parents were interviewed separately. The study established that the teachers had a better understanding of the necessary psychosocial support of children with hearing impairment, whereas the parents had little understanding of such support. Furthermore, teachers also indicated that parents lacked support and were not involved in the lives of these children. Some teachers indicated that they had not received training in sign language or special education. The study also found that there was no peer-to-peer support group for special educators. Parents indicated that they had little understanding of ways to deal with a hearing impaired child; they mostly ended up treating this child like a normal, hearing child. Parents indicated that some community members still lacked the skills necessary to accommodate deaf children. Parents indicated that they had not had any form of training in the way to handle a hearing impaired child or to communicate with such a child. Parents stated that there were not parent-to-parent support groups in their areas. As part of the possible solution, this study recommends that all teachers dealing with children with hearing loss should receive training in special education. Furthermore, parents with such children should receive basic training in sign language and organise parent-to-parent support groups. There should also be peer-to-peer support groups for teachers, while training in ways to handle and care for a child with hearing loss should be provided. Finally, this study informed the policy makers to address the psychosocial needs of the HI in general.

Key words: Psychosocial support, Children with hearing impaired, Caregivers, Children needs

DEDICATION

This thesis is dedicated to all the caregivers who are taking care of children with hearing loss, to all the children with hearing loss in Namibia, to all special schools with hearing impaired children in Namibia and all stakeholders involved in dealing with hearing loss children in Namibia.

AKNOWLEDGEMENTS

This research project would not have been possible if were not for the efforts of different people who supported me all the way to the end. First, I would like to thank the almighty God for giving me wisdom, health and determination, as well as the will and means to pursue my study.

Special thanks are extended to Dr. Ndumba Kamwanyah who supervised my work. He steadily guided me and willingly shared his experience and knowledge throughout my research. Without his support, it would have been very difficult to conduct and complete this project in the prescribed time frame for postgraduate studies.

My sincere gratitude goes to all participants, the teachers and parents, who took time to volunteer to be participants in the study and for sharing their views and thoughts with me.

Appreciation goes to my mom and my younger sister for the words of encouragement and their support that kept me strong and focused. Finally, I thank my friends for their moral and material support.

LIST OF ABBREVIATIONS

Acronyms	Meaning
CD	Compact Disc
ED	Executive Director
FAWENA	Forum for African Women Educationalists in Namibia
GRN	Government of the Republic of Namibia
HI	Hearing-impaired
MGEPESW	Ministry of Gender Equality, Poverty Eradication and Social Welfare
MOAC	Ministry of Education, Arts and Culture
MOHSS	Ministry of Health and Social Services
NDP	National Development Plans
NAPPA	Namibia Planned Parenthood Association
NAMDEB	Namibia Diamond Corporation
NNAD	Namibia National Association of the Deaf
PSS	Psychosocial support
REPSSI	Regional Psychosocial Support Initiative
SADC	Southern Africa Development Committee

SA	South Africa
SE	Special Education
UK	United Kingdom
USA	United States of America
WHO	World Health Organization

DECLARATION

I, Martha Nuule, hereby declare that this study is my own work and is a true reflection of my research, that this work or any part thereof has not been submitted for a degree for any other institution.

Name of Student: Martha Nuule Signature:  Date: April 2023

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CHAPTER ONE: INTRODUCTION

1.1 Background of the study

The study explored the perceptions of caregivers regarding the psychosocial support needs of hearing impaired (HI) children in a case study conducted at the Usko Nghaamwa Special School in the Ohangwena region of Namibia. The main aim of the study was to investigate their views, perceptions and understanding of the psychosocial support services that were offered to children with hearing impairment (HI) in the special school setting and home environments.

Psychosocial support is a continuum of love, care and protection that enhances the cognitive, emotional and spiritual well-being of a person and strengthens his or her social and cultural connectedness (Ministry of Health, 2014). The four domains of psychosocial support services are skills and knowledge (cognitive), emotional and spiritual wellbeing, cross-cutting issues and social well-being (SADC, 2010).

Namibia has passed through several distinct historical stages from being colonised in the late 19th century to its political independence on 21 March, 1990. Namibia has an estimated population of 2.5 million people, of which 7709 are people with hearing difficulties and 18.1 % of them reside in the Ohangwena region (Census Disability Report, 2011). In addition, 9440 (5218 females and 4222 males) experience hearing difficulties (Namibia Statistics Agency, 2011, p. 54). The ratio of people with mild hearing impairment, being relatively to profoundly deaf, were calculated as l in 15600. Namibia faces various social challenges of which nurturing a child with special needs is one and, therefore, it has become a major concern for the caregivers of these children. Kiyuba (2014) suggests that further research on the challenges regarding the provision of special

education to children with disabilities, focusing on attitudes and perceptions, especially those of parents, teachers and the public at large, should be conducted.

Research shows a strong association between the type of disability and caregivers' behaviour and practices with children with special needs at home and in the community at large (Lasi, 2013). Nurturing a child with disabilities is a major challenge for caregivers, especially those living in resource-poor communities of developing countries. There are several factors associated with caring for children with disabilities (Qayyumn & Rafique, 2013). These include the support system from immediate family members at home, cultural values and beliefs, financial resources and stability in seeking treatment and services for children with disabilities (Monk & Wee, 2009). In addition, parents of children with hearing loss tend to develop more context-specific stressors that may include communication barriers, the management of hearing aids and cochlear implants, as well as financial needs related to their child's hearing loss (Quittner, et al, 2010).

According to Haidula (2016), Namibia is home to more than 27000 children with hearing impairments but, as yet, only a few schools offer support or cater for them. Only six government schools cater for children with special needs, which include the deaf, with the Eluwa Special School being the most popular. This study was seeking to understand the perceptions of caregivers when responding and/or addressing the psychosocial support of learners with HI at the Usko Nghaamwa Special School, which also has a hostel for boarders, in the Ohangwena region of Namibia.

A caregiver is any person giving care to a child in the environment. A primary caregiver is the main person who lives with the child and provides regular parenting care in the home environment. This often includes family members, such as parents, foster parents, legal guardians, siblings, uncles and aunts, as well as grandparents or close family friends. Secondary

caregivers include community members and professionals, such as nurses, teachers or play-centre minders, who interact with the child in the community or visit him or her at home but who do not necessarily live with the child (SADC, 2010). The caregivers in this study were teachers, who were the secondary caregivers, and parents, who were the primary caregivers, of the HI learners. The lack of research on psychosocial support in Namibia highlights the need to understand the perceptions of caregivers on the validity of the psychosocial support needs of learners with HI, in order to identify possible solutions for effective services that will meet their psychosocial needs.

Firstly, in both Vision 2030 and the short term Harambee Prosperity Plan, the Namibian government echoes it is ability to deliver high quality and equitable services (GRN, 2016). The same values of quality and equitable services are adopted by the National Health 39 Policy, which is geared to achieving the health and social wellbeing of all Namibians (Ministry of Health and Social Services, 2010). According to Kuwana (2014), these frameworks aim to achieve equitable, accessible, affordable and sustainable healthcare for all Namibians through the five year national development plans (NDPs). However, it is also indicated that in many countries around the world deaf/hard of hearing people have no access to proper education and there are no sign language interpreters in public services (Oladottir, 2014). Moreover, Scheer, Kroll, Neri and Beatty (2003) cited in Kritznger (2011, p.1) report that people with disabilities require services which are specific to their impairments, such as health-related rehabilitation and appropriate specialist care.

1.2 Statement of the problem

The Usko Nghaamwa Special School is one of the few special schools that cater for children with HI in the Ohangwena region of Namibia. There is little in literature regarding studies

conducted on the perceptions of caregivers regarding the psychosocial support of children with HI locally. Hearing-impaired children are side-lined worldwide (Haidula, 2018). It is indicated that children with HI are neglected and not looked after by their parents. The school ends up with children HI children who have no place to go to over weekends. Parents whose children have special needs often have a tendency to dump them at school, not coming back for them (Haidula, 2018). In a study conducted by Franks (2013) in Nigeria, 72.97% of mothers felt that a child with hearing loss was a sign of God's punishment for bad deeds, and 78.38% felt pity for the deaf child. In a study conducted by Gilbey (2010), it was found that mothers also regarded having a child who suffers from deafness or who is hard of hearing as a penalty for their sins. According to Soukup and Feinstein (2007), many teachers of deaf/hard of hearing children do not feel they have sufficient tools to work effectively with children who have extra learning challenges in addition to being deaf or hard of hearing. As a result, a need have been identified to investigate caregivers in order to understand their perceptions of the psychosocial support needs, as well as meeting such needs for HI children at the Usko Nghaamwa Special School.

The problem that was identified in this research was the lack of knowledge and understanding of four caregivers regarding the psychosocial support needs offered to HI children. The researcher also conducted various searches regarding the views of caregivers on the psychosocial support needs of HI children but could not find any prior studies in the Namibian context. Interestingly, some studies on ways to cater for the child with HI and the perceptions of caregivers towards the deaf/hard of hearing were conducted in some African countries, whereas most of the researches on children with special needs were conducted in Western countries.

1.3 Research questions

The study was guided by the following research questions:

1.2.1 To what extent do caregivers understand the psychosocial needs of children with HI at the Usko Nghaamwa Special School?

1.2.2 What challenges do caregivers experience when responding to the psychosocial needs of children with HI at the Usko Nghaamwa Special School?

1.2.3 How do caregivers cope with those challenges when providing for the psychosocial needs to children with HI at the Usko Nghaamwa Special School?

1.2.4 How do the caregivers view the support in place to enable them to responds to the psychosocial support needs of children with HI at the Usko Nghaamwa Special School?

1.4 Significance of the study

This study provides a good opportunity for the Usko Nghaamwa Special School educators, the primary caregivers and other stakeholders to understand the validity of psychosocial support for HI children since no previous research has been conducted in this area in Namibia. If the psychosocial support needs of children with HI would be well taken care of, these children would be able to become productive members of society (Messia, 2018).

The significance of this study lies, in the perceptions of caregivers on how they viewed the psychosocial support needs offered to children with HI in the school and in the country at large. Furthermore, the study also brought to light the views and the experience of teachers and parents when providing support and care to children with HI. The caregivers' perceptions regarding their understanding, experiences, challenges and coping mechanism as caretakers of these children will be crucial in the implementation plan to improve the psychosocial support services offered to children with hearing impairment in the region and also the country at large.

If the challenges are identified, understood and dealt with, the psychosocial support needs of children with HI will be well taken care of and service provision will improve. In addition, the findings of the study will also be shared with the Ministry of Education, Arts and Culture in order for them to address the challenges identified by the caregivers and may, consequently, assist them in future planning.

The value of a peer support group for caregivers was also explored. The study also raised awareness of the type of psychosocial services available in the community and how deaf learners access services in the community.

Additionally, the findings of the study will also create awareness among stakeholders in the Ohangwena region of the ways in which they could assist caregivers and children with HI. Finally, the findings of the study will also add to the body of knowledge on psychosocial support needs that is offered to children with HI in Namibia, and it will enhance understanding in the area at large.

1.5 Limitation of the study

Limitations of a study are defined as the constraints or limits in the research study that were out of the control of the researcher, such as time, financial resources and access to information, among others (Enslin, 2014, p. 275). Because the study was qualitative in nature, the findings of the study cannot be generalised to other special schools in the country since the focus was only on the Usko Nghaamwa Special School.

In addition, the researcher was not fluent in sign language; therefore, arrangements for an interpreter was made, and limited data had been collected from caregivers with hearing impairments as the interviews had to be conducted with the assistance of an interpreter. Another

limitation was that most participants did not agree to be audio-recorded although the researcher explained the issues of confidentiality. This led to the researcher having to take field notes, which required much time as some participants had much information to share. The researcher ended up omitting some of the data shared because of the taking of notes. In the beginning it was difficult for the researcher to get hold of the parents and the researcher ended up interviewing only those parents in the Ohangwena region; this led to omitting those from other regions.

Finally, the lack of openness by some participants may have led to the omission of important information regarding the understanding of the psychosocial support needs and challenges they met when assisting HI children in meeting these psychosocial needs.

1.6 Delimitation of the study

The delimitation of the study is a result of the choices made by the researcher about the study. This includes the decision about the purpose of the study, the research questions and the population chosen (Enslin, 2014). Firstly, the study was only limited to school educators and parents who had enrolled their HI children at the Usko Nghaamwa Special School.

The study also only focused on investigating the perceptions of caregivers regarding their understanding of the psychosocial support for the HI children at the Usko Nghaamwa Special School. The study was delimited to only one region and, more specific, to one school in this region since it is the only school that cater for HI children in the region.

1.7 Definitions of key concepts

Hearing impairment

According to Kirk, Gallaghar & Amp and Anastasiow (2003), hearing impairment (HI) is defined as a reduction in sensitivity to sounds which may be accompanied by some loss of

adaptability and incorrectly interpreting auditory stimuli, even when amplified. In addition, Engelbrecht and Green (2001) define hearing impairment in a pre-lingual and post-lingual way. Pre-lingual hearing impairment refers to deafness that is acquired at birth or before spoken language develops, while post-lingual hearing impairment refers to deafness that is acquired after spoken language has developed.

Learners with hearing impairment

It is defined as learners with hearing loss, ranging from hard of hearing to complete deafness. It incorporates all degrees of impairment (Nyambuto, 2014).

Psychosocial support

According to the guidelines of the Ministry of Health and Social Services on psychosocial services support (MOHSS, 2014), psychosocial support is defined as a continuum of love, care and protection that enhances the cognitive, emotional and spiritual well-being of a person and strengthens his or her social and cultural connectedness.

Psychosocial

According to MOHSS (2014), psychosocial represents the relationship between the psychological and social aspects of our lives, with each continually influencing and interacting with the other. Every person is influenced by the interaction between the psychological or interpersonal components which are cognitive, emotional and spiritual aspects of life and the social or intra-personal relationships with family, community and friends, as well as a broader social environment such as culture, traditions, religion, socio-economic and socio-political environment.

Disability

According to the World Health Organization, disability may refer to an umbrella term, covering impairments, activity limitations and participation restrictions in terms of the interaction between features of a person's body and features of the society in which he or she lives.

Barriers to psychosocial well-being

It refers to the things caused by the outside environment and other people, such as a lack of parental support, harsh teacher attitudes, bullying from peers, stigma, discrimination and exposure to conflict and violence, neglect or abuse, that impact a child's psychosocial well-being negatively (WHO, 2011).

Caregiver

It is defined as any person giving care to a vulnerable person in an environment, such as a home or institution. WHO (2012) states that a HI child is also defined as a vulnerable child.

Primary caregiver

It is defined as the main person who lives with a vulnerable person, and provides regular care and support in the home environment. This often includes family members or others.

Secondary caregivers

Secondary caregivers include community members and professionals, such as nurses, teachers or play-centre minders, who interact with a child in the community or visit a child at home but do not necessarily live with the child (REPSSI, 2014). Teachers were the professionals who participated in the interviews.

Special school

According to the Education Act 16 of 2001, a special school is defined as a school or part of the school in which special education is offered.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

In this chapter the focus will be on academic literature related to the caring of children with HI and the challenges faced by caregivers when responding to the psychosocial needs of HI children. It will, furthermore, consider caregivers' views on the support systems in place, as well as the coping mechanisms of caregivers.

2.1.1 The caring of children with hearing impairment (HI)

Firstly, HI is generally divided into two main categories, that are named hard of hearing and deafness (Quitnner, 2010). The causes of these impairments fit into the following types, namely conducive hearing loss, sensor-neural and mixed hearing loss. The causes of these impairments fit into the same types, namely conductive hearing loss, sensor-neural and mixed hearing loss. Caregivers include people from various occupations who comprise the caregivers of children with disabilities. Family members, health professionals and teachers may provide care to different extents and for different periods of time in children's lives. Resch (2010) indicates that caregivers of children with disabilities are by no means a homogeneous population.

However, there are also paid caregivers, such as teachers and nurses, who may or may not have formal training in caregiving, and may work in a variety of locations, such as hospitals, clinics, residential homes, community centres, schools and private homes (Coetzee, 2016). In addition, Coetzee (2016) states that others who care for children with disabilities include more informal caregivers, such as family members, comprising parents, grandparents, siblings or other relatives.

The ability to communicate effectively is critical for the healthy development of children. Effective communication supports cognitive development, as well as social development,

including the ability to develop positive relationships with others (Decker & Vallotton, 2012). All of these form part of psychosocial support (PSS). Hearing impairment could possibly determine language acquisition, the quality of communication, accomplishment of learning potential, development of social skills and abilities, emotional development and self-confidence, as well as identity development and the development of other social, cognitive and emotional skills (Bronski & Zaichick, 2001). According to Mukari (2009), some research shows that more than 90% of children with HI are born to hearing parents who experience stress, not only in response to the initial diagnosis, but also in adapting to the unique and special needs of a child with HI.

In other countries, such Israel, the relationship between the education system and the parents has deepened and widened, which has led to several studies regarding the parents' involvement in school (Shamai, 2008). According to Shamai (2008), optimal communication between parents and teachers is an important part of involvement, as pointed out by the literature. It appears that, in the past, parental involvement was not always present in HI children's classes, or at all, in the Israeli society. In addition, the literature in the field of Special Education (SE) indicates that the process of parental involvement in the formal education of their children started to be officially recorded in the beginning of the 20th century in community schools in the UK and USA. Several researchers started to explore the relationship between parents, students, teachers and the effects of parental involvement on the academic performance and psycho-social development of HI learners.

Parents of children with special needs often experience a psychological shock the moment their children are diagnosed with HI, and they usually go through the following five stages of grief, as described by Kübler-Ross (1969): denial, anger, bargaining, depression and acceptance. These

stages are dynamic, and they may repeat themselves at any point. These stages are considered an integral part of the parents' acceptance of the condition of the child, and they are also important variables in defining the rehabilitation process of HI children (Krishpin, 2008). For example, parental involvement in the education and provision of psychological support of their children, especially of children with disabilities, remains an important topic at the core of public discussions in both Israeli legislation and social debates (Daire, 2011; Ingber & Most 2012; Parette, 2010).

Firstly, each family of a hearing-impaired child has its own cultural, social, educational and financial background. Parents of deaf or hard-of-hearing children often require more information and professional support from an audiologist, a medical doctor or other professionals. Musselman and Kircaali-Iftar (2010) indicate that some parents find information provided about hearing aids to be insufficient, while others find medical information difficult to understand. There is a need for the diagnostic and rehabilitation process to be made clearer. Furthermore, the literature indicates that parents of children with disabilities, in general benefit, from meeting other people in the same situation. Parents can meet others in similar circumstances by various means, including the clinical list, aid organisations or other individuals that come into contact with the children. Parents find this contact with others and the sharing of knowledge with other parents with the same worries for their child to be beneficial (ASHA LEADER, 2015). Parents need be able to meet the needs of the child with hearing loss similarly to that of any other family member, and they need sufficient information in order to be able to make important decisions. Parents can even feel that they do not have the necessary expertise to parent a child with hearing loss. Importantly, the background of the parents can have an influence. A study by Mukari (2009) reports that a lack of knowledge among parents can be related to factors such as the

distance and availability of support services, ethnicity, educational status, the availability of financial resources and potentially individual levels of commitment from the parent. Ozcebe (2005) suggests that poor socio-economic circumstances and a low level of knowledge in a family contribute to late identification of hearing loss and intervention. Musselman and Kircaali-Iftar (2010) found that the level of the parents' education, the strength of the family's commitment to the mode of the child's education, the parents' level of involvement in their child's education and the ability of the family to allocate roles in forwarding their goals for the child strongly related to outcomes for children with hearing loss.

Another example is Iran where general knowledge about hearing loss is poor. Not only do parents of children with hearing loss need more information, but professionals who are working with children with hearing loss also need more information about hearing loss and its consequences for children's development and behaviour (Mukari, 2009). In a study conducted by Storbeck (2011), parents of HI children indicated that most of them needed additional and appropriate information in all domains, and that they suffered from inadequate knowledge to assist their children and their families to accept the hearing loss. The parents particularly needed information about family and social support and financial domains instead of other psychosocial needs of the HI. Possible reasons for these findings could be the lack of public awareness about the importance of child-behaviour management, poor representation of the disability and its effects in the media, as well as poor consulting systems in rehabilitation centres.

Luterman and Kurtzer-White (2013) report that, when their child had been diagnosed with hearing loss, the greatest needs of parents were opportunities to meet with other parents of children who were also deaf or hard of hearing. Furthermore, they required the provision of appropriate information, emotional support and access to services. Wong and Lai (2012)

advocates that there is a need for parents to be equipped with practical parenting skills and information on the disability of hearing loss. In addition, they also need professional support to cope with caring tasks and activities in this way. Furthermore, education is recommended as a fundamental strategy to enhance parents' caring competency. Jeddi and Jafari (2012) also posit that parents' levels of education and economic status have a remarkable effect on the age for cochlear implantation (a small electronic device assisting HI children). On the other hand, a study by Wu and Brown (2014) found that there were no association between the parental level of education and degree of parental involvement in a programme for children with hearing loss.

Yucel and Derim (2008) posit that the low socio-economic status and low level of awareness of families and the delays in obtaining a hearing aid device caused by economic limitations are the major factors that may contribute to the prolonging of the interval between amplification and intervention. In addition, parents of HI children often feel that there is limited information about hearing loss and its outcomes, and would often like easier access to more information. There is also a need for more knowledge about hearing loss and hearing aids in the wider society, for example, among professionals working with children.

