FAMILY FUNCTIONING ON PSYCHOLOGICAL WELL-BEING OF PARENTS RAISING CHILDREN WITH HEARING IMPAIRMENT: A CASE STUDY IN KERICHO COUNTY, KENYA

NAZARINE WANDIA MBOGO
REG. NO: 1029603

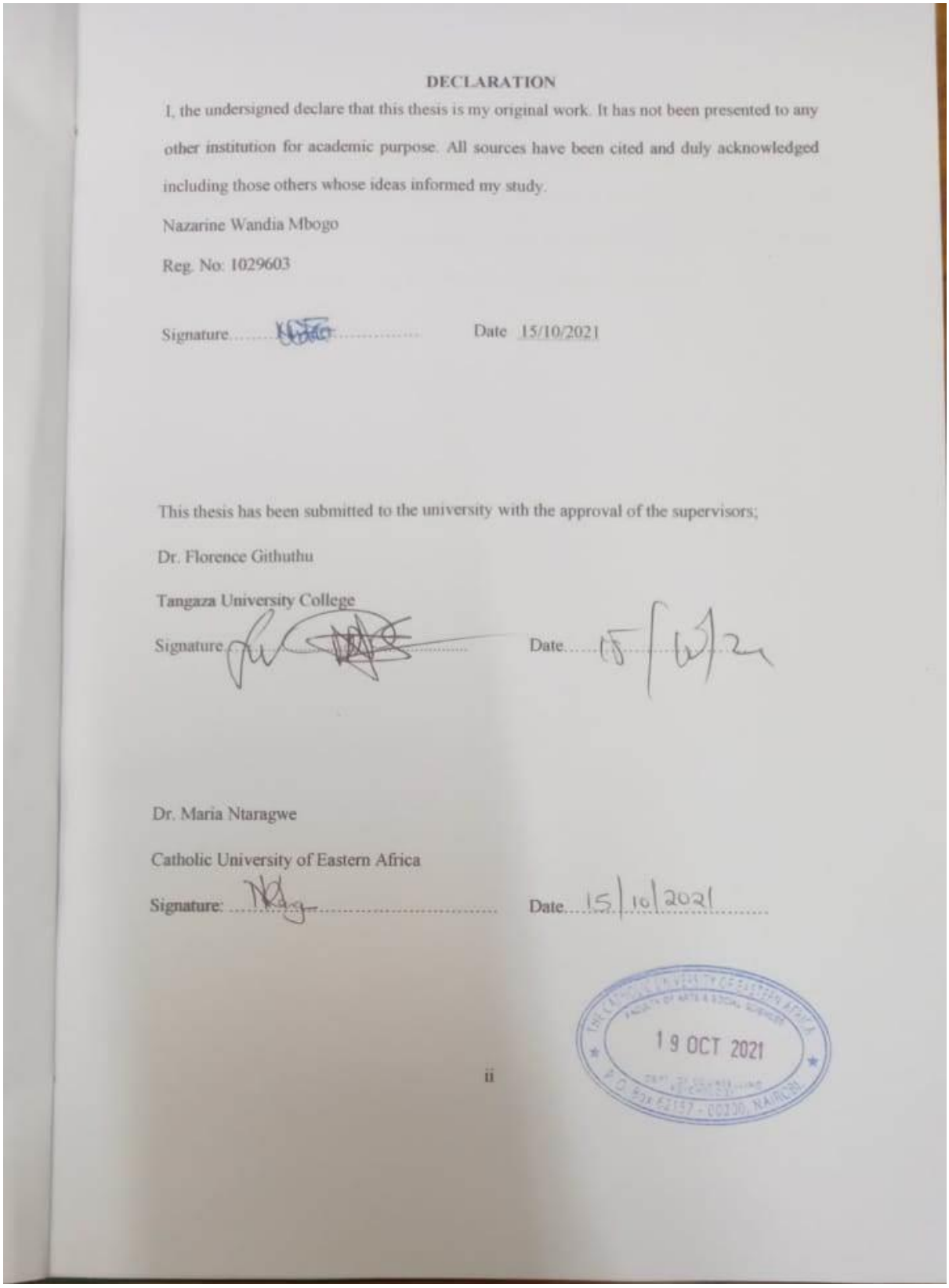
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DECLARATION



DECLARATION

I, the undersigned declare that this thesis is my original work. It has not been presented to any other institution for academic purpose. All sources have been cited and duly acknowledged including those others whose ideas informed my study.

Nazarine Wandia Mbogo

Reg. No: 1029603

Signature..... Date 15/10/2021

This thesis has been submitted to the university with the approval of the supervisors;

Dr. Florence Githuthu

Tangaza University College

Signature..... Date.....

Dr. Maria Ntaragwe

Catholic University of Eastern Africa

Signature: ..... Date 15/10/2021

19 OCT 2021

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DEDICATION

This Thesis is dedicated to my mother Mary Octavian with love and gratitude for touching my heart with your single-handed commitment and service to your family. I thank you mum you shaped me to love and value education. You are an inspiration to me that I should give my best to what I love most. To my late dad Octavian Mbogo, I cherish you.

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OPERATIONAL DEFINATION OF TERMS

Affective Responsiveness	The manner in which family communicates feelings, care, acceptance, love, fondness, anger or fear in the right manner to express self.
Behaviour Control	The ways, styles and strategies that the family adopt to correct behaviours of the individuals in the family.
Communication Patterns	Communication exchanges in the family that shows outcome based on family interaction that takes place.
Decision Making	Contributing ideas to have a common stand as a family or ability to make a personal pronouncement to indicate ones direction towards a situation.
Family	A unit that comprise of children, father, mother/guardian(s) or caregiver(s) taking responsibility of children.
Family Functioning	The daily operation and behaviour in a family involving its members including mannerism of bringing up the children to respond to the concerns of each other.
Problem Solving Techniques	Skills applied by the parents to address challenges in the family
Psychological Well-being	Healthy or good states of mind to enable the individuals operate peacefully.
subsystems	Groupings between some members in the family based on close daily relationship or temporal partnership to collaborate in time of need.
Therapy	Kind of cordial assistance that is given to a member/family, being assisted together in counselling sessions.

ABBREVIATIONS AND ACRONYMS

CI	Cochlear Implants
CWHI	Children with hearing impairment
EARC	Education Assessment Resource Centre
FST	Family System Theory
MMFF	McMaster Model Family Functioning
MSPSS	Multidimensional Scale of Perceived Social Support
NACOSTI	National Commission for Technology and Innovation
NRC	National Research Council
NH	Normal Hearing
PCWHI	Parents of children with hearing impairment
SPSS	Statistical Package for Social Sciences
HI	Hearing impaired/Hearing Impairment
HH	Hard of hearing

ABSTRACT

Hearing loss may lead to diverse consequences that affect an individual's quality of life. Parents with children who have any form of impairment bear the burden of providing effective care and support and this results to cases where they feel overwhelmed, disappointed and detached. The purpose of this study was to assess the family functioning on psychological well-being of parents raising children with hearing impairment in Kericho County, Kenya. The study was guided by five research questions namely to assess the family communication pattern, the impact of family affective responsiveness, the influence of family problem-solving techniques, behaviour control influence and the strategies that enhance psychological well-being of parents raising children with hearing impairment in Kericho County. The study was guided by the McMaster Model Family Functioning (MMFF) theory and it also reviewed the Family Systems theory and Olson Annular theory. Convergent Research Design was applied. The target population of the study was 708 participants involving parents of children with hearing impairment and children with hearing impairment from Kericho County. The sample size involved 70 respondents including; parents and their children with hearing impairments. Data was collected using questionnaires administered to parents and interview guides were administered to pupils. The validity and reliability of the instrument was done through pilot testing. Quantitative data was analysed Statistical Packages for Social Sciences Version 21 and results presented in form of percentages, frequency distributions, mean and standard deviation. Qualitative data was presented using narratives. The findings of the study showed that communication patterns, affective responsiveness, problem-solving techniques and behaviour control impacts on psychological well-being. The study recommends that there should be common language for both the parents and children with hearing impairment in order to enhance effective communication hence parents to learn the Sign Language, to enable them communicate well with their children. The parents should learn how to express their affection to the child with hearing impairment and convey true feelings for their children with ease. Parents should involve children with hearing impairment in the problem solving process in issues that affect them directly. Parents should communicate the expected behaviour and be explicit about consequences that come along with non-compliance.

CHAPTER ONE

INTRODUCTION

In this chapter, the study presents the background to the study, the statement of the problem, the study objectives, research questions, the scope and the significance of the study. It also presents the justification, delimitation and limitation of the study. Theoretical, conceptual framework and operational definitions of terms have also been presented.

1.1 Background to the Study

Hearing impairment is a condition that has existed throughout human history. Hearing impairment is manifested when the child has partial or complete loss of hearing capability. This may be inherited or acquired through childhood infections such as otitis media, meningoencephalitis or malnourishment that may cause lack of Vitamin A and Iodine mineral (Cole, & Flexer, 2019).

Hearing loss may lead to diverse consequences that affect an individual's quality life, such as the ability to hear, communicate and also the economic independence of the affected persons (Briffa, Davidson, & Ferndale, 2016). Not only does hearing impairment affect the "self" but it also impacts heavily on the entire family, relations and community. Parents' stress is heightened by the increased need for child monitoring, support and financial implication (Seligman & Darling, 2007). Hearing impairment is a hidden disability that is not easily observable. Its concealed nature makes it more challenging for parents to deal with as it impedes acceptability and provokes unsupportive reactions from majority of the extended family and community (Dyson, 2010; Seligman & Darling, 2007).

Most of the parents (96%) who give birth to children with hearing impairment continually experience a lot of psychosocial trauma because they have little or no knowledge, nor prior preparedness of raising a child who is hearing impaired (Kerenhappuch & Sridevi 2014; Humphries & Smith, 2019). Parents require advice from professionals such as doctors to satisfy their anxiety. The doctors may as well be apprehensive about how to break the unpredicted results of the baby's condition (Moeller, White & Shisler, 2006). The doctor's advice or the manner in which they break the news may also have psychological effect on parents. Parents of children with hearing impairment are charged with the burden of providing effective care and support to the children. The excessive responsibility resulted to parents feeling overwhelmed, disappointed and isolated by the society. Parents of children with hearing impairment experience the desire for more emotional involvement and social support than parents of 'normal' children (Seligman & Darling, 2007).

According to Zaidman-Zait (2014), parents raising children with hearing impairment experience high levels of parenting stress. This stress is related to challenges associated with experiences of raising a child with such impairment. This involves making decisions about medical care, education and communication. It is also a requirement for them to attend frequent medical and therapy appointments, learning to use and manage hearing devices and to manage the child's educational progress among many other services. The sum total of the difficulties faced by parents raising their hearing impaired children impedes the ability of the parents to support their children accordingly. It also causes difficulties related to interpersonal relationships with the child, spouse, and other family members including the professionals. Hence, such parents experience extreme levels of stress.

In Spain, a study was done in 2016 by Sola-Carmona, Lopez-Liria, Padilla-Gongora, Daza and Aguilar-Parra (2016). The findings indicate that, bringing up a disabled child may also produce exhaustion and tension between the parents due to arguments and less mutual understanding among family members in decision making. Changes in the family dynamics frequently occur as the members may feel doubtful about their abilities to care for their disabled child. This brings about symptoms of depression, anxiety and poor quality of life (Kuhlthau et al., 2010).

A study conducted in South Carolina in USA to identify relationships between the unilateral and bilateral of a childhood hearing loss and presence of a cochlear implant(s) and the stress in hearing parents. The study reported that hearing parents of children with a cochlear implant(s) have the highest scores on all measures of stress except those measuring communication stresses. The study poses a relationship between family functioning and individual as well as family psychological well-being. When the family is dysfunctional there is a display of inability to cope up with needs and intentions that involve finding purpose in life, mastering ones environment, self-acceptance and positive interrelationship with other family members (Ryff, 2014).

In Romania in 2011 an investigation was done on the relationship between family functioning and coping capabilities in families with health difficulties. It indicated a positive correlation between family dysfunction and psychological symptoms. The study also noted a significant positive correlation between the coping strategies, passive appraisal and affective responsiveness. The study established frequent use of passive appraisal strategies is associated with high level of family dysfunction unlike affective responsiveness (Stanescu & Romer, 2011).

Pozo, Sarriá and Brioso (2013) in their study on Family Quality of Life and Psychological wellbeing in parents of children with disability that, the severity of the disorder and social support play significant roles in coping strategies such as adaptation, active avoidance by male parents and constructive psychological well-being for mothers. The specific patterns of results for mothers and fathers contribute to comprehension of the psychological adaptation of parents. This could be taken into account in interventions with families.

A study was conducted in South Africa by John (2009) found the experiences of raising deaf children to be different depending on the family itself, school or the community it belongs. There are common notable experiences such as communication difficulties, financial difficulties, acceptability, stigmatization and strained interpersonal relationships. Other studies explored families in terms of well-being (Koen, Van Eeden & Rothmann, 2013), family structure, life goals (Davids & Roman, 2013), parenting (Davids, Roman & Leach, 2015) and healthy family functioning but not family structure or functioning effects on psychological need fulfilment in families with hearing impaired children (Davids, Ryan, Yassin, Hendrickse & Roman, 2016; Zwane, Venter, Temane & Chigeza, 2012).

In Kenya both parents play an important role in the psychological well-being of adolescents and families, irrespective of the disabling condition. However, different pattern and strength of the relationships between family aspects and relationships are diverse (Abubakar, Alonso-Arbiol, de Vijver, Murugami, Arasa & Mazrui, 2013). Both parental status and family functioning have an important and independent relationship to children's externalizing behaviors and psychological well-being (Thurman, Kidman, Nice & Ikamari, 2015). Not much has been done to stress the role of family functioning aspects to help families to attain psychological well-being in families of children with hearing loss. It is on this background that this study intends to

assess how family functioning dimensions influence psychological well-being of families with hearing impaired children in Kericho County, Kenya.

1.2 Statement of the Problem

Parents look forward to healthy children with the hope that these children will grow to fulfil both their individual desires and the collective wishes. Parents also anticipate that these children will gain full family and social acceptance.

Unfortunately, this is not the case with some families who bring forth hearing impaired children. When a child with hearing loss is born, expectation and hope of parents are diminished and confusion occurs to parents. Parents undergo difficult process of undoing their expectations and battling with unexpected reality of disability. The child is no more perceived a "pride-child" but "pity." Parents question and curse, they engage in wild speculations of bad omen, or being bewitched.

There is no approved way to help parents avoid responding with shock, disbelief and pain that accompany realization of disability of their child. Some Professionals lack the skills to break the news to parents while other physicians keep them dangling on medical hope that with series of clinics to attend the situation may improve. When the condition fail to improve as anticipated, parents hop from doctor to doctor; anxiety heightens and leads them to listen to any voice of hope including witchdoctors, spiritual healers for miracles or overseers to predict healing. Parents of hearing impaired children become vulnerable themselves and psychologically assume the disability.

Some parents of children with hearing-impairment in Kericho County have reservation of investing their meagre resources on education of a child with hearing impairment. Parents have observed that children with hearing impairment have low potentials in academic achievement.

They rarely attain prestigious and rewarding career opportunities to anticipate beneficial returns to parents. The societal attitude, beliefs and low regard towards the child with hearing impairment is stigmatizing to both parents and the child resulting in mental stress to the parents.

The Kenyan Government has made strides in the recognition of the rights of persons with disability and matching the world view by promoting realization of their entire human rights and freedoms without discrimination. The Kenyan Constitution, which administrates in Kericho County, upholds persons with disability with respect and endeavours to pay attention to the special needs of everyone according to their unique disability. As such, Sign Language is recognized as a third language to bridge the gap for persons with hearing impairment as a fundamental and human right (KNCHR, 2014).

However, despite the Government's effort to break barriers of disabilities, the existence of hearing impairment has negatively impacted on parents where majority result in retaining children with hearing impairment at home to avoid unnecessary expenses and to guard themselves from social condemnation and traumatizing remarks. Little research has been done to assess the association between the family functioning and the psychological well-being of parents raising hearing impaired children. It is in this backdrop that this study intended to assess the family functioning on parents' psychological well-being while raising children with hearing impairment in Kericho County, Kenya.

1.3 The Purpose of the Study

The purpose of the study was to assess the family functioning on psychological well-being of families raising children with hearing impairment in Kericho County, Kenya. The study was intended to shed light on how functional families safeguard parents' psychological well-being amid stress due to their hearing impaired children in Kericho County, in Kenya.

1.4 General Objective

The general research objective of the study was to assess the family functioning on parents' psychological well-being raising children with hearing impairment in Kericho County, in Kenya.

1.4.1 Specific Objectives of the Study

The specific objectives of the study were:

i) To examine how family communication patterns influence the psychological well-being of parents raising children with hearing impairment in Kericho County.

ii) To assess the influence of family affective responsiveness on psychological well-being of parents raising children with hearing impairment in Kericho County.

iii) To determine the influence of family problem-solving techniques on psychological well-being of parents raising children with hearing impairment in Kericho County.

iv) To establish the contribution of family behaviour control on psychological well-being of parents raising children with hearing impairment in Kericho County.

v) To explore strategies that enhances psychological well-being, of parents raising children with hearing impairment in Kericho County.

1.4.2 Research Questions

This research was guided by the following research questions:

i) Does family communication pattern influence psychological well-being of parents raising children with hearing impairment in Kericho County?

ii) What is the impact of family affective responsiveness on psychological well-being of parents raising children with hearing impairment in Kericho County?

iii) What is the influence of family problem-solving techniques on psychological well-being of parents raising children with hearing impairment in Kericho County?

iv) How does family behaviour control influence psychological well-being of parents raising children with hearing impairment in Kericho County?

v) What strategies enhance psychological well-being of parents raising children with hearing impairment in Kericho County?

1.5 Justification of the Study

Following the birth of a child with hearing loss, most of the affected parents experience stressful moments. They try to relate with the child, the society and as they endeavor to seek help to accept the situation as it unfolds. They become traumatized while adapting to the reality, finding purpose in their lives and that of their children with hearing impairment. This study was considered very essential in finding out how the family functioning dimensions influence psychological well-being of the affected parents.

There are significant psychological issues that cause undesirable outcomes when parents make decisions for their hearing incapacitated children. They include, lack of self-acceptance, lack of family adaptation and adjustment, negative influence from the extended families and the entire community. This unwanted situation can be arrested if family functioning dimensions of communication, problem-solving, affective responsiveness and behavior control are put in place. This study is of great importance since it gives insight on how family functioning does improve psychological well-being of parents raising children with hearing impairment in Kenya.

1.6 Significance of the Study

The significance of the findings of this study applies well for the counseling psychologists, social workers, religious groups, institutions that interact with hearing impaired children and parents. The insights achieved offer necessary support to minimize constraints to both the child with hearing impairments and their parents.

The findings have the ability to equip parents with insights concerning the roles they play in the families as they bring up hearing impaired children, inform ways of monitoring their children, showing affection including adjusting on their problem solving techniques. Parents will find the need to adjust their parenting styles in order to acquire good mental health. If the findings of the study are taken seriously, the suggestions provide insight to the community and entire nation. As a result, children with hearing impairment and their parents will socialize unreservedly and enjoy immense psychosocial support

The study findings have the potential to empower organizations in ways of supporting caregivers of children with disabilities to embrace and nurture talents and abilities of their children to become less dependent. The findings will inform Counselors and Psychologists who get employed in hospitals, schools and Educational Assessment Resource Centers where screening for children occurs. The personnel will have reliable information to offer to parents about early interventional measures to lessen family conflicts. Similarly, families will get informed how to accommodate them within the functional family system. The findings will have long-term effects through therapy of addressing mental health of distressed parents and couples becoming remedy to reduce trauma in parents, divorce/separation, child abuse and negligence.

The outcome of the study provides suggestions, recommendations that add knowledge to the available data thereby enabling other researchers to advance documentaries on the subject of

family functioning on psychological well-being of parents raising children with hearing impairment. The findings will become public utility disseminated through workshops, seminars, printed and online publications.

The policy makers will acquire additional information supporting formulation of appropriate policies for counseling parents/cares-takers, schools and other relevant institutions. The literature contribute ideas to the public on methods to adapt to enhance functioning in families and learning to solve issues pertaining children with hearing impairment and their parents/caretakers.

1.7 Scope, Delimitation and Limitations of the Study

Respondents of the study were restricted to children sampled from St. Kizitos Litein and Kedowa Special schools of hearing impaired children in Kericho County. Children with HI were involved in the study since they are the key players of psychological issues such stress being assessed in parents due to their condition of hearing-loss. Only parents of children with hearing-loss enrolled in the 2 mentioned schools participated in the study. The researcher aimed at establishing the influence that a child with hearing loss impacts on their parents in the process of caring for them. The study therefore, presents only the insight of selected parents and specific children who are subject in the study.

The study focused on four selected dimensions of family functioning and psychological well-being of parents raising children with hearing impairments. Other disciplines of disabilities were not explored. The researcher's curiosity to undertake the study was pushed by parents' frequent concerns and unanswered questions about their children with hearing impairment at work place.

1.8 Theoretical Framework

This section deals with the theory of McMaster model of Family Functioning (MMFF) that is used to guide this research. It also consists of the strength, weakness and the application of the theory to the study. Theory explains the natural or social behavior, event or phenomenon. The researcher used the theory because it's generally accepted though with no concrete evidence. However, it helped in a great way to understand the phenomenon in this research.

1.8.1 The McMaster Model Family Functioning (MMFF) Theory

The theory is anchored on the basis of family systems theory which considers a family having core duties that it deems necessary to be accorded to every one of its members. Dai and Wang (2015) suggest that, the function of a family is to provide appropriate environmental conditions that perpetuate growth. Such conditions include physical growth, psychological, social and other varied factors.

According to Walsh (2012), a family system, may be healthy or not. It may thus have good or poor family functioning. The theory stipulates that, family functioning can be measured based on certain functional or non-dysfunctional family dimensions. Seedat and Saffla (2010) and Lenders (2015), MMFF perceives a family as an open system which has subsystems which relate to other external environmental systems and sub-systems. The external systems may include schools, industry, community and even the religion. In order to understand the structure, organization and transactional patterns of the family, the theory recommends six dimensions of family function as; problem-solving, communication, roles, affective responsiveness, affective involvement and behavior control (Miller, Ryan, Keitner, Bishop & Epstein, 2000).

The McMaster model presents Family Functioning in terms of six interrelated dimensions. It also depicts a functional family as a healthy family that has the ability to adapt to the scale of

the six levels. On contrary, families that are unable to navigate daily tasks and life situations as they occur express dysfunctional behaviours which are less adaptive levels of these dimensions. The six dimensions include; problem solving, communication pattern, roles, affective responsiveness, affective involvement and behaviour control. The current study selected four dimensions which are evaluated to determine the family life functioning.

Problem-solving dimension plays a major role of keeping a family intact. Dai and Wang, (2015) and Zanganeh and Kaboudi, (2015) view a family's ability to solve its issues as way to effectively maintain its stability and functionality while, Miller, Ryan, Keitner, Bishop & Epstein (2000) adds that it is the capability of the family members being able to resolve their unit issues to a level that maintains mutual feelings and effective family functioning. Consequently, it involves identifying the problem, communicating with the appropriate person, developing alternative thoughts, acting on newly created decisions, monitoring the action and then evaluate the effectiveness of the actions taken. The problems to be solved are the instrumental and affective types. The instrumental problems are the everyday problems in a family's or individual's life including money, disability, and social stigma issues which determine the place to live and how to live. Affective problems are those related to emotional experiences and feelings (Miller, Ryan, Keitner, Bishop & Epstein, 2000).

Another dimension is communication. Communication is the manner in which a family exchanges interaction among its members, Zanganeh and Kaboudi, (2015). Through communication Dai and Wang (2015) says information is easily delivered and known to everyone in due time. In MMFF model, communication is both verbal and non-verbal exchange of information within a family. The theory proposes four styles of communication as; clear and

direct, clear and indirect, masked and direct and masked and indirect. Clear and direct style is the best for a functioning family (Jobe-Shields, Buckholdt, Parra & Tillery, (2014).

Affective responsiveness as a dimension to evaluate family function applies to members' ability to respond suitably to the emotional needs of each other in various situations (Zanganeh & Kaboudi, 2015). Lenders (2015), views affective responsiveness as an element concerned with a family's ability to respond to diverse stimuli with the appropriate quality and quantity of feelings. There are two categories of affective responsiveness. These are; welfare emotions consisting the warmth, tenderness, support, love, consolation, happiness and joy; and emergency emotions which consist feelings that encompasses fear, anger, sadness, disappointments and depression. There is also the affective involvement which is the extent to which family members show interest in and value for individual members and their activities in the family. There are six types of involvements namely; lack of involvement, involvement devoid of feeling, narcissistic involvement, empathic involvement, over-protective and symbiotic type of involvement (Dai & Wang, 2015).

In family functioning dimension is also behavior control which Dai and Wang (2015); Jobe-Shields, Buckholdt, Parra & Tillery, (2014) describes as the pattern a family adopts for handling behavior in critical areas such as physically dangerous situations, situations involving meeting and expressing psychobiological needs and drives, situations involving socialization behavior between both the family members and the community. Behavior control comprises rigid behaviour regulations, flexible behaviour control, laissez-faire behaviour control and chaotic behaviour control.

The relevance of MMFF theory to the study was selected due to its strengths. It is notable that the family members are guided by non-dysfunctional dimensions of problem-solving

technique, communication pattern, behaviour control mechanism among the family members and affective responsiveness as the main factors of a functioning family.

This study recognizes the MMFF as the basis where each member of a family unit has the liberty to expresses his/her feelings, needs and stress. When a family is functional, the individual is listened to and offered an appropriate emotional response which serves to restore an individual's well-being. As such, parent with mental distress of bringing up a child with hearing loss is capable of receiving mutual encouragement. This indicate that communication, behaviour control, problem solving forums and family affective responsiveness are functional measures that restore psychological well-being within a family and to parents.

MMFF theory views the family as a system that comprise of several sub-systems which affect physical and psychological health of individuals in the process of realizing various functions in the family. The more efficient a family is to realize its functional processes, the better the family members are mentally (Dai & Wang, 2015).

The relevance of this theory is perceived not only due to its view of a family as a system but also due to the emphasis it has on dysfunctional relations. The study envisions this reality where the hearing impairment becomes the key to suspicion for family conflict therein creating a rift. The communication hurdle caused by child's physical impairment, lack of problem solving strategies or involvement of family members who negatively demonstrate the problematic influence of hearing impairment on family leading to unhealthy psychological well-being of a parents.

According to Miller, Ryan, Keitner, Bishop and Epstein (2000), dysfunctional transactional patterns in the MMFF Model are the transactional patterns referring to the common interactions between family members which are associated with impaired functioning in one or

more of the dimensions of family functioning. Dysfunctional patterns increase the anxiety in the whole family or in some subgroups of the family members, at the expense of overall family functioning.

It is thus relevant since it helped to establish how family functioning dimensions effectively apply to reduce extreme anxiety, stress and even depression of bringing forth a hearing impaired child. It also helps to establish how individuals accept the situation and master their environment for functional processes within their family units.

The McMaster model is a comprehensive result oriented approach which is founded on previous existing models in the family systems field. The model is reliable and has been used widely to guide other research studies. The theory has six tangible dimensions from which it explores to understand a family structure, organization and interaction pattern in order to determine whether a family is functional or dysfunctional (Dai & Wang, 2015).

The weakness of this theory is on the basis that it has mostly been used by psychiatry medical practitioners. Farner and Gholizadeh (2010) giving critique to the model, asserts that, it tends to place more emphasis on clinical field but does not consider family functioning from all perspectives. From other studies conducted using McMaster model, results have indicated that family functioning is dysfunctional and unsatisfactory in some families with different cultural from orientation from the Caucasian background. Likewise where families have a member with mental illness, physical problems and diseases family functioning is at risk of causing dysfunction in families (Zanganeh, et al, 2015).

Justification for application of the theory

Regardless the weakness identified, the theory was chosen to guide the study because of its emphasis to the family as a principle agent to facilitate the necessary change. The family is viewed as a "united block" comprised of segments. A segment is an essential part of the whole that cannot be understood independently without evaluating the influence of other segments to it because of their interrelation. In this case, the dimensions in MMFF model that is; communication, affective responsiveness, problem-solving and behaviour control played a crucial role in exploring the influence of a child with hearing impairment in a family. The study was able to identify the challenges posed by communication barrier, inadequate expression of affection to a child with hearing impairment, lack of child involvement during problem solving and ineffective approach to behaviour control in the child. Exploring the said dimensions also helped to determine strategies that are necessary to enhance functionality in a family and ways to improve the mental health of parents raising children with hearing impairment in Kericho County. The insights that were raised are crucial because they are applicable to other families in Kenya experiencing similar situation. The study recognized the emphasis with which MMFF model places on family unity as playing an indispensable and central role in raising a child with hearing impairment. The study encourages families raising a child with HI to pay attention to the principles of MMFF model to have the child become integrated in the family as well as to positively impart to the psychological well-being of the parents.

1.9 Conceptual Framework

The relationship between the different variables is summarized in the Figure 1.1

Family Functioning Psychological well-being

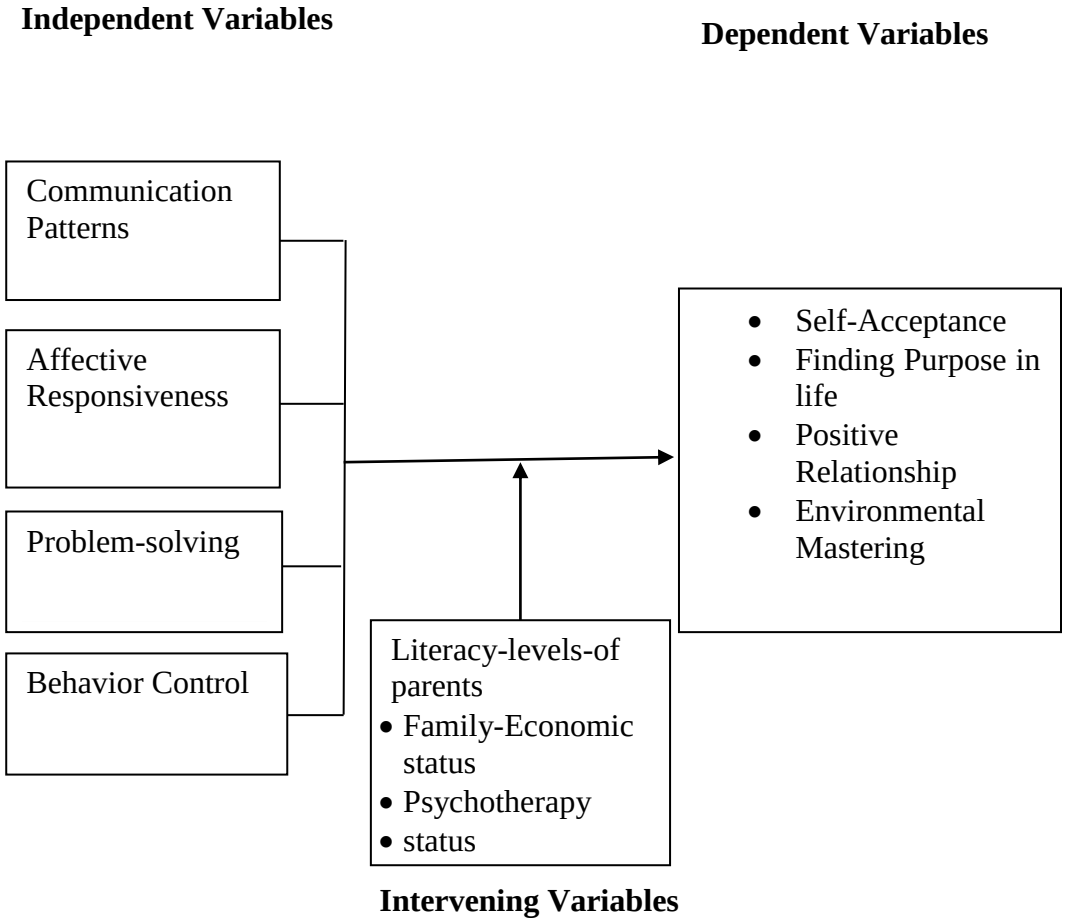


Figure 1.1: Conceptual Framework

A functioning family plays a very crucial role in increasing the well-being of parents by enhancing self-acceptance, creating positive relationship, enabling one to find purpose in life, and ability to master his/her environmental. Environmental mastering involves activities such as, learning to interact with surrounding community, seeking services and psychosocial support from within them, which could contribute to ones' independence.

The functioning dimensions in a family promote a positive outlook on the parent yielding to psychological empowerment and eventually gaining better mental health. The four family dimensions explored in this study in addition to application of other resources as parents' education literacy, psychotherapy services and available economic resources empower a parent to mitigate the challenges posed by hearing loss. The dynamics are effective approach of positively impacting on a parent's psychological well-being.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

The chapter presents a review of empirical studies showing the relationship between study variables. Theoretical review was carried out to show how appropriate the selected theory applies in relation to study variables. The chapter also presents a review of related empirical studies and the knowledge gaps.

2.2 Critical Review of Theories

The researcher made a critical review of theories related to family functioning and psychological well-being of parents raising children with hearing impairment.

2.2.1 Family System Theory

According Kerr (2018), Family Systems theory was developed by Lucius Murray Bowen between 1954 and 1959, at the National Institute of Mental Health, Bethesda, Maryland, USA. Family system theory was developed from the General Systems Theory which has some key concepts asserting that the family is an organized system which includes a wholeness and order, a hierarchical structure, adaptive self-stabilization and adaptive self-organization (Buswell, Zarbriskie, Lundberg & Hawkins, 2012). Thus the theory perceives family as a goal directed, self-correcting, dynamic, connected systems that affect and is affected by the surrounding external environment and by the family system itself.

Human-beings function as one emotional unit in a family and it's easier to understand them and their challenges from a family context and their relationships. Although all families

may not be close, they are nevertheless emotionally interconnected to an extent that, whatever happens to one person automatically impacts on other members. The impact could be good and exciting or anxious and stressful causing psychological effect. The view of the theory is that, due to the nature of interdependence among family members, it therefore makes it easier to treat and resolve a problem as an entire family than as individual. The theory suggests that, the psychopathology in a person does not reside in the individual but rather in a disturbed system of family relations (Kerig, 2011).

Sandra and Barbra, (2018) defines a family unit as a complex social system in which members interrelate to influence to each other's behaviour. Caregivers make choices on the best ways to nurture their children including the food to eat, number of meals to take, decide when, where, how and which things are to be done. The Family system theory is a well-established model and can be evaluated through the family systems theoretical perspective (Buswell et al., 2012).

Within the system, patterns develop as certain family member's behaviour is caused by and causes other family members behave in predictable ways. Maintaining the same pattern of behaviors within a system may lead to balance in the family system, but can also lead to dysfunction. If one of the parents is depressive and is not able to fulfil his duties satisfactorily, the other members may need to take more responsibility to prevent a fall. This change in roles maintains the stability in the family but with a different level of equilibrium. This new equilibrium may lead to dysfunction as one parent may not be able to maintain this overstretched role for long (Buswell et al., 2012). Family system theory emphasizes that a functioning family share ideas, information, thoughts and feelings (Dai & Wang, 2015).

The relevance of the theory to the current study is to depict the role of clear and well directed communication patterns. Clear communication impacts satisfaction and clarity of perception which in turn makes the family to be cohesive and strong with a sense of belonging. In case a spouse has become depressive due to too much stress, such as birth of a child with hearing loss, the system would be affected and realizing stability and equilibrium once more may not be a walk in the park. There is too much effort that may be required to enhance mastery of the situation and environment where a deaf child has been born.

The pillars of the family system like the communication and behaviour control may be overemphasized and may cause more stress at the expense of positive relationship and self-acceptance. This can easily lead to isolation of the family members resulting in more psychological sufferings. The family functioning dimensions are also likely to cause cohesiveness that would lead to self-acceptance, acceptance of the presence of the deaf child, and environmental mastering to be able to manoeuvre around and find purpose in life amid the unwanted situation.

The Family systems theory also aims at assisting the family members to achieve better heights of differentiation without condemning others, to act with minimal reactivity and with improved sense of self-responsibility in the family. The theory is also relevant to the proposed study in that it encourages parents to appreciate the source of anxiety as a way of establishing interaction in the family. The quality of the relationship between parents, following the stressful upbringing of a hearing impaired child, affects the whole family more so the parent-child positive relationship, directly and indirectly. This relationship will highly depend on the communication clarity and affective responsiveness and involvement and problem-solving approaches especially on the affective, emotional problems.

The Family System Theory contributes to this study's eight interlocking precepts which include; differentiation of self, triangulation, emotional cut off, sibling position, autonomy, nuclear family emotional process, family projection process and societal regression in helping conceptualize the family dynamics in determining factional or dysfunctional family. The theory proposes the importance of viewing each individual member in the family as an agent of change to correct what is wrong and not blame. For instance, in circumstances where a member of the family has a hearing impairment, the focus is not in blaming him for the reproach he/she causes the family or establishing who is the cause so as to emerge as the victim while the other villain. Such behaviour would be disastrous resulting in parent experiencing psychological distress and would flow back to other family members in solidarity. The theory recommends suggestions good to be adopted by the entire family for the purpose of including the odd member to feel they suitably belong. The theory targets every member to become an instrument of enhancing a warm family network relationship radiating from within spreading outward. The theory is beneficial as it introduces a process aimed at developing self-principles to govern one's life yet remaining part and parcel of the family system.

2.2.2 Olson Annular Mode Theory

Olson Annular theory was invented by Olson in 1978. It is based on the propositions found in the theory of family system. The theory is widely used in the field of family function theory (Dai & Wang, 2015).

This theory is divided into family intimacy, adaptability and communication. The family intimate denotes the level of the relationship between family members as family communication refers to how information is passed and received among the family members. Family adaptability is the degree to which the need to change its ability, roles assignment and rules to enable it to

adapt or cope with the external environmental pressure. Communication is crucial in the family for the development of good family relationships and adaptability or mastery to its environment (Segrin & Flora, 2011; Dai & Wang, 2015).

Olson theory posits that family intimacy may be disconnected, disjointed, connected or enmeshed as its adaptability may be rigid, structured, flexible or chaotic. The theory also speculates that there is a curvilinear relationship between the result of family function and these dimensions. When these dimensions score too highly or too low the function of the each family is hindered. However, these scores result to a balanced type, middle type or extreme type of families. Extreme scores of the family dimensions cause maladjustment of family members (Noller & Callan, 2015).

The relevance of this theory to this study mainly lies with its result-oriented approach especially on the effects of communication on the family affection, positive relationship and adaptability. When the family adopts smooth, acceptable and reliable communication strategies, it creates higher levels of intimacy within the members. Each person feels accepted and satisfied in life. This makes one gain self-acceptance and also improves affective involvement and responsiveness. When communication strategies or patterns are unfavourable to some family members, affection is eroded and there is poor adaptation to dictates of the environment. The members of the family may feel highly destabilized mentally and display symptoms of psychological or mental disorder. Rational decisions from the parents, the deaf child or other family members may not be realistic.

Though communication, affective responsiveness, behavior control and the problem solving strategies are the family functioning dimensions whose influence is to be investigated with respect to scores in psychological well-being of families, it is imperative to note that

families with extreme levels of communication lack reasonably stable patterns of interrelationships and dissipate antagonistic behaviours among its members. Family members become weak in controlling themselves or dealing with others. A moderate family is more flexible in communication and the ability to adapt is realistic yielding positive outcomes.

2.3 Critical Review of Empirical Studies

This section will analyses the literature from various studies relating to family functioning namely family communication patterns, family problem-solving techniques, family affective responsiveness, family behaviour control and best strategies to enhance family psychological well-being.

2.3.1 Family Communication Patterns and Parents' Psychological Well-being

Communication behaviour in the family and the parents' beliefs on how family members should communicate are closely related. They also keenly combine to create family communication patterns (Epstein, Sanders, Sheldon, Simon, Salinas, Jansorn, & Hutchins, 2018). Communication functions meant to preserve stability of family systems in diverse ways, is identified as managing separateness and connectedness; constructing family themes, constructing family images and creating borders. A number of other family communication practices work to enhance meaning within the family system. These are storytelling, communicating rules, creating family rituals, communication roles, and intimacy in communication and communicating control. What follows in the subsequent sections is a brief analysis of these functions (Miller-Day, 2017).

Communication as a dimension of family functioning is the exchange of information. It includes the content, checking the communication sent as appropriately conveyed, the potential for the multiple messages and message interpretation by the receiver. Buswell, et al., (2014),

notes that family communication is the action of making information, ideas, thoughts and feelings known to the others. Hence, communication refers to the verbal and non-verbal expressions that may involve eye contact, movements and behaviour of family members. Family communication assists a family to alter their cohesion and flexibility to meet their developmental and situational needs. It therefore, facilitates a feeling of emotional closeness with each other.

A survey was conducted in primary and secondary schools in the Netherlands to compare hearing impaired (HI) children's self-esteem with that of normal hearing (NH). It also anticipated examining the influence of type communication and audiological characteristics as well as the education. Findings of the study indicate that HI children experience lower levels of self-esteem regarding peers and parents than NH children. The HI children experience lower levels of self-esteem in the social domains. However, due to heterogeneity of the HI population, there is high erraticism in the levels of self-esteem (Theunissen, Rieffe, Netten, Briaire, Soede, Kouwenberg, & Frijns, 2014). The study did not capture other aspects of psychological well-being among the HI children in the study population.

Lederberg and Evarhart (2000) carried out a study on comparative study among Caucasians examining the nature of communication between deaf children and their hearing mothers verses hearing children and their hearing mothers. The children were aged between 22 months and 3 years. The aim of the study was to analyze the impact of hearing loss and developmental changes on pragmatic and dialogic characteristics of communication with their maternal parent. The researcher carried out a longitudinal study involving 20 hearing and 20 deaf children and their maternal parents. The data was collected using video-taping during their free-play moments with their mothers. The findings of the study focused on communication and responsive dimensions of both the hearing-impaired and hearing children that was similarly

observed to improve as they grew. Notable growth in communication was experienced in context, quality and ability to respond to their mother. However, the hearing children were observed to be appropriately more responsive in paying attention to their mothers' communication, able to introduce new issues for discussion and dyads into their conversations. On the contrary the deaf children were observed to be less skilled in maintaining communication on the topical issues and pragmatic function in a conversation. Their dialogue was majorly unclear unlike the hearing children. The interaction of children with hearing loss lacked communication skills as it was often directives aimed at the mother. Their communication had limited questioning, lacked turn-taking, failed to initiate new topics or involve dyads into their conversation unlike their hearing counterparts.

Communication control by the mothers of hearing children was observed to determine degree of entire dialogue while mothers of children with hearing loss were observed to be more controlling on responsiveness. Nevertheless, they did not add much value in communication skills such as turn-taking, making appropriate responses, clarifying or questioning like the hearing parents did with their hearing children. According to Lederberg and Evarhart (2000) most of the differences encountered in communication of children with HI is attributed to linguistic delays experienced during infancy development. Adamson (1995) is quoted by Lederberg and Evarhart (2000) stating that 'pre-linguistic hearing infants develop communication skills that predate and form the foundation for linguistic communication such as use of conventional communication symbols of spoken words. As the formation of the pre-linguistic language of the deaf, involving the deaf toddler in the use of non-linguistic gestures such as pointing, and gesturing accordingly would engage them in conversation with their adults and environment helping them to develop foundation of effective communication.'

During the first and second year, children are at the initial developmental stage of basic skills of communication both vocalization and gesturing for pragmatic purposes (Dromi, 1992). However, for deaf cases little is known about the development of these skills. Lederberg and Evarhart (2000) acknowledges other studies where older deaf children confirm having deficits in their dialogue and pragmatic functions in their communication. Hence they attest to communicate less with other hearing people, have limited spontaneous communication which occasionally may not adhere to the conversation requirements, they ask few questions, and their talks are brief and may be less responsive to maternal directives.

Unlike other studies that judged mothers of the deaf children to dominate and flood communication than mothers of hearing children (Ken worthy, 1996) the findings of the study established that mothers of the deaf are never controlling communication in anyway but they adjust to respond according to communicational needs of their children. Mothers of the deaf only require to focus more on fostering non-linguistic symbols of communication at the initial developmental stage but not to change general communication or their maternal conversational control with their children with hearing-loss. Although the study addressed communication and responsiveness among deaf children with a maternal parent, the study involved young infants than the current study focusing on teenage deaf children. The study did not embrace all parents and their psychological well-being of raising children with hearing impairment.

A study was conducted by Zaidman-Zait, Most, Tarrasch, Haddad-eid, and Brand (2016) among Israeli Arabs in Israel in 2016. The purpose of the study was to assess differences in parenting stress, personal acceptance of the child who is hearing-impaired or Hard-of-hearing (HI/HH), the parents' view of parenting self-efficacy, and the social (formal and informal social support) coping means between mothers and fathers of the deaf and hard-of-hearing (D/HH)

among the Arabs. As one of the objectives the study also examined the relations between coping means and parenting stress. Findings revealed that, parenting the HI/HH poses unique long-term challenges that can place the parents at greater levels of parenting stress. It was also reported that adaptation of the families to different challenges presented by childhood hearing impairment is influenced by personal and the available social coping assets available for managing the challenges and the stressors. Findings further indicated no significant differences between mothers and fathers regarding parenting stress, acceptance of the HI/HH children or parental support systems. Mothers reported significantly higher levels of self-efficacy. Higher coping resources reduced the parenting stress levels. The study did not assess the influence of communication on environmental mastery and positive relationship among the affected families.

Brice and Strauss (2016) conducted a study in USA to review the factors that affect psychosocial adaptation of deaf children among the families. Findings indicate that shared communication system is crucial to avoid the sense of isolation among family members. It is common for parents to strive to find the suitable equal communication for their children. The findings further indicate that that their efforts notwithstanding, some parents who have learnt some sign language still do not feel comfortable or find it easy enough to communicate well. However, what the deaf children ultimately use as sign or speech can have a big influence on their identity as a deaf people. Most commonly within the deaf community, a Signed Language is used to communicate. However, there are many deaf individuals who cannot sign. Good communication at home predicts better family relationship results. The study did not assess the family functioning influence of communication on self-acceptance, purpose in life and environmental mastery.

Anderson, Rueter, Connor and Koh (2017) conducted a study on the effects of family communication patterns on adopted adolescent adjustment in United States. The study tested hypothesis on a sample of 384 adoptive and 208 nonadoptive families. Adolescents involved adolescents were, on average, 16 years of age. The results indicated that the adolescents were at significantly greater risk for adjustment problems compared to non-adopted adolescents in families that emphasized conformity orientation without conversation orientation and also in families that emphasized neither the conformity nor the conversation orientation. Adolescents in families emphasizing conversation orientation were at lower risk for adjustment problems, regardless of adoption status. The study noted the importance of communication in family orientation but did not involve the hearing impaired children among the adopted or non-adopted respondent categories of children.