Most caregivers in South African studies expressed concerns about limited finances and the implications thereof. Having to provide care for a child with disabilities seven days a week often puts considerable strain on family finances, as caregivers are unlikely to have time to earn an income due to caregiving responsibilities (Geiger, 2012; Mhaule & Ntswane-Lebang, 2009; Sandy, 2013). Some caregivers in South Africa struggled to provide clothing and food for their children with disabilities (Mathye & Eksteen, 2015). Some caregivers claimed that the social grant they received from the government for their children with disabilities was inadequate to meet the needs of their children (Sandy et al., 2013).

Firstly, a study conducted by Storbeck (2011) found that there was a need for well-planned psychosocial support to manage behaviour challenges found in children with HI. The study indicates that psychosocial support manages behaviour challenges associated with child disability. The study, furthermore, reveals that most teachers of the HI children in South Africa failed to adapt because they had not been trained in deaf education. Experiences from the United State have also yielded the same results. Gascon-Ramos (2008) argues that both psychosocial and material support for learners with HI is important. Beyond the caregiving, teaching and search for services, there are also personal ramifications of having a child with a significant disability (Qayyum, 2013). In some studies, it is indicated that some parents experienced high levels of parenting stress, specifically stress directly associated with the unique challenges faced by hearing parents of deaf children (Quittner, 2010). Physical and attitudinal barriers, coupled with stereotypes, play a large role in shaping public perceptions of people with special needs (Chiang, 2007). However, it has been noted that positive interactions when raising a child with special needs had a significant moderating effect on the relationship between the child and parental well-being (Shahzadi, 1992).

Teachers are reported to experience gaps in professional competencies to teach the mainstream curriculum for which they needed further education. Variation in sign language impacting learner engagement hindered teachers' communication with the deaf and hard-of-hearing students and their parents. Teachers reported to have received in-service, professional training regarding the needs of HI learners; it included collaboration, consultation, assessment instruments and language skills (Stoberk, 2011)

Lopes, Monteiro, Sil, Rutherford and Quinn (2004) surveyed ninth Grade general and special education teachers' perceptions of teaching problem students in general education classes in

Portugal. The majority (85%) of the general and special education teachers indicated that resources to teach students with learning and behaviour problems were limited in general education classrooms, and more than 90% of the teachers indicated that inclusive education was a set of services and not a specific place. The authors also suggest that, even with collaboration with special education teachers, general education teachers did not see much improvement in the academic performance of problem students.

A study by Mamah, Deku, Darling and Avoke (2011) found a positive perception of students with hearing loss in three Ghanaian universities. In the study it is indicated teachers' lack of knowledge regarding disabilities was a factor. The research suggests that in-service training, conferences and professional development for teachers were necessary in order to include students with vision and hearing loss in Ghanaian universities. Keane-Dawes (2011) showed that children, who were deaf, had been categorised as a stigmatised population and that they perceived stigmatising attitudes directed at them. These children also acquired at least one diagnostic label as a result of their enrolment in special education programmes and participation in the Individual Education Plan (IEP) process. Thus, it can be inferred that children who are deaf are a vulnerable group and potentially subject to the effects of teachers' increased expectations.

According to Kittay (2011), from an ethics of care perspective where care is the basis of morality and relationships, attending to the needs of caregivers is of utmost importance. Caregivers often forsake their own needs to attend to the needs of others, and in contexts are overworked and underappreciated. Since care is the basis for a healthily functioning society and because of the importance of valuing caregivers in the important work that they do, care ethicists emphasise the importance of caring for caregivers (Kittay, 2011).

Gregory interviewed 122 mothers of young hearing loss children in Great Britain and draws conclusions that, firstly, there was great diversity in parents' responses to hearing loss. Secondly, she suggests that some commonly held beliefs about HI children and their families were simply not true. Those commonly held beliefs are that mothers of HI are unreasonably overprotective of HI children and that parents allowed HI children to restrict their social lives unnecessarily. Thirdly, Gregory concludes that global prescriptions for hearing loss children and their families only create problems, and she questions whether integration into the hearing world is a reasonable goal in all cases.

The Usko Nghaamwa Special School is one of the special schools that cater for children with HI in the Ohangwena region of Namibia. There appears to be no literature on any study conducted on the perceptions of caregivers regarding the psychosocial support for children with HI locally. Hearing-impaired children are side-lined worldwide (Haidula, 2018). It is indicated that they are neglected, and not looked after by their parents. The school ends up with HI children who have no place to go for weekends. Parents whose children have special needs often have a tendency to dump them at school and do not come back for them (Haidula, 2018). In a study conducted in Nigeria by Franks (2013), 72.97% of mothers felt that a child with hearing loss was a sign of God's punishment for their bad deeds, and 78.38% felt pity for the deaf child. Gilbey (2010) found that mothers also regarded a deaf/hard-of-hearing child as a penalty for their sins. According to Soukup and Feinstein (2007), many teachers of deaf/hard of hearing children do not feel they have sufficient tools to work effectively with these children who often have extra learning challenges in addition to being deaf or hard of hearing.

2.1.2 Challenges faced by caregivers when responding to the psychosocial needs of HI children (both primary caregivers and secondary caregivers)

Research consistently shows that families with strong social support systems are able to handle the challenges faced by children with HI more effectively than families with little support (Dunst & Trivette, 2009). In particular, that there are positive contributions of social support to the coping and wellbeing of hearing parents of children with hearing loss (Asberg, Vogel, & Bowers, 2008). The positive contributions of social support depend mainly on parents' specific needs and challenges associated with raising a child with hearing loss, as well as their on-going relationship with various support system providers. Whereas the experience of parenting a child with a disability can lead to positive parent outcomes, such as new insights into family priorities and a renewed sense of purpose, early childhood hearing loss also presents unique and long-term challenges for hearing parents.

Some of the challenges of taking care of a child with hearing loss include increased caregiving demands, finding and obtaining early intervention services, modifying communication strategies, medical and educational decision-making, working with professionals across a range of disciplines, learning about technological support, working with the child to enhance developmental outcomes and dealing with additional financial pressures (Lederberg & Golbach, 2002; Quittner et al., 2010; Zaidman-Zait, 2008). Furthermore, several families described and identified their struggles in obtaining resources for their HI children. Hearing caregivers who discover that their child is special needs deaf or special needs deaf-blind are often overwhelmed if they have not had any prior experience with deafness or the deaf-blind. Research shows that it is very common for hearing caregivers to have difficulty to communicate with their child unless they intentionally make the effort to close the communication gap between themselves and their

HI child. In addition, some communication gaps become apparent in other social settings that the hearing loss child encounters, such as school, hospital and out in the hearing community.

There is also cultural diversity in the perception of hearing loss; for example, Swanepoel's (2011) study reports that African families tended to be more fatalistic and, consequently, were more passive about hearing loss. In addition, research on emotional responses to diagnosis has been conducted mainly in Western (European and American) countries. Furthermore, caregivers in SA are likely to exhibit a much wider range of different responses to a diagnosis; however, this diversity might enrich professional practice if understood properly.

Caregivers reported challenges with accessing social assistance grants, health-care services, educational and recreational facilities and other public infrastructure (Mathye & Eksteen, 2015). In addition to the challenges, insufficient transportation and affordable housing, alongside poverty in a rural setting, made caregiving more difficult (Mathye & Eksteen, 2015). Some caregivers felt that they lacked sufficient professional support in looking after their children (Mathye & Eksteen, 2015; Sandy et al., 2013). Mathye and Eksteen (2015) report a lack of equipment and materials for the proper care of children with disabilities was one of the challenges experienced by caregivers. Many caregivers in South African studies felt that they lacked sufficient skills for caring for their child with a disability (Mathye & Eksteen, 2015; Mhaule & Ntswane-Lebang, 2009; Sandy, Kgole & Mavundlu, 2013). Caregivers of children with disabilities, in a number of South African studies, felt that they did not have enough information about their care recipients' disabilities, rehabilitation and care needs (Mathye & Eksteen, 2015; Sandy et al., 2013).

Some researchers have documented the need for different support systems for families of children with hearing loss. This includes parents' serious need for obtaining multifarious

information with regards to treatment, as well as educational and communication options available for their children (Jamieson, Zaidman-Zait, & Poon, 2011). Additionally, there is a need for social support and participation in parent-to-parent networks (Jackson, Traub, & Turnbull, 2008; Meadow-Orlans, Mertens, Sass-Lehrer, &Scott-Olson, 1997; Zaidman-Zait, 2007). However, it is necessary to establish a mutual and collaborative partnership with professionals to support parents' continuing need for a family-centred approach to service provision (Ingber & Dromi, 2009). In addition, research literature also indicates that mothers with HI children often have lower mental health than mothers of normal children. Furthermore, although the existence of a disabled child may impose damages and irrecoverable effects on families' mental health, these effects are recoverable. Moreover, compensating or reducing these effects requires scientific knowledge. Thus, it is possible to educate those who carry the largest emotional onus of HI children on their shoulders, namely the mothers of children with hearing damage. Research confirms that the language barrier between HI children and their hearing parents may present an obstacle to Theory of Mind development (Courtin, 2000; Lundy, 2002; Peterson & Siegal, 1995, 2000).

Special educators, who are able to hear, often forget that a deaf child should receive information in a visual way. This implies learning educational material through their visual senses and not primarily by means of oral language. Komesaroff and McLean (2006), recognising this difference, recommend that the public school system needs to provide the HI with the means, language and/or deaf interpretation, so that they may understand and participate fully in the schools they are attending. Research mainly focused on communication between the child with HI and the caregiver, and has recommended ways in which communication may be improved. Bodner-Johnson (1991) stresses the importance of having hearing families pay attention to non-

verbal communications, such as facial expressions and the subtle messages conveyed by a HI child, as well as encouraging a hearing loss child to participate in family conversations.

A study conducted by El-Zraigat and Al-Emam (2010) regarding problems faced by learners with hearing loss revealed that students with hearing loss suffer from communication, academic, social, emotional and family problems. The study recommends providing those students with the services needed in order to enable them to achieve an optimal life. However, the process of educating learners who are deaf and hard-of-hearing are affected by different factors such as attitudes, qualified and skilled teachers, the quality of services offered to schools and families, the acoustic and family environment, type and degree of hearing loss, language and speech abilities, as well as the existence of additional disabilities (El-Zraigat, 2010). Togonu-Bickersteth (2014) indicates that deaf education in Nigeria was negatively influenced by society's weak acceptance of the legitimacy of deaf education which could be overcome by the high achievement and motivation of deaf and hard-of-hearing students.

In Greece, Nikolaraizi (2000) found that deaf and hearing teachers showed a lack of the appropriate in-service training necessary for working with deaf students. Furthermore, those teachers faced problems in their work with hearing loss pupils by feeling insecure and unsupported and making an extra effort in communicating with hearing loss pupils. On the other hand, Wingerden (2015) views pupils who are deaf as a minority group, and that they should be taught by an ethnically deaf person; furthermore, it is up to the deaf themselves to determine their extent of participation. Johnson (2014) suggests that deaf and hard-of-hearing teachers should receive extra course work in regular education curricula and teaching methods, as well as better preparation in pre-service training to equip them to work effectively with diverse deaf and hard-of-hearing students.

2.1.3 Caregivers' views on support systems in place

A study by Williams and Darbyshire (1982) identified themes expressed by Canadian caregiver families, such as a lack of services, the need for information and guidance on ways to assist their child, counselling support, the provision of training required regarding hearing impairment, a greater recognition of their expert role as parents of a deaf child and a concern with the shortage of professionals, such as audiologists. McKellin (1995) states that access to services for confirming hearing loss is a problem, especially for those living in rural communities where there are less communication options.

In a study conducted by Jackson, Wegner and Turnbull (2010), who interviewed families of 207 children who were receiving services from agencies in 42 states in the US, found a need for information on deafness or hard of hearing, as well as the positive experience of early intervention. Some caregivers had difficulty in accessing educational programmes. There was also a need to access financial and additional family support, as well as for greater social networks and awareness by the hearing community regarding the impact of deafness on family life. They also had concerns about the lack of community inclusion. Such research shows that many families lack support for children who are HI.

Jackson, Wegner and Turnbull (2010), in their literature review, provide the following recommendations: "programmes are needed to build family capacity; socio-emotional support is needed to help families deal with stressors (support groups, deaf role models, mentoring and social network support); professionals need to be more sensitive to time and skills required for home interventions; service options to be explored, provision of respite; assistance accessing financial assistance; and other resources for the purchase of assistive devices for their children".

According to Sipal and Bayhan (2010), services in Turkey are provided through the collaborative work of a parent-professional team that is connected to legislation. They also stressed the importance of having clear role distinctions in their parent-professional team as this team determines the way in which services will be designed for others. Other research has offered parents' perception of barriers as a way of determining what is needed for services. Williams and Darbyshire (1982) interviewed 25 Canadian families resulting in the following themes, namely their child's diagnosis, reactions to deafness, implications for family relationships and education and the lack of parent and professional support. They also provided recommendations, such as increasing service distribution, promoting professional recognition of parental roles as a valuable contributor, improving the coordination of services and information, providing training and encouraging professionals to work more collaboratively with caregivers. Rural families are reported as having limited access to programmes and that not many follow-ups on services were offered to them. This is comparable to Bowen and Ferrell (2003) in Colorado who addressed issues for rural students who were deaf, hard of hearing, blind and visually impaired. They also included the shortage of trained personnel in rural areas, and urgently called for changes in service delivery models and a need for additional resources.

McKellin (1995) and Williams and Darbyshire (1982) found that, due to a lack of adequate services in rural communities, families were faced with the decision to relocate to urban cities seeking specialised programmes for their child's needs. Calderon et al. (2010) their findings reports that, caregivers had also been forced to relocate with their families. In addition, in some situations, it is the deaf child who has had to move away from her or his family to attend a distant school for the deaf, thus, experiencing grief as she or he is separated from the family. Kampfe (1989) agrees that relocation can be especially disruptive to the family. The literature

supports the need for more research that focuses on the HI child and his or her family, as well as parental involvement (Benedict & Sass-Lehrer, 2007).

There is very little literature that provides a family perspective on raising a child with special communication needs. Caregiver perspectives are needed so that services or early intervention can be designed based on the needs of caregiver families who struggle with the many areas of need within their nuclear family, such as taking time to establish relationships with others who may assist them. Some literature acknowledges a gap between parents and professionals. Law, Plunkett, Taylor and Gunning (2009) report tensions between parents and the staff who delivered a programme. They indicate that the characteristics of a successful programme include knowing the families well and factoring in time to receive training as it relates to a family-oriented approach.

In addition, researchers recognise that deaf children desire to connect with their family members, and tend to utilise their behaviour, emotions, body language and non-verbal means to connect with those around them. The literature also reveals that parental stress has an influence on the child's development, and that parental stress increases with the evolving stressors of raising a deaf child over time (Hinterman, 2006; Meinzen-Derr, Lim, Choo, Buyniski & Wiley, 2008).

Much research points to the family's responsibility to encourage their child to participate in family discussions which results in the deaf child being able to access family life (Bodner-Johnson, 1991; Desselle & Pearlmutter, 1997). Steinberg and Davila (2013) found that some families were learning American Sign Language (ASL) from their deaf child. It is recommended that parents be more attentive to these non-verbal cues so that communication between the parent and child can become more effective and the child is also engaged with the interaction (Bodner-Johnson, 1991).

Morgan's (1989) research shows that parental involvement can be essential to the intervention process. Morgan-Redshaw (1989) states that parents need to be involved with the school in their child's educational planning, and there is a concern that parents have no decision-making rights with regards to school curriculum content. Others see the role of the parent a little differently. Cherow, Dickman and Epstein (1999) recommend that families should receive emotional support in the line of informational support, educational sign videos and resource professionals, as well as encouragement to follow their children's lead and build links with the deaf community. Although, informal and formal support is described in the literature, the reality is that some families have difficulty accessing services, resources and support (McKellin, 1995). Asberg, Vogel and Bowers (2008) found that parental perception of social support and their reception of it were not always the same. The perception of social support and their access to such social supports are distinct constructs. They recommend that caregivers clarify their meaning of support.

Caregivers highlighted the issue of isolation in rural and northern communities that entailed both the inadequacy of necessary resources and the absence or scarcity of peers and meaningful social support for the deaf child and family. Some caregivers emphasised the need to link families who are raising a special needs child with one another and the importance of connecting with other families going through similar issues and concerns (Brenda, November 2004). Some caregivers recommended the establishment of monthly support groups wherever possible, to provide parents with the opportunity to share their experiences and debrief one another on their progress. It was suggested that this may require the assistance of an agency to raise awareness of other families with similar needs.

Caregivers also felt a strong need to raise the awareness of hearing people about the deaf culture. The caregivers would like to see more hearing people learn sign language, and recommended sign language classes for siblings and others (Carole, November 2004). In addition, caregivers strongly recommended increased professional development in the school system to facilitate greater awareness of deaf students and their educational needs. Caregivers stated that more trained educational assistants and interpreters were needed to work with deaf children in the school system, and that these costs should be defrayed by the school system (Brenda, November 2004). Furthermore, the lack of community involvement and the inability to interact socially with children who are HI contribute to the children's poor performance. Sometimes teachers face challenges when they teach new concepts and abstract words for which there are no signs, names or words in subjects such as Social Studies, Religious Education and Science.

2.1.4 Coping mechanism of caregivers

Coping is defined "as the changing thoughts and acts that an individual uses to manage the external and/or internal demands of a specific person-environment transaction that is appraised as stressful" (Folkman, 1992, p. 34). Coping is conceptualised as an on-going process that consists of a series of appraisals and responses to the stressful event. There are three types of appraisal, namely, the primary, in which the person evaluates the significance of the event for his or her well-being. Next is the secondary, in which the person evaluates the event with respect to available options and resources, and thirdly, the reappraisal, which occurs as new information (from within and without) is received and processed. Coping behaviour necessitates the use of four kinds of resources, according to Folkman et al. (1979): health/energy/morale, problem-solving skills, utilitarian resources (economic status, educational programmes, among others) and general and specific beliefs (self-efficacy, belief in God, among others). With regards to

deafness, a family's resources may include past experiences with disability, access to parent support groups, familiarity with legal and educational processes, and the like.

2.4.1.1 The coping mechanism of secondary caregivers (Teachers)

Little is known about stress perception and perceived coping mechanisms employed by special educators. In general, the findings indicate that special educators experience work-related stress that interferes with their quality of work (Albrecht, 2009). Most special educators employ adaptive strategies in dealing with stress. Research indicates that the job of the special educator is difficult, demanding and more stressful than that of general educators (Bettini, 2017). Special educators face increasing or large caseloads, lack of clarity in their roles, lack of administrative support, excessive paperwork, feelings of isolation and loneliness and minimal collaboration with colleagues (Albrecht , 2009; Prather-Jones, 2011).

Most research has focused on identifying stressors for teachers and less on identifying coping strategies that may assist them in managing their stress productively so that they feel less burnt out (Brunsting, 2014). Recently, Brunsting, Sreckovic and Lane (2014) updated the literature on special education teachers' working conditions by reviewing 23 studies that included a quantitative measure of burnout. They found that limited teacher experience, student disability, role conflict, role ambiguity and limited administrative support contributed to special education teachers' burnout. The authors suggest that future research needs to provide a better understanding of interventions and coping strategies to alleviate teachers' stress and burnout that result from these challenges.

According to Betoret (2006), teachers who have access to coping resources are less likely to report burnout than those with fewer coping resources. Coping mechanisms can reduce the effects of stressors by changing one's emotional state during a stressful situation or by

eliminating or reducing the source of stress (Lazarus, 1993). With effective coping strategies, teachers can solve problems, access social-emotional support and gain mastery in teaching, which can further enhance the enjoyment of their work (Parker & Martin, 2009). Since limited research exists on special educators and their coping, information is drawn from research that focused on the ways that other helping professionals coped with their stress.

As mentioned before, when special educators are overwhelmed with the stressors they face, they may choose to leave the field of special education (Katsiyannis, 2003; Prather-Jones, 2011), which may be viewed as avoidant coping. Currently, researchers are interested in gauging the ways in which special educators engage in active and adaptive coping, while they are in the profession (Beltman, 2011). Research in well-accepted methods of active (adaptive) coping, such as exercise, meditation and free-time activities, shows that a support network of educators, particularly where mentoring is involved, can provide a mechanism by which teachers cope productively with stress (Beltman, Mansfield, & Price, 2011; Castro, Kelly, & Shih, 2010). In addition, to the emotional support that can emerge from a relationship with an understanding colleague, the sharing of vital teaching tips and behavioural management advice from an experienced educator can be critical. Furthermore, networking with other professionals via membership in well-respected professional organisations can result in mentorship, emotional support and effective training in teaching tips and behavioural management.

Jones, Youngs and Frank (2013) suggest that colleagues can serve as important sources of support for special educators in navigating different responsibilities. Furthermore, informal support from mentors and colleagues is associated with increased commitment among novice special educators. When special educators view themselves as part of a professional community, they are more likely to access important resources (Jones, 2013). Professional organisations also

provide a myriad of opportunities for professional growth by offering, among others, conference workshops, publications, networking, webinars and blogs. For instance, professional development, where teachers learn new techniques with which to impart academic knowledge and ways to communicate that knowledge effectively by means of behaviour management has been cited as an important contributor to teacher resilience and retention (Anderson & Olsen, 2006; Beltman et al., 2011).