Theunissen, Rieffe, Netten, Briaire, Soede, Schoones and Frijns (2014) studied the influence of communication, type of education, and audio logical characteristics on HI children self-esteem in comparison with the Normal hearing (NH) children in Washington, D.C.It was hypothesized that hearing impaired (HI) children have lower levels of self-esteem, since they frequently experience lower adoption of language and communication skills. This large (N=252) retrospective, multicenter study consisted of 123 HI children and 129 NH controls (mean age =11.8 years). Self-reports were used to measure self-esteem across four domains: perceived social acceptance by peers, perceived parental attention, perceived physical appearance, and global self-esteem. HI children experienced lower levels of self-esteem regarding peers and parents than NH controls. The HI children who under the special education for the deaf were at risk, even after correcting for their language development and intelligence. The levels of the global self-esteem and self-esteem involving physical appearance in HI children equalled those

of NH groups. Younger age at implantation and longer duration of use of cochlear implants (CIs) were significantly related to higher levels of self-esteem. Though the study assessed the self-esteem as an aspect of psychological well-being of the HI children, their entire families were not involved. The study did not assess the other psychological well-being aspects such as purpose in life, positive relationship and mastery of the environment.

Chaudhury (2014) did a study in India on the anxiety and depression in mothers of HI children. Findings show that psychological effects on mothers of these children are a major, but less studied. Over 90% of HI children are brought forth by normal hearing parents. Many parents of HI children experience stress, in response to the initial diagnosis and due to the increased financial and time pressures, feelings of stigmatization and isolation, challenging communication exchanges with their children and while adapting to the special needs of children with HI. Children with hearing loss cause a lot of stress and even trauma in families who had little or no contact with deaf people before or have very little knowledge about the consequences of that experienced impairment. Findings also found out that the psychological reaction of the parents to the initial diagnosis of deafness includes grief, guilt, anger and helplessness. Due to the dominant role of hearing in human communication, a sense of isolation in the parent-child relationship is inevitable. The study recommended that to cope with the shock of the such diagnosis, families must acquire an understanding of a considerable and multifaceted body of knowledge on the management of the HI children including facts about hearing aids, educational methods, Sign Language, school choices and legal concerns too.

Sanavi, Baghbanian, Shovey and Moghaddam (2013) carried out a study assessing family communication pattern and parenting styles with quality life in adolescents in Iran in the western Asia. The study aimed at finding out how parenting styles and family communication patterns

with adolescents' quality life were related. The study used cross sectional design. Questionnaires were used to collect data from 439 adolescents with their parents. The adolescents completed the KIDSCREEN health-related quality of life questionnaire. Parents on the other hand completed the Diana Brinder's Test in order reveal the parenting styles that they used. The findings showed that most parents used authoritative style of parenting with most families using consensual style of communication. The study also revealed a significant relationship between parenting style and psychological well-being. The study however did not involve hearing impaired adolescents or use comparative design of data collection. The current study involves hearing impaired primary learners and their parents. The researcher used mixed method approach by administering questionnaires for parents and interview guide for young learners to collect data in order to assess the effect of communication on family functioning and psychological well-being of parents raising children with hearing impairment.

Koerner, Schrodt, and Fitzpatrick (2017) investigated family communication patterns and family functioning in Nigeria including the roles of conversation orientation and conformity orientation. The study used 1336 mass communication students in Nigeria. An analysis of family communication reveals that families develop and sustain a variety of different communication patterns based on their context. However, the study did not assess influence of different communication patterns on psychological wellbeing of families with HI children.

A study was done by Idris and Badzis (2017) to assess the experiences of parents on interpersonal behaviour problems of their children with hearing impairment in Kano State, in Nigeria. Findings indicate that HI children often have exceeding language disability which mainly affects interpersonal relationships with their parents, peers and the entire families. The study concluded that most of the HI children are defiant, exhibit rudeness, have hot temper,

destroy property and fight most of the time. Their parents turn to spiritualism and cooperate with other extended family or community members to cope with their challenging experiences. The HI children parents themselves believed they need additional social support. The study did not assess communication as a family functioning aspect that influences self-acceptance, purpose in life and the mastery of the environment in the families.

Puffer, Green, Sikkema, Broverman, Ogwang-Odhiambo and Pian (2016) did a study on a church-based intervention for families to promote mental health and prevent HIV among adolescents in rural Kenya. The intervention was developed using community-based participatory methods and focused on strengthening family communication. Modules addressed economic, relationship and HIV-related topics using evidence-based behavioral strategies alongside culturally grounded content on 124 families (237 adolescents aged between 10 and 16 and 203 caregivers) from 4 churches. Findings indicate that relative to controls, the intervention group reported better family communication across domains at 1 and 3-months post intervention and higher self-efficacy for risk reduction skills and HIV-related knowledge at 1-month post intervention. Male caregivers reported higher parental involvement and youth reported more social support from male caregivers at 3-months post intervention. No effects on secondary outcomes of parenting, social support, and mental health were detected. The study concluded that this intervention holds promise for strengthening positive family processes to protect against negative future outcomes for adolescents. The study failed to involve the HI children in the investigation of the study variables as a respondent category that cause anxiety to parents and the entire family psychological well-being strain.

The above literature does not show any effect of the communication dimension on the family psychological well-being for families with hearing impaired children as stipulated in

this study. There are no adequate recent studies on how family communication patterns influence psychological well-being among the affected families. However, it is not clearly known about how communication patterns from mothers or both parents in families may influence mastery of the environment among other psychological well-being attributes.

2.3.2 Family Affective Responsiveness and Parents' Psychological Well-being

King and Chiarello (2014) did a survey to investigate relationship between family functioning and responsiveness in family child care providers in United States. This study examined how depression and stress was associated with family child care providers' responsiveness. It also examined the influence of family functioning as a mediator. Direct and indirect associations were examined utilizing structural equation modeling with a national survey of 888 licensed family child care providers from across the United States. This study found when family child care providers perceived higher levels of general stress, they reported that they utilized less positively-focused reactions, expressive encouragement, and positive social guidance. They did not report using more negative reactions or negative social guidance. The study did not involve deaf children caregivers or families.

Chaudhury (2014) did a study in India to investigate anxiety and depression in mothers of deaf children. The findings indicate that psychological development and well-being of these children depends on the quality of maternal care-giving and emotional responsiveness. Children are highly exposed to the negative effects of maternal depression. Depression can negatively affect HI children outcomes since depressed mothers are less sensitive to their children's needs. They are less effective at encouragement language and their children's psycho-social development. Further, the study reported that maternal parents' self-esteem is also decisive to the children's success. All clinical undertakings should be directed at empowering the parents' self-

confidence. The study also indicated that family involvement, especially the maternal self-efficacy show positive effect on HI children's language development. The more the mothers are able to acquire caring strategies for coping with their HI children, the more well improved their children's emotional sensitivity, and problem-solving behaviours. These HI children also reveal less irrational conduct. They gain better social competence and high mental flexibility.

Karaaslan et al., (2014) conducted a randomized control study of responsive teaching with young Turkish children and their mothers. Findings indicate that some young children with disabilities have difficulties engaging in positive interpersonal relationships with their parents and other family members. Parents may also, at times, interrelate with these children in a manner that discourages social interaction. For example, they may be exceedingly authoritative and directive. Parents should learn how to apply situations that encourage relations and those that respond in positive ways.

Maršanić, Margetić, Jukić, Matko, and Grgić (2014) did a study on Family functioning and parent general health in families of adolescents with major depressive disorder in United Kingdom. Family functioning and parent mental health in families of adolescents with major depressive disorder (n=61) were compared with a community control sample (n=34) using the McMaster Family Assessment Device (FAD) and the General Health Questionnaire (GHQ). Mean FAD and GHQ scores for clinic families were significantly worse than controls. 56% of clinic and 29% of control families met operational criteria for current dysfunction. In the clinic group family dysfunction was associated with the additive effects of comorbid Oppositional Defiant disorder in the adolescent and mother's current poor mental health, while father's current mental health had no associations with family functioning.

A study was conducted in Sri Lanka in 2017 to assess Impact of Family on Children's Wellbeing. Findings show that lack of parental love and care for their children negatively affects the children's wellbeing. The study identified the negative aspects that negative psychological effects on these children namely: non-availability of either parent or both (broken families), domestic violence, parent's wrongdoing (alcohol addiction), and less love and affection from parents. The study found that in cases, there children who were unhappy and in stress for lacking parental or guardian love and care. When the father is absent, children face difficulties in that family which may be economical, social and psychological. Parenting behaviour and the quality of the parent-child relationships are critical in understanding and moulding children's well-being in families. Therefore, the impact of family affection and responsiveness to the children's wellbeing is remarkable. The study recommended the strengthening of the family in the society so as to facilitate significant positive influence on the wellbeing of the children (Pannilage, 2017).

Thurman, Kidman, Nice, and Ikamari, (2015) investigated on Family Functioning and Child Behavioral Problems in Households Affected by HIV and AIDS in Kenya.Using a population-based sample of 2,487 caregivers and 3,423 children aged 8–14 years from the Central Province of Kenya, analyses were conducted to examine whether parental illness and loss were associated with family functioning and children's externalizing behaviors. Findings suggest that psychological and behavioral health needs may be elevated in households coping with serious illness and reiterate the importance of a family-centered approach for HIV-affected children. The study did not examine family functioning dimensions' influence on diverse aspects of psychological well-being of families with deaf children.

Extant literature has partially covered the effects of family affective responsiveness or involvement on psychological wellbeing of families with deaf children. The proposed study will thus embark on the assessment of how affection and responsiveness by family members affect members' purpose in life, mastery of the environment and self-acceptance in Kericho County.

2.3.3 Family Problem-Solving and Parents' Psychological Well-being

In every family, there is likelihood of occurrence of problems. No matter how positive and empathic we have been, kids would still misbehave and ask for more than they deserve. The demands of our daily lives will inevitably create conflict and misunderstanding. So often, families get stuck. Despite our best intentions, children become stubborn and defensive and so do we (Strauss, 2017).

Baldwin (2018) studied parental problem-solving skills and child behavior problems comparing the physically abusive, neglectful, clinic and community families in United States. The investigation provided support for a procedure for measuring parental problem-solving skills and compared the problem-solving abilities and child behavior problems of maltreating and non-maltreating parents. Subjects were 40 parents with at least one child between the ages of three and twelve. Abusive and neglectful parents were deficient in problem-solving skills compared to clinic and community parents. There were many similarities in parental reports of child behavior problems for maltreating and non-maltreating parents. Parental problem-solving skills did not correlate significantly with parental ratings of child behaviour problems. The study did not examine the influence of parental problem solving skills on the stress, anxiety and hopelessness that result from presence of HI children in their families. The proposed study will thus attend to establish the relationships that exist between the problem solving skills and psychological well-being among parents with HI children in Kericho.

Dishion, Forgatch, Chamberlain, and Pelham (2016) conducted a survey to study the relationship between social interactional patterns of behaviour and problem-solving outcomes in USA. A sample of one hundred and twenty-five two-parent families with a boy in the 4th, 7th, or 10th grade were observed as they attempted to resolve their own family problems. Findings indicate that negative emotional patterns were negatively associated with good problem-solving outcomes, while problem-solving patterns were positively associated with positive results within families. The problem-solving outcome variable was correlated with measures of child aggression to provide construct validation for the new measure. For families in the 4th- and 7th-grade samples, the hypothesized negative relationship between problem-solving outcome and aggressive behavior was found. The study did not include within its scope, the concept of the presence of HI children in these families.

A study was done in 2017 to assess perceived Stress and Coping Styles among Malaysian Caregivers of Children with Learning disabilities in Kelantan, Malaysia. Findings show that the mean total perceived stress score of caregivers was 16.96 (SD = 4.66). The most commonly used coping strategies among these caregivers included religion, acceptance and positive reframing. Substance use and Behavioural disconnection were least commonly used. Higher perceived stress was significantly predicted among caregivers with fewer children, as well as the frequent use of influential support and Behavioural disconnection coping and lack of emotional support and the religious coping. The study concluded that the perceived stress levels among caregivers were significantly predicted by different coping styles. It recommended that it is important to help the caregivers to improve on their good coping strategies so as to reduce their stress levels (Isa, Ishak, Rahman, Saat, Din, Lubis, & Ismail, 2017). This investigation failed to include the stress among the caregivers involved with HI children in its scope.

A study was conducted on HI adolescents in schools in Israel showed that higher levels of test-examination stress and terror-related stress indications were found in HI adolescents. These adolescents use more avoidant coping and less active coping strategies than the normal hearing adolescents. Higher levels of use of avoidant coping is related to higher levels of test and terror-related indicators. Internal coping is related to higher test stress only while active coping was related to lower terror-related indicators. The study recommended that identifying and targeting the elements related to adoption of avoidant coping strategies HI adolescents could help them to embrace more efficient coping styles. Programs should be introduced to teach the HI adolescents coping rational strategies, such as problem solving and sharing concerns with the significant others, as well as stress management skills. No literature is available on children with hearing impairment or their entire families coping strategies for environmental stressors (Idris & Badzis, 2017).

In Australia, a comprehensive critique on literature was done to establish how control during the teenage years points to shortfalls in coping, emotional regulation and decision making as linked to adolescence's expressing behaviour problems. Findings from the critiqued literature show that improvement of these three competencies is crucial in helping the adolescents to better traverse problems and to prevent and reduce expressing related problems. The study further indicated that family interventions can successfully improve these capabilities and improve behaviour with real- world significances. Successful interventions reform these capabilities leading to sustainable and socially integrative results (Modecki, Zimmer, Gembeck & Guerra, 2017). The study did not take into account the Behavioural deviations normally associated with HI children in their families and the psychological problems that the families experience.

A study was done in 2016 in the rural areas of Western Cape, South Africa. The study employed the mixed methodological sequential exploratory design to examine the relationship between parenting styles and decision making styles on healthy lifestyle behaviour of adolescents. Findings indicate that parenting strategies are associated with healthy lifestyle behaviours and decision making styles of their children. Findings further showed that authoritative parenting, vigilant decision making styles and frequent engagement in healthy lifestyle behaviours were the most prevalent among families in the rural side of the Western Cape. The study emphasized on the important roles of the male parents in the development of satisfactory lifestyle behaviours among the youth within families (Davids, 2016). However, the study did not investigate the relationship between problem solving styles and the Behavioural patterns in HI youth that result to stress or psychological well-being in families.

A study was conducted at Kambui School for the deaf in Kiambu Kenya to assess parental attitudes towards children with hearing impairment and academic performance. Findings show that out of the 65 respondents, 36.9 percent of the parents found comfort in spiritual engagement and 29.2 percent highly protect their children from rejection. Approximately, 20.0 percent work hard to provide financial security. These findings indicate that the majority of the parents overcome their challenges by finding comfort in God. To them hearing impairment may be seen as God`s gift and will (Thuo, 2014).

Thurman, Kidman, and Taylor (2014) investigated family functioning and child behavioral problems in households affected by HIV and Aids in Kenya. Using a population-based sample of 2,487 caregivers and 3,423 children aged 8-14 years from the Central Region of Kenya, analyses were conducted to examine whether parental illness and loss were associated with family functioning and children’s externalizing behaviors. Study findings indicate that

orphan status was associated with behavioral problems among girls. Regardless of gender, children experiencing both parental loss and illness fared the worst. Family functioning measured from the perspective of both caregivers and children also had an independent and important relationship with behavioral problems. Findings suggest that psychological and behavioral health needs may be elevated in households coping with serious illness and reiterate the importance of a family-centred approach for the children welfare. The study did not include the HI children and thee family psychological well-being.

It is evident that no substantive literature is available on adolescents' with hearing impairment or their families coping strategies towards most of the psychological well-being influencers aspects such as environmental stressors. It may be assumed that due to higher everyday stressors encountered by hearing impaired adolescents such as communication problems, strained in interactions the hearing impaired children may experience lower sense of competence in managing environmental stressors. Coping with the distinctive challenges of hearing loss may equip the families with more efficient skills to solve additional psychological issues. Having knowledge about this understudied issue may enable social workers and parents to adopt and promote efficient coping strategies (Cohen, 2014).

2.3.4 Family Behaviour Control and parents' Psychological Well-being

Behavior control refers to patterns of performance that a family uses in dealing with family situations. Families have many different ways of dealing with incidences. A family may use avoidance method or can opt to calmly discuss the disagreement or simply engage in a heated argument. Families generally develop unique behaviour control patterns of dealing with circumstances such as conflict (Linehan, 2018).

Driessche et al., (2014) conducted a research study on Psychological well-being of parents and family caregivers of children with hearing impairments in South India: Influence of behavioural problems in children and social support. The aim of the study was to assess the critical factors that contribute to mental ailments of parents and family caregivers of children with hearing impairment. The study sampled 201 parents and family caregivers of children with and without hearing impairment aged 3 to 16 years were recruited from Ashray-Akruti special school for hearing impaired children and the Bharatiya Vidyala School respectively. The study measured factors related to strain and psychological morbidities of caregivers using the Zarit Burden Scale and Self Reporting Scale Questionnaire (SRQ-20) of the World Health Organization while identification of behavioural problems in children were measured by using Strengths and Difficulties Questionnaire (SDQ). The study findings revealed connection between behavioural problems in children with hearing impairment, dissatisfaction with psychosocial support from family, domestic violence and parents/family caregivers' psychological morbidities. The findings show that these factors become too burdensome to parents/family caregivers hence they become triggers to their psychological morbidities. The research study carried in India has relatively similar goal with the current study targeting the mental health status of parents raising children with hearing impairment. However, unlike the study in India that focused on predictive factors, the current study uses four of the six family functioning dimensions to assess how they contribute to psychological well-being of parents raising children with hearing impairment in Kenya. By paying attention to mental well-being of parents raising children with hearing loss, the process may become therapeutic to increase functioning to the entire family.

Smith (2014) conducted a review of existing studies and noted that people often get frustrated and hit their kids due to misbehaviour. The study assumed that they hit children for lack of other options. Physical punishment including spanking, hitting and other pain inflicting means can cause increased aggression, antisocial behaviour, physical injury and mental health problems for the victimized children. Extant survey findings show that two-thirds of Americans still approve spanking their kids by their parents. However, there is no need for corporal punishment. It is a horrible style that does not work. The study recommended that parents and the caregivers should reduce and actually eliminate use of any physical punishment as a disciplinary method upon their children. Psychologists and other professionals should advice parents that corporal punishment as a behaviour control measure is not an appropriate or even a consistently effective, method of instilling discipline. Nevertheless, corporal punishment can work temporarily to stop awkward behaviour since children are always afraid of being hit. It does not work as a long-term measure of discipline. It can make children more aggressive. Parents should talk with their children as a suitable way of resolving conflicts in the family. Good discipline is not quickly or easily achievable (Smith, 2014).These findings have not shown whether other methods of instilling discipline and enabling behaviour control would suffice towards psychological well-being of families with HI children.

National Academies of Sciences (2016) conducted a study to establish the relationship between parent positive behaviour support and the parent-child interaction. Findings of the study indicated that parents of young disabled children find their children's behaviour to be challenging as a result of the negative parent-child interaction. This creates great stress for the parents. The study recommends an approach to be adopted to promote parenting practices related to behaviour management. It is important to develop and adopt such approaches like the Positive

Behavior Intervention and Support (PBIS) which is a multicomponent program that encompasses problem-behavior prevention strategies that amplify the levels of behavioral intervention.

Durand et al., (2013) did a randomized controlled study to examine the effects of Positive Behavior Intervention and Support (PBIS) on parents and their children with disability and highly challenging behaviour. The study found a significant improvement in the existing challenging behavior from these children. They also reported a reduction in parent stress and pessimism. The effects of the PBIS model were stronger when combined with a complementary optimism program of training meant to help parents to recognize and reorganize their parenting-related thought configurations.

Tellegen and Sanders (2013) did an investigation and established influence of the adaptation of the Triple P-Positive Parenting Program on parents of young children with behavioral and mental health challenges. An adaptation of this program-revealed strong effect on reducing disabled children challenging behaviour. It was also found to improve broader parenting variables such as parenting style, adjustment and the parent-child relationship. The program reduced negative parent-child interactions and child behavioral problems.

Truog, Brown, Browning, Hundert, Rider, Bell and Meyer (2015) conducted a research on how Family-Based Intervention improves Maternal Psychological Well-being and Feeding Interaction of Preterm Infants in Washington. The research design was randomized, repeated measures of intervention. The findings indicate that individualized, family-based intervention appears to reduce maternal stress and depression and enhances early mother-infant feeding interactions. Further research is needed to determine whether these short-term beneficial effects persist within families with HI children.

The reviewed literature indicates wide gaps in knowledge about how the family behaviour control practices influence psychological well-being of families with deaf children. Very little has been reported about how the adopted behaviour control strategies would affect the aspects of purpose in life, self-acceptance and environmental mastery of the affected families.

2.4 Chapter Summary and the Knowledge Gaps

Most of the literature reviewed was adopted from countries whose family functioning on parents' psychological well-being differs from the Kenyan perspective. For example, Koerner, Schrodt, and Fitzpatrick (2017) studied Understanding Family Communication Patterns and Family Functioning in Nigeria. Thus, there is a literature gap on the subject matter in the Kenyan situation. This study therefore will seek to fill this gap by establishing the effect of family functioning on parents' psychological well-being of families with hearing impaired children in Kericho County in Kenya.

Past studies like Maršanić, Margetić, Jukić, Matko and Grgić (2014) did a study on Family functioning and parent general health in families of adolescents with major depressive disorder. However, this study did not tackle the family functioning on psychological well-being of parents raising HI children. This study will therefore seek to fill in this gap of knowledge on family functioning and the psychological well-being of parents raising children with hearing impairment in Kericho County, Kenya.

There are substantial research gaps on the area of interventions for parents of children with hearing impairments. These may include execution of interventions in ordinary environments and support for these children and the family development. The National Academies of Sciences (2016) found that little or no experimental research has been conducted

and these knowledge gaps significantly inform instructions for future research hence this research in Kericho County in Kenya.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

The chapter presents the research design and methodology used in the study. The research gives the locale and the population of the study. It presents the sampling procedure, research instruments, validity and reliability. It also presents the data collection and analysis procedures as well as the ethical considerations.

3.2 Research Design

Kothari and Garg (2019) define research design as the arrangement of situations for collection and analysis of data while MacMillan and Schumacher (2001) refer to research design as a plan for selecting subjects, research sites, and data collection procedures to answer the research question(s). The study embraced the entire definition from the studies to encompass the total blue-print of the process in this chapter. The purpose of this comprehensive research design provides an outcome that is judged trustworthy.

A convergent Parallel Mixed Research Design was applied. Creswell points out that the method is a one-phase design in which the researcher implements collection of both the quantitative and qualitative data with equal weight at the same time (as cited in Creswell & Plano 2004; Atmowardoyo, 2018). The approach enabled much involvement of the respondents and eliminated any possible inadequacy of data. This design is flexible and easily accommodates a variety of study designs drawn from both approaches in qualitative or quantitative which is not the case with the use of either design on its own. Likewise errors and weakness of one design

that are likely to be introduced in the process of study are eliminated and integration of findings become the strength of the mixed methods design (Creswell & Clark, 2011).

3.3 Locale of the Study

The study was carried out in Bureti and Londiani Sub-Counties, in Kericho County. The Sub-counties have a population of 199,470 and 137580 respectively (Republic of Kenya, 2019). Kericho is mainly an agricultural region and is the main administrative Centre for the County. This County was chosen because unlike many counties in Kenya which do not have any category of special schools in operation, Kericho County has two special primary schools with high population of learners with hearing impairments. The presence of these two institutions of children with hearing impairment (CWHI) implies, inevitability existence of children having hearing impairment residing within Kericho County.

On the other hand, although the schools are far apart, the geographical setting and road network serving between the two schools is improved such that accessibility is without any challenges. The objective of the study is also to include families from different backgrounds including ethnicity, socio-economic, rural, semi-urban or urban. The two schools accommodate children of mixed ethnicity and from different Counties of Kenya hence, offered the study the benefit of gathering enriched views from diverse nature of participants.

3.4 Target Population

The target population of the study were the children with hearing impairment from Kedowa and St. Kizitos Special Schools in Kericho County and their parents. Kedowa special school has enrolment of 162 while St. Kizitos has 192, comprising a total population of 354. Therefore, the target population including their parents was 708. For the purpose of the study, pupils were

selected from class five to eight. The pupils from class five and above were selected for the reason that; they have been in the school program for long enough and have mastered the Sign Language. They are able to communicate and express their views clearly well compared to children in the lower classes. It was therefore expected that they would be able to explain how they relate in their family and especially their parents.

Table 3.1 Distribution of target population

School	Frequency	Percentage
Kedowa	162	45.8
St. Kizitos	192	54.2
Sub-Total	354	100
Parents	354	100
Grand Total	708	100

3.5 Sample Size and Sampling Procedures

Fischer (2017) describes a sample as a subcategory of the target population that the researcher intends to study with the aim of generalizing study results to target population. Likewise, Asiamah, Mensah and Oteng-Abayie (2017) refers a sample as a sub-set of items, elements or people carefully selected from the universe or total study population to form a representative portion for a study. A 10% sample size was obtained from each school. This is in line with Mugenda and Mugenda (2003) who hold that a sample of 10% is adequate for a large population of over fifty respondents.

The study applied purposive sampling where only special schools in Kericho County were considered for the study. The two schools were Kedowa and St. Kizitos. The sample size

obtained is as shown in table 3.2. A stratified sampling technique and simple random sampling was used to select pupils from class five to eight and purposive random sampling was used to obtain parent-respondents of sampled pupils from each school. The table 3.2 shows the sample size from each school.

Table 3.2 sample size per school

Category	Children (N)	%(Multiplier Factor)	Sample Size
Kedowa	162	0.1	16
St. Kizitos	192	0.1	19
Sub-Total	354	-----	35
Parents	354	-----	35
Grand Total	708	------	70

3.6 Description of Data Collection Instruments

This section presents a description of study instruments the researcher used to collect data from the field. The study employed the use of questionnaires and structured interview guide. Research instruments are tools that are used to collect information from the respondents (Kombo and Tromp (2006). The standardized questionnaires were administered to collect information from the parents with the help of RAs while interview guide was used to gather information from the pupils.

3.6.1 Questionnaire for Parents

Dudovskiy (2018) defines data collection as the act of collecting information from respondents so as to find answers to the existing research problem. The advantage of a

questionnaire is that it can be completed by the respondents without the researcher being present. It is also strategic because the questions are standardized by the researcher prior to gathering of information and can be answered by many people within a short time (Rudhumbu, 2015). Each Participant was issued with the questionnaire and was guided through instructions by the RA to ensure clear perception of the format in order to select responses accordingly.

The researcher used a standardized tool borrowed from Rodriquez-Naranjo and Cano (2016). The researcher selected only the items that were deemed relevant to the study with modification and additional of items aimed at addressing specific research objectives.

The questionnaires consists of 7 sections; Section A aimed at gathering demographic details such as, parent's gender, age, level of education, occupation and mode of communication, Section B dwelt on communication pattern in the family while Section C assessed a parent on affective responsiveness. Section D probed on problem-solving technics and section E was on behaviour control.

In section F, the study aimed at exploring the Psychological Well-being of parents following Ryff and Keyes (1995) Scales of Psychological Well-Being. Although Ryff's inventory consists of either 84 question statement series reflecting the six areas of psychological well-being, namely the autonomy, environmental mastery, positive relations with others, personal growth, purpose in life, and self-acceptance. The current study selected the following 4 areas; self-acceptance, finding purpose in life, positive relationship in the family and environmental masterly according to the objectives of the study. Each area had 4 statements and choices on a Likert scale to choose an appropriate response on the extent to which they agree to the statement. Participants were provided with the questionnaire and guided through instructions in order to understand the format to select suitable response. In section G, the study provided an

open-ended question that aimed at identifying the strategies that could be used to enhance psychological well-being of parents raising children with hearing impairment.

3.6.2 Interview Guide for Children

An interview involves meeting the respondents and discussing facts about subject under study (Selvam, 2017). The study used a semi-structured interview to get information from the pupils. The interview guide included closed and open-ended questions. The demographic questions were closed-ended sought details of the respondent. The questions queried the gender, age and education level. The interview guide had 10 open questions addressing the subject matter under study. The purpose of the interview was to derive subjective information assessing how functional their family is from standpoint of the special child as compared with parents' feedback obtained from the standardized questionnaires. The researcher used probing and clarifying techniques before scribbling points down to ensure the information was not distorted.

3.6.3 Data Collection procedure

The researcher obtained permission letters from the Department of Counseling Psychology of the Catholic University of Eastern Africa (CUEA) and National Commission for Technology and Innovation (NACOSTI). The Researcher proceeded to the Kericho County Director of Education Office (National Government) and County Education Office (Office of the Governor) before going to the field for data collection. This was to adhere to the Government directives and procedures before commencing the research study.

The researcher there after met the head teachers of the two schools separately to establish rapport and to brief them as administrators about the purpose of the visit. The researcher provided legal documents already issued permitting from previous offices stated that verified the

authenticity of the study. The researcher was accorded full support to identify suitable personnel for Research Assistants. Upon identifying the key participants in the study, the researcher contacted and had them trained thoroughly on their role and procedure of administering both the questionnaires and the interview. The researcher used the map of Kericho County to map the area for each Research Assistant to ensure data was gathered from the entire County. The RAs clearly took down points raised by the respondent. At the end of the field work the researcher with the help of the RAs read and compiled notes. Each RA ensured all different points generated were recorded. The researcher maintained the copy of compiled report in soft copy and all the returned questionnaires in hardcopies to safeguard confidentiality of the respondent. Likewise, for security purpose of the researcher if the original data got lost or corrupted. The exercise was not video-taped due to the nature of the respondents. During pilot-testing video-tapping was observed to be source of distraction in maintaining attention and was ruled out.

The researcher engaged four Research Assistants (RAs), who were specialized trained teachers in Sign Language from the local community teaching in the two special schools for children with hearing impairment. The research assistants were reliable because they were well-versed in the skills of Sign Language; they were familiar with the children as pupils in respective schools and location of study. They also possessed the potential to carry out instructions to gather data from respondents as intended by the researcher. The sample of respondents was selected from population of children and their parents.

3.7 Data Analysis and Presentation

Data analysis is the process of understanding and making sense of the information collected in the field. Creswell (2014) holds that data analysis is a dynamic process which involves the ordering, structuring and giving meaning to the bulky data generated and collected

from the field. Analysing data involves ‘taking data apart’ to make sense of the information by grouping corresponding responses together in order to make a meaningful summary (Creswell, 2012). Silverman (2016) states that the procedure chosen to describe how the development of analysis and conclusions are formulated may vary, but the researcher is required to provide a satisfactory explanation to aid a reader perceive the entire process to conclusion.

In this study, data analysis was done in two parts namely; Quantitative and Qualitative data analysis. Quantitative data editing was carried out through a careful examination of collected raw data in order to detect errors and omissions. All questionnaires received were numbered and items in the questionnaire coded to facilitate data entry. Data coding was done through assignment of symbols so as to put responses into a limited number of categories. Data classification was done per each research variable by reducing the data into homogeneous groups in order to get meaningful relationships. The data was fed-into the computer following an organized order according to the objectives. It was then tabulated and analysed using the descriptive Statistical Package for Social Sciences (SPSS) version 21 into percentages, mean standard deviation and presented in tables, graphs and charts. Percentages were used to present data so as to facilitate reliable descriptions. Descriptive method was effectively used and the researcher was able to make conclusions and recommendations derived from the responses from the questionnaires.

For qualitative data, the researcher sampled interview responses into subject matter on family functioning. The researcher summarized all the points taken into an all-inclusive written document presented in a narrative form for analysis. With the help of a summary document, emerging patterns were easily identified there by developing thematic categories. The ideas were allotted specific entities in accordance with number of mentioning. The specific entities were

transformed into quantitative variables which helped to account for the respondents' total number agreeing or disagreeing. The researcher interpreted the meaning according to respondents' comments while addressing the study questions. All the points gathered were patched together in an orderly manner that made a meaningful document. As noted by Worthen (2002) stating that "a researcher does not have established level to tell when one has found something meaningful, rather a person has to look for the meaning in the data." The researcher determines when the ideas raised get to the climax to the point where no new ideas are generated and redundancy get to cut across the cases. The researcher identifies facts and new details raised, current meaning attached to it, manner in which it's articulated as well as establishing the emerging interpretation. New concepts and manner in which it is formulated brings forth a new or updated outlook of content matching the contemporary time. Merriam and Associates, (2002) conquers with this point of view by stating that as a researcher, one does not have to rely on the consensus of others looking in the same data, because it is certain that each respondent is likely to contribute a legitimate but different perspective to the data.

3.7.1 Validity and Reliability of the Research Instruments

This section presented the validity of the research instruments, piloting of the research instruments, reliability of the research instruments and credibility of the data**.**

3.7.2 Validity

Validity is the degree to which results collected from the analysis of a given data represents the phenomena under study (Dlodlo, & Dhurup, 2013). In this study, to determine validity of the questionnaires and interview guides, the researcher developed tools with content-related details to measure the degree to which the instrument measures what it is anticipated to

find out. The expert judgement of the Mentors, Supervisors and English readers were involved to assess and maintain content validity of the instruments. Further testing of the instruments were done through pilot-testing. The comments and recommendations given by the supervisors, other experts, including pilot feedback were used to review the instruments to ensure their validity.

3.7.3 Reliability

Reliability is defined as the level to which an inquiry, test, observation or a measurement process is able to give similar outcome repeatedly. An instrument is said to be reliable when it can measure a variable accurately and by its ability to yield the similar results over and over for a period of time. Reliability is therefore the consistency and dependability of data gathered through the repeated application of scientific instrument of data collection procedure under similar conditions (Creswell, 2017).

The study measured the internal consistency using Cronbach's Alpha. Cronbach's Alpha is the reliability co-efficient that shows how the items in a set are positively correlated to one another. Sekaran (2003) suggests that a reliability of 0.70 is sufficient on predictor tests. The results for all the items are presented in table 3.3

Table 3.3 Test of Reliability of the Research Instrument

Questionnaire Section	No of Questionnaire Items	Alpha Score	Comment
Communication Patterns	5	.874	reliable
Affective Responsiveness	5	.854	reliable
Problem Solving Skills	5	.726	reliable
Behaviour Control	5	.727	reliable
Psychological Well Being	16	.812	reliable
All Items	36	.785	reliable

Results presented in table 3.3 indicate that all the variables attained the acceptable and recommended level of alpha 0.70.

3.7.4 Pilot Testing

A Pilot test is a mini study conducted before the main study is completed to determine the feasibility, reliability and validity of the tools of the main study proposed and suitability of the research design (Eldridge et al, 2016; Hassan et al., 2006). The researcher undertook the pilot study in view of ascertaining both the reliability and validity of the research instruments. Everit (2006) and Eldridge et al., (2016) define pilot test as an investigation designed to the feasibility of methods and procedures for later use on a large scale or search for a possible effects and associations that may be worth following up in a subsequent larger study. The researcher made a pilot study involving children with hearing impairment at Alupe special school in Busia County. The parents of selected children were also participants. The Pilot-test was conducted in this County because it has a relevant population equivalent to the current case study.

Conducting a pilot study before undertaking the main study, offers the likelihood of enhancing the success of the study and potentially helps to avoid predestined errors of the present research (Thabane, et al., 2010; Junyong, 2017). The pilot study helped to establish and pay attention to areas that required adjustments to suit the culture of respondents such as making the instruments friendly, short to sustain concentration span, simple and clear to the point making it relevant to them. Teijlingen and Hundley (2001) acknowledges that pilot testing is likely to give prior caution about the main research where it could go wrong, identifying where the research procedures may not be required or establishing whether the proposed approaches and instruments are suitable or complicated. Hence pilot research provided confidence to the researcher when going to the field and served in preserving time and resource wastage.

3.8 Ethical Considerations

Research Ethics refers to a system of moral values that are concerned with the level to which the research processes abide by the professional, legal and sociological obligations to the study participants (Bell, 2014). The researcher upholds human dignity as such, every respondent was treated with courtesy ensuring due respect was accorded as per the key ethical research tenets of beneficence, respect for human dignity as well as justice. Sensitivity observing respondents' vulnerability, anxiety, consent and emotions were maintained at heart when asking questions that could have had negative impact on them. Respondents' rights to safeguard them being subjected to adverse psychological and emotional situations were observed by giving them the freedom to respond or not to respond to questions that they may not have been comfortable with. The respondents were assured of high level of privacy and confidentiality including not to expose information gathered for other purposes other than the academic purpose stated.

The researcher followed the rightful protocols before going for data collection. An introduction letter from the Catholic University was granted, a permit letter authorizing the researcher to undertake the study in the selected County was obtained from National Commission for Science, Technology and Innovation (NACOSTI). The researcher proceeded to other relevant authorities in the County and obtained the necessary documents of approval. During the encounter with participants the researcher fully explained in advance the purpose of the study and what it entails in order to have their informed consent. The researcher obtained informed consent of pupils from their parents since they were all under their guardianship regardless their age.

The researcher used appropriate language to avoid manipulating respondents to respond in a preferred manner. The researcher took precaution not to expose the clients to any health

issues particularly the risk of Corona epidemic that newly erupted. The researcher adjusted the prior plan of inviting parents in schools for purpose of gathering data to engaging Research Assistants. A number of qualified and specialized teachers in Sign Language from the locality were preferred for Research Assistants. They were trained and assigned the responsibility to visit identified parents/children in their respective homes. The Research Assistants observed health regulations following the government directives such as wearing a mask, washing hands and sanitizing upon arrival in a family and maintaining social distance.

After completing the task the researcher analysed the data and kept all the returned questionnaires and recorded information in safe custody accessible to the researcher. The hardcopies were destroyed when the current study was officially acknowledged by the University. The research document was finally subjected to anti plagiarism check to for the researcher's originality in the study.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATITION AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents the return rate of the data collection, instruments, data analysis, presentations, interpretations and the discussion of the findings. The data is illustrated in pie-chart, tables and bar-chart that have been used as a summary presentation. It finally gives the chapter summary of the data.

4.2 Instrument Return Rate

Table 4.1 presents the response of the return rate of the questionnaire.

Table 4.1 Instrument Return Rate

Respondents' Category	Distributed questionnaires	Returned questionnaires	Return Rate (%)
Parents	35	35	100

A total of 35 questionnaires were administered to parents and 35 (100%) of them were dually filled and returned for data analysis. This indicates a hundred percent high rate of completed instruments that facilitated the concise result and reliable data analysis. The availability of children with hearing impairment for interview was positive as all the 35 children of parents who participated also cooperated as participants. The success of turn-up was facilitated by the methodology used in data collection. The Researcher involved reaching out to participants in families with the Assistants. The research instruments and resource persons were friendly to participants. The participants were able to respond to all questions.

4.3 Demographic Information of the Respondents

The researcher examined the demographic composition of the respondents in order to understand the characteristics of the sample over the wider population represented in the study.

4.3.1 Distribution of Parents by Gender

The parents were asked to indicate their gender. Figure 4.1 presents the distribution of parents by gender.

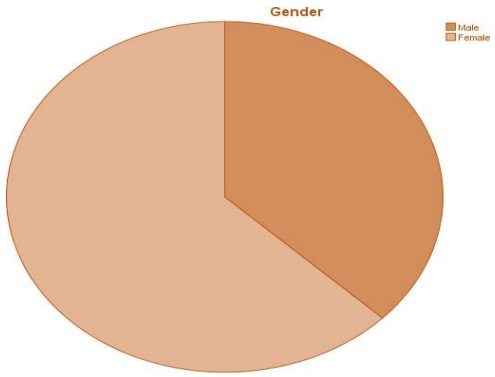


Figure 4.1: Distribution of Parents by Gender

Figure 4.1 shows that majority of parents 22 (62.9%) were females while 13 (37.1%) were males. This result indicates that there are more females than males in the County who are involved in the lives of children with hearing impairment.

4.3.2 Distribution of Children by Gender

Figure 4.2 presents the distribution of children by gender.

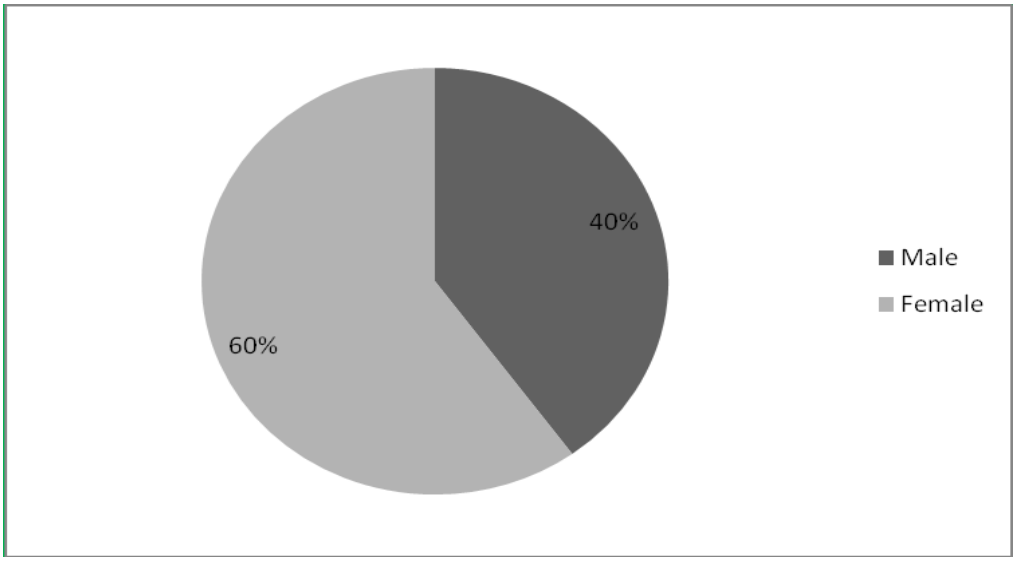


Figure 4.2: Distribution of children by Gender

Thirty five children participated in the study majority (21) of whom were girls while the minority 14 were boys. Just like the case of parents the females were more than males where the enrolment of girls in both schools was higher than boys.

4.3.3 Distribution of Parents by Age

The parents were asked to indicate their age. Figure 4.3 presents the distribution of parents by age.

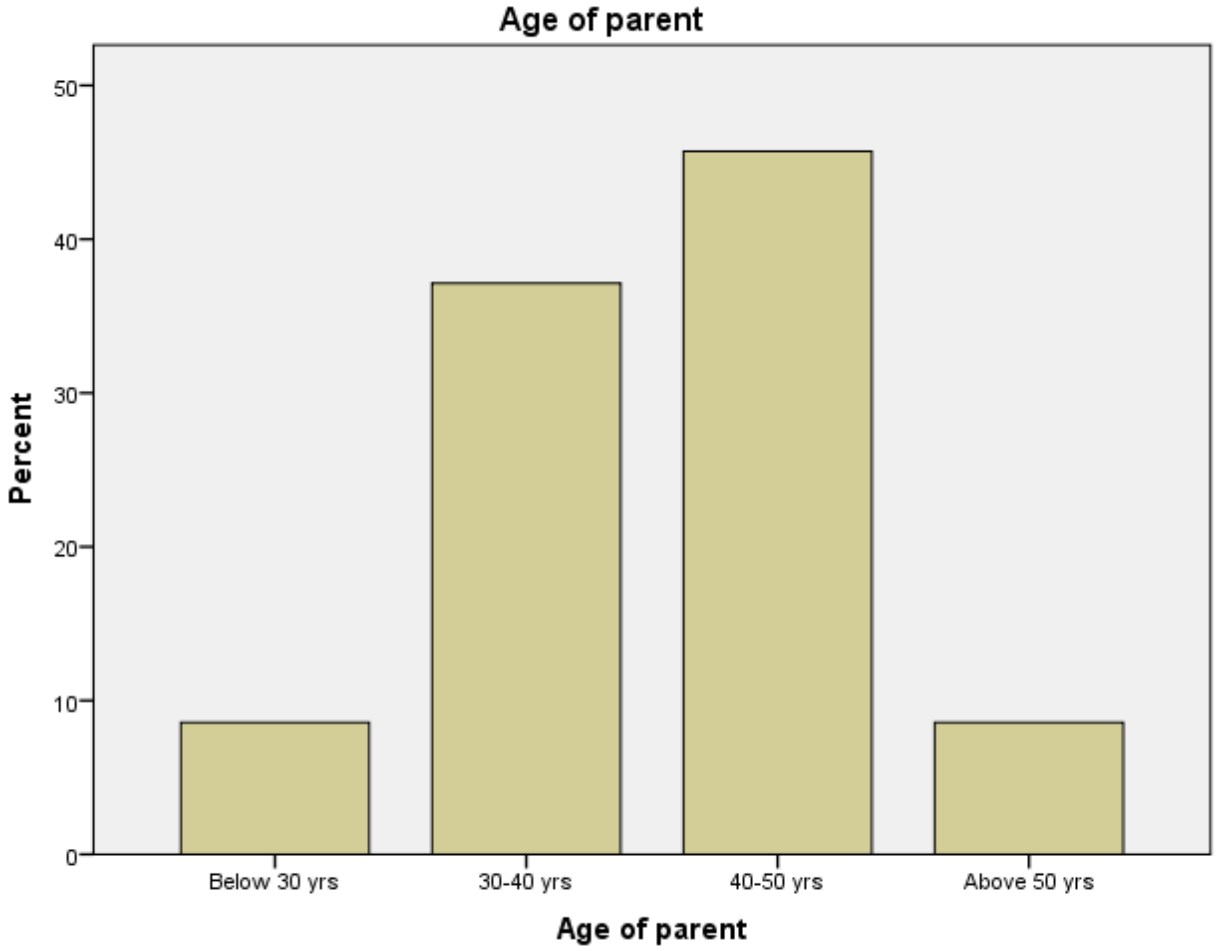


Figure 4.3: Distribution of Parents by Age

Figure 4.3 shows that 3 (9.6 %) of the parents are below the age of 30 years while 13 (37.1%) range between 30-40 years. Parents between the ages of 40-50 years were 16 (45.7%) and parents above 50 years were 3 (9.6 %). The results indicate that there are parents at the age of 40-50 years involved with children with hearing impairment.

4.3.4 Distribution of children by Age

. Figure 4.4 presents the distribution of children by age.