2.4.1.3 The coping mechanisms of primary caregivers (parents)

Family stress occurs when feedback indicates that "the family does not have the requisite variety of rules to transform comfortably inputs into outputs that meet desirable standards" (Burr & Klein, 1994, p. 34). In addition, for example, in the first months after parents learn that their child is deaf or hard of hearing, they may experience stress because they lack the 'rules' of how to communicate effectively with a child who has a hearing loss. Furthermore, stress may lead to crisis if family members fail to perform their roles, make decisions and care for one another. In crisis, the focus shifts from family to individual survival (Boss, 1988). When faced with stress, families adopt strategies in order to cope and reach a new level of functioning. Family coping strategies resemble individual coping strategies in that they are defined as "the active processes and behaviours families actually try to do to help them manage, adapt, or deal with the stressful situation" (Burr & Klein, 1994, p. 129). Additionally, family theorists organise coping strategies into categories similar to those employed by psychologists studying individual coping, such as cognitive, emotional, community, and the like.

However, Burr and Klein (1994) add an interesting note to the study of coping strategies by suggesting that families progress through a developmental sequence in which Level I coping strategies are adopted initially, followed by Level II strategies if Level I strategies fail, and

finally Level HI strategies in the event that Level II strategies are unsuccessful. With regards to deafness, families often adopt Level I coping strategies which refer to attempts to change family rules, for example, reassigning household responsibilities. They adjust family rules as they adapt to the demands of absorbing complex information about hearing loss, learning new communication strategies and managing the educational and legal bureaucracy (Burr & Klein, 1994). Families use Level II strategies which refer to deeper changes, that is, rules about rules as well. An example of a Level II change is adjusting the intent and purpose of household routines. Finally, Level III strategies refer to changes in a family's paradigm, its basic values and beliefs. Moreover, an example of the utilisation of a Level III strategy might be altering the purpose of household routines from that of maintaining order to that of providing practice in communication skills. And finally, many families, faced with adjusting to a deaf or hard-of-hearing child immediately find themselves adopting Level l strategies, as they begin to question the meaning and purpose behind life's unexpected events.

As an example, Seligman (1963) states that cultural-based beliefs affect the manner in which families adapt to a child with a disability. Cultural beliefs can influence if and how family members seek help, as well as the extent to which members trust the advice of various professionals. According to both psychologists and family scientists, the outcome of the coping process depends upon the family or individual's appraisal of the situation, as well as on the evaluation and utilisation of available resources (Hill, 1958). According to Hill's ABC-X model, A (stressor) + B (resources) + C (meaning or appraisal) = X (outcome). B and C can be seen as variables intervening between A, the stressor, and X, the outcome.

Despite the exceptionally high incidence of hearing loss among Bedouin children in Israel, research indicates that these children's parents made far less use, though not necessarily by

choice, of all types of services, such as paramedical services (10% among the Bedouin population when compared to 39% among the Jewish population), special education services psychosocial services (2% when compared to 21%). This leaves Bedouin parents, particularly mothers (25% when compared to 57%) to cope on their own. Seventy-five percent of the mothers reported feeling a heavy to very heavy overall burden deriving from caring for a child with hearing loss (Galil, 2001). The unique characteristics of Bedouin society, described above, exacerbate the difficulties experienced by parents of children with a disability (Galil, Carmel, Lubetzky, Vered, & Heiman, 2001). Researchers have also reported on various obstacles that make it difficult for the parents to use therapeutic services (Galil et al., 2001; Lubetzky, Shvarts, Merrick, Vardi, & Galil, 2004). These obstacles include the limited availability of services, a shortage of professional staff and the socio-economic status of the population. The relation between levels of stress and coping strategies adopted by parents of children with disabilities was found to be affected by personal resources, such as self-esteem, an optimistic approach to life and self-efficacy, as well as by environmental and social resources, such as social support from family and friends, relationships with parents in a similar situation and relationships with people with hearing loss (Calderon & Greenberg, 1999; Hintermair, 2006; Lederberg & Golbach, 2002; Pipp-Siegelet, 2002). For example, a study of coping strategies among parents of children with cystic fibrosis revealed two main types of strategies: sharing the difficulties of caring for the children with the extended family and people outside the family and finding a special significance for the child's illness, particularly a religious or moral significance (Venters, 1980). Other studies conducted among parents of children with disabilities have revealed three main coping strategies (Cavallo, 2009). They are strengthening the family and adopting an optimistic approach, strengthening social support and emotional stability, as well as focusing on

understanding the child's medical situation by maintaining constant contact with the child's caregivers.

Studies that have examined the impact of a child's hearing loss on the family's quality of life include Burger (2005), Jackson (2010), Moores, Jatho, and Dunn (2001) and Van Driessche (2014). Jackson and A. P. Turnbull (2004) argue that hearing loss affects the family's quality of life in several areas: psychological well-being, interactions within the family, parenting, physical well-being and the extent of support required by the special needs deriving from the child's condition. Burger (2005) examined the relation between the level of stress and perceived quality of life of 91 parents in Germany, and found that parenting stress affects satisfaction with family everyday functioning and that parents cope mainly by obtaining familial and social support and redefining the crisis situation. The important contribution of seeking support from family and friends to the family's quality of life is also reflected in the findings of the present study that was conducted by the researcher. Findings indicate the great power of feeling that other people can help, even if such assistance is not rendered automatically. This finding is consistent with the results of other studies, which have confirmed the important role of support in mitigating stress among parents of children with hearing loss (Jackson, 2010; Lederberg & Golbach, 2002; Zaidman-Zait, Most, Tarrasch, Haddad-eid & Brand, 2016). In this way, family and social support also contribute to improving the emotional quality of life for the entire family. Such research on family experiences could provide insight into what caregivers are doing to cope with the limited resources around them or asking how caregivers may access the appropriate resources they need for their child and their families.

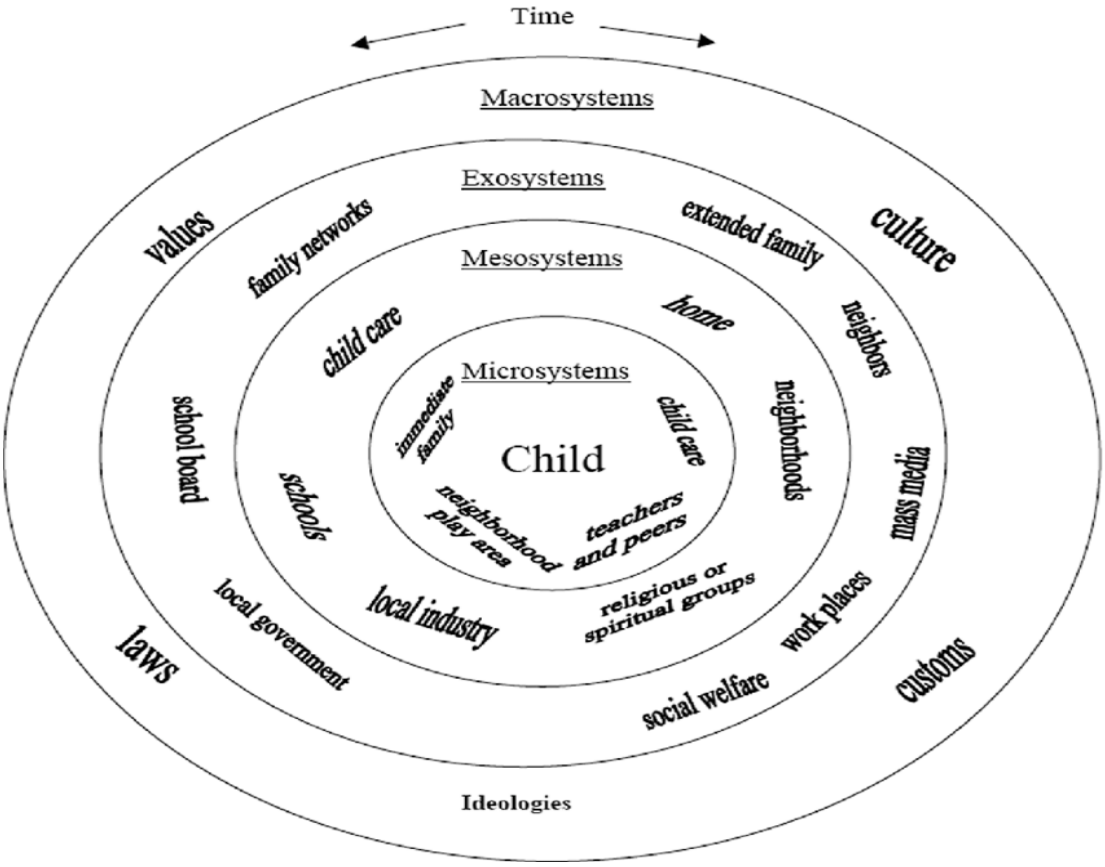
Some research has captured the work that caregivers provide to their child. Keilty and Galvin (2006) found that families created their own strategies to organise their family lives within their

homes, and urge those who are providing early intervention not to replace what families are already doing, but to provide support that will enhance the family's strengths. In their study, caregivers are actively involved in their child's learning, developing their own strategies that are responsive to their needs, as well as setting goals and plans that facilitate their child's learning. Furthermore, by employing this natural process approach, parents assist their child; for example, the child completes one learning activity, adapting and mastering it, and then helps them. There is evidence to suggest that programmes providing a support system for parents with children with hearing loss can alleviate stress and improve attitudes in the hearing parent and HI child relationship (Henderson, Johnson & Moodie, 2014). Parent-to-parent peer support groups provide assistance, perspectives and experience to parents who have children with hearing loss (Henderson et al; 2014). Parents of children with hearing loss have reported benefits from this type of peer support (ASHA Leader, 2015). In order to gain optimum benefit from support programmes, there must be encouragement between parents in order to inform others about the health care system, advocacy and the best resources available to them and their children (ASHA Leader, 2015). Family-based interventions and support systems may alleviate or assist in mitigating these specific stressors on parents (Nann, 2007).

Family-based interventions, along with support from peers and professionals, may be imperative to alleviate stress for parents and caregivers who have children with deafness (Prakash et al, 2013). Not only does early intervention by means of such a programme help the parent, but is important to the language development of the child with hearing loss (Owens, 2010). Parents' participation in rehabilitation programmes for their children's language and hearing is important for the overall communication development of the child.

2.2 Theoretical framework

The following diagram is an ecological framework by Bronfenbrenner's. The researcher will explain the theory in detail**.**



The researcher employed the socio-ecological framework by Bronfenbrenner's (1979) to guide the study. This framework does not only concentrate on the child but also on the family, school, society, culture and values within society, among other, all as parts of a bigger complex social system where many different aspects influence child development and learning. Bronfenbrenner's perspective of the environment confirms the importance of roles and family involvement in supporting the achievement of children's developmental abilities. In addition, a social-ecological perspective acknowledges the complex interplay between a person and his or

her environment, and has been applied to many areas of research. In the intellectual disability field, the social-ecological theory emphasises the importance of person-environment fit, as well as the diverse systems that influence human functioning (Schalock, 2010). The World Health Organization (2001, 2007) adopted a social-ecological approach, defining disability as an umbrella term for impairments, activity limitations and participation restrictions. Wehmeyer (2011) elaborates this social-ecological approach, focusing on personal factors, such as intelligence and culture. Wehmeyer (2011) suggests that these factors moderate the relationship between self-determination interventions and outcomes, and must be systematically considered in the design and implementation of interventions. Levine's second book, *The Ecology of Early Deafness* (I960), takes a similarly broad view. She concludes that "to better understand people, we must look to and understand the environment that fashions them". Vemon (1976) also notes that the important psychosocial influences on the personality structure of deaf children are their parents, the extent to which they communicate and the educational process.

The family is the main environment for the developing child, particularly the young child. The family exerts powerful influences on the child through its behavioural patterns, concepts about deafness, emotional responses to deafness, interactions with the deaf child, and the like. Furthermore, family development is powerfully influenced by the deaf child and by the demands of raising a deaf child in this society. Moreover, in this sense, the deaf child influences everything from the utilisation of time and space to financial arrangements, travel patterns, patterns of communication among all family members and to the family's image of itself as being well or not well, competent or incompetent, nurturing or not nurturing. The HI child influences, and is influenced by, hearing siblings, grandparents and extended family members.

The socio-ecological framework covers five areas, namely a micro-system, mesosystem, exosystems, macrosystem and chronosystem. The microsystem constitutes the child's current position: where he or she develops, interacts and experiences his or her own reality, for instance, at the school and the family, as well as in the classroom. The mesosystem is the interaction between different systems, such as the interaction between HI children, primary caregivers and school educators. An exosystems constitutes the outside demands such as education policies and legislation that affect HI children. This macro-system can be values, cultures or legislation. This system is important for the study because of the attitudes that are formed within society.

Life is immersed in a complicated, multi-layered social space and in a time context that changes individually and historically. Dimensions or planes form the complex multi-dimensional space of human life (Brzezińska, 2006). A deaf person, executing developmental tasks in this complex space, enters into interpersonal relations with people, thus, forming a multi-personal social network with institutional creations of culture, as described in Bronfenbrenner's (1979, 2000, and 2005) Socio-ecological Systems Theory. In addition, the main concept of the theory states that an individual's development is achieved within the context of her or his relations with the environment and the source of individual developmental change. Furthermore, the relationships between the individual and his or her environment are an active and mutual interaction; they are formed by the individual's actions and the influence of the environment.

In addition, this socio-ecological framework focuses on different systems that affect the child's development and, furthermore, focuses on individual and environmental determinants that influence the behaviour of individuals involved. According to the ecological systems perspective, individuals do not exist separately from their environments. The society and communities to which they belong are a part of them. The environment recognises them, and

society identifies them as part of the bigger whole, the gear that propels the system into motion. The theory recognises that environmental events and situations within and without can have an intense influence on behaviour and development for the persons in that immediate setting (Bronfenbrenner's, 1979).

Bronfenbrenner's theory views the environment as a series of nested structures, each contained within the next. These structures include the microsystem, mesosystem, exosystems, chronosystem and macro-system. Barriers to participation in any of the environmental systems will undoubtedly influence the developing of an individual negatively (Donald, Lazarus & Lolwana, 2012). Each of the systems is analysed below.

Micro-system: The micro-system is described as the child's immediate environment. For many school learners, this is the home where they live (Haihambo, 2011). Structures in the micro-system include the family, school and peer group and the structures with which learners with hearing impairment interact in face-to-face situations on a daily basis. They may have a direct input on learners with HI development. These structures directly affect the child and, in turn, may be affected by the child. In addition, the microsystem consists of the immediate surroundings in which the child lives, grows and develops (family, friends) through internalisation. Internalisation constitutes a process which takes place in four basic areas of individual functioning, namely cognitive, emotional, behavioural and interpersonal (Bronfenbrenner, 1979). It is a system of actions, roles and interpersonal relations with which the developing person is in constant contact. This system has specific physical and material characteristics. It contains meaningful people who present distinctive temperamental and character features, as well as a set of beliefs.

Meso-system: The mesosystem is a set of micro-systems connected with one another. This comprises the interrelations of two or more settings in which the developing child is actively involved (Bronfenbrenner, 1979). In addition, it is at this level where interaction between the peer group, school and family systems take place. What happens in one micro-system, such as the home, can influence the way in which learners with HI will respond in another micro-system, for example the school; furthermore, the way in which learners with HI relate to typical peers in the classroom setting may affect relationships outside the class.

Exo-system: At this level, the system consists of settings that do not involve the developing child as an active participant. It rather concerns events that affect, or is affected, by what is happening in the setting where the developing child is contained. In this system, the environment is further from the child and has an impact on the child's development, for example, problems with the parents' work and educational policies (Bronfenbrenner, 1979). Educational policies have to be tailor-made to accommodate learners with HI. Learners with HI take English as a second language in schools. English is assessed by means of three components of which listening is one and which learners with hearing impairment cannot do due to the nature of their impairment. As a result, learners with hearing impairment do not obtain marks for that component and there is no directive in schools that guides the teachers regarding what to do in such a situation. This issue affects the learner's performance in English as a subject.

Macro-system: This level encloses the microsystem, mesosystem and exosystems. The macro-system is defined as consistencies in the form and content of lower-order systems that exist at the level of the subculture or the culture as a whole, along with any belief system or underlying ideology, such as the consistencies setting (Bronfenbrenner, 1979). Moreover, according to

Bronfenbrenner's theory, change at the level of the macro-system, including values, laws, customs and resources, affects all other levels and have an impact on learners' well-being.

Chronosystem: Finally, the ecological systems theory acknowledges that change occurs over time in the individual and the environment. For example, family structure and functions may change over time (Turnbull, Turnbull, Erwin, Soodak, & Shogren, 2010), and new frameworks for delivering support and services, such as the supports paradigm (Thompson et al., 2009), emerge. Each of these changes becomes part of the ecological system that impacts self-determination. Awareness of these factors can assist researchers and practitioners in understanding the cultural variables that shape the experiences of people with disabilities and society.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This qualitative research study explored the perceptions of caregivers regarding the psychosocial support needs of HI children at the Usko Nghaamwa Special School in the Ohangwena region of Namibia. This particular chapter discusses the methodological and logistic issues of the study in detail.

This chapter includes a description of the research design, population; sampling techniques, research instruments and data collection procedures that were employed when conducting the study. Additionally, it comprises a discussion of the methods utilised to analyses the data. The chapter will also describe ethical issues which were considered during the study.

3.2 Research design

Leedy (2013) defines a research design as a plan which provides the overall framework for collecting data for a specific research study. Furthermore, the research design is a plan for selecting subjects, research sites and data collection procedures to answer the research questions. For Durrheim (2006), the research design is a strategic framework for action that serves as a bridge between research questions and the execution, or implementation, of the research strategy.

There are many types of qualitative research. This study employed the phenomenological design. According to Gay, Mills and Airasin (2011, p. 629), “a phenomenological approach is a qualitative approach in which the researcher focuses on capturing the experience of an activity or concept from participants’ perspectives.” The phenomenological approach was appropriate for this study since the researcher intended to obtain data regarding the perspectives of teachers, parents and guardians on the psychosocial support needs of HI children at the Usko Nghaamwa

Special School. This design allowed the researcher to understand the perceptions and experiences from the teacher, parents and guardians' points of view (Cresswell, 2003; Gay, Mills & Airasin, 2011).

The study applied a qualitative approach which built social action between the researcher and the research participants to enable them to express their views and experiences (Bondy, 2013). Denzin and Lincoln (2011) and Janesick (2014) state that qualitative research involves an interpretive and naturalistic approach. "This means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them". According to several prominent qualitative scholars (Creswell 2002; Denzin & Lincoln, 2011; Pope & Mays 1995), qualitative research is intended to explore, understand and interpret social phenomena deeply within their natural settings. By employing a qualitative research methodology, researchers want to collect richer information and obtain a more detailed picture of issues, cases or events (Arora & Stoner, 2009). They want to explore the *why* and *how* of a situation, and not only the *what*, *where* and *when*. Qualitative researchers believe that the researcher's ability to interpret and make sense of what he or she sees is critical for understanding any social phenomenon; in this sense, the researcher becomes an instrument (Hatch, 2013). Qualitative researchers are interested in understanding the meaning people have constructed, that is, the way in which people make sense of their world and the experiences they have in that world (Merriam, 2009, p. 13). Some qualitative researchers believe that there is not necessarily a single ultimate truth to be discovered (Taylor & Bogdan, 1984). Instead, there may be multiple perspectives held by different individuals, with each of these perspectives having equal validity or truth (Creswell, 2003; Hatch, 2013).

The case study design was employed by utilising a qualitative approach in order to explore the perceptions of caregivers regarding the psychosocial support needs for children with HI. The qualitative study process of inquiry has the goal of understanding a social or human problem from multiple perspectives. Qualitative research is conducted in a natural setting and involves a process of building a complex and holistic picture of the phenomenon of interest. According to Yin (2014 p.16), a case study is an empirical inquiry that investigates a contemporary phenomenon within its real life context, especially when the boundaries between phenomenon and context are not clearly evident. In a case study, the researcher explores a single entity or phenomenon (the case) bounded by time and activity, for instance, a programme, events, an institution or social group, and collect detailed information by means of a variety of data collection procedures over a sustained period of a time.

The case study is a descriptive record of an individual experiences and/or behaviour kept by an outside observer. A qualitative case study examines a phenomenon within its real-life context. Data are collected on, or about, a single individual, group or event. In some cases, several cases or events may be studied. The primary purpose of a case study is to understand something that is unique to the case. Knowledge from the study is then employed to apply to other cases and contexts.

Qualitative case study methods often involve several in-depth interviews over a period of time with each case. Interviews explore the unique aspects of the case in great detail, more so than would be typical for a phenomenological interview. A case study approach has several implications for qualitative data collection and analysis. Firstly, participants and/or cases, by definition, should be selected for their unique properties. Because it is the special attributes of the case that are of interest, sample sizes are generally small, usually ranging between one and

several cases. Inquiry in these types of studies focuses largely on their defining case features and the differences they exhibit from other individuals/events in the larger population. The overall idea is to tease out what makes them so different and why. Often, knowledge gained from case studies is applied to a larger population. Fore stance, the knowledge gained from the case study of Usko Nghaamwa special it can also be applicable to a larger population.

3.3 Population

According to Gray (2009), a study population is the total number of possible units or elements that are included in the study. There are 13 educational regions in Namibia, but only the Usko Nghaamwa Special School caters for HI children's needs in the Ohangwena region. The population of this study comprised teachers teaching learners with HI at the Usko Nghaamwa Special School in the Ohangwena region of Namibia. The Usko Nghaamwa special school has a hostel.

In addition, parents or guardians of learners with HI also formed part of the population, and they participated in the study. The researcher selected the teachers and parents/guardians of the HI children to participate in the study because they were all caregivers of these children. A caregiver is any person giving care to a child in the environment. A primary caregiver is the main person who lives with the child and provides regular parenting care for the child in a home environment. This often includes family members, such as parents, foster parents, legal guardians, siblings, uncles, aunts and grandparents or close family friends. Secondary caregivers include community members and professionals, such as nurses, teachers or play-centre minders who interact with the child in the community or visit the child at home but do not necessarily live with the child (SADC, 2010). The caregivers in this study were teachers, who are the secondary caregivers, and parents, who were the primary caregivers, of HI learners. The teachers and parents of HI children

were selected to participate in the study because they were the ones who provided psychosocial support to these children in home settings (parents) and school setting (teachers).

3.4 Sample and sampling procedures

Durrheim (2006) defines sampling as the selection of research participants from an entire population. It involves decisions about which people, settings, events, behaviours and/or social processes to observe. According to Creswell (2008, p.152), a sample is a subgroup of the target population that the researcher plans to study in order to make generalisations about the target population. The standard employed in choosing participants and sites is whether they are information rich (Patton, 2002).

The aim of sampling was to select a sample that would enable the researcher to draw inferences regarding the whole population. The Usko Nghaamwa Special School was selected by means of purposive sampling. Firstly, the researcher employed judgmental/purposive and snowball sampling. Secondly, purposive sampling was used in this case because the researcher knows that the teacher will fit for the subject being investigated as they are dealing with HI children at school level and snow ball was used in this case for researcher to get hold of the parents through referral through the teachers because they knows which parents have enrolled their children's at the special school. In this case the researcher would not get hold of the parents without referral of the teachers. David and Sutton (2011) define purposive sampling as a sampling technique where the participants are selected according to the researcher's known knowledge and opinion about the participants whom he or she thinks are appropriate for the subject being investigated. In Sociology, snowball sampling is defined as a non-probability sampling technique (which includes purposive sampling) in which a researcher begins with a small population of known individuals and expands the sample by asking those initial participants to identify others that

should participate in the study (Crossman, 2020). The criteria sampling strategy was employed to select the school, teachers at the special school and parents or guardians of the learners with HI who were selected to participate in the study by means of the snowball sampling method.

Purposive sampling is a non-probability sampling technique in which the researcher implores people with specific characteristics to participate in a research study (John & Christensen, 2004). For example, in this case, the information-rich group consisted of teachers of children and parents/guardians of children with HI. Of 23 school staff members at the Usko Nghaamwa Special School, the researcher focused on 5 school educators to participate in the study. The researcher also interviewed 5 parents/guardians of children with HI who were enrolled at the Usko Nghaamwa Special School. In the case of the parents, the researcher employed the snowball sampling technique in order to find possible interviewees. The researcher employed the purposive sampling method to determine which teachers would be interviewed. Since this was a qualitative study, the sample size of 5 school educators and 5 parents was sufficient to yield in-depth information about the phenomenon being studied. The small sample of the study was in line with other scholars who stated that a small sample allows a qualitative researcher a better chance to learn about the phenomenon under study in-depth (Harry, Sturges & Klingner, 2005 in Hamunyela, 2008, p. 96).

The sample of this study consisted of 5 teachers as participants, who were teaching learners with hearing impairment at the Usko Nghaamwa Special School and 5 parents or guardians of children with HI who were schooling at the school. In total, 10 participants took part in the study. In this case, the researcher included teachers in the sample of the study because they were the secondary caretakers of the HI children when they were at school. Parents and guardians of HI children were also employed as sample to participate in the study because they were the primary

caretakers of these children when they were at home. Five teachers were selected by means of purposive sampling and 5 parents were selected by means of snowball sampling.

3.5 Research instrument

The main instruments which the researcher and interpreter employed in the collection of the data were face-to-face, semi-structured interviews. An interpreter was utilised with deaf teachers who were interviewed during the study because the researcher was not fluent in sign language. The researcher developed research interviews with open ended questions in order to gain rich and quality data from the caregivers of the HI children. In order to gather the data, the researcher made use of an interview schedule. A face-to-face interview is useful for targeting detailed perceptions, opinions and attitudes (Marshall, 2016). This face-to-face interview was conducted in person with the school educators as well as the parents of HI children at the Usko Nghaamwa Special School. The interviews with the parents were conducted in their preferred places; consequently, the interviews were conducted in different locations.

Semi-structured interviews were employed in order for the researcher to focus not only on guiding questions, but also to follow the lead of information and posing probing questions into a variety of areas during the interview, as well as to go deep into the understanding of the participants. This aided the researcher and the participants to work together “to arrive at the heart of the matter” (Tesch, 1994, p.147).

Two sets of interview data were employed to collect data. Four interviews were audio-recorded and during the other six interviews, the researcher took field notes as participants declined to be recorded. The researcher employed one interview guide for the teachers and one for the parents and guardians. Each of the interview guides comprised four sections. The first section focused on biographical information, the second on challenges faced by caregivers, the third on the ways

that the psychosocial needs for HI learners were met and the fourth section provided for the views of caregivers on special needs. The teacher interview guide is attached as Annexure 1 and the parent's as Annexure 2.

3.6 Data collection procedure

The researcher applied for ethical clearance to conduct the research study from the University of Namibia. After obtaining permission from the University of Namibia, the researcher wrote a letter to the Executive Director (ED) of the Ministry of Education, Arts and Culture, requesting permission to conduct the study in the selected special school. The researcher obtained permission from the executive Director of Education. After permission was obtained from the Executive Director, the researcher wrote another letter to the Regional Director requesting permission to conduct the study in the selected school. The permission letter from the Executive Director of Education was then forwarded to the Regional Director of Education in the region. The Regional Director also granted permission to the researcher in order to conduct a case study based on the exploration of the perceptions of the caregivers regarding the psychosocial support of the HI learners in the Usko Nghaamwa Special School. After obtaining permission from the executive and regional directors, the researcher wrote another letter requesting permission from the school principal to conduct the study in the school. A copy of the permission letter from the Executive Director of the Ministry of Education to the Regional Directors of MOAC in the Ohangwena region was appended to the school principal's letter. The researcher went to meet with the school principal after one week had lapsed. The school principal agreed for the researcher to go ahead with the collection of data. The researcher made follow-up phone calls to ensure that the letters had reached the intended people and the participants in order to gain their consent. The researcher then set dates for interviews.

The day prior to the commencement of the interviews, teachers and parents/guardians were gathered for a briefing on the procedures of the interview process by the researcher. The researcher scheduled appointments with the teachers who were willing to participate in the study. The teachers were interviewed after school in order to avoid disruption with the classes. The researcher also did the same with the parents; interview dates and appointments were scheduled with the participants. The researcher explained the purpose of the study to each participant in the study, and the letters of consent were signed by participants to indicate their willingness to participate Parents/guardians of HI children were also invited to sign consent to participate. The researcher then asked the teachers and parents for the date and time during the week that suited them to be interviewed. Some of the interviews especially with the parents were conducted during weekends. On the day of the scheduled interview, the researcher engaged in the interview process with the scheduled participants. Some of the interviews were audio recorded, specifically, four participants were audio recorded. The interviews took place when the teachers were free after school hours. This was arranged to ensure that there was no interruption of classes. The teacher and parents' responses were transcribed for later analysis.

The selections of the criteria were as follows:

- Teachers of HI children at Usko Nghaamwa Special School included a deaf assistant, the hostel matron, Life Skills teacher, school principal and teachers.
- Parents or guardians of children HI who are enrolled at the Usko Nghaamwa Special School.
- Voluntary participants, namely those who agreed to participate in the study.

3.7 Data analysis

After the data collection, the data were prepared and analysed in the eight steps of Tesch found in Creswell (2003, pp. 1992-93). Each interview was transcribed to find meaning. The eight steps of Tesch utilised to analyses the data are as follows:

- The researcher read all transcripts to acquire a sense of the whole.
- The interview with the richest narrative was selected in order to determine the essence of the interview.
- The same task was completed for several participants.
- Topics were identified, clustered together into columns and portrayed as either major topics, unique topics or others.
- With the list the researcher, revisited the data and abbreviated the topics as codes. These codes were written next to the relevant segments of the text.
- The researcher also endeavoured to find the most descriptive wording for the topics and turned those into categories by grouping together the topics that related to one another.
- The data that belonged to each category were placed together in order to perform a preliminary analysis.

3.8 Research ethics

De Vos (2011) states that research should be based on mutual trust, acceptance and cooperation promises, as well as well-accepted conventions and expectations among all parties involved. Since this study involved human subjects, the following ethical aspects were considered during the study. Firstly, the researcher gained permission, as explained earlier, from the University of Namibia to conduct the study. Secondly, access to the school was gained through obtaining permission from the Ministry of Education, Arts and Culture as well as informing the Regional

Director of Education and the school principal of the Usko Nghaamwa Special School. Thirdly, the researcher explained the purpose of the study to the participants and obtained their consent in the signing of the consent forms which were made available to those who participated in the study. The participants were also informed that participation was voluntary and that they could withdraw from the study an time. It was also explained to teachers with HI themselves who participated in the study that the researcher would make use of an interpreter because she was not fluent in sign language. In this case, the participants and interpreter both signed consent forms.

The researcher also assured participants that all collected data would be treated as confidential because no data were shared, nor no participant names were employed in reporting in order to protect their privacy. The researcher made use of codes in order to protect the identity of participants. The study was voluntary and no-one was coerced to participate; voluntary consent forms were available for the participants to sign.

Furthermore, the researcher reassured the participants that there were no wrong or right answers, but that their honest perspectives were the most desirable outcomes of the conversation. In addition, the participants were also informed about their rights to withdraw from the study at any time without any penalty. The participants were assured that the information obtained from them was only for research purposes and would be treated with confidentiality. The participants were further informed that the rights to remain anonymous would be respected. The data are stored at a safe place and will be destroyed after three years.

CHAPTER 4: RESEARCH RESULTS

4.1 Introduction

The previous chapter focused on the research methodology. It discussed the research design, population; sampling techniques, research instruments and data collection procedures that were employed when conducting the study.

This chapter will focus on the presentation and interpretation of the results of the research. The researcher will present the results according to the main research questions. The results from the data gained from the teachers will be presented first. This will be followed by the findings from the parents/guardians.

The overall aim of the study was to explore the perceptions of the caregivers regarding the psychosocial support needs of HI children by exploring the understanding and challenges faced when caring for children with hearing impairments. It assessed the caregivers' coping mechanism and their knowledge about available resources in their communities as well as the support systems available in the special school for children with HI. In addition, the views of caregivers on the value of support groups were also explored. The data were collected from the teachers and parents of Usko Nghaamwa Special School.

The following is presented in this chapter: the demographics of the care-givers (teachers and parents) interviewed; the findings from data collected from the teachers, categorised into themes and sub-themes; the findings from data collected from the parents, categorised into themes and sub-themes, as well as discussions of the findings.

4.2 Demographics data of participants

Table 1: Profile of teachers (caregivers) at the Usko Nghaamwa Special School

Teachers/ secondary caretakers	Age	Gender	Education qualification	Number of years at special school
SC11	51	Female	Diploma in Early Childhood Education	15
SC22	33	Male	Certificate in Early Childhood Education	6
SC33	44	Female	Diploma in Math and Science	8
SC44	32	Female	Diploma in Secondary Education	3
SC55	29	Female	Bachelor of Education	6

Table 1 indicates that four of the five participants were female and one was male. The participants were chosen based on their willingness to participate. The majority of the participants were female because they were the ones who agreed to take part in the study. The age of the participants ranged from 29 to 51 years. Participant SC55 had a Bachelor's degree in Education from the University of Namibia. Three participants had Diplomas, each in a different area. For example, participant SC11 had a Diploma in Early Childhood Education, Participant SC33 a Diploma in Maths and Science while Participant SC44 had a Diploma in Secondary Education. Participant SC22 had a Certificate in Early Childhood Education.

The participants had differing years of work experience, ranging from three to fifteen years. Participant SC44 had three years and Participants SC22 SC55 had six years of work experience. Participant SC33 had eight years of work experience with children with HI at the school.

Participant SC11 indicated that she was a supervisor at the school hostel. She taught pre-primary learners and was responsible for Window of Hope. She, furthermore, taught sign language to community members and had been working at the school for 15 years. She also had the most experience in working with children with HI as she had been working at the school for a long time.

Participant SC22 offered sign language training to the teachers at the school and worked as deaf assistant in the school. He also made recordings to put on YouTube for awareness regarding HI children. He added that he was also a creator/story teller for the kids at the hostel. He assisted learners with vocabulary, hostel supervisor and sign language. He, furthermore, acted as a deaf role model in the school, as well as being responsible for sport and environmental activities in the school and educating people through social media.

Participant SC33 was the hostel superintendent and assisted with Life Skills as a teacher at the special school. Participant SC44 was a teacher, administrator and facilitator of education. Participant SC55 was a teacher who gave HI learners social support, while being a member of the Environmental Club. Participants SC22, SC55 shared the same years of work experience and had been at the school for six years. Participant SC33 had been at the school for eight years and Participant SC44 for three years.

Table 2: Profile of parents with children at the Usko Nghaamwa Special School

No	Gender	Relationship with child	Level of education
P11	Female	Biological mother	Never attended school
P22	Female	Biological mother	Schooled until Grade 2
P33	Female	Guardian/aunt	Went to Polytechnic of Namibia (currently, NUST)
P44	Male	Biological father	Schooled until Grade 10
P55	Female	Mother	Never attended school

Four females and one male participated in the study and were chosen based on those who were willing to participate. The majority of the participants were female as they were the ones who agreed to take part in the study. All parents participating in the study were parents of children with HI who were enrolled at the special school. One caregiver graduated from NUST, an institution of higher learning. Some participants, such as Participants P55 and P11, indicated that they had never attended school, while Participant P44 said that he went to school until Grade 10. Participants P11, P22, P44 and P55 were the biological parents of children with HI, while Participant P33 was a guardian (aunt) of the child.

4.3 Perceptions of the teachers

Teachers of children with HI were interviewed to express their perceptions of the understanding of the psychosocial support needs of the HI children and how they viewed the support system in place at the special school. Listed below are their recorded responses.

4.3.1 Understanding of teachers of psychosocial support

The teachers responded to the following question: *In your opinion, as caregiver, to what extent do you understand the psychosocial needs of children with hearing impairments at the Usko Nghaamwa Special School?*

Participant	**Responses from participants**
SC11	I view them like other learner, we have learners that we see that they have social problem. These children need love and support. They need to be supported by paying hostel fees, clothes, stationary, toiletries and clothes. These children get support from the government, even though what they get is not enough to cater for their needs. The needs of these children are different. They are in different groups. Some are following mainstream and others children are on basic pre-vocational course skills. These children need basic needs. They also need to buy clothes. Some learners not having school uniforms. The learners need love. You find some who are short tempered and you need to give them support. Some learners have low self-esteem and some have high self-esteem. We always encourage them to not compare themselves with hearing learners. We also encourage them and motivate them to know the difference between what is right and wrong.
SC22	I see children. They need to participate; these children need a television which they do not have in schools. They also need deaf role models. Many children are interested in different activities. Due to the fact that we do not have a facility, it is a challenge for them to meet their needs. The Ministry of Education does not support the children with quality materials that are made

	specific for deaf learners and even we do not have books specific for deaf learners. Even in my class there are no carpets on the floor for the pre-primary learners. Emotional needs. They need to enjoy and to feel free. The school has no facilities or recreational facilities, the children find it boring sometimes because there are no leisure facilities, there is no enough space at the hostel and the hostel does not accommodate. The space is too small even if you want to put television for the children to watch. Financial needs. The children's are very poor. Some have no clothes and some come at school without stationery such pens, underwear and other basic needs. Majority of these children is from poor background and it is a challenge.
SC33	I feel that these children need to be motivated and to be advised to always think positively and not to think too much about problems. Building up their confident, motivating them to stay focused. When it comes to financial needs, we have a challenge. We need educational project to support these learners such dictionary, hard drive, CD including storyteller, teaching ideas and some resources that are suitable for deaf learners. Some of the parents do not support the learners, for instance, you will find learners at school hostel without cosmetics such deodorants, toothbrush, etc. and lack of parental involvements in their educational support and basic needs. These children cannot socialise with others in communities because other does not how to use sign language. There is a lot of imbalance between the community and the school.
SC44	This type of kids those are special. They get little help either from the side of

	the parents; some parents do not understand these children. They feel like these children are not like others. You will find some of the children coming to the hostel without foods, sanitary pads and they are supposed to get these things from the parents. Sometimes, us teachers, we do not have training on sign language. We came from mainstream schools and we are not familiar with their culture. Sometimes, the kids have deaf culture which is not easy. The Ministry effort to support these children is not good, looking at the structure the schools.
SC55	When it comes to psychosocial needs, the learners need love, because some of them coming from home, they are neglected by their parents and their parents need to regard them as their daughter or as their sons. When it comes to financial support, they need support. They get a grant from the government which is not enough. When they come to meeting their needs, you find some of the coming to school without casual school uniforms or casual clothes. When it comes to emotional support, these children do not even know their birthday. It is us, the teachers, who makes birthday party for them in their birthday, to make them feel part of the community.

The responses in the table above show the secondary caregivers/teachers' understanding of the psychosocial needs. Most of them highlighted that most of these children were neglected by their parents in the sense that most of them came to schools without their basic necessities, such as a school uniform, deodorant, sanitary pads and food. Some teachers highlighted that these children felt left out when it came to emotional support. They also indicated that, when it came to financial needs, the social grant that the children received from the government was not

sufficient to meet their needs. Some participants indicated that, when it came to emotional needs, it was difficult for these children to socialise with others in the community, because other children did not know how to communicate by means of sign language.

In addition, the participants also indicated that the school had no recreational facilities and sometimes the children felt bored as there was not even TV at the hostel. These children could not socialise with others in communities because others did not know how to use sign language. There was much imbalance between the community and the school.

4.3.2 Challenges experienced by the teachers

To establish the challenges that teachers experienced when addressing the psychosocial support needs for children suffering from HI problems, the teachers were asked to answer the following question: *What type of challenges does the teacher experience in addressing the psychosocial support needs of children suffering from hearing impairment problems?*

Participants	**Responses from participants**
SC11	The challenge is communication barriers. For you to be able to give care to the children, you need to know how to communicate with them. You need to understand their needs and their language. With this learner, some of them have short term memories when you tell them/teach them and ask them something in the same day, they will not remember what you taught them. Another challenge is time. This learner needs times. When you teaching them, you are tackling individual who need special attention and it time is consuming.
SC22	When the learners are new, coming for the 1st time, it is always difficulty for me to deliver to them because it is the first time. Another challenge we experience at

	the school, we need orientation for the class for the learner to acquire language before coming to pre-primary because if the children had orientation, it will be easier for me to teach them. Learner coming for the first time, they struggle. They need to teach them identity. They do not have a knowledge of who they are, what language they speak and some of them they do not even have the knowledge on what is school and they do not even know how to express themselves. There are language barriers that hinder these children to associate with others.
SC33	These children are being violated at home and then they start misbehaving when they come to the hostel. These children hide their feelings. Some cannot even express themselves and some are arguing that their parents are not supportive. It is a challenge. I always advise the parents when they come to parents meeting and solve the problem. Another challenge is sometimes we receive teachers who have no knowledge of sign language. Teachers appointed without expertise of sign language. Another challenge is inadequate time to support the teachers with the sign and we only have two deaf assistant assisting at the school and most of the teacher prefer working with one. We experience a challenge of the learners throwing away their books because they do not understand the subject. Some parents are not supportive with children school stationery. Some parents did not teach their children discipline.
SC44	We have a lot of challenges. We inform parents to take care of the children but you will still find children coming to school without their needs met. Communication is also a challenge as we are not trained on sign language. Sometimes it is hard to explain the signs to the children as we also do not know

	some of them. Accommodation facility we have four dormitories, two for boys and two for girls. The dormitory is build up as one room and not divided. Then you will find a 19 years old boy living with 6 years old. The young one grows up seeing the bigger one discussing their things. The kitchen and dining hall it cannot cater for our needs as the space is too small and we have no cooler in the kitchen. The one we have is too small. Accommodation for hostel matron is supposed to be in the hostel itself in order for them to supervise the children even through the night. The toilets are built outside, and it is not safe for the children to go outside during the night. Kids help themselves in bucket to avoid moving during the night.
SC55	We experience a lot of challenges. Learner cannot even express themselves, for instance, you find them, even if they are hurt or harassed, you will still find them smiling but this is all due to lack of language. They do not understand what feelings are. Some tends to be aggressive and fights, especially when they are coming to school for the first time. These children also come to school without the necessity needs that are required. Some children cannot even play with others; they cannot socialise with others because they were not exposed to.

The responses in the table above show that most participants indicated that they experienced challenges with communication/language barriers. Two of the participants indicated that they were not trained in sign language. Participant SC22 indicated that it was a challenge to start from scratch as most of these children came to school without the knowledge of schooling, and they did not even know who they were. They did not know their identity when they came to pre-

primary. Participant SC55 indicated that these children did not know how to express themselves. Even when they were hurt, they did not show any emotion. Another challenge was insufficient space at the hostel. Most participants reiterated that the parents of these children were not supportive.