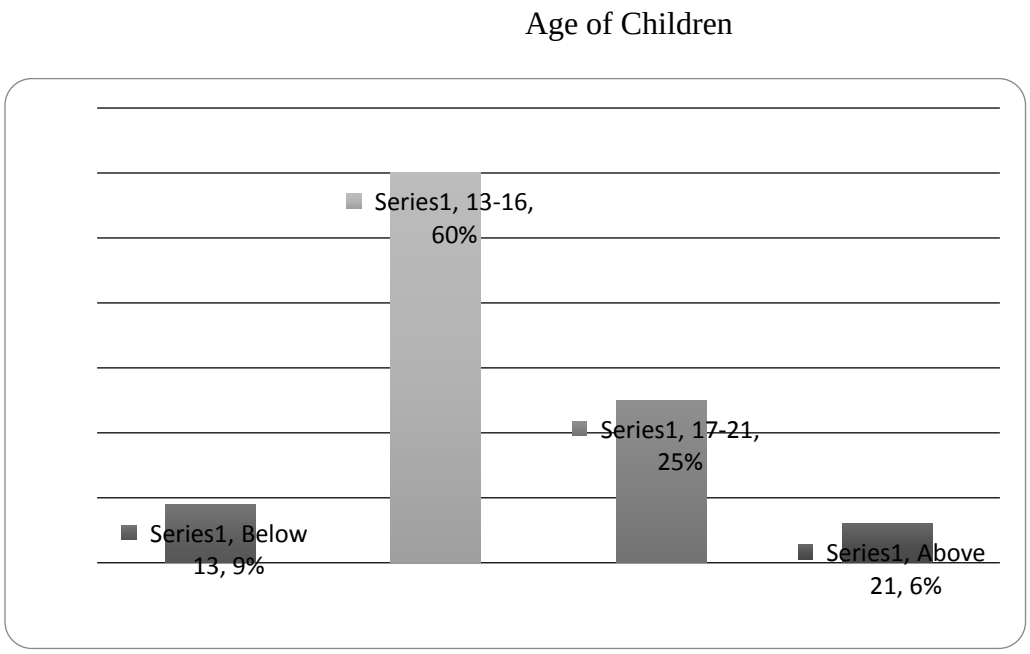


Figure 4.4: Distribution of Children by Age

Figure 4.4 shows that 3 (9 %) of the children are below the age of 13 years while 21 (60%) lie between 13-16 years. Children between the ages of 17-21 years were 9 (25%) with 2 (6 %) children above 21 years. Children with hearing impairment seem to enrol in school late as majority children with advanced years are noted to be in primary level of education.

4.3.7 Distribution of Parents by level of Education

The parents were asked to indicate their level of education. Table 4.2 shows the distribution of parents by level of education.

Table 4.2: Parent level of education

Level	Frequency	Percent	Valid Percent	Cumulative Percent
Primary		20.0	20.0	20.0
Secondary	16	45.7	45.7	65.7
College	10	28.6	28.6	94.3
University	2	5.7	5.7	100.0
Total	35	100.0	100.0	

Table 4.2 shows that 7 (20%) of the parents attained primary level of education. Parents with secondary level of education are the majority with 16 (45.7%) while those with college level are 10 (28.6%). Parents who attained university level are the least with representation of 2 (5.7%). This shows majority parents are at the ordinary level of education. Parents' level of influence in relation to their children with hearing impairment may be ordinary to their level understanding.

4.3.8 Distribution of Children by level of Education

Table 4.3 shows the distribution of children by level of education.

Table 4.3: Child level of education

Level	Frequency	Percent	Valid Percent	Cumulative Percent
Five	8	23.0	23.0	20.0
Six	10	29.0	29.0	53.0
Seven	5	14.0	14.0	66.0
Eight	12	34.0	34.0	100.0
Total	35	100.0	100.0	

Table 4.3 shows the level of education for children who participated in the interviews ranged from class five to class eight. A total of 35 children were selected. Those in class five comprised of 8 (23%) children, class six comprised of 10 (29%) children, class seven involved 5 (14%) children while class eight involved 12 (34%) children. Class 6 and 5 registered the majority children and explanation to the high number was coincidental as children's enrolment fluctuate from time to time in the course of the year. Children with hearing impairment are noted to drop out school for a certain period and resurface at a later stage. Perhaps this sheds some relationship with advanced level in primary education.

4.3.9 Parent Occupation

The parents were asked to indicate their occupation. Table 4.4 presents the occupation of the parents.

Table 4.4 Parent occupation

Nature of Occupation	Frequency	Percent	Valid Percent	Cumulative Percent
Employed	9	25.7	25.7	25.7
Own Business	8	22.9	22.9	48.6
Casual	11	31.4	31.4	80.0
Unemployed	7	20.0	20.0	100.0
Total	35	100.0	100.0	

Table 4.4 presents the various occupations of parents. The data finding indicates that 9 (25.7%) are employed, 8 (22.9%) owned private businesses while 11 (31.4%) are casual workers. Parents who are unemployed are 9 (25.7%). The majority of parents are engaged in temporal jobs, of probability. Lack of a permanent paying job may most likely affect parents' ability to meet the financial implication of caring for a child with hearing impairment.

4.3.10 Parents' mode of communication

The parents were asked to indicate their mode of communication with their hearing impaired child. Table 4.4 shows the parent's mode of communication.

Table 4.5 Parent Mode of Communication

Mode of communication	Frequency	Percent	Valid Percent	Cumulative Percent
Oral/Local gestures	29	82.9	82.9	82.9
Sign Language/Local Gestures	6	17.1	17.1	100.0
Total	35	100.0	100.0	

Table 4.5 shows that 29 (82.9%) the majority of the parents communicate orally by use of speech accompanied by use local gestures. The minority 6 (17.1%) of the parents understand and communicate with both by Sign Language and use of local gestures. The high number of parents who have not acquired much of visual gestural language indicate high likelihood of communication barrier which may have adverse implication to both the child and parent.

4.4 Family Communication Patterns and Parents Psychological well-being

The study sought to examine how family communication patterns influence the psychological well-being of parents raising children with hearing impairment. Five items of questionnaire were put in the Likert scale to determine communication pattern. Respondents were asked to rate communication patterns on a scale of 1 (undecided) to 5 (strongly agree). The Mean, Standard Deviation and Variance were then computed for the variable as given in Table 4.6

Table 4.6 Family Communication Pattern

	N	Mean	Std. Deviation	Variance
I tell my child the reason as to why I am not happy with him/her	35	2.66	.938	.879
I understand the feelings of my child from what she/he gestures	35	3.14	1.033	1.067
My child explains his/her problems instead of expressing moods.	35	2.97	.954	.911
I tell my child when she/he has done something wrong	35	3.29	1.045	1.092
I keep quiet when I am angry with my child	35	3.14	1.264	1.597

parents were asked to indicate when they are not happy with their child with hearing impairment whether the child is told the reason; the data presented shows a mean of 2.66 meaning that the majority of the parents did not explain to their children why they were unhappy revealing an element of lack of communication. The statement whether parents understood the feelings of their children from the gestures that they made scored a mean of 3.14 implying that parents did not understand gestures from children with hearing impairment, which leads to ineffective communication between parents and CWHI.

The statement on whether children explained their problems or expressed mood, had responses that scored a mean of 2.97. This implies that, information from CWHI did not transmit sufficiently the intended message to their parents majorly because of the challenges involved in their way of interaction. The fact that the language CWHI used to express their problems did not relay their problem clearly to be understood points out a communication gap that needs to be improved. There is an indication that CWHI use alternative ways to express their problems. The alternative methods used appear to complicate issues further rather than solving the problem.

The researcher sought to find out the kind of experiences children with hearing impairment encounter when communicating with their parents in order to establish the nature of communication in the family. One of the themes that came out is effective communication. Nine children expressed having a relatively good communication with minimum challenges as they expressed that their parents involve them in family discussions and they ask them for their suggestions towards some family issues. Parents engage them in questions to get finer clarification whenever they have doubts over something. One respondent was very candid to explain how his mother puts him to task to explain the “source” of a rude response whenever she

notices it from him. She would seek to know "which among your teachers taught you that…?" Parents also tell them whenever they are upset over something or with them.

A second theme that came up was poor communication. This is purely the opposite of the effective communication expressed by some children. Twenty five children described various constraints encountered when interacting with their parents such as; their information to the parent is unclear to them and likewise parents' communication to them is often unclear or unrelated to the issue they expect. Parents also make too many clarifications that require the child to repeat the same message over and over. Parents often use voiced speech in most of their communication without accompaniment with visual gestures. During the interview one respondent stated:

> *"I often lose track of the communication being made despite my mother's struggles to shout. I always receive less information because I miss out some details." Parents often give vague responses unrelated to the conversation. During a conversation most parents face away from the deaf child, they also code switch (mix languages from vernacular to Kiswahili and English) making it difficult for him/her to lip-read. Other frustrating experience is when a parent opts to keep quiet for reasons unknown to the child. Such a behaviour contributes in making a deaf child to withdraw in isolation where they get psychological torture due to unsatisfactory responses experienced by him/her due to their condition.* (Participant 08, Personal Communication).

Majority (26) of the children, expressed displeasure sharing that their parents are unable to maintain confidentiality because they are unable to perceive fully information in signed gestures. Parents involve mediators such as a sibling, neighbours, teachers or a member of their church exposing their private issues to other parties. Other parents make gestural signs

explaining unrelated and unclear information, some other parents keep nodding the head as a deaf child explains his/her concerns but the parent finally makes some facial expressions and gestures, other parents technically ignore the child's issue by offering him/her some goodies to silence them and casually tell them "pole, don't worry I will see what to do about it..." The child experiences some emotional uprising yet because of language incompetence there is a feeling deep within him/her of powerlessness as they notice parent taking them for granted which is not what they do for the hearing siblings. A post lingual deaf participant said,

> *"I verbalize everything for my parents which makes it easy for them to know what I want but I cannot receive oral feedback from them because am totally hearing impaired. This is a major challenge because my parents believe since am able to talk, so I can hear if they shout to me. But their shouting is in vain since am profoundly hearing impaired."* (Participant 04, Personal Communication).

Parents' inability to communicate to their children with HI is the reason why they themselves find other interventions as seeking for interpreters. Inability of parent to have able communication with the child is stressing and causes psychological distress equally affecting the child. From the remarks made by children with HI, there is an indication of lack of communication and the child not being involved in family conversation because of language barrier. Effort to learn the gestural language is necessary in order to increase the quality of interaction in the family, to give every member equal opportunity and a sense of belonging.

This study is in line with the study of Zaidman-Zait, Most, Tarrasch, Haddad-eid, and Brand (2016) who assessed differences in parenting stress, personal acceptance of the child who is hearing-impaired, the parents' view of parenting self-efficacy, and the social (formal and informal social support) coping means between mothers and fathers of the deaf and hard-of-

hearing (D/HH) among the Arabs. Findings revealed that, parenting the HI poses unique long-term challenges that can place the parents at greater levels of parenting stress. Adapting to challenges brought about by raising children with hearing impairment is determined by personal effort and the available social coping asset. The study further indicated that there is no significant difference between mothers and fathers regarding parenting stress, acceptance of the hearing impaired children or parental support systems.

Another study conducted by Brice and Strauss (2016) study in USA to review the factors that affect psychosocial adaptation of deaf children among the families established that shared communication system is crucial to avoid the sense of isolation among family members. It is common for parents to strive to find the suitable equal communication for their children. The findings further indicate that their efforts notwithstanding, some parents who have learnt some sign language still do not feel comfortable or find it easy enough to communicate well. However, what the deaf children ultimately use as sign or speech can have a big influence on their identity as a deaf people. Most commonly within the deaf community, a Signed Language is used to communicate. However, there are many deaf individuals who cannot sign. Good communication at home predicts better family relationship results.

4.5 Affective responsiveness and psychological well-being of parents.

The study sought to determine the influence of affective responsiveness on psychological well-being of parents raising children with hearing impairment. To find out affective responsiveness of parents having children with hearing impairment, five items of questionnaire were put in the Likert scale. Respondents were asked to rate affective responsiveness on a scale of 1 (undecided) to 5 (strongly agree).The Mean, Standard Deviation and Variance were then computed for the variable as presented in table 4.7

Table 4.7 Affective responsiveness

	N	Mean	Std. Deviation	Variance
I respond to my child's emotional needs without any difficult	35	3.89	1.231	1.516
I am able to express my love to my child with hearing impairment	35	4.00	1.188	1.412
I worry about my child with hearing impairment	35	4.43	.884	.782
My child with hearing impairment and I express feelings for each other.	35	3.97	1.098	1.205
I cry openly before my child with hearing impairment	35	3.74	1.172	1.373
Valid N	35			

The parents were asked whether they respond to their CWHI emotionally without any difficult; the mean score for this statement was 3.89. This shows that as much as parents strive to respond to their children emotionally, it is difficult for them. Most parents agreed that they express love to their CWHI with a mean of 4.00 and a standard deviation of 1.188. The statement on whether parents worry about their child with hearing impairment scored the highest mean at 4.43 with a standard deviation of .884, showing that the parents of CWHI are concerned about their children. The mean of 3.97 shows that majority parents are unable to share their love emotions with only a few parents being able to express the mutual feelings.

The implication here is that they have the feelings for each other but how to express these feelings could be a problem based on other underlying factors. The main hindrance concerns communication barrier due to lack of a common language that can help them express their feelings for each other with ease. The statement on parents crying openly scored the lowest mean

at 3.74, meaning that majority parents hide their feelings and do not cry openly before their children. Normally, crying expresses negative emotions/feelings or pain that an individual may not be able to express verbally. Although parents of CHWI experience difficulties because of their children with HI, they do not express it before their children. If they ever cry because of their CWHI, possibly they do it secretly.

In affective responsiveness the study sought to find out from children with hearing impairment how suitably the family responds to their emotional needs. The importance of this inquiry was to compare whether what parents say about their emotional responsiveness towards their child with HI correspond to the responses of the child who is the recipient. One of the themes that came out is unfulfilled desires. Majority responses from 21 children were that parents readily prepared to offer everything they can afford except paying attention to the core need, which is the desire to be appreciated and acknowledged. Parents instead give them material things like sweets, fruits and little goodies or foodstuffs in hope that they communicate affection. One participant said,

> *My dad readily gives me money to buy "KDF" (hard mandazi) whenever I seem to engage him in a conversation. When I want to ask or explain to him about life at school he quickly sends me to my mother or asks me to run to the shop and buy KDF. Dad creates some commitment to avoid being with me because he doesn't know signs and he doesn't like learning even the basic ones. Sometimes I fake sickness because only then do my parents show caring affection and try to interact with me very closely in addition to spending good time with me checking on my progress and well-being.* (Participant 07, Personal Communication).

Responding to further how parents show and bond with their emotional needs while in boarding school, majority children boys and girls pathetically stated how parents do not consider their emotional needs as a priority. During school time often time they send some little money to the teacher through M-Pesa instead of going to check on them like they do with their hearing siblings. Other parents send "Bodaboda" (Motorcycle transport) from their neighbourhood to deliver requirements to them. On opening day they send a Bodaboda person to take them to school and pick them on closing day.

Another theme that came up was lack of acceptance and expression. Majority of children with HI expressed a desire to have moments to spend with their parents. Some children stated that their parents hardly engage them in free conversation as they do with their hearing siblings instead they like to engage them in work. When they complete the work parents appear happy by smiling back at them. The several of them hinted that their parents are always too busy to have time to share stories with them. They can only share conversation when the hearing siblings are around. One girl shared that when she has a problem to tell a parent, the father refers her to the mother or tells her to wait when schools open she may discuss with the teacher.

A theme of fulfilment and happiness was expressed by a small group of 9 hearing impaired children who indicated being happy and trusts their parents above everyone else. They expressed that parents freely involve them in the family conversation. One participant fondly shared;

> *My parents listen to me, they take me to church, to visit family friends and marketing. When we sit at home watching TV, my parents explain what the News and TV programs about. My dad plays games on mobile phone with me, explains picture-stories in the in*

Bible and other books. My mom tickles me whenever she wants me to cheer up. We play hide and seek with my younger sister. (Participant 11, Personal Communication).

These children showed contentment in their parents' availability and acceptance of them. The little things they mentioned about their parents seemed to communicate parents' affection for them. They also said during school time their parents visit them at school with nice things to eat, they hug and embrace them. Their parents are happy about them. They also praise and appreciated them when they do well at school and home. However, they some lamented that they are severely disciplined when they misbehaved or do contrary to parents' expectation.

Language barrier may lead to parental avoidance of the child and lack of communication in whatever form may give rise to personal interpretation not limiting to perception that they are not loved, not appreciated due to their disability. This can consequently lead them adopt unfamiliar behaviour contrary to what is known in the family. The child may become a stranger in the family in word and deed. This may consequently affect the psychological well-being of the parent.

The researcher hoped to learn the factors that bar a parent from expressing affection appropriately. The responses obtained from the children raised a theme on poor affective responsiveness. Some children observed certain things that distract a parent's attention as far as they are concerned. Majority children (23) pointed that language as the first concern that parents are worry about. This often reminds them of the unexpected deaf child that they have and have psychologically refused to embrace him/her with his language. Parents reflect the perceived "communication barrier" as a social problem and they worry about it. Children raised another worry being the insecurity for a child with hearing impairment. The fact of deafness constantly bothers parents that the child may get lost or encounter unfriendly people in the society and

mistreat them. The financial matters to meet the needs of the child such as school fees for a special school, academic performance and future career, money to cater for treatment and to buy assistive devices among others. A hard of hearing boy in class 8 expressed the daily concern of his parents who are disturbed about what he will become after school. The parents told the boy that "When you complete class 8 you will become a cobbler to fix shoes for people at the market." This statement was met with hostility and resistance from the boy, a reason that made him become rebellious and refused to go to school until his teacher from the school was called upon to resolve what the parents termed as deviant behaviour. It was only after the teacher got to the bottom of the matter that light shone and peace resumed in the family. The teacher explained that besides the traditional careers, there are current jobs and talents that persons with HI are capable of doing perfectly well and do to earn a living like any other person. The boy was not deviant in any way but was opposing parents' idea of pushing him into shoemaking business that he had no interest in. As a matter of fact the boy is an athlete and talented in fine-art.

Parents experience stressful circumstances in regard to the child with hearing impairment where they view him/her as an object of pity rather than a child with different ability. When parents do not address adaptive prospects towards the child with hearing impairment for enhancing his/her brighter future, they are likely to engage in unending worry. Parents therefore, are at risk of experiencing decreased psychological well-being in the course of raising a child with hearing impairment. Lenders (2015) identifies affective responsiveness as a dimension in family functioning, which involves responding to different stimuli appropriately. The affective responsiveness can either be welfare emotions, which are positive or emergent emotions which are negative.

The findings support a study by Karaaslan et al., (2014) which sought to study responsive teaching with young Turkish children and their mothers; the findings indicated that some young children with disabilities have difficulties engaging in positive interpersonal relationships with their parents and other family members. In addition, Parents may also, at times, interrelate with these children in a manner that discourage social interaction. For example, they may be exceedingly authoritative and directive. Hence parents should be knowledgeable how to act positively in situations that require intervention and guidance.

This study is also in line with Pannilage (2017) who assessed the impact of family on children's Well-being and found that lack of parental love and care for their children negatively affects the children's well-being. The study further highlighted that less love and affection from parents had negative psychological effects on these children. Parenting behaviour and the quality of the parent-child relationships are critical in understanding and moulding children's well-being in families. Hence the impact of family affection and responsiveness to the children's wellbeing is significant. The study recommended the strengthening of the family in the society so as to facilitate significant positive influence on the well-being of the children.

It is for this purpose that the family systems theory supporting the study base the emphasis on the fact that "when one family member experiences a psychological problem, treatment ought to be directed to the entire family instead of the symptomatic victim (Atwood, 2001; Skyttner, 2006). Unless therapeutic treatment is administered to the whole family, the vicious cycle of psychological distress will eventually spread to all members of the whole family because they are inter-related.

4.6 Problem solving and psychological well-being of parents.

The study sought to determine the influence of family problem solving techniques on psychological well-being of parents raising children with hearing impairment. To find out the problem solving techniques used by parents having children with hearing impairment, five statements were constructed put in the Likert scale. To determine problem solving techniques, respondents were asked to rate problem solving techniques on a scale of 1 (undecided) to 5 (strongly agree). The Mean, Standard Deviation and Variance were then computed for the variable as presented in table 4.8

Table 4.8 Problem Solving

	N	Mean	Std. Deviation	Variance
I seek assistance to solve most of the daily problems concerning my child with hearing impairment.	35	2.66	1.056	1.114
I always act on our decisions regarding problems with my hearing impaired child.	35	3.23	.910	.829
After family makes a decision about a problem, I always discuss its success or failure with my hearing impaired child.	35	2.89	.993	.987
I solve most emotional issues that come up with my child with hearing impairment.	35	3.00	1.057	1.118
I always think of different ways to solve problems of my child with hearing impairment.	35	2.91	1.067	1.139

The parents were asked whether they sought assistance in solving most of the daily problems concerning their CWHI. The statement has a mean score of 2.22, which shows that they solved most of the problems on their own. On whether the parents acted on the decisions regarding problems with their CWHI, the mean score was 3.23, which means at times they did not take the agreed action. The statement on the involvement of CWHI on decisions making in the family has a mean of 2.89 which means they are hardly involved in the process of problem solving. About solving emotional issues with the CWHI, the mean of 3.00 means that their emotional issues are not solved together. Parents were asked whether they have alternative ways of solving the problems of their CWHI and this has a mean of 2.91 meaning that they have limited alternatives.

Problem solving in families raising children with hearing impairment

In the area of problem solving the study examined ways in which parents involve a child with hearing impairment when an issue arose in a family. The study was keen to establish whether or not their views are considered because the presence of a child with hearing impairment impacts positively or negatively to developments that happen in the family. One of the themes manifested was lack of involvement. The findings indicated a high number consisting 24 out of 35 children reported that problem solving is majorly made by parents while other times they involve the hearing siblings. Likewise decisions emanating from issues arising in families are often made by parents. The hearing impaired children almost always receive final resolutions as "directives" to abide by. Parents hardly ask for their opinion, their concerns are not taken with seriousness indicating that they are not valued like hearing children. One participant said,

> *I am not involved in problem solving forums; I only get of surprise utterances of "dos and don'ts" from my siblings. For example they tell me, "Dad/Mum said, "no watching*

TV during the day… or no going to the market… Dad/Mum refused us to interact with children from this… or that family… I will report you to mum that you ate… or did…. ". (Participant 15, Personal Communication).

A second theme that was revealed was of involvement. This is the opposite of the first theme. A few responses from 7 children out of 35 acknowledged being involved in most family discussions and solving issues. Participant 09 said,

I am involved in problem solving process. For example I was involved to find out who spoilt the TV and failed to report. My dad called everyone at the sitting room and asked me to switch on the TV. When the TV failed to start, Dad asked me, "Why is the TV not operating?" I said, "May be there's a problem." Dad questioned and questioned until it was clear to me that someone must have done something that caused some fault. So Dad wanted to know who did that and why the person did not report. Dad always explained that if someone spoils something we must own up and report. During problem solving Dad calls and asks me questions directly to ensure I am fully involved to answer and participate directly. (Personal Communication).

The main emphasis pointed out was how their parents use total communication (use of oral language, signed gestures, pointing and body language) to enhance understanding. Parents make sure to involve any means possible for them to catch the message. The HI children each agreed that he/she is not taken for granted, and that the parents do not assume them.

A third theme that came up is the use of interpreters. When there is a communication breakdown because of language problem many parents use other means in order to understand

and solve issues affecting the child. Such options include engaging an interpreter. This was reported by (26) out of 35 children. Parents often use other people from the family, neighbourhood or school. A parent can invite or take the child along to where an interpreter is accessible when something serious seems to involve him/her. Individuals stressed that parents involve a mediator when they fail to understand them while at the same time they ensure the child is explained communication from them clearly (What the parent wants). Daniel a class 8 boy explained that,

> *My parents do not seek for my suggestions and even if I give any it is ignored. When I have a problem my mother will walk with me to our teacher's house and asks me to explain my story to the teacher. Sometimes it is never a serious issue but since they do not understand much, we have to go to discuss with the teacher. To that effect, I prefer to be on my own and do my own business until I meet my friends when we discuss our stories without difficulties.* (Participant 05, Personal Communication).