4.3.3 Information, education and communication

To understand what the special school did to educate the parents regarding the psychosocial support needs, they were asked the following question: *What forms of information, education and communication are in place at the school to inform or educate parents about the following: addressing psychological difficulties, emotional and educational needs and myths/beliefs about deafness/hearing impairment?*

Participants	**Responses from participants**
SC11	The school call parents meeting. They come as a group. If we found out that there is a learner who needs psychosocial need, we call the parent to the school and address the problem with the parents. We also invite community members to educate them on how to deal with this learner. As you will find, people asking how do you deal with this learners. Those people are like mad people. We educate the community members on sign language. We inform them and educate them about the perceptions that they have about them, address the misunderstanding and miscommunication. If a child gets depressed, we call in the parents to deal with such learner.
SC22	Yes, the school has. If we experience psychological difficulties, the school informs the region and the parents. We also involve them during parents

	meetings to discuss issues. Sometimes it is the parent that informs us about the children behaviour. They come to the school and ask for assistance from the teacher if they are experiencing a problem.
SC33	We have a programme, the Life Skills subject, to help the learner, especially when they are angry. This subject helps learners to improve their psychological problem. The school also invites parents to come to the school when they encounter a problem with the learner, and parents are always involved in such times. Parents always come to the school when they are experiencing difficulties, such stubborn and lack of concentration from these children. The school inform telephonically or send them letters. We also organise a day in the school where by the teachers talk to the learners by sharing information, for example, information on reproductive health as boys and girls are getting involved in sexual activities. So we talk to them in a group, by giving them information on health sex education. We also meet with the learners at the hostel every Wednesday to talk to them. The school also introduced pre-voc academic for learners, because parents believed that this learners cannot achieve anything in their life. So the school decided to do pre-voc training for the learners and the training offered is as such physical education, life skills, basic communications, basic numeric, ICT, bricklaying and building.
SC44	We have classes on Saturday to give basic sign language to the community members and even the parents are informed. The challenge we have is that parents are from far areas. During holiday we tried for parents to come for

	classes but it did not work because of accommodation. If the MOAC can provide parents with food and accommodation, they might come. The kids get stressed because of communication as children get bored when they go on holiday, as they have no one to communicate with in sign language when they are at home. The parents attend parents' meeting and then we give them information concerning their children.
SC55	Not really. We do not really have a programme. We only educate the parents through parents' meeting. We encourage them to accept the deaf learners as they are. We encourage them to support the learners and buy them materials to meet their needs.

Based on the Table of responses above, Participants SC11, SC22 and SC55 indicated that the special school utilised parents' meetings as a platform to educate the parents and share information with them when it came to children with HI. Participant SC33 indicated that the school had a life skills programme which assisted learners to address their anger problems. Participant SC44 indicated that they offered basic sign language classes to the parents and community members who were interested in learning, although they experienced the challenge of low attendance due to a lack of accommodation as parents were from far regions.

4.3.4 Psychological difficulties

To investigate the psychological difficulties presented by learners at the special school, the teachers were asked to answer the following question: *What psychological difficulties do learners at your school present?*

Participants	Responses from participants
SC11	We do have some learners that experience stress, depression and problems at home. We have a counselling committee at the school that gives counselling to those learners and also involves their parents in those sessions. We also refer to social worker Ministry of Gender, Poverty Eradication and Social Welfare but, so far, we have never come to the point of referring them, as most cases are dealt with within the school.
SC22	We experience psychological difficult as such some learner lack concentration in class. Sometimes learners come from home stressed. In the past, we had one that was trying to hang himself and then we reported the matter to the school principal and then the parents were also informed. We also advised each other to always stay close to him and then, until we were assured that he is coping again, the stress is gone. Some children are abused at home and some end up being accused of doing things that they did not do due to language barriers and then this lead to children coming at school stressed from home.
SC33	Some learners experience stress when informed about the test and end up copying from others during the test in the class. At the hostel there is a challenge. You will find some learner who cannot even socialise with others. Instead, they start fighting with other children when they want to play with others. Sometimes you will talk to the child and they are not even responding. Learners become stressed when their parents are not visiting them at the hostel. This contributes to children failing and their performance is low. And for the learners that are visited by their parents, their academic performance is fine. It is

	very important for the parents to be involved in the life of the children. Some children start misbehaving when others are visited and they even starts throwing tantrum. Lack of parental involvement is troubling the learners. We have parents who bought mosquito net for their children and other kids who were not given, started tearing up other children nets. Some learners are molesting others at the hostel. I think the child have copied it from home or exposed at home and end up molesting others.
SC44	For this children, the pace of learning is too slow and you cannot cover a lot of topics them. Some of the words they do not even have sign for sign language as a sign itself. Because the kids are expected to write in English and it makes it difficult for them to write. In most cases it is difficult to read their things. We also met one with suicidal behaviour and the problems at home. The kids also have tendency of bullying each other and insults or calling each other difficulties words. They are also steal others children things.
SC55	Some children tend to be aggressive. I think we experienced some difficulties whereby some learners wanted to commit suicide because they lost their hearing. Even the parents at home did not know what to do. I think he was referred to the social worker MOHSS and he is coping now. They are also experiencing psychological difficulties whereby you will find some learners gossiping about others and this cause lack of concentration in their school work.

According to the table of responses above, most of these children are experiencing psychological difficulties, either at school or some from home. Participants SC44 and SC55 mentioned that one

of the psychological difficulties that were experienced was a suicide attempt by one of their learners. They involved the parents of the child in order to help to resolve the matter. Participant SC11 mentioned that the children experienced stress, depression and some problems at home. Participants SC22 and SC33 indicated that these children were most stressed by their tests, and they lacked concentration. Participant SC33 reported that most of these children experienced psychological difficulties because they did not like socialising with other children. Some children misbehaved due to the absence of parental visits while they were at the hostel, and some children were not responding when being talked to. Participant SC44 highlighted that these children had a tendency to bully and insult others, and their learning pace was slow.

4.3.5 Type of psychosocial support in place at the school

In order to understand the type of psychosocial support in place at the school, the researcher asked the teachers to answer the following question: *What type of psychosocial support to prepare the learners regarding their emotional, psychological, health, social and educational needs is in place at the school?*

Participants	**Responses from participants**
SC11	The learners are given more support by their teachers, especially the ones in pre-primary Grade. They feel more comfortable. They also have Life Skills teacher for support. Financial, the government supports these learners and they also receive done from CLATCH. They support the vulnerable and give them funds to cover their basic needs.
SC22	We have a Life Skills teacher in the school who attend to the psychosocial problems of these children.

SC33	The school has a Life skills teacher that attends to the needs of these learners.
SC44	The school celebrates deaf awareness day in the school, always done, as from 17-20 September every year. NAND helps encourage learners to accept who they are. We also received donor such foods from the governor. There is also FAWENA that helps learner with sanitary pads, cosmetics and school uniforms. Red cross volunteer, they come to the school and play with children and train them for netball and soccer. In the pasts, the children also received sweets and biscuits from former president Hifikepunye Pohamba. The deaf assistant for the teachers are always asked to attend if there is an event.
SC55	The school has a school counsellor and we also involve parents of these children when it comes to addressing the children needs.

According to the table of responses above, participants highlighted that they received assistance from other stakeholders, such as donors, to assist with meeting the psychosocial needs of learners. Organisations, such as the Red Cross, also provided volunteers who came to play with the children and train them for sport activities, such as netball and soccer. Participants SC22, SC33 and SC55 said that the school had a Life Skills teacher who assisted in addressing the psychosocial needs of the children with HI. Participant SC44 mentioned that organisations, such as FAWENA, assisted learners with sanitary pads, cosmetics and school uniforms, and NAND also assisted in motivating learners to accept who they were.

4.3.6 Recommendations by the teachers

To establish what recommendations teachers had to address the psychosocial needs of the children, the researcher asked them the following question: *Do you have any recommendations*

for teachers, parents, children and stakeholders to address the psychosocial needs of hearing impaired children?

Participants	**Responses from participants**
SC11	Yes, I do. As a parent, teacher and stakeholders, let us take this learner as they are and offer them the support they need, where they can assist. Let us not discriminate against them. We must treat them equally and fair like hearing learners.
SC22	I think parents needs to have WhatsApp groups to discuss the matters, to discuss matters on how to support the learners. I can help the parents with the sign language because language barrier is contributing to a lot of psychological difficulties. It is very important to teach the parents how to communicate with children in order to attend to their psychosocial needs. Children need to be motivated by giving them different activities, e.g. sport activities, fun games, for them to get rid of stress in the school environment. If the children did something wrong, the regional office need to be involved to see how the children are behaving. The regional office does not know how to handle the deaf learners. Even if we have a teacher counsellor, sometimes the problem will not be solved due to language barrier. All the services have language barriers to attend to the needs of these children. In the hospital the nurses have basic of sign language, but I do not think it is enough. Services, such as hospital and police stations and community services, they have language barriers hindering deaf learner from getting the services, even if they find themselves in challenges such financial and emotional needs. All services are having barriers to meet the needs and every

	office needs to at least one deaf assistance to assist the professional to attend to this children's needs.
SC33	The Regional office needs to organise a workshop on how to attend to the psychosocial problems. We need a voluntary social worker who will always come to the school and listen to the social problems in the school. We do not have a teacher counsellor based at the school; therefore, we are recommending getting a teacher counsellor based at the school. Other country, such South Africa, they have their own teacher counsellor for children with hearing impairment, based within the school. Parents need to visits social workers because some parents are going through psychological problems when handling these children. We also have some staff members who have problems in the school. Ministry of Gender, they need to really do more research on deaf learners because their needs are in demand and the social grant that the children are getting from the Ministry is not even enough. Ministry of Gender need to support these learners financial. The office of the Prime Minister, MOHSS and MGEPESW, to collaborate and work in hand to support the school. NADD also need to attend to the needs and to the challenges of the deaf learners and also fight for human rights for the deaf learners.
SC44	The problem is communication and parental involvement because some parents do not discipline their children at home. Some parents feel like these children cannot work. They are just given food. Parents need to treat these children like other children. Teachers need to treat this children equal. Ministry of Education need to give under core in-services training. We were not trained on special

	educations. It is just something we acquired/learned. In-services training for teachers at special school, e.g. sign language and deaf culture, for us to communicate effectively with them. For the MOAC to consider adding other course pre-vocation course, e.g. like carpenter, hairdresser and hospitality, so that the kids cannot only focus on academic but also on getting vocational skills. The school needs to be advanced in order to be able to accommodate children with all different special needs because we find some parents bringing children with Down's syndrome and blind children but the school only caters for children with hearing impairment needs. Therefore, Ohangwena region needs to have a school that cater for children with different needs. The school is supposed to have a clinic inside to avoid taking them out for health related. In most cases the hostel matron takes the kids to the hostel and leaves the kids not attended to. We only have two matrons and the school is supposed to have at least four matrons in order for them to work on shifts. Teachers at special school, we also need a grant or remote area allowance for the school to attract teachers to stay with the special school. The special school needs to come up with rules, such at least a teacher should stay at the school for three years before they transfer to another school. The Directorate of Education needs to know and understand how the school is operating, even to visit the school on occasionally basis and observe or see how the children are coping. We do not have enough supervisors for the kid. The kids can be running up and down for the whole day and it is not easy.
SC55	Well I have. We really need a professional counsellor who understand the deaf learners because, us teacher, we do not have skills on how to give counselling to

	the learners. Of course we can support them but we do not have enough skills on counselling. Someone needs to be placed at school or a Life Skills with enough skills on how to deal with the children. Such, school needs to have a deaf assistant to assist because this children experience a lot of challenges, especially when they are at home. So, I recommend for a deaf assistant to be placed at the school or, maybe at the hospital. I think we need to create a support group for the parents for them to come and discuss the challenges that the learners that are going through because there are learners that you can see that they are going through problems, kind of a WhatsApp group for parents and teachers. Because one parents even reported that the children have started engaging in sexual behaviours and alcohol abuse. Therefore, we need a support group for the parents.

Based on the table of responses above, Participant SC11 said that these children should be treated equally and no-one should discriminate against them. They should just be treated like hearing learners. Participants SC22 and SC55 stated that the school needed to create a WhatsApp group platform that could support the parents of children with hearing loss. Participant SC44 said that the MOAC needed to provide core in-service training for special education to the teachers because some of them were not trained in special education. Furthermore, the MOAC needed to consider adding courses, such as hairdressing, hospitality and carpentry, to those pre-vocation courses that were already available at the special school. The region needed to build a school that could accommodate children with different special needs or upgrade the Usko Nghaamwa Special Schools to accommodate learners with different specials needs, rather than just focusing

on children with HI. Participant SC55 indicated that they also needed a professional counsellor to attend to the needs of children with HI. The teachers felt that they could support the children but did not have sufficient skills, especially when it came to the counselling part, as these children required much support**.**

4.3.7 Coping mechanism of teachers

For the researcher to understand the teachers' coping mechanisms, they were asked the following question: *What kind of support that enhances the coping mechanism for teachers of HI children is in place at the Usko Nghaamwa Special School?*

Participants	**Response from participants**
SC11	If the school finds out there is someone stressed, there is a teacher counsellor. The school also asks the directorate of education to help them.
SC22	We do not have a support programme in the school. I only solve it myself. We are used to the learners' emotional behaviours. It is not really affecting us because we took it normal.
SC33	In most cases the principal encouragement and encouragement from colleagues. There is no peer support group for the teachers in the school.
SC44	We have a teacher counsellor and counselling committee in place that supports the teacher who are experiencing problems.
SC55	No we do not have any support group to assist us. We only cope on our own.

Based on the table of responses above, all participants indicated that they did not have any peer support group in the community, and mostly coped on their own. Participant SC22 indicated that

she solved her problems herself. Participant SC33 stated that, in most cases, the school principal and other colleagues encouraged them to cope. Participant SC44 indicated that they had a counselling committee in the school, and Participant SC55 indicated that she only coped on her own.

4.3.8 Views of teachers regarding the support in place at the school

In order for the researcher to understand the support in place at the school, the researcher asked the teachers to answer the following question: *How do you view the support in place at the school?*

Participants	**Response from participants**
SC11	The support is good and I am happy with it.
SC22	The school receives support, especially at the hostel, but the school does not have a hall. We also receive support from CLUTCH, a non-profit organisation. It supports us financial in order to buy the learners needs, such cosmetics and school uniform. We also receive donation from FAWENA. They support the girls with sanitary pads and they also give information on teenage pregnancy to the learner. We also have NAPPA. They also provide our learners with information on teenage pregnancy, sexually health and reproductive health to all learners. The media, such NEWERA, coming to visit our school and see how we are progressing, and them also provided our learners with sanitary pads. Bank Windhoek also made a donation for the learners at the hostel and provided us with the pots at the kitchen. NAMDEB also donated mattress for the learners. Tema pharmacy also provided the school with toothbrush, blankets and school

	uniforms. The school organises the end of the year function for the learner sometimes. Standard Bank also organised a fun day for these learners. The volunteers from German, they also come to the school and train the learners on different sport activities, such netball court. The learners also participate in the environmental activities and they visit different places and attend conferences to exhibit their talents. They also attend winter deaf sport tournament for the deaf learners and they practise different activities, like Mr/Miss Deaf, and do some quiz. The learners are interested in dancing but due to lack of speakers.
SC33	Well, I think the support is not enough as we need many facilities in the school, such the school needs a hall and the hostel capacity is small to accommodate a lot of learners. We need support, such as clinic for deaf, so that they cannot travel because the community do not hear them or do not understand them and the clinic need to have a social worker. The school needs more development, for instance, some of the classes are made out of corrugated zinc/shacks which are not conducive for the deaf learners. We also need other deaf assistant teacher, because the school only has two, and I think they are not enough to support the teachers and learners.
SC44	The support is good because the school is doing it is best. When there is out-weekend and holidays we inform the parents to pick up their children but sometimes the kids are not being picked up. The matron ends up staying at the school with the children to supervise/take care of them. The school ends up using up the hostel development fund to buy foods for the kids for them to stay at the hostel. If they are many, we talk to the kitchen so they operate, even if it is

	holiday.
SC55	The children are receiving support from organisation that support, that advocate, for deaf learners. Resources from CLATCH and funds, and we also get donors. Outside community come and provide our schools with clothes, sanitary pads. Those support, I am not saying, are enough. Community members need to come and find out what the challenges we are experiencing in order for us to meet the needs of these children.

Based on the table of responses, the support in place at the school is good, according to Participant SC11. Participant SC22 highlighted that the school was also supported well by organisations, such as FAWENA, CLATCH and others. Participant SC33 stated that the support was not adequate, as they needed many facilities, such as a hall, at the school. The hostel was too small to accommodate all the learners. Participant SC33 also added that the school needed a clinic to address health-related matters for these children. Furthermore, the school needed more deaf assistants as there were only two deaf assistants who could not attend to all the needs of these children. Participant SC44 indicated that the school was doing its best because it ended-up with children who had nowhere to go during the holidays and over weekends; however, the school would just support these children and let them stay for the holidays when their parents did not come to fetch them. Participant SC55 stated that the community needed to assist these children because they needed much special attention.

4.4 Perceptions of parents

Parents of children with hearing impairment were interviewed to express their perceptions regarding their understanding of the psychosocial support needs of their children, as well as the

way in which they view the support in place at the special school. Listed below are their recorded responses.

4.4.1 Understanding of psychosocial support by parents

To understand the perception of parents regarding the psychosocial support needs of children with HI at the special school, the parents were posed the following question: *In your opinion, as caregivers, to what extent do you understand the psychosocial needs of children with hearing impairment at the Usko Nghaamwa Special School?*

Participants	**Responses from participants**
P11	I understand it so well because I take this child like all the other children; therefore, I understand the child needs. And the care that I give to the child with hearing difficulty is the same as a child with no hearing problem.
P22	I understand the needs better and I also feels that it is a challenging thing because when it comes to assistance as the child suffer from hearing impairment and you, as a caretaker, you don't know sign language that the children communicate. Sometimes you just do not understand the child at all. Sometime the child will even start crying because she knows that you do not understand what is communicating to you. I just feel it's a challenge to meet the needs of these children because even when the child is starting in kindergarten, she is already at the hostel in order for her needs to be met.
P33	For me the child with disability and the child not with disability among my children's there is no difference among them. All the assistance, when it comes to the basic needs, I help them equally and the same. I only differentiate when it

	comes to the needs if they want different need that is when I differentiate.
P44	My understanding as caregiver because I am the one living with the child and the one who takes care of the needs of the child at home and school. They need help, especially when it comes to educational needs. Mostly when it comes to communication for us to understand their feelings and we also need support on basic training for the caregivers to be able to assist the children while they are at home but not only when the children are at school. When it comes to education, is good because we have a special school that is available in the community so their educational needs are met and when it comes to financial needs the children also get assistance from the government.
P55	My understanding on the psychosocial support of hearing impaired children is very little and I do not have enough information on how to handle a child with special needs. In most cases I ask my child to write and then other children at home will read for me to understand what my daughter is trying to communicate with me. The most difficulty thing is language barrier. Sometimes you want to help this child and sometimes you can see that the mood of your child is very low and you don't know the sign language, so you communicate with her and sometime you will fail to provide psychological support to her.

Based on the table of responses, the understanding of some the parents' regarding the psychosocial needs of their children is very little because it is hindered by communication barriers. Some parents, as caregivers, raised their child as a normal hearing child who is at home, and that made life easier for them to meet the needs of the child. This is supported by the

statement of Participant P33. Some parents felt they had very little knowledge of understanding the psychosocial needs of children with HI.

4.4.2 Knowledge of handling a child with HI

For the researcher to understand whether parents know how to handle a child with hearing difficulties, they were asked to answer the following question: *Do you feel that, as a parent, you know how to deal with a child with hearing difficulties?*

Participants	**Responses from participant**
P11	No, because I feel like I do not have enough knowledge on how to handle my child. This child needs much comfort, love and care. I feel like I need training on how to meet the needs of these children.
P22	No, because I do not understand the language that the child uses, so there is communication problem and that is the major problem. It is the most difficult part for me to handle a child with special needs.
P33	Yes, I only have little knowledge about it because I was not given training on sign language. I am just luck because my child just grew up with me. Ever, since he was a child, he has just been living with me until to date. The communications that we do, I have not observed any problems/difficulty with it until to date. If my child is communicating in sign language and I do not understand, I ask him to write. I also send him out to do activities but he does them. I really do not have a problem but there is only challenge that is there is that me I do not know sign language.
P44	Yes, because most the time is with the child when the child is at home and this

	made it easier for me to see how I will help the child. Because even when the child started school at that special school we took the child because we realised that this child with special needs and then we enrolled the child at the special school. I also learned how to communicate with the child in order for me to see how I will assist the child.
P55	I only have few skills on how to handle this child. For me I feel like more need to be done.

The responses in the table above show that the parents felt as if they lacked skills regarding the way to handle a child with hearing difficulties because they had never received any training. This is supported by Participants P11 and P22. Participants P33, P44 and P55 felt that they had very few skills regarding the way to handle a child with hearing difficulties because they had been living with this child from birth; therefore, they had learned on their own to handle their child with hearing difficulties. However, they also encountered challenges, such as communication barriers.

4.4.3 Challenges experienced by parents

In order for the researcher to understand the challenges experienced by the parents when dealing with children suffering from hearing loss, they were asked to answer the following question: *What challenges do parents experience when addressing the psychosocial needs of HI children?*

Participants	**Responses from participants**
P11	The challenge that I have experienced is communication barrier, especial when the child is at school. Poor communication when the child is at school and they

	want something.
P22	When it comes to education, there is a big challenge because I feel that Namibia have scare University/institution of disabled children and this institution you will only find them in far towns, such Windhoek. Last year Usko Nghaamwa Special School came up with pre-vocational training, and I am very grateful because especial when it comes to my child was at Eluwa Special School and when he moved to Usko, he was failing school subjects and, when he went to pre-voc training, he was passing so well. Pre-vocational assist with plumbing, bricklaying and my child is progressing because currently he is doing his practice.
P33	The challenge that we meet is communication and sometimes the child does not even know how to write, so it a challenge. Another challenge is that these children are getting social grant from the government which is a 250 and it is too little for us as a caregiver to meet the needs of this children.
P44	The only challenge that we meet is language barrier especial now the children are gone at school; when she is coming home, the way we communicate with the child is different from the way it is done at school. Sometimes the communication is not clear as know the child learned sign language and us at home we do not know the language.
P55	The challenges that I have experienced is that this children are receiving financial support from the government but, for me as a caregiver, I feel this grant is too less to sustain the needs of this children. The social grant cannot meet all the basic needs as required. Such it is not enough to buy materials such books, rulers, shoes, clothes including school uniforms.

Based on responses as shown in the table, most participants experienced a challenge with communication. There are communication and language barriers. This statement is supported by Participants P11, P33 and P44. Participant 22 indicated that there was a challenge to the educational needs of these children when it came to universities/higher institutions as there were not many universities in the region. Participant P55 indicated that financial needs were a challenge as the grant they received was not sufficient to sustain the needs of the children with HI.

4.4.4 Coping mechanism for the parents

In order to understand the coping mechanism of parents, the researcher asked the parents to answer the following question: *How do you cope with those challenges that you experience when providing in the psychosocial support needs for your child with HI at Usko Nghaamwa Special School?*

Participants	**Responses from participant**
P11	I cope so well all by myself because I manage to learn tips on how to assist the child with HI children. I do not find myself stressed at all in most cases.
P22	We just try to understand the child; we try with all what we have, especially at home. Other children get what the child is trying to say although they do not know how to communicate in sign language."
P33	If we meet challenges when it comes to our children the best way out is when you communicate with the teachers. Because I can remember there was time I was having a challenge to communicate with the child and the teachers assisted me

	with the card of alphabets and numbers which I use to communicate with the child to understand his needs.
P44	We try to seek assistance such we bought books related to deaf in order for us to educate and learn about deaf children. Even when the child comes for a holiday, she also shows us how the words are signed and we learn. We also go to the school to get assistance from the school and I also have a programme that has to do with environmental things in the special school and this programme is specifically for the deaf children and it also helps me to understand the behaviours of this children and learning how to communicate with this children.
P55	Normal, when I get help from others at home if I find myself in a situation whereby I am stressed and do not understand what the child is trying to communicate to me as a caretaker. Therefore, I share my feelings with others at home and I also communicate with the school if there is any concern.

According to responses on the table above, most participants indicated that they just coped on their own. A few would ask for help from teachers and family members to assist them with coping mechanism.

4.4.5 Peer support group in the community

In order to establish whether there was a peer support group in the community, the parents were asked to answer this question: *Do you know of any peer support group in the community that could enhance the coping mechanisms of parents taking care of children with hearing loss?*

Participants	**Responses from participants**

P11	No, we do not have any peer support group in the community. I am not aware of any support group in the community, but in my understanding we need one of our own within our areas.
P22	No, we do not have a peer support group in the community, maybe if there is not in our area.
P33	No, we do not have a peer support group in the community.
P44	For us, the parents that are in Eenhana, we sometimes meet with other parents to see how we will meet the needs of our children. We came up with the garden in order for the children to learn to skills on gardening rather than focusing only on schooling. No, the parents are from different far areas, so it is difficult for us to meet up.
P55	No, we do not have any peer support group in the community. But we need one to support each other on how to deal with a child that is suffering from hearing loss.

According to the responses in the table above, all of the participants indicated that there was no peer support group for parents in the community. Each individual just coped on his or her own or would seek help from the teachers.

4.5.6 View of parents on support in place at the school

In order to understand the view of parents regarding the support in place at the school, the researcher asked the participants to answer the following question: *How do you view the support in place at the special school?*

Participants	**Responses from participants**

P11	I appreciate the efforts by the special school, because if there was not such a school in the region, then it means our children will be left behind. But now our children are going to school like all the other children.
P22	The support from the school is very good one, because even, when you take your children things at the school, the children are take care of because even when their foods get finished, the school will inform me as a parents. They support the children very well and your child will go to the hostel and comes back with the same things that she went with at the hostel. Nothing will be missing.
P33	The support from the school is good, and this is based on the level of the school. The school is at a low level but, when it comes to the support, is good. They are trying their level best to assist our children although the school needs to be elevated to a better level.
P44	I think it is better but I am concern when it comes at the hostel because the hostel is always too full. The children are a lot in one place, but these children need special care. For instance, you will find 30/40 children in one room and they are being taken care of by one person and it is not easy. At least 3 or 4 children being taken care of by one person is understandable. When it comes to the classes the children are not overcrowded in the classes. At the hostel there is no enough support. I think the government did not recruit enough caretakers because this child requires a lot of special care and they only have two supervisors, one supervisor who is supervising the male and the other one is supervising the female children.
P55	I think the schoo1 is doing its best as long as the educational needs of this

	children are attended to; therefore, I think the school is doing it is best to help this children.

The response in the table above show that participant P11 viewed the support by the school as good because she believes that, if there were no special school in the region as such, it would mean that their children would be left behind. Participant P22 indicated that the children were well taken care of because even their possessions were not getting lost. Participant P33 said that the school was really trying its best to meet their children's needs. Participant 44 indicated that the hostel was overcrowded and there were not enough supervisors, as one had to consider that these children required special care; therefore, the MOE needed to recruit more caregivers. Participant P55 indicated that the school was doing its best as far as the educational needs of the children were concerned.

4.4.7 Opinion on psychosocial support offered at town, regional and national level

In order to understand their opinion regarding the psychosocial support services offered to learners with hearing loss, the researcher asked the parents to answer the following question: *What is your opinion regarding the psychosocial support services offered to HI learners in your town, region and Namibia in general?*

Participants	**Responses from participants**
P11	As a caregiver, I just want the government to consider the aspect of increasing the amount of money that the children are receiving for their disability grant and that is at Namibian level.
P22	I think, when it come to the needs of this children, I am suggesting that even the

	books of the children, the school should be responsible for providing books to the children but not for us as parents to buy books for the children and I am also suggesting that if the school have some classes they should inform us about it in order for us to receive the training.
P33	When it comes to Namibia, town, region, centre and villages, my focus is on region level. Needs to comes up with a fund and I suggest each constituency should have a focal person who is responsible for taking care of our children and he/she should be the advocator of the children with special needs in order to meet their needs. This focal person will be able to address our needs and must be communicating our problems at the region so that in future we cannot just find our children at home without doing anything in their lives.
P44	In my opinion, when it comes to constituency level, I do not think there is any other support except financial needs/grant that is given by the government. When it comes to the needs of this children, there is no programmes that target their emotional needs for the people to gain awareness or understanding about a child with hearing difficulties even if the child find him/herself in emotional problems. In society when we grew up, a person discriminating the HI by calling them words such “Omupulupulu”. Even at regional level, I feel it is the same situation. Other regions do not have special schools for HI children. You will only find this type of schools in few areas/region such Ohangwena, Okavango and Oshana region. Those are among the few that I know of but when you look at other regions, they do not have special schools of such. Namibia level, when I follow the storyline, people still needs more awareness on children with special needs.

P55	As a caregiver of a child with HI, I think the region need to do a lot of things when it comes to the psychosocial support needs of HI children, such the school needs to have a clinic just like Eluwa Special School in order to meet the health needs of these children. However, the region needs to come up with the fund of helping the children with this type of disability.

According to responses in the table above, Participant P11 indicated that the government needed to increase the disability grant because it was too small to meet the needs of HI children. Participant P22 said that the school needed to inform the parents about sign language lesson should such courses be available. Participant P33 said that, at regional level, they needed to come up with funds and select a focal person who could advocate for the children with HI. Furthermore, they should be in touch with the parents. Participant P44 said that, when it came to the constituency level, there should be programmes that target the emotional needs of children with HI and caregivers needed to be trained in ways to take care of children with HI. Participant P55 argued that the school needed a clinic to meet any health-related matters of children with HI.

4.4.8 Training for the parents

In order to understand whether parents received any training in handling a child with hearing loss, the participants were asked to answer the following question: *Have you received any training or guidance with respect to dealing with a child with hearing difficulties? If yes, please elaborate.*

Participants	**Responses from participants**
P11	There is training on basic sign language for community members offered by the

	special school but I have never attended the training.
P22	No, I have never received training or any guidance. I just stayed with this child like all the other children but I realised that this child is different from the other children.
P33	No, I have never received training or any guidance regarding taking care of this child.
P44	Yes, I have received basic training whereby you just go to the special school to be guided on how to handle the child and how the child is taken care of. When the child was small there was a an organisation called CLUTCH which use to come and visit us and gives information on how to take care of the child suffering from hearing loss.
P55	No, I have never received training. I just learned how to communicate with my child on my own.

The responses in the table above show that Participant P11 had never received any training but was aware of the training programmes available at the school. Participants P22, P33 and P55 had never received any training regarding taking care of a child with hearing difficulties. Participant P44 had received basic training from the special school to be guided in ways to handle the child and the ways in which the child should be taken care of. When the child was young, there was an organisation, called CLUTCH, which visited them and gave information on how to take care of a child suffering from hearing loss.

4.4.9 Child interaction with others at school and home

To understand the way in which the child connected with others at home and school, the researcher asked the parents to answer the following question: *Does your child play with others at home and school?*

Participants	Responses from participants
P11	Yes, my child plays with others at school and at home.
P22	Yes, the child plays well with other children. Sometimes, when the child comes for holiday to me, I am staying alone. The child will demand to go the village so he goes and play with the other children.
P33	Yes, the child plays with others at school and at home.
P44	Yes, the child plays with others at home and school environment.
P55	Yes, the child plays with others at home and at school.

The responses in the table above show that all participants indicated that their children played with others at home and even at school.

4.4.10 Psycho-social problems experienced by the child while at school

In order for the researcher to establish whether the child experienced a psychosocial problem while at school, the researcher asked the participants to answer the following question: *Has any teacher talked to you about a psychosocial problem experienced by your child? If yes, would you would you be willing to elaborate.*

Participants	Responses from participant

P11	No, I was never called at the school regarding my child.
P22	Never been called in by the teachers.
P33	No psychosocial problem reported to me so far.
P44	So far I have not received any complain about my child from the school.
P55	No, I have not been called in at the special school up to date.

According to the responses on the table above, all participants indicated that no psychosocial problems were experienced by their children while at school.

4.4.11 Recommendations by the parents

In order to understand recommendations made by the parents regarding the psychosocial support needs of children with HI, the researcher asked them to answer the following question: *Do you have any recommendations for teachers, parents, children and stakeholders to address the psycho-social support needs of HI?*

Participants	**Responses from participants**
P11	I am recommending the Ministry to give us basic training on how to communicate with these children.
P22	The changes need to come in when it comes to the financial needs. The children only get 250, which is less to meet all their psychosocial support needs. It needs to be added to be able to meet all their needs.
P33	We have children with different disability. Some cannot hear, some are blind, paralysed and some are suffering from mental illness. We also have people in our community who thinks that if a child suffers from HI is crazy or suffering from

	mental illness. Awareness need to be spread among community members. There is a need for the parents to get training in order for us to be able to communicate with our children and meet their needs. The school also needs to consider getting a speech therapist to train our children for speech so they can learn to talk. However, I am also concerned about the accessibility of hearing aids; they should be made available at doctors or pharmacies. My child use to have a hearing aid in the past and then it got old. We use to understand him better then and now I don't know where to get a new hearing aid for my son.
P44	To spread awareness about these children in the country for people to know the areas that is taking care of these children. Awareness should be conducted on how to live with this children and awareness on how to take care of these children. When it comes at school, you will find elder children in a class with young one. This could be due to lack of information to the caregivers, not knowing that they could take these children to the school or no one to give them information about the educational needs. It is also not comfortable for the elder children to be in the same class with the young ones. Although they are suffering from hearing loss they do not deserve to be left behind. When it comes to the support of these children they are not a lot in Namibia to compare with the hearing children but you will find the children with hearing loss being taught the same syllabus and curriculum with the hearing children. This makes it difficulty. This children need to write national exam. The performance of these children is very poor. This curriculum needs to be re-looked into in order for the special children to have a different curriculum from others. Even at the hostel it is

	overcrowded. These children need more supervisors at the hostel. For the Ministry to come up with programmes that for educating parents that are taking care of this children or even awareness for a whole week for educating parents/caretaker on how to handle and take care of the children with HI.
P55	I think society needs to be educated and we still need more awareness on how to treat and how to support a child with hearing difficulties. And more special school like this one needs to be built in the country. At least each region needs to at least have one school of hearing difficulties, because the population of these children is increasing on daily basis.

Based on responses in the table above, Participant P11 stated that MOE needed to train the parents on ways to communicate with their children. This statement is supported by Participant P33. Participant P22 indicated that the government needed to add to the social grant as it was too small to meet the needs of the HI. Participant P33 stated that the school needed to consider employing a speech therapist to teach their children to talk. The accessibility and availability of hearing aids were limited. These should, at least, be available in pharmacies or at doctors' surgeries for caregivers to acquire them for their children. Participant P44 advocated for the spreading of awareness in the country to let people know how to take care of these children. Furthermore, children with HI should not be taught the same syllabus and curriculum as the hearing children. They should be considered special in order to meet their educational needs.

CHAPTER 5: DISCUSSION OF RESULTS

5.1 Introduction

The results of the study presented in the previous chapter are discussed in detail in this chapter. The objective is to explain and attach meaning to these findings.

5.2 Understanding of caregivers' perceptions regarding psychosocial support needs

Firstly, the findings of this study show that the teachers had a very good understanding when it came to the psychosocial support needs of children with HI. Participant SC11 mentioned that, "I view them like other learner; we have learners that we see that they have social problem. These children need love and support. They need to be supported by paying hostel fees, clothes, stationary, toiletries and clothes. These children get support from the government, even though what they get is not enough to cater for their needs. The needs of these children are different they are in different groups some are following mainstream and others children are on basic pre-vocational course skills. These children need basic needs. They also need to buy clothes and some children do not even have school uniform. The learners need love. You find some who are short tempered and you need to give them support. Some learners have low self-esteem and some have high self-esteem. We always encourage them to not compare themselves with hearing learners. We also encourage them and motivate them to know the difference between what is right and wrong."

Hearing-impaired children are side-lined worldwide (Haidula, 2018), and they are often neglected and not looked after by their parents. The school ends up with HI children who have no place to go for weekends. Parents, whose children have special needs, have a tendency to dump them at school, not coming back for them (Haidula, 2018). The findings show that some of

these children were neglected by their parents in the sense that most of them came to school without basic necessities, such as a school uniform, deodorant, sanitary pads and food. Interestingly, Participant SC44 responded that “this type of kids, that are special. They get little help either from the side of the parents; some parents do not understand these children. They feel like these children are not like others this finding is linked to the ones of (Haidula, 2018) as it is found on page 94. You will find some of the children coming to the hostel without foods, sanitary pads and they are supposed to get these things from the parents. Sometimes us teachers we do not have training on sign language. We came from mainstream schools and we are not familiar with their culture sometimes. The kids have deaf culture which is not easy. The Ministry effort to support these children is not good, looking at the structure the schools”. In addition, participant SC44 reported, “when there is out-weekend and holidays, we inform the parents to pick up their children but sometimes the kids are not being picked up. The matron ends up staying at the school with the children to supervise/take care of them. The school ends up using up the hostel development fund to buy foods for the kids for them to stay at the hostel. If they are many, we talk to the kitchen so they operate, even if it is holiday.”

Some teachers highlighted that these children felt left out when it came to emotional support. Secondary caregivers indicated that, when it came to financial needs, the social grant that the children received from the government was inadequate to meet their needs. Some participants indicated that, when it came to emotional needs, it was difficulty for these children to socialise with others in the community because other children did not know how to communicate in sign language. This is in line with Participant SC55, who claimed that “when it comes to psychosocial needs the learners needs love, because some of them coming from home they are neglected by their parents and their parents need to regard them as their daughter or as their sons. When it

comes to financial support they need support. They get a grant from the government which is not enough. When they come to meeting their needs, you find some of the coming to school without casual school uniforms or casual clothes. When it comes to emotional support, these children do not even know their birthday. It is us, the teachers, who makes birthday party for them in their birthday to make them feel part of the community." Some teachers highlighted that they did not have the materials to meet the needs of these children.

In addition, the participants also indicated that the school had no recreational facilities. Sometimes the children felt bored and there was no television at the hostel. These children could not socialise with others in the community because others did not how to use sign language. Some caregivers indicated that there were many imbalances between the community and the school. A study conducted by Stockbeck (2011) indicates that, in South Africa, it was found that most teachers of children with HI had failed to adapt because they had not been trained in deaf education. This situation is similar in Namibia as some teachers indicated that they were not trained in special/deaf education.

However, the majority of the parents indicated that they had very little understanding when it came to the psychosocial support needs of their children with hearing difficulties. Participant P55 said that "My understanding on the psychosocial support of HI children is very little and I do not have enough information on how to handle a child with special needs. In most cases, I ask my child to write and then other children at home will read for me to understand what my daughter is trying to communicate with me. The most difficulty thing is language barrier. Sometimes you want to help this child and sometimes you can see that the mood of your child is very low and you don't know the sign language so you communicate with her and sometime you will fail to provide psychological support to her." Mukari (2009) posits that a lack of knowledge among

parents can be related to factors, such as the distance and availability of support services, ethnicity and educational status, as well as the availability of financial resources and potentially individual levels of commitment from the parent. The situation is similar in Namibia where some parents indicated that they had very little understanding when it came to the psychosocial needs of HI children. Participant P44 indicated that "My understanding as caregiver because I am the one living with the child and the one who takes care of the needs of the child at home and school. They need help, especially when it comes to educational needs. Mostly when it comes to communication for us to understand their feelings and we also need support on basic training for the caregivers to be able to assist the children while they are at home but not only when the children are at school. When it comes to education is good because we have a special school that is available in the community, so their educational needs are met and when it comes to financial needs the children also get assistance from the government." Finding of participant P44 is linked to (Mukari, 2009) as found on page 96.

Musselman and Kircaali-Iftar (2010) mention the level of the parents' education, the strength of the family's commitment to the mode of the child's education, the parents' level of involvement in their child's education and the ability of the family to allocate roles in forwarding their goals for the child-related outcomes for children with hearing loss. During the study, the researcher established that some parents felt that the child with hearing loss was just like a child with no hearing problem and that they preferred to raise and take care of their child with hearing loss in the same way that they were raising a child that did not suffer from hearing loss. This could be due to a lack of knowledge of ways in which to take care of the child with hearing difficulties. Most parents indicated that they lacked skills to deal with the child with hearing difficulties. Participant P22 mentioned that "I understand the needs better and I also feels that it is a

challenging thing because when it comes to assistance as the child suffer from HI and you, as a caretaker, you don't know sign language that the children communicate sometimes you just do not understand the child at all. Sometime the child will even start crying because she knows that you do not understand what is communicating to you. I just feel it's a challenge to meet the needs of these children because, even when the child is starting in kindergarten, she is already at the hostel in order for her needs to be met." This is also supported by Wong and Lai (2012) who advocate that parents need to be equipped with practical parenting skills and information on hearing loss disabilities. Most caregivers in South African studies expressed concerns about limited finances and the implications thereof. The situation is similar in Namibia; most parents felt that the disability grant that the children were receiving from the government was inadequate to meet all their needs.

5.3 Challenges

Research shows that it is very common for hearing caregivers to have difficulty in communicating with their HI child unless they intentionally make the effort to close the communication gap between themselves and the child. In addition, the same communication gap becomes apparent in other social settings, such as the school, hospital and out in the hearing community that the hearing loss child encounters.

Nikolaraizi (2000) found that deaf teachers and hearing teachers lacked the appropriate in-service training necessary for working with deaf students. Furthermore, he posits that those teachers face problems in their work with hearing loss pupils, such that they feel insecure and unsupported, but they make extra effort to communicate with hearing loss pupils. Participant SC33 said that "These children are being violated at home and then they start misbehaving when they come to the hostel this finding were linked to the one of (Nikolaraizi, 2000) findings as it is

indicated on the first sentence of this paragraph. These children hide their feelings. Some cannot even express themselves and some are arguing that their parents are not supportive. It is a challenge I always advice parent when they comes for parents' meeting and solve the problem. Another challenge is sometimes we receive teachers who have no knowledge of sign language. Teachers appointed without expertise of sign language. Another challenge is inadequate time to support the teachers with the sign and we only have two deaf assistant assisting at the school and most of the teacher prefer working with one. We experience a challenge of the learners throwing away their books because they do not understand the subject. Some parents are not supportive with children school stationery. Some parents did not teach their children discipline." In the study some teachers indicated that they had a challenge with communication/language barriers. Two of the participants indicated that they were not trained in sign language. Most participants reiterated that the parents of these children were not supportive.