A few pupils shared that some parents ask them to write on a paper what they are saying. However, they complain the notes are unclear because of Sign Language structure. The participants mentioned that other parents are intimidating during problem solving. They use rigid language and their views are categorically final. Other times parents push and victimize an individual to endorse their judgment by all means, "it's true…? True...? True…eh? Also many parents use avoidance and silence that keep a HI child in suspense.

Although parents desire their child with HI be able to solve their day today issues, parents however, seem not available to give them opportunity to develop necessary skills to become independent. Parents are expected to be available during the childhood of an HI child to fill the

gaps created by the state of not hearing, teach them skills of living like problem solving. A child with hearing impairment is disadvantaged unlike a hearing child who is able to learn much from the environment through accidental learning. However from the responses of children, majority parents have not developed the language of communication with them, while others opt to avoid them or toss them about referring them from parent, to neighbours and teachers in the village seeking to understand their communication. Even during problem solving in the family, the HI child seems to be discriminated against instead of creating room for them to develop the skills. Parents eventually become physically, emotionally and psychologically overburdened handling minor issues which they ought to have trained them to take charge of themselves.

Although parents seek different ways to enhance problem solving, most of those alternative methods are not always for the best interest of the child with HI. What may work better is the parent being available, learn the child's language and model the child. A parent's contribution to child's life will help to improve his/her facts and increase details when solving a certain situation. Likewise, a readily available parent will become a role model to inspire the child to do things in the best way that is acceptable. So that child will register that, doing things contrary to that formation is not acceptable, hence develop a sense of wrong and right which, a HI child without parent's support may not recognize that there is a problem.

For problem solving, parents would best acquire basic Sign Language for effective communication with HI child because they are family members there to stay and not on visit. Through a one-on-one parent-child communication parents will be able to discuss and resolve with ease any problem.

This study is in line with Davids (2016) who conducted a study in the rural areas of Western Cape, South Africa. The study sought to examine the relationship between parenting styles and decision making styles on healthy lifestyle behaviour of adolescents. Findings indicate that parenting strategies are associated with healthy lifestyle behaviours and decision making styles of their children, which impacts on the family and the well-being of the parents. The findings further showed that authoritative parenting, vigilant decision making styles and frequent engagement in healthy lifestyle behaviours were the most prevalent among families in the rural side of the Western Cape.

4.7 Behaviour Control and Psychological well-being of parents

The study sought to determine the influence of behaviour control on psychological well-being of parents raising children with hearing impairment. To find out behaviour control by parents having children with hearing impairment, five statements were constructed and put in the Likert scale. Respondents were asked to rate behaviour control on a scale of 1 (**undecided**) to 5 (**strongly agree**). The Mean, Standard Deviation and Variance were then computed for the variable as given in table 4.9

Table 4.9 Behaviour Control

	N	Mean	Std. Deviation	Variance
I mind what my child with hearing impairment eat or drink.	35	4.14	1.192	1.420
I mind how my child with hearing impairment eats or drink	35	4.09	1.173	1.375
I have rules in the family to control discipline	35	2.60	1.090	1.188
My child with hearing impairment knows the family rules	35	2.71	1.202	1.445

When my child with hearing impairment break rules, he/she knows what to expect	35	2.71	1.152	1.328

The parents were asked whether they mind what their CWHI eat or drink and how the CWHI eat or drink. The mean for the two statements are 4.14 and 4.09 respectively. The response implies that parents mind about the eating habits of their CWHI. The statement on whether they have rules to control discipline scored a mean of 2.6 which means there are no established rules in the family. As to whether the CWHI knows the rules where they are established, the mean is 2.71 while whether the CWHI know the consequences of breaking the rule has a mean of 2.71. This shows that CWHI are not aware of rules that govern their family neither do they know the consequences of breaking the rules in the event they are there.

The study explored techniques used by parents of children with hearing impairment in managing behaviour. Unacceptable behaviours immensely contribute to parents' health issues. The researcher gathered children's views alongside their parents' to compare how they complement or contradict each other hence determine the functionality in the family.

Responses obtained from the children revealed a theme of positive behaviour management. A few respondents (5 Children) expressed appreciation towards their parents' way of ensuring they attained good behaviour. The few respondents seemed to enjoy free interaction with their parents. The unique aspect about these children is that they shared a common language and a deaf culture with their parents. During the interview with the individuals respondent 13 said;

My parents repeatedly discuss with me the bad and unacceptable behaviours to avoid, my parents listen to me and answer questions from everyone in the family. My parents explain to me how to behave and mannerism at different places such as church, school, and social gatherings. In this case, when I misbehave, I know what to expect and no punishment comes as a surprise (Personal Communication).

A second theme that was revealed is punishments. A high number of 29 respondents out of 35 identified negative disciplinary approaches. The children pointed out that these were unacceptable discipline techniques. Some parents seemed to have high expectations towards their children's behaviour, but in reality they do not guide them to recognize what is accepted and unacceptable in family/society. One participant said,

My parents do not tell me what they expect from me in order to exhibit the discipline they expect. I therefore fail to live to the parents' ideals and therefore receive unexpected disciplinary consequences. I am very unhappy with the measures taken. Among the most I hate is canning, pinching and intimidating body language that communicates displeasure towards me. Sometimes they overwork me for long hours, without going out to eat and other times they refuse me to visit my friends or to watch interesting football match or just to market. When they deny me from going out sometime, I escape and go to watch football in market on Sunday. I feel angry when parents ignore and humiliate me (Participant 02, Personal Communication).

In addition, the individuals were unhappy about interference and intrusion into their privacy as parents checked for indicators to unwanted relationships such as letters, photos, money, and new clothes. They were unhappy with their parents' mistrust on their ability to be independent and responsible like their hearing siblings. A participant expressed,

My mother does not trust that I can take maize to the grinding machine by myself unless in the company of someone else even if it is my younger brother. This annoys me and I end up disobeying my mother by entirely refusing to go (Participant 14, Personal Communication).

These findings are in line with Smith (2014) who reviewed numerous studies and established that parents often get frustrated and hit their kids due to misbehaviour. The study assumed that parents hit children for lack of other options.

A parent with a hearing impaired child may want to change the child's way of behaviour which involves his/her emotional, social and psychological functioning. Some character and behaviour traits in the child may enormously affect parents 'psychological well-being. However it may be easier for a parent to change his/her behaviour first in order to approach other people in the family including the child with hearing impairment to change theirs. Lead by good example.

Tellegen and Sanders (2013) did an investigation and established influence of the adaptation of the Triple P-Positive Parenting Program on parents of young children with behavioral and mental health challenges. An adaptation of this program-revealed strong effect on reducing disabled children challenging behaviour. It was also found to improve broader parenting variables such as parenting style, adjustment and the parent-child relationship. The program reduced negative parent-child interactions and child behavioral problems.

According to MMFF, individual in a good functioning family always stand for the rules and regulations given in the institution they belong (Epistein, Bishop & Levin, 2007). Despite the few pupils who were positive and satisfied with behaviour control system in their families, the majority pupils expressed displeasure with the manner in which they are ambushed with punishment, intimidation and abuse they endure in the family. This depicts children with hearing

impairment live in families struggling to be healthy functioning as projected by the model guiding this study. Children living in these dysfunctional families may develop multiple problems including antisocial behaviour such as withdrawal, aggression and arrogance, poor performance in major areas like education, acquisition of mental health problems such as depression or adopt counteracting behaviours to attract attention like engaging in drug and substance abuse which eventually add to parent's psychological distress.

The strength of convergent design used by the researcher aided to obtain findings from different sources that exposed negativity of many family's inability to adapt their system sufficiently to accommodate a child with hearing impairment.

4.7 Psychological well-being of Parents

The respondents were required to rate their level of agreement or disagreement with the statements pertaining to psychological well-being on a scale of 1 (undecided) to 5 (strongly agree). The Mean, Standard Deviation and Variance were then computed for the variable as given in table 4.10

Table 4.10 Psychological well-being of parents

	N	Mean	Std. Deviation	Variance
When I look at the story of my life, I am pleased with how life has turned out because of my child with hearing impairment	35	3.11	.932	.869
Generally I feel confident and positive about myself having a child with hearing impairment	35	2.77	.877	.770
I feel like many of the people I know are better than me because they do not have a child with hearing impairment	35	4.20	.933	.871

I have many achievements in life despite having a child with hearing impairment	35	2.63	.690	.476
I care about the future of my child with hearing impairment	35	4.43	.698	.487
I have a sense of direction in life despite having a child with hearing impairment	35	2.63	.843	.711
I am always hopeful making plan for a successful of my child with hearing impairment	35	2.60	.881	.776
I feel fulfilled despite having a child with hearing impairment	35	2.66	.838	.703
Most people see me as a loving parent because I care for my child with hearing impairment	35	4.26	.817	.667
Maintaining close relationships with people has been frustrating for me because of my child with hearing impairment	35	4.20	.833	.694
I spend time with my child with hearing impairment	35	4.09	.853	.728
I enjoy friendly conversations with my child with hearing impairment	35	2.63	.910	.829
I feel I am in charge of my child with hearing impairment	35	2.69	.867	.751
I cope with the demands of my child with hearing impairment	35	2.63	.731	.534
I relate well with relatives despite having a child with hearing impairment	35	2.54	.852	.726
I have been able to build a family and a lifestyle that I like for myself and my child with hearing impairment	35	2.57	.850	.723
Valid N (List-wise)	35			

The mean scores for this section show that there is no psychological well-being for parents raising children with hearing impairment. The measures of psychological well-being were: Self-acceptance, finding purpose in life, positive relationship and environmental mastering. The statements for self-acceptance have a mean of 3.11, 2.77, 4.20 and 2.63. The implications of these mean imply lack of self-acceptance. Statements on finding purpose in life have a mean of 4.43, 2.63, 2.60 and 2.66 which translates to lack of conviction that life has meaning. The statements on positive relationship have a mean of 4.26, 4.20, 4.09 and 2.63. The statements on environmental mastering with mean of 2.69, 2.63, 2.54 and 2.57 shows that the parents are not able to fully manage environmental factors affecting them as they raise child with hearing impairment

4.8 Strategies

The researcher sought to investigate coping mechanisms that can enhance psychological well-being of parents raising children with hearing impairment. The section presents ideas generated by parents as measures that can enhance parental support and improve the psychological well-being of parents raising children with hearing impairment. The following table 4.11 has the findings.

Table 4.11 Strategies

	Frequency	Percent	Valid Percent	Cumulative Percent
Sign language training for parents.	4	11.4	11.4	11.4
Provision of free education to CWHI.	12	34.3	34.3	45.7
Provision of free medication to CWHI.	11	31.4	31.4	77.1
Provision of professional counselling services to parents and CWHI.	2	5.7	5.7	82.9
Organize disability awareness education.	2	5.7	5.7	88.6
Provision of early medical screening for impairment-identification.	2	5.7	5.7	94.3
Organize forums that highlight successful deaf-models.	2	5.7	5.7	100.0
Total	35	100.0	100.0	

In objective five, parents of children with hearing impairment raised suggestions which would lessen the negative psychological effects experienced when raising the child with hearing-loss. Most parents proposed for free tuition and boarding expenses to be provided by the Government to ease the psychological constraints associated with the child's education. Parents also called for the government to implement early screening, treatment and conducting surgeries for cochlear implant to be waived by government insurance. This would restore hearing to children and would solve complications and psychological effects brought about by the impairment. Parents suggested government to facilitate training them in learning Sign language

to improve communication with the child resulting to a unique bonding between the parent and child. The approach would lessen most social, emotional and psychological distress experienced due to child's hearing impairment. Parents considered the professional counseling support being crucial to them. The sensitization of disability awareness to public, organizing forums that highlight successful deaf models were cited as helpful approaches of reducing social and psychological pressures affecting parents and families raising children with hearing impairment.

The current study is in agreement with Chaudhury (2014) who conducted a research in India on the anxiety and depression in mothers of HI children. Findings of the study showed that there are communication challenges between mothers and CWHI as mothers adapt to the special needs of children with HI. Children with hearing loss cause a lot of stress and even trauma in families who had little or no contact with deaf people before or have very little knowledge about the consequences of that experienced impairment. Another study by Ceballo, Maurizi, Suarez, and Aretakis (2014) assert that strong parental commitment to the education, parental facilitation of their child's autonomy, parental expressions of support for educational goals and tasks and the presence of supportive faculty mentors and role models in the students' lives can influence psychological well-being.

The study aimed at exploring suggestions that children with hearing impairment considered helpful to make their parents' life less worrying about them despite having hearing loss. This question was important to give children an opportunity to address the issue that influence the psychological well-being of the parents. Their views were summarized as follows. The first points appeals to parents to play their duty responsibly promoting healthy emotional relationship between the parent-child.

Children with hearing impairment are normal children like other hearing children. Parents should accept and give them education to empower them to manage their own lives and avoid taking-over their life's responsibility. Parents should provide basic needs to their children such as enough school requirements failure to which may lead to risky behaviours in children. The negative behaviour may negatively impact on their psychological status. The family should learn basic Sign Language to ease communication with everyone. Parents should be patient and more listening to them. Parents should strive to meet the emotional needs of their deaf child by creating time to spend with him/her like they do with the hearing siblings. Parents should know deaf children experience loneliness, they feel discriminated against in the family and they feel are jealous of their hearing who seem favoured more than them.

The government should support their parents with more money to pay for their education. The extended families and community should appreciate them and avoid conflicts that bring stress their parents. Stressing parents should be supported with counselling to deal with emotional struggles. According to the study by Hintermair (2006) professional intervention addressed by respondents' suggestions is of great importance because of its ability to identify and address factors that contribute to stress in parents.

Their parents should be encouraged join both social and spiritual movements for emotional, social, spiritual and psychological support. These views totally conquer with Hintermair (2006) who describes the social support as crucial resources that parents deserve from their natural and artificial networks to impact in their coping process. The respondents' concluded, that if extended families/ community embraced to offer psychosocial support to their parents, it would improve in mental wellness their parents and family well-being. It's also important for parents to address other experiences of personal stress even though not they may

not directly be linked to the child they could have connection with family tree or intergeneration factors of their family of origin that could be indirectly influencing the psychological well-being of parents according to Bowen systems theory.

Table 4.12 Pearson Correlation Analysis for Family Functioning and Psychological Well- Being

	Self-Acceptance	**Finding Purpose in Life**	**Positive Relationship**	**Environmental Mastering**
Communication Patterns	-.428	-.223	-.121	-.096
	.010	.199	.490	.581
Affective Responsiveness	.416	.283	.014	.241
	.013	.100	.938	.163
Problem Solving	-.022	-.102	-.363	-.067
	.902	.559	.032	.703
Behaviour Control	-.369	-.117	-.122	-.365
	.029	.502	.484	.031
	35	35	35	35

The study findings showed that there was weak positive and statistically significant correlation between affective responsiveness and all the psychological well- being scales namely self-acceptance ($p< 0.05$; $r =0.416$), finding purpose in life ($p<0.05$; $r=0.282$), positive relationship ($p<0.05$; $r=0.014$) and environmental mastering ($p<0.05$; $r=0.241$). This implies that an increase in family functioning affective responsiveness led to increase in psychological well-

being of parents raising children with hearing impairment in Kericho County. The study found weak negative correlation between communication patterns, problem solving and behaviour control on all the psychological well-being scales.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter gives the summary of findings and conclusions of the study about family functioning on psychological well-being of parents raising children with hearing impairment, a case study in Kericho County, Kenya. The study also gives recommendations for further studies.

5.2 Summary of the Findings

The study sought to assess the family functioning on parents' psychological well-being raising children with hearing impairment in Kericho County, in Kenya. It was guided by the following research questions: Do family communication patterns influence psychological well-being of parents raising children with hearing impairment in Kericho County? What is the influence of family problem-solving techniques on psychological well-being of parents raising children with hearing impairment in Kericho County? What is the impact of family affective responsiveness on psychological well-being of parents raising children with hearing impairment in Kericho County? Does family behaviour control influence psychological well-being of parents raising children with hearing impairment in Kericho County? What strategies enhance psychological well-being of parents raising children with hearing impairment in Kericho County?

The study used The McMaster Model Family Functioning (MMFF) theory. The theory propose that the family functioning is measured by functional or non-dysfunctional family dimensions namely problem-solving, communication, roles, affective responsiveness, affective involvement and behavior control (Miller, Ryan, Keitner, Bishop & Epstein, 2000). The

reasoning behind this theory is that family members especially parents should be aware of functional measures such as: communication, affective responsiveness, problem-solving, and behavior control lead to bring psychological well-being within a family. As such, parent with mental distress of bringing up a child with hearing loss is capable of receiving mutual encouragement.

The first research objective also reflected on the first research question was to examine how family communication patterns influence the psychological well-being of parents raising children with hearing impairment. Communication challenges are common in families with a child with hearing impairment. Parents stated that they are not able to communicate about behaviours of their children nor understood feelings of their children, because they were expressed in a way that was not clear. Responses from the children showed that there were many hitches when interacting with their parents. Children cited vague communication from their parents which has to be clarified several times. Both the parents and their CWHI concur that there is communication challenge brought about by lack of a common language. Parents tend to use a language that they think their CWHI understands just to end up not communicating what they intended to communicate. When the parents are unable to communicate, they keep off leaving their child in the dark.

The second research objective and research question assessed the influence of family affective responsiveness on psychological well-being of parents raising children with hearing impairment. The findings revealed that parents intended to express their emotions to their CWHI but in the long run their intention is not fulfilled. Most of the parents expressed that they respond to their children emotionally but with difficulties. Most children expressed that they lack attention of the core issues that bother them and that their emotional needs are not attended to.

CWHI pointed out that they have no free conversation with their parents compared to their hearing siblings. The CWHI noted that their parents are worried about them because of communication barrier with other people, how to finance their education and medication, which is expensive and are concerned generally about the future of their CWHI.

The third research objective and research question determined the influence of family problem-solving techniques on psychological well-being of parents raising children with hearing impairment. The results showed that most of the time parents make decisions alone. Many are the times they do not seek opinion from others. Parents acknowledged not involving their CWHI in the decision making process of family even in matters that affect CWHI directly. Parents pointed out as having limited options of solving their problems. The children echoed the sentiments of their parents of not seeking opinion from them in problem solving.

The fourth research question and objective sought to find out the contribution of family behaviour control on psychological well-being of parents raising children with hearing impairment. The results show that parents claimed to control the behaviour of their CWHI however it seems the measures taken are not effective. The parents were concerned of how their children behaved but failed in language to establish measures that governed their children. Where rules were put in place, the expectations were not communicated to the children. Hence whenever children broke rules that they actually had no knowledge of, they are ambushed with punishments. The children pointed out that they were punished by being physically abused through hitting and pinching, a behaviour they did not like. The CWHI also pointed out that their parents used abusive and intimidating body language that is oppressive and intimidating. At other times CWHI are denied food as a disciplinary measure, overworked as a way of occupying

them because parents want them to be around the home throughout. Occasionally parents warn them harshly when they are suspicious to inflict fear instead of seeking dialogue with them.

The fifth research question and objective explored strategies that enhance psychological well-being of parents raising children with hearing impairment. The parents and CWHI were asked to suggest some measures that could support them lessen burdens associated with raising children with hearing impairment. The points raised suggested the following strategies: Sign language training for parents. Provision of free education and medication to CWHI, provision of professional counselling services to parents and CWHI, Organize disability awareness education, provision of early medical screening for impairment identification and organize forums that recognize successful deaf-models. On the other hand, the CWHI suggested that parents should spend time with them and that they should be given opportunities to address issues that concern them.

5.3 Conclusion

The findings of the study show that raising a child with hearing impairment affects family functioning and the psychological well-being of parents. There is evidence of poor family functioning manifested by presence of conflicts, poor communication and ineffective communication. There is poor expression of affection by parents to their CWHI hence lack of expression of true feelings. Parents do not seek all available means of solving problems related to their CWHI. Parents fail to communicate their expectations in terms of behaviour yet expect the CWHI to behave accordingly.

Strategies that can lead to family functioning and psychological well-being of parents raising children with hearing impairment include; Sign language training for parents in order to acquire

efficiency in communicating with their children. The ability to interact personally with the child will offer a strong parent-child connection that will lead the family to being able to enjoy free interaction.

Provision of free education to create equal opportunity for the deaf to become academically empowered and competitive by enterprising their abilities using the current technology development. Education to make the deaf self-reliant, lessening dependability on their parents contributes to promote their self-worth and parents former outlook of them as liabilities in the family.

By offering advanced medical intervention to children with hearing impairment especially providing cochlear implant, this is a sure way of restoring the family to its normalcy as the deaf are capable of regaining the ability to hear. With a Cochlear implant a child's communication is improved and the quality of life is regained to almost equal level of the hearing children. Therefore communication in the family will become functional.

Provision of professional counseling to parents so as to help them to understand the wide variety of information available concerning their deaf child. The parent will thereby choose the area of concern suitable to explore for the sake of the well-being of the family. Such may be 'the impact of hearing loss on speech and language acquisition on the deaf'. It's only after the parent is taken through the session by the professional that he/she can understand challenges involved in a deaf learning oral language that as a parent can make an informed decision about an appropriate method of communication that should be embraced in order to include everyone in family conversation. A common language is an engine that facilitates operation of family activities to run smoothly.

Organizing disability awareness education to the public to develop empathy for the people with disabilities as well as their families. The education will create acceptance to children and parents and will no longer experience victimization or condemnation by society. The emotional and psychological mental distress that parents go through will be lessen and the tranquillity achieved will be experienced in their families.

Provision of early medical screening for impairment in order to timely detect and offer early management such as adopting new lifestyle early enough to avoid cases becoming otherwise complex. A family will not be put through unrewarding expenditure in consultation from hospital to another with hopeful wish of the child getting better. Also the psychological anxiety will be dealt with professionally and giving room to early adjustment.

Organizing forums that highlight successful deaf-models in the school will benefit to inspire, create insight and offer guidance to both the parents and the young deaf about opportunities available for the market. The endeavour will be therapeutic to appreciate unique abilities and talents of the hearing impaired member

5.4 Recommendations

Following the findings from the respondents on family functioning and the psychological well-being of parents raising children with hearing impairment in Kericho County Kenya, the researcher recommends the following:

Lack of effective communication between the parents and children with hearing impairment has affected family functioning and the psychological well-being of parents raising children with hearing impairment. The main problem is language barrier between the parents and children with hearing impairment. Since the children are in school, they are able to use the sign language,

which most of the parents have not mastered. It thus imperative for parents to be brought on board to learn the Sign Language, to enable them communicate well with their children.

The parents should learn how to express their affection to children with hearing impairments and convey true feelings for them with ease. Parents may convey affection by simply creating time to be with the child, holding, touching, rocking, playing games together or listening to their stories. It may involve parent accompanying them to from school. By creating time to be with the child is a sure way to bond with them emotionally, socially, physically and psychologically. It's important for parents to express affective responsiveness as it lessens anxiety, mental distress, and behaviour problems to the child. Parental affection also enhances good parent-child relationship, improves communication, self-esteem and parent's acceptance even to a child with hearing impairment hence promote psychological well-being of the parent.

Children with hearing impairment should be involved in problem solving process in issues that affect them directly. As their parents, it's beneficial to teach children how to solve a personal or family problem. The process starts by identifying when a problem occur, then formulating more than one solution, thinking of positive and negative outcome of the every solution formulated and finally settling at the one most practicable solution. By involving the child with hearing impairment in solution finding means that they will participate fully, will be part of the decisions made and will be willing to act on resolutions passed. Problem-solving skill is beneficial in improving psychological health in the family.

Parents should communicate the expected behaviour and being explicit about consequences that come along with non-compliance. The rules should be made clear to everyone. The desired behaviour should be crystal clear to all in the family. In order to own a family system of discipline children should be involved in family discussions to formulate rules thatensure

everyone is clear and in agreement. Family discussion on types of rewards for those who follow the rules as well as consequences for those who breach the rules should be consciously known. Parents should be consistence to listen to the child, give guidance and lead as a role model. Parents should create a friendly homely environment for good behaviour. Involving the family to set rules and to live by them is crucial to reduce surprise punishment to the child with hearing impairment. Communicating expected behaviour and means to attain it helps the child with hearing impairment to live a tension free life in good mental health.

Most of the parents indicated that they were worried about the future of their children with hearing impairment. The future of a child with hearing impairment depends on the specialized education and medication, which is costly and parents raising children with hearing impairment may not afford. The government and other stakeholders should intervene and assist families with a child with hearing impairment in provision of free education and medication. Once parents are assisted, their worries will be eased and this can improve their psychological well-being.

Provision of professional counselling services could help parents change their attitudes on the presence of the child with hearing impairment because they are normal and are gifted like other children. On the other hand when children with hearing impairment are counselled, it will help them change their perception about their situation of hearing impairment. Provision of counselling will help both the parents and the children to appreciate and accept the situation. This can contribute to family functioning and psychological well-being of parents.

The community should be educated about disability and the contributions that they can make towards assisting families of children with hearing impairment. Of most importance psychosocial support plays pivotal role raising self-esteem and refrain inflicting further damage to the

affected. The community should be told facts about disability so as to clear the various myths that exist about families of children who are disabled. They should be educated and their role and responsibility towards persons with disabilities.

Further, forums should be organized where successful deaf models are invited so as to become tangible role model of what a deaf person is capable of becoming to inspire parents, children with hearing impairment and the community at large. This will enlighten the community that even people with disability are a resource and community builders.

5.5 Recommendations for Further study

The current study examined family functioning and the psychological well-being of parents raising children with hearing impairment in Kericho County, Kenya. The current study concentrated on children with hearing impairment only. Further research could be carried out in the following areas:

1. Family functioning and the psychological well-being of parents raising children with more than one child with hearing impairment in Kericho County, Kenya.

2. Family functioning and the psychological well-being of parents raising children with multiple disabilities in Kericho County, Kenya.

3. Family functioning and the psychological well-being of parents with hearing impairment raising children with hearing impairment in Kericho County, Kenya.

REFERENCES

Abubakar, A. Alonso, A., I., Vijver, F., Murugami, Arasa, J.N., & Mazrui, L. (2013). Attachment and Psychological Well-being among Adolescents with and Without Disabilities in Kenya: The Mediating Role of Identity Formation. *Journal of Adolescence 36*(5):849-57. DOI: 10.1016/j. adolescence.

Allen, A. (2016). *Curvilinearity of the relationships between selected personality variables and leadership effectiveness*. Alliant International University

Anderson, K. N., Rueter, M. A., Connor, J. J., & Koh, B. D. (2017). Observed mother–and father–child interaction differences in families with medically assisted reproduction conceived twins and singletons. *Family Process, 56*(4), 997-1011.

Asiamah, N., Mensah, H.K., & Oteng-Abayie, E. (2017). General, target, and accessible population: Demystifying the concepts for effective sampling. *The Qualitative Report, 22* (6), 1607- 1621.

Atmowardoyo, H. (2018). Research methods in TEFL studies: Descriptive research, case study, error analysis, and R&D. *Journal of Language Teaching and Research, 9*(1) 197-204).

Atwood, J., D., (2001). Family Systems/Family Therapy: Application for clinical practice. Binghamton, NY: The Haworth Press, Inc.

Bakker, A., Maertens, K. J., Van Son, M. J., & Van Loey, N. E. (2013). Psychological Consequences of paediatric burns from a child and family perspective: a review of the empirical literature. *Clinical Psychology Review*, *33*(3), 361-371.

Baldwin, J. (2018). *Genocide: State power and mass murder.* London: Routledge.

Bell, J. (2014). *Doing Your Research Project: A guide for first-time researchers*. London: McGraw-Hill Education (UK).

Bernard, H. R. (2002). *Research methods in anthropology: Qualitative and Quantitative Approaches* (3rd ed.). Walnut Creek, CA: Alta Mira Press.

Blaich, S. (2015). Relationships between Psychosocial Working Conditions and Multiple Employee performance measures. *(PhD Dissertation, Deakin University)*

Brice. P. & Strauss. G. (2016). Deaf adolescents in a hearing world: A review of factors affecting Psychosocial Adaptation. *Adolescent Health, Medicine and Therapeutics, 7,* 67-76. DOI; https://doi.org/10.2147/AHMT.S60261

Briffa, D., Davidson, F., & Ferndale. M. D. (2016). An identification of the social and emotional needs of people living with post-lingual hearing loss. *JADARA*, *50*(2), 67-88.

Buswell, L., Zarbriskie, R.B., Lurdberg, N. & Horkins, A.J. (2014). The relationship between Father involvement in family leisure and family functioning: The importance of daily Leisure time. *Leisure sciences, 34,* 172-190.

Ceballo, R., Maurizi, L. K., Suarez, G. A., & Aretakis, M. T. (2014). Gift and sacrifice: Parental involvement in Latino adolescents' education. *Cultural Diversity and Ethnic Minority Psychology, 20*(1), 116.

Chaudhury S. (2019). Anxiety and depression in mothers of deaf children: Awareness needed. *Med J Dy Patil Univ, 7*(6), 720-721.

Cohen, M. (2014). *Adolescents with Hearing Impairment: Coping with Environmental Stressors*. Telaviv: Haifa University.

Cole, E. B., & Flexer, C. (2019).*Children with hearing loss: Developing listening and talking, birth to six.* Plural Publishing.

Creswell, J W., and Vicki L. Plano Clark (2007). *Designing and Conducting Mixed Methods Research*. Thousand Oaks, CA: Sage Publications.

Creswell, J. W., & Plano Clark, V. L. (2011). Designing and Conducting mixed method Research(2nd ed.). Thousand Oaks, CA: Sage.

Creswell, J. W. (2012). *Educational research: planning, conducting, and evaluating Quantitative and qualitative research (4th ed.).* Boston. Pearson Education, Inc

Creswell, J. W., (2014). *Research Design: Qualitative, Quantitative and Mixed Methods Design(4th ed*). Thousand Oaks, California. Sage Publications Inc.

Dai, L. & Wang, L. (2015). Review of Family Functioning. *Open Journal of Social Sciences, (3),* 134-141. http://dx.doi.org/10.4236/jss.2015.312014

Davids, E.L., & Roman, N. (2013). Does family structure matter? Comparing the life goals and aspirations of learners in secondary schools. *South African Journal of Education, 33*(3), 1–12. http://dx.doi.org/10.15700/201503070745.

Davids, E.L., Roman, N. V., & Leach, L. (2015). The effect of family structure on decision-making, parenting styles and healthy lifestyle behaviour of adolescents in rural South Africa. *African Journal of Physical, Health Education, Recreation and Dance*, *21*(3:2), 953–967.

Davids, E.L. (2016). A model examining the relationship between parenting styles and decision making styles on healthy lifestyle behaviour of adolescents in the rural Western Cape. *(PhD Dissertation, University of the Western Cape).*

Davids, J. L., Jill Ryan, Zeenat Yassin, Suzette Hendrickse & Nicolette Vanessa Roman (2016). Family structure and functioning: Influences on adolescents psychological needs, goals and aspirations in a South African setting. *Journal of Psychology in Africa, 26*(4), 351-356.

Disabato, D. J., Goodman, F. R., Kashdan, T. B., Short, J. L., & Jarden, A. (2016). Different types of well-being? A cross-cultural examination of hedonic and eudemonics well-being. *Psychological Assessment, 28*(5), 471–482.

Dishion, T., Forgatch, M., Chamberlain, P., & Pelham III, W. E. (2016). The Oregon model of behavior family therapy: From intervention design to promoting large-scale system change. *Behavior therapy,47*(6), 812-837.

Dlodlo, N., & Dhurup, M. (2013). Selected social media antecedents: attitudes towards and behavioural impacts on its usage among consumers in a developing country. *Studia Universitatis Babes-Bolyai,58*(3), 90.

Driessche, A.V A., Jotheeswaran, A. T, Gudiavalleti, M.V & Pilot, E (2014). Psychological Well-being of parents and family caregivers of children with hearing impairments in South India: Influence of behavioural problems in children and social support. International Review of Psychiatry, 26(4), 500-507. Doi.org/10.3109/09540261.2014.926865

Dudovskiy, J. (2018). *The Ultimate Guide to Writing a Dissertation in Business Studies: A Step-By-Step-Assistance*.https://research-methodology.net/research-methods/quantitative-research

Durand, V.M., Heinemann, M., Clarke, S., Wang, M., & Rinaldi, M.L. (2013). Positive family intervention for severe challenging behavior I: A multisite randomized clinical trial. *Journal of Positive Behavior Interventions, 15*(3), 133-143.

Epstein, J. L., Sanders, M. G., Sheldon, S. B., Simon, B. S., Salinas, K. C., Jansorn, N. R., & Hutchins, D. J. (2018). *School, family, and community partnerships: Your handbook for action*. Corwin Press.

Epistein, N. B., Bishop, D.S., Levin, S. (2007). The McMaster Model of Family Functioning. *Journal of Marital and Family Theory*. *4*(4) 19-31

Etikan, I., Abubakar, S. Rukayya, M., & Alkassim, S. (2016). Comparison of Convenience Sampling and Purposive Sampling. *American Journal of Theoretical and Applied Statistics*. *5*, (1), 1-4. doi: 10.11648/j.ajtas.20160501.11

Finders, J. K., Díaz, G., Geldhof, G. J., Sektnan, M., & Rennekamp, D. (2016). The impact of parenting education on parent and child behaviors: Moderators by income and ethnicity. *Children and youth services review, 71,* 199-209.

Galovan, A. M., Holmes, E. K., & Proulx, C. M. (2017). Theoretical and methodological issues in relationship research: Considering the common fate model. *Journal of social and personal relationships, 34*(1), 44-68.

Hatton, C., Emerson, E., Kirby, S., Kotwal, H., Baines, S., Hutchinson, C. & … (2010). Majority and minority ethnic family carers of adults with intellectual disabilities: perceptions of challenging behavior and family impact. *J. Appl. Res. Intellect and Disability.* 23, 63–74. doi: 10.1111/j.1468-3148.2009.00544.x

Hintermair, M. (2006). Parental Resources, Parental Stress and Socioemotional Development of Deaf and Hard of Hearing Children. *Journal of Deaf Studies and Deaf Education, 11(4), 493-513.*

Hu, F., Ma, Y.H., Hu, L.M., Deng, X.L., & Mei, J.F. (2010). Study on the relationship of family functioning and subjective well-being of junior-high school students. *Beijing Da Xue Xue Bao Yi Xue Ban, 42*(3), 323-329.

Idris, R.G. & Badzis, M. (2017). Interpersonal Behavioural Problems in Children with Hearing Impairment: the parental experiences and coping strategies. *International Journal of Education and Research, 5* (10), 223-236.

Isa, S., Ishak, I., Rahman, A.A. Saat, N.M., Din, N. C. , Lubis, S.H., & Ismail, M.F.M. (2017). Perceived Stress and Coping Styles among Malay Caregivers of Children with Learning Disabilities in Kelantan. *Malaysia J Med Science. 24*(1): 81–93. 2017 Feb 24. doi: *10.21315/mjms2017.24.1.9*

Kandel, I., and Merrick, J. (2003). The birth of a child with disability. Coping by Parents and Siblings. *The Scientific World Journal*

Karaaslan, O., Diken, I.H., & Mahoney, G. (2013). A Randomized Control Study of Responsive Teaching with Young Turkish Children and Their Mothers. *Topics in Early Childhood Special Education, 33*(1), 18-27.

King, G., & Chiarello, L. (2014). Family-centered care for children with cerebral palsy: conceptual and practical considerations to advance care and practice. *Journal of Child Neurology, 29*(8), 1046-1054.

Koen, V., Van Eeden, C., & Rothmann, S. (2013). A model for psychosocial well-being of families in a South African context. *Journal of Psychology in Africa, 23*(1), 155–164.

Koerner, A. F., Schrodt, P., & Fitzpatrick, M. A. (2017). Family communication patterns theory: A grand theory of family communication. In Engaging Theories in Family Communication. London: Routledge.

Kothari, C. R., & Garg, G. (2019). Research methodology, methods and techniques. (4th ed.) New Delhi: New Age International Publishers.

Kothari, C. R., & Garg, G. (2014). Research methodology, methods and techniques. (3rd ed.) New Delhi: New Age International Publishers.

Kuhlthau, K., Kahn, R., Hill, K. S., Gnanasekaran, S., & Ettner, S. L. (2010). *The well-being of parental caregivers of children with activity limitations*. *MCH 14,* 155–163. doi: 10.1007/s10995-008-0434-1

Kumar, R. (2014). Research methodology: A step-by-step guide for beginners'. California: SAGE Publication Ltd.

Putz, K. (2012). *The Parenting Journey: Raising Deaf and Hard of Hearing Children*. Cambridge, MA: Barefoot Books.

Lenders, S. R. (2015). The role of family functioning in the decision-making styles of adolescents in the Overberg area. Psychology 2015

Leppin, A. L., Gionfriddo, M. R., Kessler, M., Brito, J. P., Mair, F. S., Gallacher, K. & Ting, H. H. (2014). Preventing 30-day hospital readmissions: a systematic review and meta-analysis of randomized trials. *JAMA internal medicine, 174*(7), 1095-1107.

Linehan, M. M. (2018). *Cognitive-behavioral treatment of borderline personality disorder*. Guilford Publications.

Luckose, A. B. (2019). Predicting Decision-Making in Relation to Health-Risk Behavior in College Freshmen. *(Doctoral dissertation, Loyola University Chicago).*

Macker, J. (2015). Childhood hearing loss and its stress on hearing families. (*PhD dissertation, Walden University)*

Maršanić, V. B., Margetić, B. A., Jukić, V., Matko, V., & Grgić, V. (2014). Self-reported emotional and behavioral symptoms, parent-adolescent bonding and family functioning in clinically referred adolescent offspring of Croatian PTSD war veterans. *European child & adolescent psychiatry*, *23*(5), 295-306.

Martorell, A., Gutiérrez-Recacha, P., Irazábal, M., Marsa, F., & García, M. (2011). Family impact in intellectual disability, severe mental health disorders and mental disorders in ID*: A comparison Article in Research in Developmental Disability. 32,* 2847–2852. doi: 10.1016/j.ridd.2011.05.021

Mauno, S., Ruokolainen, M., & Kinnunen, U. (2015). Work-family conflict and enrichment from the perspective of psychosocial resources: Comparing Finnish healthcare workers by working schedules. *Applied ergonomics, 48,* 86-94.

Miller-Day, M. (2017). *Family Communication.* (Online). Oxford Research Encyclopaedia, Oxford. DOI: 10.1093/acrefore/9780190228613.013.177

Modecki, K.L., Zimmer- Gembeck, M.J. & Guerra, N. (2017). Emotion regulation, coping, and decision making: three linked skills for preventing externalizing problems in adolescence. *Child Development, 88*(2), 417-426. https://doi.org/10.1111/cdev.12734

Mohan, H. K. (2018). Qualitative Research Methodology in Social Sciences and Related Subjects. Bangladesh. *Journal of Economic Development, Environment and people*. *7*(1)23-48.

National Academies of Sciences, (2016). *Parenting Matters: Supporting Parents of Children Ages 0-8.* Washington, DC: The National Academies Press. doi: 10.17226/21868.

National Gender E& Equality Commission (2016). *Access to Basic Education by Children with Disability in Kenya. Nairobi.* National Gender and Equality Commission Headquarters.

Newland, L. A. (2015). Family well-being, Parenting, and Child Well-being: Pathways to Healthy adjustment. *Clinical Psychologist, 19*(1), 3-14.

Njue, J. M. (2014). Effects of Parenting Styles on Academic Performance of Deaf Students: Case of Rev. Muhoro Secondary School for the Deaf in Mukurwe-ini, Nyeri County, Kenya. Pannilage, U. (2017). Impact of Family on Children's Wellbeing. *Journal of Sociology and Social Work, 5*(1), 149-158.

Patton, M. Q. (2002). *Qualitative research and evaluation methods* 3rd ed. Thousand Oaks, CA: Sage.

Peterson, R. & Stephen, T. (2009). *Families First: Keys to Successful Family Functioning: An Introduction.* Virginia. Communications and Marketing, College of Agriculture and Life Sciences, Polytechnic Institute and State University

Pozo, P., Sarriá, E., & Brioso, A. (2013). Family quality of life and psychological well- being in Parents of children with autism spectrum disorders: A double ABCX model. (Online). https://doi.org/10.1111/jir.12042

Rodriguez-Naranjo, C. & Cano, A. (2016). Family Climate and Adolescent Aggression: An Analysis of their Relationships. In C. Roland Levy, P. Denoux, B Voyer, P. Boski, & W. K. Gabrenya Jr. (Eds.), Unity, Diversity, and Culture. Proceedings from 22nd Congress of the International Association for Cross-Cultural Psychology.

Rudhumbu, N. (2015). The use of motivational teaching methods in primary schools mathematics in Zimbabwe: A case study of the first decade after independence. *International Journal of Vocational and Technical education, 1*(1) 15-29.

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology, 69*(4), 719–727.

Sanavi, F.B., Baghbanian, A., Shovey, M.F., Moghaddam, A. (2013). A study on Family Communication pattern and parenting styles with quality of life in adolescent. *Journal of the Pakistan Medical Association, 63(11).*

Sekaran, U. (2003). Towards a guide for novice research on research methodology: Review and proposed methods, *Journal of cases of Information Technology*, 8(4), 24-35.

Sherman, R., & Dinkmeyer, D. (2014). *Systems of family therapy:* An Adlerian integration. London: Routledge.

Skyttner, L. (2006). *General systems theory: Problems, Perspectives,* Practice (2nded.) River Edge, N, J., USA: World Scientific.

Smith, B.L. (2014). The case against spanking: *Physical discipline is slowly declining as some studies reveal lasting harms for children. APA, 43*(4), 60. Strauss, A. L. (2017). *Psychiatric ideologies and institutions*. London: Routledge.

Sola, C., Lopez, L., Padilla, G., Daza, M. & Aguilar-Parra. J.M. (2016) *Subjective Psychological Well-Being in Families with Blind Children:* How Can We Improve It? *Psychology. 7,*487.doi: 10.3389/fpsyg.2016.00487

Stanescu, D.F., & Romer, G. (2011). *Family Functioning and Adolescents' Psychological Well-Being in Families with a TBI parent. Psychology 2*(7) 681-686.

Strauss, A. L. (2017). *Psychiatric ideologies and institutions*. London: Routledge.

Taherdoost, H. (2016). Sampling Methods in Research Methodology; How to Choose a Technique for Research. Helvetic Editions. *International journal of Academic Managemen*t *5*(2) 2296-1747.

Tellegen, C.L., & Sanders, M.R. (2013). Stepping Stones Triple P-Positive Parenting Program for children with disability: A systematic review and meta-analysis. *Research in Developmental Disabilities, 34*(5), 1556-1571.

Theunissen, S.C.P., Rieffe, C., Netten, A.P .Braire, J.J. Soede, W., Kouwenberg, M. & Frijns, J.H.M. (2014). Self-Esteem in Hearing-Impaired Children: *The Influence of Communication, Education, and Audiological Characteristics. PLoS One*, *9*(4), 521. doi: 10.1371/journal.pone.0094521

Theunissen, S. C., Rieffe, C., Netten, A. P., Briaire, J. J., Soede, W., Schoones, J. W., & Frijns, J. H. (2014). Psychopathology and its risk and protective factors in hearing-impaired children and adolescents: A systematic review. *JAMA paediatrics, 168*(2), 170-177.

Thuo, N.W. (2014). Parental attitudes towards children with hearing impairment and Academic Performance: a case of Kambui School for the Deaf, Githunguri District, Kiambu County, Kenya. (*M.A thesis, Kenyatta University*)

Thurman, T. R., Kidman, R., & Taylor, T. M. (2014). Does investment in home visitors lead to better psychological health for HIV-affected families? Results from a quasi-experimental evaluation in South Africa. *AIDS care, 26*(1), 2-10.

Thurman, T. R., Kidman, R., Nice, J., & Ikamari, L. (2015). Family functioning and child behavioral problems in households affected by HIV and AIDS in Kenya. *AIDS and Behavior, 19*(8), 1408-1414.

Truog, R. D., Brown, S. D., Browning, D., Hundert, E. M., Rider, E. A., Bell, S. K., & Meyer, E. C. (2015). Micro-ethics: the ethics of everyday clinical practice. *Hastings Centre Report, 45*(1), 11-17.

Zanganeh, B., Kaboudi, M. & Ashtarian, H. (2015). The comparison of Family Function based on McMaster Model of Fertile and infertile Women. *Journal of Medicine and Family Life*: 8(4), 196-202.

Walliman, N. (2017). *Research methods: The basics.* London: Routledge.

Walker, D. K., & Crocker, R. W. (2017). *Measuring family systems outcomes*. In evaluating family programs. London: Routledge.

Willis, G.B. (2005). *Cognitive Interviewing: A Tool for Improving Questionnaire Design.* London: Sage.

Zaidman-Zait, A., Most, T., Tarrasch, R., Haddad-eid, E., & Brand, D. (2016). The Impact of Childhood Hearing Loss on the Family: Mothers' and Fathers' Stress and Coping Resources. *The Journal of Deaf Studies and Deaf Education, 21*(1), 23–33.

Zwane, C., Venter, C., Temane, M. Q., & Chigeza, S. (2012). Black adults' perceptions of healthy family functioning. *Journal of Psychology in Africa, 22*(1), 43-48.

APPENDICES

APPENDIX A: Questionnaire for Parents

I am, Nazarine Wandia, a student at The Catholic University of Eastern Africa pursuing a Master's degree in Counselling Psychology. I am doing a research on *Family functioning and the psychological well-being of parents raising children with hearing impairment in Kericho County*. You are requested to participate in the study by answering the questionnaire attached. Your responses will be kept confidential, and only me, the researcher shall have access to make use of the answers. Kindly respond as honestly as possible as your identity is protected.

Thanking you in advance for your participation.

Sincerely,

Nazarine Wandia

SECTION A: Demographic Information

A. 01 Gender: Male [ ] Female [ ]

A. 02 What is your age? Below 30 years [ ] 30-40 [ ] 40-50 [ ] above 50 [ ]

A. 03 Parent level of education; Primary [ ] Secondary [ ] College level [ ] University [ ]

A. 04 Parent occupation; Employed [ ] Own business [ ] Casual [ ] Unemployed [ ]

A.05How do you communicate? Oral/Local gestures [ ] Sign Language/ Local gestures [ ]

SECTION B: COMMUNICATION AND PSYCHOLOGICAL WELL-BEING

To what extent do you agree with the following statements about communication and psychological well-being? Kindly tick your correct choice. (√**).** Key: 1= Undecided; 2= Strongly disagree; 3= Disagree; 4= Agree; 5= Strongly agree

No	Statement	1	2	3	4	5
B.01	I tell my child the reason as to why I am not happy with him/her.					
B.02	I understand the feelings of my child from what she/he gestures.					