Caregivers reported challenges with accessing social assistance grants, health-care services, educational and recreational facilities and other public infrastructure (Mathye & Eksteen, 2015). Participant SC44 said that "We have a lot of challenges. We inform parents to take care of the children but you will still find children coming to school without their needs met. Communication is also a challenge as we are not trained on sign language; this finding is linked to the one of (Mathye & Eksteen, 2015) as indicated on the first sentence of this paragraph. Sometimes it is hard to explain the signs to the children as we also do not know some of them. Accommodation facility, we have four dormitories, two for boys and two for girls. The dormitory is built up as one room and not divided. Then you will find a 19 years old boy living with 6 years old. The young one grows up seeing the bigger one discussing their things. The kitchen and dining hall, it cannot cater for our needs as the space is too small and we have no

cooler in the kitchen. The one we have is too small. Accommodation for hostel matron is supposed to be in the hostel itself in order for them to supervise the children even through the night. The toilets are built outside, and it is not safe for the children to go outside during the night. Kids help themselves in bucket to avoid moving during the night." Insufficient transportation and unaffordable housing, alongside poverty in a rural area make caregiving more difficult (Mathye & Eksteen, 2015). Some caregivers felt that they lacked sufficient professional support when looking after their children (Mathye & Eksteen, 2015; Sandy et al., 2013).

Mathye and Eksteen (2015) report that a lack of equipment and the lack of services and materials for the proper care of children with disabilities were some of the challenges experienced by caregivers. Participant P22 claimed that "When it comes to education, there is a big challenge because I feel that Namibia have scare University/institution of disabled children and this institution you will only find them in far towns, such as Windhoek finding linked to the report of (Mathye & Eksteen, 2015) as it is found on the first sentence of this paragraph. Last year Usko Nghaamwa Special School came up with pre-vocational training and I am very grateful because, especial when it comes to my child was at Eluwa Special School and when he moved to Usko he was failing school subjects and when he went to pre-voce training he was passing so well. Pre-vocational assist with plumbing, bricklaying and my child is progressing because currently he is doing his practice."

Many caregivers in South African studies felt that they lacked sufficient skills for caring for their child with a disability (Mathye & Eksteen, 2015; Mhaule & Ntswane-Lebang, 2009; Sandy, Kgole & Mavundlu, 2013). Caregivers of children with disabilities, in a number of South African studies, felt that they did not have enough information about their care recipients' disabilities, rehabilitation and care needs (Mathye & Eksteen, 2015; Sandy et al., 2013).

Some of the challenges of taking care of a child with hearing loss include increased caregiving demands, finding and obtaining early intervention services, modifying communication strategies, medical and educational decision-making, working with professionals across a range of disciplines, learning about technological support, working with the child to enhance developmental outcomes and dealing with additional financial pressures (Lederberg & Golbach, 2002; Quittner et al., 2010; Zaidman-Zait, 2008). Furthermore, several families described and identified their struggles in obtaining resources for their HI children. Participant P33 highlighted that "The challenge that we meet is communication and sometimes the child does not even know how to write, so it is a challenge. Another challenge is that "these children are getting social grant from the government which is a 250 and it is too little for us as a caregiver to meet the needs of this children." Most participants experienced a challenge with communication and language barriers. This statement is supported by Participants P11, P33 and P44. Participant 22 indicated that there was a challenge when it came to universities and institutions of higher learning in the region as far as the educational needs of these children were concerned. Participant P55 indicated that the money they received was inadequate to sustain the needs of children with HI.

In Greece, Nikolaraizi (2000) found that deaf and hearing teachers did not have the appropriate in-service training necessary for working with deaf students. Furthermore, he states that those teachers faced problems in their work with hearing loss pupils, as they often felt insecure and unsupported; however, they were making an extra effort to communicate with hearing loss pupils. Participant SC44 indicated that the "Ministry of Education need to give under core in-services training. We were not trained on special educations this finding is linked to the one of Johnson (2014) as it is found on page 102. It is just something we acquired/learned in-service;

training for teachers at special school, for example, sign language and deaf culture for us to communicate effectively with them". Johnson (2014) suggests that deaf and hard-of-hearing teachers should receive extra course work in regular education curricula and teaching methods. Pre-service training should focus on working effectively with diverse deaf and hard-of-hearing students.

5.4 Coping mechanisms

Research indicates that the job of the special educator is difficult, demanding and more stressful than that of general educators (Bettini, 2017). Special educators face increasing or large casel-oads, lack of clarity in their roles and administrative support, excessive paperwork, feelings of isolation and loneliness and minimal collaboration with colleagues (Albrecht, 2009; Prather-Jones, 2011). All participants indicated that they did not have any peer support group but mostly coped on their own. Participant SC22 indicated that she solved her problems herself. Participant SC44 indicated that "They have a counselling committee in the school" and Participant SC55 indicated that she only coped on her own. When special educators are overwhelmed with the stressors they face, they may choose to leave the field of special education (Katsiyannis; 2003; Prather-Jones, 2011), which may be viewed as an avoidant coping mechanism. Participant SC44 indicated that "The school need to come up with a rule whereby at least a teacher need to stay at the school for three years before they move to another school and at least add benefits to the incentives to attract the teachers to work in special school for a longer period".

Currently, researchers are interested in gauging the ways special educators engage in active and adaptive coping while they are in the profession. In addition, to well-accepted methods of active (adaptive) coping, such as exercise, meditation and free-time activities, research shows that a support network of educators, particularly where mentoring is involved, can provide a

mechanism by which teachers cope productively with stress (Beltman, Mansfield, & Price, 2011; Castro, Kelly, & Shih, 2010). In addition to the emotional support that can emerge from a relationship with an understanding colleague, the sharing of vital teaching tips and behavioural management advice from an experienced educator can be critical. Participant SC33 stated that "In most cases the principal encouragement and encouragement from colleagues. There is no peer support group for the teachers in the school." Findings of participant SC33 were linked to the findings of Beltman, Mansfield, & Price (2011); Castro, Kelly & Shih, (2010) as found on the second sentence of this paragraph.

Most parents indicated that they just coped on their own. Few would ask teachers and family members to assist them with coping mechanisms. Participant P44 mentioned, "We try to seek assistance such we bought books related to deaf in order for us to educate and learn about deaf children even when the child comes for a holiday. She also shows us how the words are signed and we learn. We also go to the school to get assistance from the school and I also have a programme that has to do with environmental things in the special school and this programme is specifically for the deaf children and it also helps me to understand the behaviours of this children and learning how to communicate with this children."

Family-based interventions, along with support from peers and professionals, may be imperative to alleviate the stress of parents and caregivers who have children with deafness (Prakash, 2013). Participant P33 argued that "If we meet challenges when it comes to our children, the best way out is when you communicate with the teachers finding linked to the one of Prakash (2013) as it is found on the first sentence of this paragraph. Because I can remember there was time I was having a challenge to communicate with the child and the teachers assisted me with the card of alphabets and numbers which I use to communicate with the child to understand his needs."

Other studies conducted among parents of children with disabilities have revealed three main coping strategies (Cavallo, 2009): strengthening the family and adopting an optimistic approach, strengthening social support and emotional stability, as well as focusing on understanding the child's medical situation by maintaining constant contact with the child's caregivers. All of the participants who participated in the study indicated that there was no peer support group for parents in the community. Each individual just coped on her or his own or would seek help from the teachers. Conversely, the literature reveals that parent-to-parent peer support groups provide assistance, perspectives and experience to parents who have children with hearing loss (Henderson, 2014). Parents of children with hearing loss have reported benefits from this type of peer support (ASHA Leader, 2015). In order to gain the most benefit from support programmes, there must be encouragement between parents in order to inform others about the health care system, advocacy and the best resources available to them and their children (ASHA Leader, 2015).

Family-based interventions and support systems may alleviate or assist in mitigating these specific stressors on parents (Nann, 2007). Participant P55 claimed that "Normal, when I get help from others at home, if I find myself in a situation whereby I am stressed and do not understand what the child is trying to communicate to me as a caretaker this findings were linked to the one of Nann (2007) as found on the first sentence of this paragraph. Therefore, I share my feelings with others at home and I also communicate with the school if there is any concern." There is evidence to suggest that programmes providing a support system for parents with children with hearing loss can alleviate stress and improve attitudes in the hearing parent and HI child relationship (Henderson, Johnson & Moodie, 2014).

5.5 View of support in place

One caregiver stated that more trained educational assistants and interpreters were needed to work with deaf children in the school system, and that this cost should be covered by the school system (Brenda, November 2004). The lack of community involvement that reflects an inability to interact socially with children who are HI contributes to the children's poor performance. Sometimes teachers face challenges when they teach new concepts and abstract words, for which there are no signs, names or words; this can be evidenced in the teaching of Social Studies, Religious Education and Science. Participant SC11 said that "I appreciate the efforts by the special school, because if there was no such school in the region, then it means our children will be left behind. But now our children are going to school like all the other children." Participant SC22 highlighted that the school was also supported well by organisations, such FAWENA, CLATCH and NAMDEB.

A study by Williams and Darbyshire (1982) indicate that Canadian caregivers face challenges, such as a lack of services, the necessary information regarding care for these children, guidance on ways to care for the HI child. Further challenges lie in the provision of training required regarding HI and a greater recognition of their expert role as parents of a deaf child, as well as the concern of a shortage of professionals, such as audiologists. Participant SC33 said, "Well, I think the support is not enough as we need many facilities in the school, such the school needs a hall and the hostel capacity is small to accommodate a lot of learners; this finding is linked to the finding of Williams & Darbyshire (1982) as it is indicated the first sentence of this paragraph. We need support such as clinic for deaf so that they cannot travel because the community do not hear them or do not understand them and the clinic need to have a social worker. The school needs more development for instance some of the classes are made out of corrugated zinc/shacks

which are not conducive for the deaf learners. We also need other deaf assistant teacher, because the school only has two and I think they are not enough to support the teachers and learners." Participant SC44 indicated that the school was doing its best because it ended up with children who had nowhere to go for the holidays and over weekends. The school, however, still supported these children and let them stay for the holidays if their parents were not coming for them. Participant SC55 stated that the community needed to assist these children because they needed special attention.

Participant P11 viewed the support of the school as good because she believed that, if there were no special school in the region as such, it would mean that their children would be left behind this finding were linked to the finding of (Brenda, November 2004) as it is found on page 105. Caregivers highlighted the issue of isolation in rural and northern communities that entailed both the inadequacy of necessary resources and the absence or scarcity of peers and meaningful social support for the deaf child and family. Some caregivers emphasised the need to link families who were raising a special needs child with one another, as well as the importance of connecting with other families going through similar issues and concerns (Brenda, November 2004). Some caregivers recommended the establishment of monthly support groups wherever possible, to provide parents with the opportunity to share their experiences and debrief one another about their process. It was suggested that this may require the assistance of an agency to become aware of other families with similar needs.

Participant P22 indicated that the children were well taken care of because even their private possessions rarely were lost. Participant P33 advocated that the school was really trying its best to meet the children's needs. In a study conducted by Jackson, Wegner and Turnbull (2010), it is indicated that most caregivers felt the need for information on deafness or the issue of children

who were hard of hearing. They also needed experienced, positive early intervention. Some caregivers had difficulty in accessing educational programmes. There was a need to access financial and additional family support, as well as for greater social networks and awareness of the impact of deafness on family life by the hearing community. They also had concerns about a lack of community inclusion.

Participant 44 indicated that the hostel was overcrowded and there were not enough supervisors, considering that these children required special care; thus, the MOE needed to recruit more caregivers to assist with the supervision of the children. Participants P55 indicated that the school was doing its best in so far as the educational needs of the children were attended to.

Asberg, Vogel and Bowers (2008) found that parental perception of social support and their receipt of social support were not always the same. They suggest that the perception of social support and their use of social support are distinct constructs. They recommend that caregivers clarify their meaning of support. Participant P44 indicated that “When it comes to the support of these children, they are not a lot in Namibia to compare with the hearing children, but you will find the children with hearing loss being taught the same syllabus and curriculum with the hearing children this makes it difficulty this finding is linked to the findings of Asberg, Vogel & Bowers (2008) as it is indicated in the first sentence of this paragraph. This children need to write national exam. The performance of these children is very poor. This curriculum needs to be re-looked into in order for the special children to have a different curriculum from others. Even at the hostel it is overcrowded. These children need more supervisors at the hostel. For the Ministry to come up with programmes that for educating parents that are taking care of this children or even awareness for a whole week for educating parents”.

5.6 Summary

The researcher established that the caregivers of the HI children had little understanding of the psychosocial needs of these children. The majority of the caregivers were faced with challenges regarding communication and the lack of in-service training for teachers in order to meet the psychosocial needs of these children. In addition, the caregivers were faced with various challenges, such as a lack of recreational facilities in the special school, thus depriving the children from being exposed to fun opportunities.

Furthermore, there was a lack of parental involvement. Such children were sent to school without basic needs, such as sanitary pads, food, clothes and pens. Caregivers were also faced with stress and many questions about ways to meet the needs of the child with hearing loss. The findings indicate that there was no peer-to-peer or colleague/teacher support group in order to help alleviate stress. Thus, situation is similar to that of the parents who did not have a parent-to-parent support group where they could share their challenges with one another and support each other. Some of the caregivers viewed the support in place at the school as good, and they indicated that the special school was trying its best to ensure that the educational needs of HI children were met. The school even introduced pre-vocation courses where the children were trained in physical education, life skills, basic communication, basic numeric, information communication technology, bricklaying and building.

The findings of the study were linked to the theoretical framework of Bronfenbrenner's known as ecological framework in which he argues that his framework does not only concentrate on a child but also on the family, school, society, culture and values. The findings of the study highlighted a lot of social needs and basic needs of children with hearing impaired that needs to be met and they are part of the ecological systems. Such as secondary caregivers highlighted that

some of the parents sent out the children to school without their needs such no uniform, no pens, no foods and all other important needs of the children's. The ecological framework concentrates on how the child is surviving in the systems. In this case a microsystem the study findings indicates that the some families are not meeting these children needs. The mesosystem concentrated on the school of the child as it is interlinked to the microsystems. Exosystems the study concluded that the children needs more social welfare services within the special school itself some caregivers highlighted the needs of extending the hostel and for them to get a clinic inside the school. In the findings it is indicated that culture also has it is own influence on meeting the psychosocial needs of the children with hearing impaired this is connected to the macrosystem.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

This chapter will provide conclusions, as well as recommendations, as per the findings of the study.

6.1 Conclusion

This study established that the caregivers of children with HI at the Usko Nghaamwa Special School were faced with a variety of challenges; however, the researcher also found that some participants, especially the caregivers, they lack skills on how to care and communicate with the child that suffers from hearing impairment. This made it difficult to meet the needs of these children.

It was evident that some of the teachers had not received special training in meeting the needs of HI children. Some teachers indicated that they did not have enough materials and equipment in order to meet the psychosocial needs of HI/deaf children. It is also evident that the caregivers were faced with a financial burden which affected them negatively when meeting the needs of their HI children. Furthermore, some of the caregivers also indicated that they lacked information about ways to handle a child with hearing loss. Some participants highlighted that there was no peer support in their community. In addition, secondary caregivers (teachers) indicated that the parents were not really involved in the lives of these children as the children ended up coming to school without basic needs, such as deodorant, a school uniform, food, sanitary pads and many more. One of the participants indicated that the children ended up having nowhere to go for weekends and holidays, and they would often ended up staying in the hostel.

It also came to light that most caregivers did not know how to use sign language and this made it difficult for them to communicate effectively with the child who suffered hearing loss. Some

caregivers/parents indicated that they asked their children to write down their needs in order to understand what they needed. Most of the caregivers indicated that they had not received any training or guidance regarding ways to handle a child with hearing loss. Some parents indicated that, when they were struggling to comprehend what the child was communicating to them, they would go to the special school and require assistance from the teachers. Some parents indicated that, in society, some people stigmatised the deaf children because they lacked understanding of children living with disability.

It was evident that insufficient teaching materials and resources made it difficult for the teachers teaching learners with HI to deliver psychosocial services successfully and for the learners to understand the lessons well. Therefore, it is a challenge to teachers to meet the psychosocial needs in a situation like this.

Another challenge that came out strongly was the lack of proper training in sign language, which was due to communication or language barriers. Learners with HI were reported to have poor social interaction skills in the special schools. The study also concluded that the lack of teacher training had a direct impact on the success of education for learners with HI in special schools and, as a result, affected the special school in general

6.2 Recommendations

Based on the findings of this study, the following recommendations are made for the government and stakeholders:

1. The researcher recommends for some if not every teacher who is working with children with HI to receive training on sign language in order to meet the psychosocial support needs of this children.

2. The researcher recommends for the Ministry of Education, Arts and Culture to conduct awareness and training workshops on ways to handle a child with hearing loss; this should be together with the caregivers in collaboration with social workers from the Ministry of Gender Equality, Poverty Eradication and Social Welfare (MOGEPESW) and the social workers of Ministry of Health and Social Services (MOHSS).

3. The researcher recommends that the parents of HI children need to be educated on the importance of understanding and meeting the psychosocial support needs of children with hearing loss.

4. The Ministry of Education, Arts and Culture needs to consider building a clinic for the deaf at the Usko Nghaamwa Special School to avoid children leaving this special school as it was suggested by some caregivers during the interviews.

5. The Ministry of Education, Arts and Culture needs to consider that the school curriculum for hearing loss children should not be the same as that of children who are not suffering hearing loss.

6. The Ministry of Education, Arts and Culture should consider expanding the hostel at the special school.

7. The parents of HI children need to be encouraged to support their children emotionally and to meet their basic needs.

8. The Ministry of Education, Arts and Culture needs to consider appointing social workers at special schools to attend to the psychosocial problems that affect deaf /HI learners while they are at school.

9. Stakeholders, such as the Ministries of Home Affairs Immigration, Safety and Security, Health and Social Services and Gender Equality, Poverty Eradication and Social Welfare Services, as well as other stakeholders, should consider employing a deaf assistant in their sectors to aid in meeting the psychosocial needs of a deaf child/people.

10. The Ministry of Education, Arts and Culture should consider changing Usko Nghaamwa Special School to a special school that admits children with different special needs in the near future and not only focus on HI children as it was suggested by some caregivers during the interview.

11. The Ministry of Education, Arts and Culture should consider recruiting more caregivers to attend to the needs of children with hearing loss to cater for the large number of children who need special care.

12. The Ministry of Education, Arts and Culture should consider adding to the benefits and incentives for teachers working at the special school in order to avoid special educators making unnecessary changes regarding their work environments.

13. Considering that caregivers highlighted that the social grants that they were receiving from the government were too little, the government needs to consider adding to the social grant of disabled children in order to tackle the financial burdens, as many of these children come from impoverished families.

14. The special school needs to consider creating a peer group for teachers to support one another when they find themselves in stressful situations.

15. The special school needs to involve the parents to create a parent-to-parent peer support group in the community in order to support one another by discussing issues affecting their children in order to meet their needs.

16. Parents should consider taking their children home over weekends and refrain from leaving them at the hostel with nowhere to go.

17. Hearing devices for children with hearing loss should be made available or accessible in local pharmacies in the country.

18. The special school should consider appointing a speech therapist for these children.

19. All parents should be trained in sign language in order to enhance effective communication and avoid communication barriers between the child and the parent.

20. Workshops on the ways in which caregivers need to deal with children with hearing loss and hearing difficulties should be initiated by both MOHSS & MOGEPESW.

21. Funds should be made available for educational programmes that can inform members of society regarding the beliefs and myths about children with hearing loss to ensure that the issues of stigma are addressed in society.

22. The Ministry of Education, Arts and Culture needs to consider adding courses in, for example, hairdressing, hospitality and carpentry, to those pre-vocation courses that were already available at the special school.

23. The Ministry of Education, Arts and Culture needs to liaise with other stakeholders, such as the Ministry of Gender Equality, Poverty Eradication and Social Welfare and the Ministry of

Health and Social Welfare Services to raise awareness about deafness among hearing caregivers and community members in general.

24. The Ministry of Basic Education, Arts and Culture should allocate more resources to the special school to address the problem of inadequate materials.

25. Ministry of Health, Ministry of Gender & Ministry of Education should collaborate with each other as there is a need to build a clinic for HI at the special school in order to address the psychosocial needs related to the health of this children's.

This study only focused on exploring the perceptions of caregivers regarding the psychosocial support needs of HI children at the Usko Nghaamwa Special School. It would be intriguing to investigate whether a similar research study at other schools in the country or elsewhere in the world would produce the same results. It is very important that education planners consider the views and perceptions of caregivers in planning in order to address the needs of HI learners effectively and attend progressively to their psychosocial support needs.

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APPENDIXES

Appendix A: UNAM Ethical Clearance Certificate

UNAM
UNIVERSITY OF NAMIBIA

ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: HREC-NH/06/12/2020 **Date:** 08-12-2020

This Ethical Clearance Certificate is issued by the University of Namibia Research Ethics Committee (UREC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the Faculty/Centre/Campus Research & Publications Committee sitting with the Postgraduate Studies Committee.

Title of Project: AN EXPLORATION OF THE PERCEPTION OF CAREGIVERS TOWARD PSYCHOSOCIAL SUPPORT NEEDS OF HEARING-IMPAIRED CHILDREN: A CASE STUDY OF USKO NGHAAMWA SPECIAL SCHOOL IN OHANGWENA REGION, NAMIBIA

Nature/Level of Project: M.A. (NON-HEALTH) (NQF9)

Researcher: MARTHA NUULE

Student Number: 201209903

Faculty: HUMANITIES AND SOCIAL SCIENCES

Supervisor(s): DR N.J. KAMWANYAH

Take note of the following:

(a) Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the UREC. An application to make amendments may be necessary.
(b) Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the UREC.
(c) The Principal Researcher must report issues of ethical compliance to the UREC (through the Chairperson of the Faculty/Centre/Campus Research & Publications Committee) at the end of the Project or as may be requested by UREC.
(d) The UREC retains the right to:
(i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,
(ii) Request for an ethical compliance report at any point during the course of the research.

REC wishes you the best in your research.

Prof. H.L. Beyer, Deputy Chair: HREC-NH
pp Chair: HREC-NH

Appendix B: Permission letter from the University of Namibia

CENTRE FOR POSTGRADUATE STUDIES

University of Namibia, Private Bag 13301, Windhoek, Namibia
340 Mandume Ndemufayo Avenue, Pioneers Park
☎ +264 61 206 3275/4662; Fax +264 61 206 3290; URL: http//www.unam.edu.na

UNAM
UNIVERSITY OF NAMIBIA

25 March 2021

Student Name: MARTHA NUULE
Student number: 201209903
Programme: MA (Social Work)

Approved research title: An exploration of the perception of caregivers toward psychosocial support needs of hearing-impaired children: A case study of Usko Nghaamwa Special School in Ohangwena Region, Namibia

TO WHOM IT MAY CONCERN

I hereby confirm that the above mentioned student is registered at the University of Namibia for the programme indicated. The proposed study met all the requirements as stipulated in the University guidelines and has been approved by the relevant committees.

Permission is hereby granted to carry out the research as described in the approved proposal.

Best Regards

Dr. Seth J. Eiseb
Acting Director: Centre for Postgraduate Studies
Tel: +264 61 2063414
E-mail: directorpgs@unam.na

Appendix C: Letter of request of permission for research

Martha Nuule

P.O. BOX 15992

Oluno

Namibia

16 December 2020

Ministry of Education, Arts and Culture

The Office of the Executive Director

Private Bag 13186

Windhoek

Namibia

Dear Ms. S.L. Steenkamp

REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT USKO NGHAAMWA SPECIAL SCHOOL WITH PARENTS AND TEACHERS OF HI CHILDREN

I am a master student in Social Work at the University of Namibia and wish to do my research at Usko Nghaamwa special school in order to explore the perceptions of the caregivers toward

psychosocial support needs of HI children. I further wish to determine with the research if peer group for caregiver is needed for them.

I request permission to do my research at the above mentioned school.

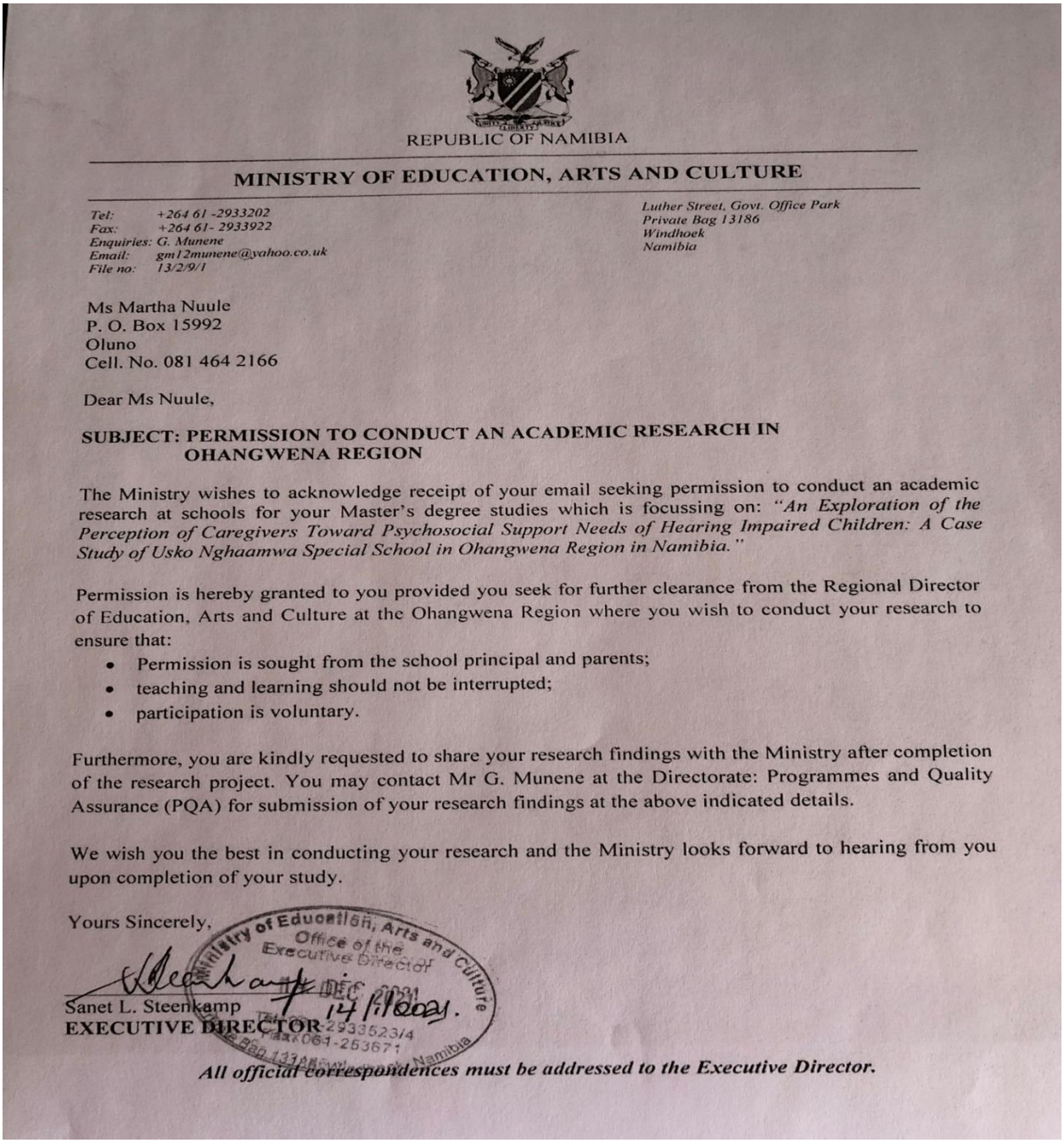
The following are my contact numbers: 0814642166\0815935172.

Your Urgent response will be appreciated.

I look forward to hearing from you.

Martha Nuule Student no.201209903

Appendix D: Permission letter from Ministry of Education, Arts and Culture



REPUBLIC OF NAMIBIA

MINISTRY OF EDUCATION, ARTS AND CULTURE

Tel: +264 61 -2933202
Fax: +264 61- 2933922
Enquiries: G. Munene
Email: gm12munene@yahoo.co.uk
File no: 13/2/9/1

Luther Street, Govt. Office Park
Private Bag 13186
Windhoek
Namibia

Ms Martha Nuule
P. O. Box 15992
Oluno
Cell. No. 081 464 2166

Dear Ms Nuule,

SUBJECT: PERMISSION TO CONDUCT AN ACADEMIC RESEARCH IN OHANGWENA REGION

The Ministry wishes to acknowledge receipt of your email seeking permission to conduct an academic research at schools for your Master's degree studies which is focussing on: *"An Exploration of the Perception of Caregivers Toward Psychosocial Support Needs of Hearing Impaired Children: A Case Study of Usko Nghaamwa Special School in Ohangwena Region in Namibia."*

Permission is hereby granted to you provided you seek for further clearance from the Regional Director of Education, Arts and Culture at the Ohangwena Region where you wish to conduct your research to ensure that:

- Permission is sought from the school principal and parents;
- teaching and learning should not be interrupted;
- participation is voluntary.

Furthermore, you are kindly requested to share your research findings with the Ministry after completion of the research project. You may contact Mr G. Munene at the Directorate: Programmes and Quality Assurance (PQA) for submission of your research findings at the above indicated details.

We wish you the best in conducting your research and the Ministry looks forward to hearing from you upon completion of your study.

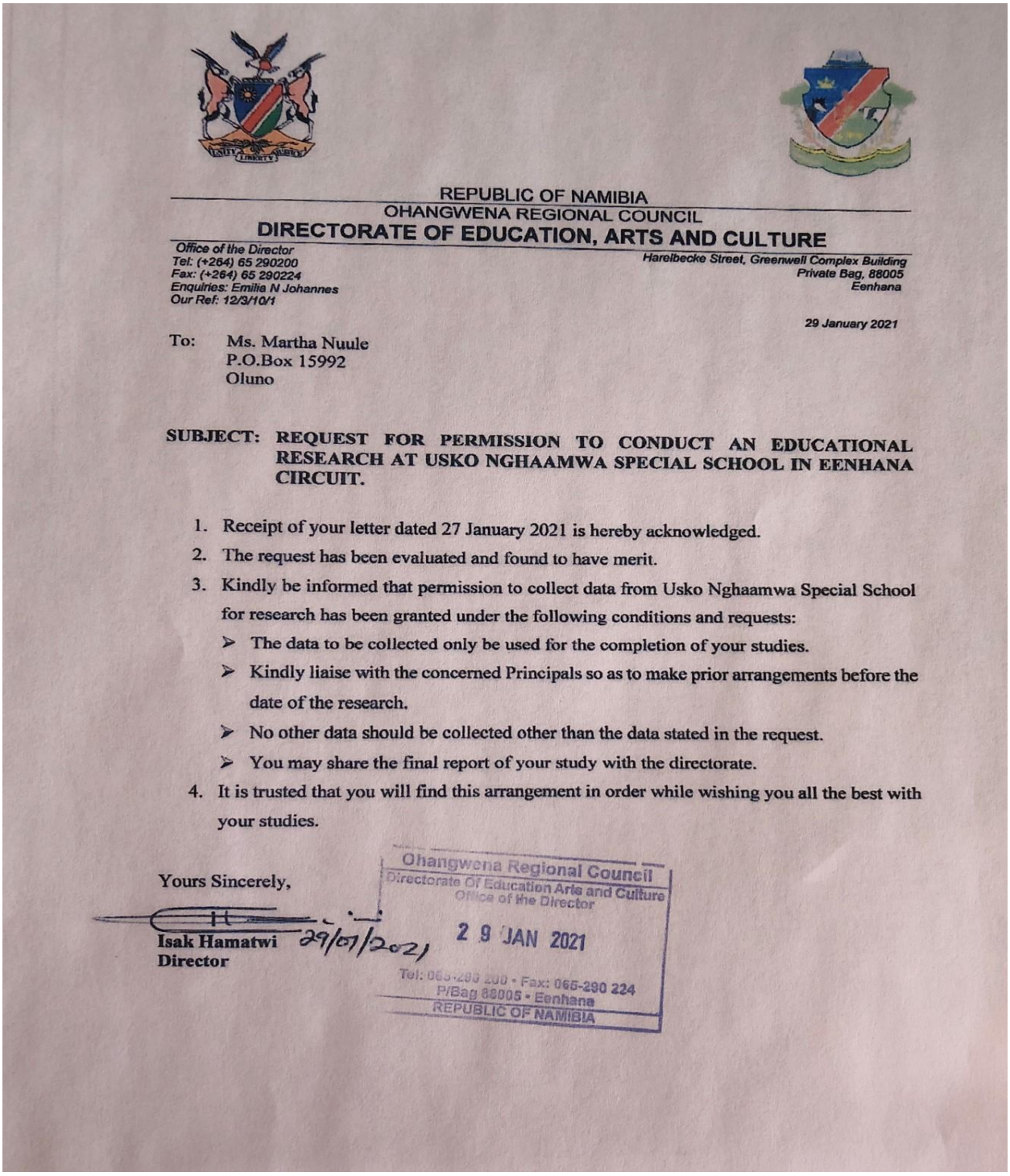
Yours Sincerely,

Ministry of Education, Arts and Culture
Office of the Executive Director
DEC 2021
Tel: 061-293352314
Fax: 061-253671
Private Bag 13186 Windhoek Namibia

Sanet L. Steenkamp
EXECUTIVE DIRECTOR 14/12/2021.

All official correspondences must be addressed to the Executive Director.

Appendix E: Permission letter from the Education Regional Director of Ohangwena



REPUBLIC OF NAMIBIA
OHANGWENA REGIONAL COUNCIL
DIRECTORATE OF EDUCATION, ARTS AND CULTURE

Office of the Director
Tel: (+264) 65 290200
Fax: (+264) 65 290224
Enquiries: Emilia N Johannes
Our Ref: 12/3/10/1

Harelbecke Street, Greenwell Complex Building
Private Bag, 88005
Eenhana

29 January 2021

To: Ms. Martha Nuule
P.O.Box 15992
Oluno

SUBJECT: REQUEST FOR PERMISSION TO CONDUCT AN EDUCATIONAL RESEARCH AT USKO NGHAAMWA SPECIAL SCHOOL IN EENHANA CIRCUIT.

1. Receipt of your letter dated 27 January 2021 is hereby acknowledged.
2. The request has been evaluated and found to have merit.
3. Kindly be informed that permission to collect data from Usko Nghaamwa Special School for research has been granted under the following conditions and requests:
   - The data to be collected only be used for the completion of your studies.
   - Kindly liaise with the concerned Principals so as to make prior arrangements before the date of the research.
   - No other data should be collected other than the data stated in the request.
   - You may share the final report of your study with the directorate.
4. It is trusted that you will find this arrangement in order while wishing you all the best with your studies.

Yours Sincerely,

Isak Hamatwi 29/01/2021
Director

Ohangwena Regional Council
Directorate Of Education Arts and Culture
Office of the Director
29 JAN 2021
Tel: 065-290 200 • Fax: 065-290 224
P/Bag 88005 • Eenhana
REPUBLIC OF NAMIBIA

Appendix F: Informed Consent forms for the caregivers

TITLE OF THE RESEARCH PROJECT: AN EXPLORATION OF THE PERCEPTION OF CAREGIVERS TOWARD PSYCHOSOCIAL SUPPORT NEEDS OF HEARING-IMPAIRED CHILDREN: A CASE STUDY OF USKO NGHAAMWA SPECIAL SCHOOL IN OHANGWENA REGION, NAMIBIA.

PRINCIPAL INVESTIGATOR: Martha Nuule

ADDRESS: Eenhana, Ohangwena region

CONTACT NUMBER: 0814642166/ 0815935172

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the study staff any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. The information that will be collected will be treated as confidential and protected. Anonymity no name will be used instead the researcher will use codes such Mr. X. If it is used in a publication or thesis, the identity of the participant will remain anonymous.

Also, your participation is **entirely voluntary,** and you are free to decline to participate. Participants can withdraw at any time with no negative consequences. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Research Ethics Committee at The University of Namibia and will be conducted according to the ethical guidelines and principles of the international

Declaration of Helsinki, South African Guidelines for Good Clinical Practice and Namibian National Research Ethics Guidelines.

1. **What is this research study all about?**

   - The research is all about exploring the perceptions of caregivers toward the psychosocial support needs of the HI children.

1. Why have you been invited to participate?

a) You are invited to participate in this research project because you are a parent, primary caretaker or teacher of a hearing-impaired child at the Usko Nghaamwa Special School.

2. **What will I ask of you?**

a) If you agree to participate in this research, I would like to invite you to an interview with me. If it is alright with you, I would like to record the interview, but you are free to decline to be recorded. The interview will last about 30 minutes.

3. **Will you benefit from taking part in this research?**

a) There are no direct benefits for you, but the information you provide might help us to better understand your needs and the needs of your hearing-impaired child, and to come up with strategies for better support.

4. **Are there in risks involved in your taking part in this research?**

a) There are no risks involved.

5. **Will you be paid to take part in this study and are there any costs involved?**

   - You will not be compensated for taking part in this research, and there will be no costs involved for you.

6. **Is there anything else that you should know or do?**

a) You will receive a copy of this information and consent form for your own records.

Declaration by participant

I ……..……. agree to take part in a research study entitled **AN EXPLORATION OF THE PERCEPTION OF CAREGIVERS TOWARD PSYCHOSOCIAL SUPPORT NEEDS OF HEARING-IMPAIRED CHILDREN: A CASE STUDY OF USKO NGHAAMWA SPECIAL SCHOOL IN OHANGWENA REGION, NAMIBIA.**

By SIGNGING BELOW…….

Date……I AGREE / DECLINE to being recorded during the interview

signed at…….

I declare that:

a) I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
b) I have had a chance to ask questions and all my questions have been adequately answered.
c) I understand that taking part in this study is **voluntary** and I have not been pressurized to take part.
d) I may choose to leave the study at any time and will not be penalized or prejudiced in any way.
e) I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) .....…..……. On (*date*) ……...…….. 2020/21.

..... **.....**

Signature of participant Signature of witness

Declaration by investigator

I *(Martha Nuule)* declare that:

- I explained the information in this document to ……..
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter. (*If a interpreter is used then the interpreter must sign the declaration below*.

Signed at (*place*) .....…..……. on (*date*) ……...…….. 2020/21

M. Nuule..... **.....**

Signature of investigator Signature of witness

Appendix G: Interview guide for the teachers

Research Instruments

1st Semi-structured Interview guide

Demographic Questions for Teachers

1. Age:
2. Gender:
3. Region: _____ _____ _____

4. Educational (please list the educational institutions you have attended and any degrees or qualification obtained)

5. How long have you been wit at the school?

6. Functional responsibilities in the school:

7. In your opinion, as a caregiver to what extent do you understand the psychosocial needs of children with HI at the Usko Nghaamwa special school?

Emotional needs	
Educational needs	
Financial needs	
Psychological needs	
Self-image	

8. What type of challenges does the teacher experience in addressing the psychosocial support needs for the children suffering from HI problem?

9. What information, education and communications in place by the school to inform or educate the parents about the following:

Addressing psychological difficulties:

Emotional needs:

Addressing educational needs:

Addressing myths and beliefs about deaf/ hearing impairment? :

10. What psychological difficulties do learner at your school present?

11. What type of psychosocial support is in place by the school to prepare the learners about emotional needs, psychological, health, social and educational needs?

12. Do you have any recommendations for teachers, parents, children and stakeholders to address the psycho-social needs of HI children?

13. What kind of support is in place by the school to enhance the coping mechanism for the teachers for HI children at Usko Nghaamwa special school?

14. How do you view the support in place the special school?

15. What is your opinion on the psychosocial support services offered to HI town, region, and Namibia? In general.

16. What training/ guidance did you receive regarding handling a child with hearing difficulties?

Thank you for your valuable participation and contribution toward the project. And for the time you have made to participate in the study.

End

Appendix H: Interview guide for the parents

Parent/ guardian

1. Who are you in relation to the child? Indicate a cross (x) in the appropriate box

Mother	
Father	
Grandmother	
Other	

2. What is your level of education? Indicate a cross (x) in appropriate box

No education	
Primary education	
Secondary education	
High education	

3. What is your understanding on meeting the psychosocial support needs for a HI child?

Emotional needs	
Educational needs	
Financial needs	
Psychological needs	
Self-image	

4. Do you feel that, as a parent, you know how to deal with a child with hearing difficulties?

5. What challenges do parents experience when addressing the psychosocial needs for HI children? Such

Emotional needs	
Financial needs	
Educational needs	
Self-image	

6. How you cope with those challenges that you experience when providing psychosocial needs to children with HI at the Usko Nghaamwa special school?

7. Do you know of any peer support group in the community that could enhance the coping mechanisms for parents taking care of children with hearing loss?

8. How do you view the support in place the special school?

9. Can you tell me what you think about the support provided by the special school?

10. What is your opinion on the psychosocial support services offered to HI learners in your town, region, and Namibia? In general.

11. Have you received any training or guidance with respect to dealing with a child with hearing difficulties? If yes, please elaborate.

12. In your own words are there any other information that is important for parents to understand their HI children and to assist with the caring and handling?

13. Does your child play with other children at home and school?

14. Has any teacher talked to you about a psycho-social problem experienced by your child? If yes, would you be willing to elaborate?

15. Do you have any recommendations for teachers, parents, children and stakeholders to address the psycho-social support needs of HI children?

Thank you for your valuable participation and contribution toward the project. And for the time you have made to participate in the study.

Appendix I: Declaration letter by editor

Word Trust

Prof. T. C. Smit
P. O. Box 90548
Windhoek
Namibia

email: tcsmit2@gmail.com
Cell: +264 81 129 6339

12 October 2021

To whom it may concern

I, the undersigned, hereby acknowledge that I edited and proof read Ms Nuule's thesis for language and typographical correctness. I did not affect changes to the content and layout of the thesis.

I have indicated the areas to which attention should be paid. All textual changes made after the date above are not covered by the editing and proof reading.

I trust that my advice was accepted and that these corrections and changes were executed as suggested.

Sincerely

T. C. Smit

Prof. T. C. Smit

PhD (Cognitive Linguistics); MA (TESOL); BA Hons. (TESOL); BA Hons. (English Literature); Post-Graduate Diploma in Special Education (Remedial Teaching); Post-Graduate Diploma (Secondary Teaching); BA (Languages)