B.03	My child explains his or her problems instead of expressing moods.					
B.04	I tell my child when she/he has done something wrong.					
B.05	I keep quiet when I am angry with my child.					

SECTION C: AFFECTIVE RESPONSIVENESS AND PSYCHOLOGICAL WELL-BEING

To what extent do you agree with the following statements about Affective Responsiveness and psychological well-being? Kindly tick your correct choice. (√**).** Key: 1= Undecided; 2= Strongly disagree; 3= Disagree; 4= Agree; 5= Strongly agree

No	Statement	1	2	3	4	5
C.01	I respond to my child emotionally without any difficult.					
C.02	I am able to express my love to my child with hearing impairment.					
C.03	I worry about my child with hearing impairment.					
C.04	My child with hearing impairment and I express feelings for each other.					
C.05	I cry openly before my child with hearing impairment.					

SECTION D: PROBLEM SOLVING AND PSYCHOLOGICAL WELL-BEING

To what extent do you agree with the following statements about Problem-solving and psychological well-being? Kindly tick your correct choice. (√**).** Key: 1= Undecided; 2= Strongly disagree; 3= Disagree; 4= Agree; 5= Strongly agree						
No	Statement	1	2	3	4	5
D.01	I am assisted to solve most daily problems concerning my child with hearing impairment.					
D.02	I always act on our decisions regarding problems with my hearing impaired child.					
D.03	After family makes a decision about a problem, I always discuss its success or failure with my hearing impaired child.					
D.04	I solve most emotional issues that come up with my child with hearing impairment.					
D.05	I always think of different ways to solve problems of my child with hearing impairment.					

SECTION E: BEHAVIOUR CONTROL AND PSYCHOLOGICAL WELL-BEING

To what extent do you agree with the following statements about behavior control and psychological well-being? Kindly tick your correct choice. (√**).** Key: 1= Undecided; 2= Strongly disagree; 3= Disagree; 4= Agree; 5= Strongly agree						
No	Statement	1	2	3	4	5
E.01	I mind what my child with hearing impairment eat or drink.					
E.02	I mind how my child with hearing impairment eats or drink.					

E.03	I have rules in the family to control discipline.					
E.04	My child with hearing impairment knows the family rules.					
E.05	When my child with hearing impairment breaks rules, he/she knows what to expect.					

SECTION F: PSYCHOLOGICAL WELL-BEING

To what extent do you agree with the following statement about psychological well-being? Kindly tick your correct choice. (√**).** Key: 1= Undecided; 2= Strongly disagree; 3= Disagree; 4= Agree; 5= Strongly agree						
F.01	Self-Acceptance	**1**	**2**	**3**	**4**	**5**
	When I look at the story of my life, I am pleased with how life turned out because of my child with hearing impairment.					
	Generally, I feel confident and positive about myself having a child with hearing impairment.					
	I feel like many of the people I know are better than me because they do not have a child with hearing impairment.					
	I have many achievements in life despite having a child with hearing impairment.					
F.02	Finding purpose in life	**1**	**2**	**3**	**4**	**5**
	I care about the future of my child with hearing impairment.					
	I have a sense of direction in life despite having a child with hearing impairment.					
	I am always hopeful making plans for a successful future of my child with hearing impairment.					
	I feel fulfilled despite having a child with hearing impairment.					

F.03	Positive relationship	**1**	**2**	**3**	**4**	**5**
	Most people see me as a loving parent because I care for my child with hearing impairment.					
	Maintaining close relationships with people has been frustrating for me because of my child with hearing impairment.					
	I spend time with my child with hearing impairment.					
	I enjoy friendly conversations with my child with hearing impairment.					
F. 04	Environmental mastering	**1**	**2**	**3**	**4**	**5**
	I feel I am in charge of my child with hearing impairment.					
	I cope with the demands of my child with hearing impairment.					
	I relate well with relatives despite having a child with hearing impairment.					
	I have been able to build a family and a lifestyle that I like for myself and my child with hearing impairment.					

SECTION G: STRATEGIES THAT ENHANCE PSYCHOLOGICAL WELL-BEING

G. 01 How can parents having children with hearing impairment be supported to lessen burdens associated with hearing impaired child?

……

……

……

……

……

Thank you for participating

APPENDIX B: Interview Guide for Learners with Hearing Impairment

I, Nazarine Wandia, is a student at The Catholic University of Eastern Africa pursuing a degree in Counselling Psychology. I am doing a research on *Family functioning and the psychological well-being of parents raising children with hearing impairment in Kericho County*. You are requested to participate in the study by answering the interview questions probed by the examiner. Your responses will be kept confidential, and shall be accorded a pseudo-name during analysis of the information. Kindly respond as honestly as possible as your identity is protected.

Thanking you in advance for your participation.

Sincerely,

Nazarine Wandia

QUESTIONNAIRE

Section A: Demographic Information

1. Gender: Male [ ] Female [ ]

2. What class are you.....?

3. What challenges do you experience when communicating with your parents? (CP)

4. How does your parent address your private matters with you?

5. In what ways do your parents involve you in solving problems in the family? (PS)

6. What efforts do your parents make when they can't understand you? (PS)

7. In what ways do your parents ensure you have good behaviours? (BC)

8. How do your parents express parental love to you? (AR)

9. What do you think worries your parents about you?

10. What advice would you give to parents who have children with hearing impairments?

Thank for your participation

APPENDIX C: The Consent Form as a Participant in Research

You are requested to participate in a research study that focuses on establishing *Family functioning on psychological well-being of parents when raising a child with hearing impairment.*

Your participation in this study will help the researcher to create a better understanding in psychology field how a family influence parents raising a child with hearing impairment. Your ideas contributing to the inquiries will be of great importance to the study. All your responses will be valid and will be kept confidential. Your participation is entirely voluntary.

Kindly write your name and sign.

I agree to participate, Name: …….

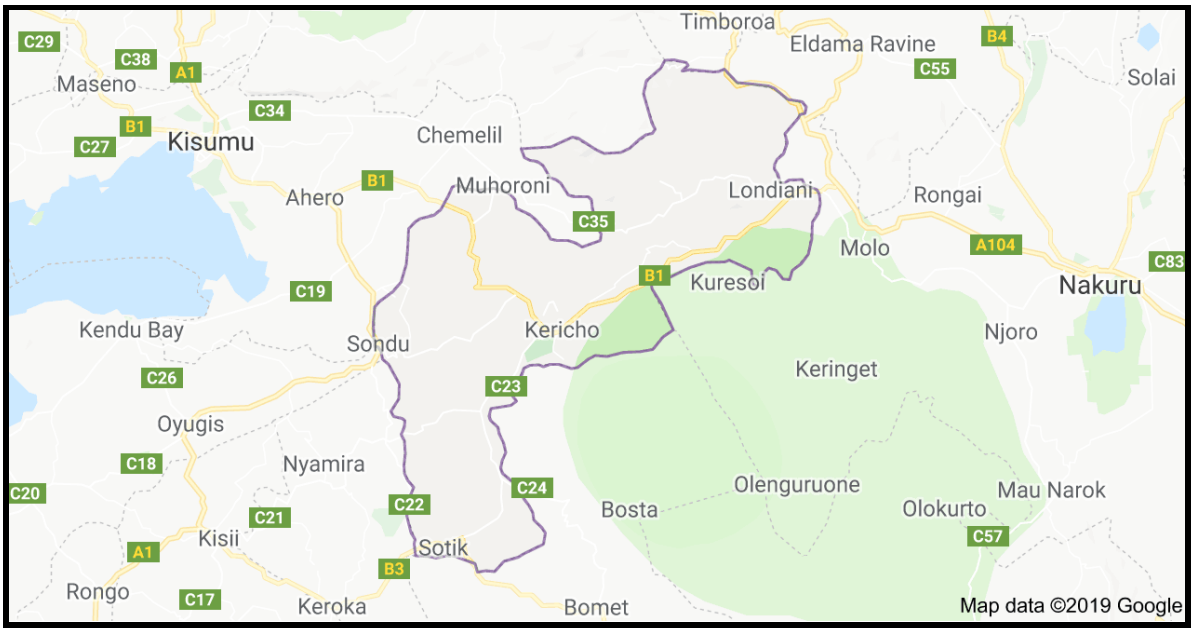
Signature…….

Name of participating child (where applicable)

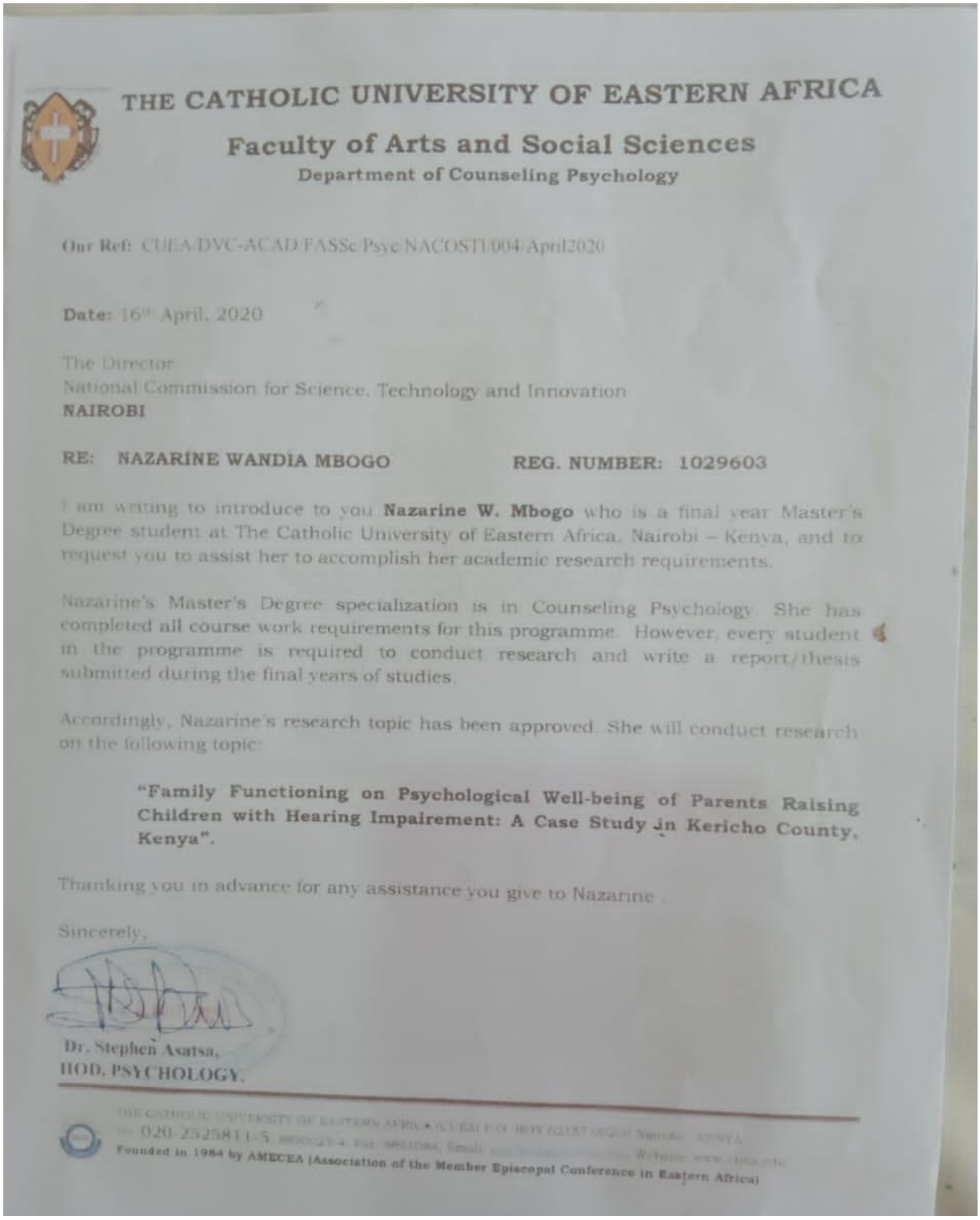
……..

Signature on behalf of my child……

APPENDIX D: Study Area Map Kericho County



APPENDIX E: Introduction Letter from the University



THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

Faculty of Arts and Social Sciences

Department of Counseling Psychology

Our Ref: CUEA/DVC-ACAD/FASSc/Psyc/NACOSTI/004/April2020

Date: 16th April, 2020

The Director
National Commission for Science, Technology and Innovation
NAIROBI

RE: NAZARINE WANDIA MBOGO **REG. NUMBER: 1029603**

I am writing to introduce to you **Nazarine W. Mbogo** who is a final year Master's Degree student at The Catholic University of Eastern Africa, Nairobi – Kenya, and to request you to assist her to accomplish her academic research requirements.

Nazarine's Master's Degree specialization is in Counseling Psychology. She has completed all course work requirements for this programme. However, every student in the programme is required to conduct research and write a report/thesis submitted during the final years of studies.

Accordingly, Nazarine's research topic has been approved. She will conduct research on the following topic:

"Family Functioning on Psychological Well-being of Parents Raising Children with Hearing Impairement: A Case Study in Kericho County, Kenya".

Thanking you in advance for any assistance you give to Nazarine .

Sincerely,

Dr. Stephen Asatsa,
HOD, PSYCHOLOGY.

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA (CUEA) P.O. BOX 62157 00200 Nairobi - KENYA
Tel: 020-2525811-5, 8905023-4, Fax: 8911066, Email: [redacted] Website: www.cuea.edu
Founded in 1984 by AMECEA (Association of the Member Episcopal Conference in Eastern Africa)

APPENDIX F: Permit from NACOSTI



REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **980666**

Date of Issue: **14/June/2020**

RESEARCH LICENSE

This is to Certify that Sr.. Nazarine Wandia Mbogo of Catholic University of Eastern Africa, has been licensed to conduct research in Kericho on the topic: FAMILY FUNCTIONING ON PSYCHOLOGICAL WELL-BEING OF PARENTS RAISING CHILDREN WITH HEARING IMPAIRMENT: A CASE STUDY IN KERICHO COUNTY, KENYA for the period ending : 14/June/2021.

License No: **NACOSTI/P/20/5220**

980666

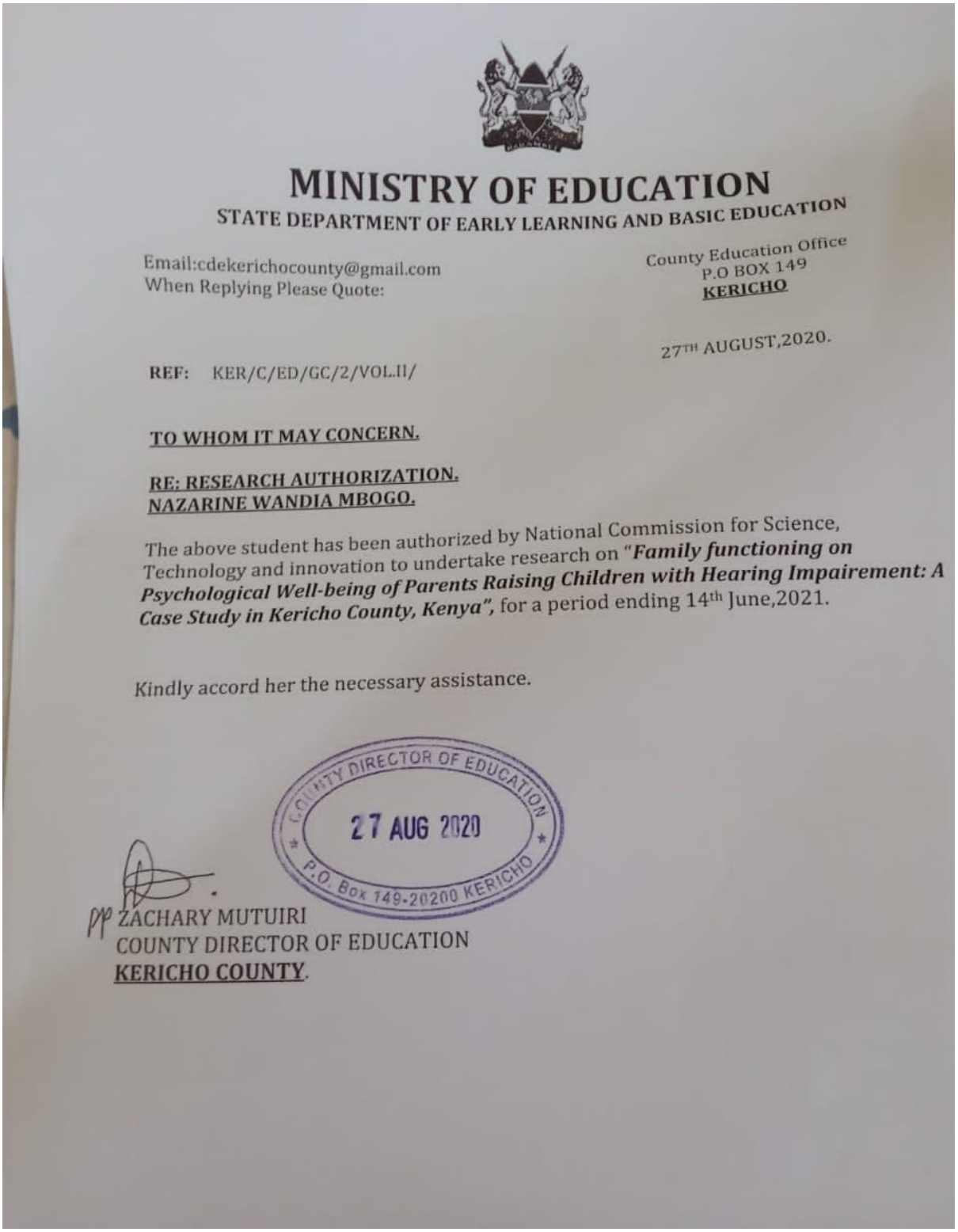
Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

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NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

APPENDIX G: Permission from the Ministry of Education County Government



MINISTRY OF EDUCATION

STATE DEPARTMENT OF EARLY LEARNING AND BASIC EDUCATION

Email:cdekerichocounty@gmail.com
When Replying Please Quote:

County Education Office
P.O BOX 149
KERICHO

27TH AUGUST,2020.

REF: KER/C/ED/GC/2/VOL.II/

TO WHOM IT MAY CONCERN.

RE: RESEARCH AUTHORIZATION.
NAZARINE WANDIA MBOGO.

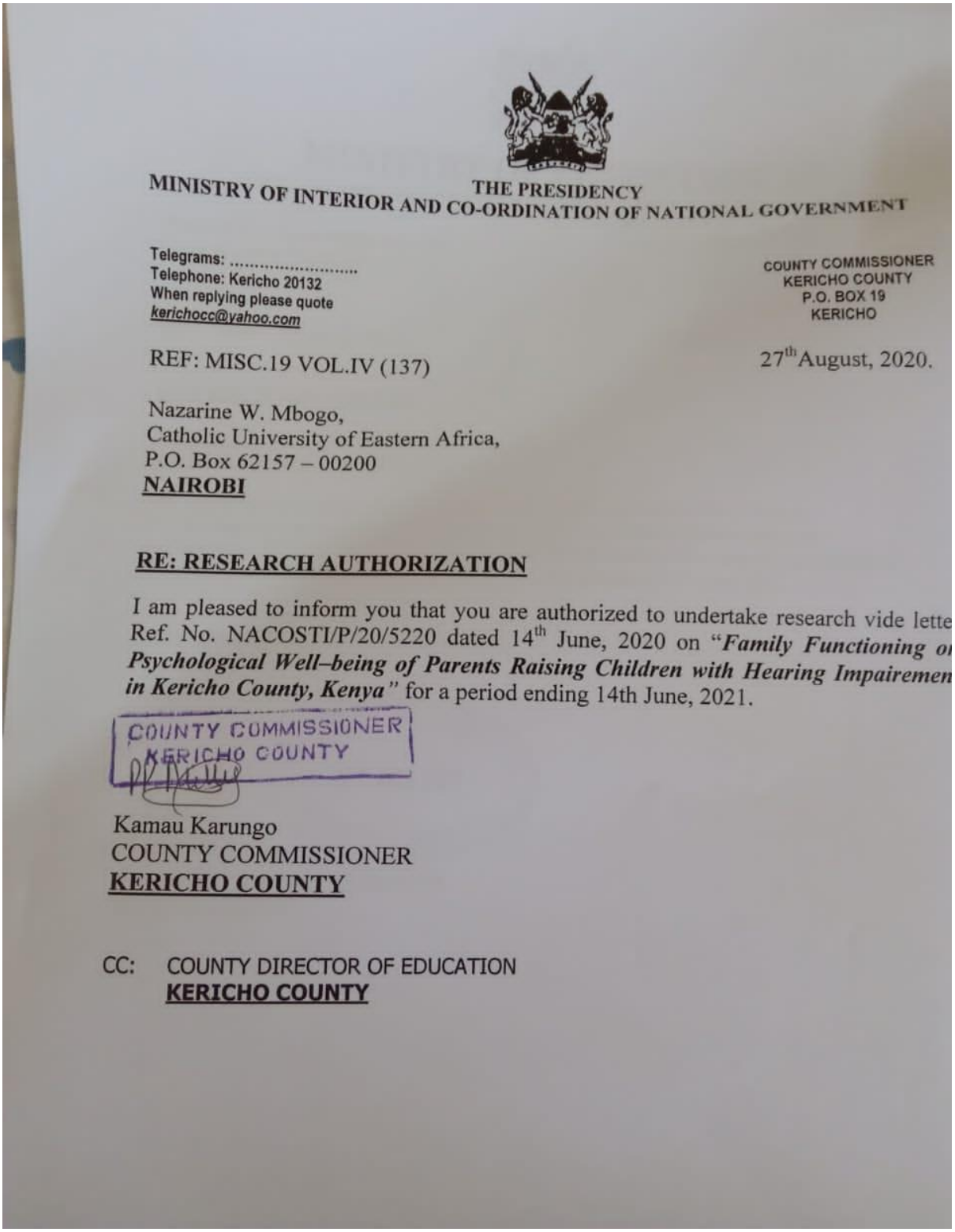
The above student has been authorized by National Commission for Science, Technology and innovation to undertake research on ***"Family functioning on Psychological Well-being of Parents Raising Children with Hearing Impairement: A Case Study in Kericho County, Kenya",*** for a period ending 14th June,2021.

Kindly accord her the necessary assistance.

COUNTY DIRECTOR OF EDUCATION
27 AUG 2020
P.O. Box 149-20200 KERICHO

pp ZACHARY MUTUIRI
COUNTY DIRECTOR OF EDUCATION
KERICHO COUNTY.

APPENDIX H: Permission from the Ministry of Education National Government



THE PRESIDENCY
MINISTRY OF INTERIOR AND CO-ORDINATION OF NATIONAL GOVERNMENT

Telegrams: .....
Telephone: Kericho 20132
When replying please quote
kerichocc@yahoo.com

COUNTY COMMISSIONER
KERICHO COUNTY
P.O. BOX 19
KERICHO

REF: MISC.19 VOL.IV (137)

27th August, 2020.

Nazarine W. Mbogo,
Catholic University of Eastern Africa,
P.O. Box 62157 – 00200
NAIROBI

RE: RESEARCH AUTHORIZATION

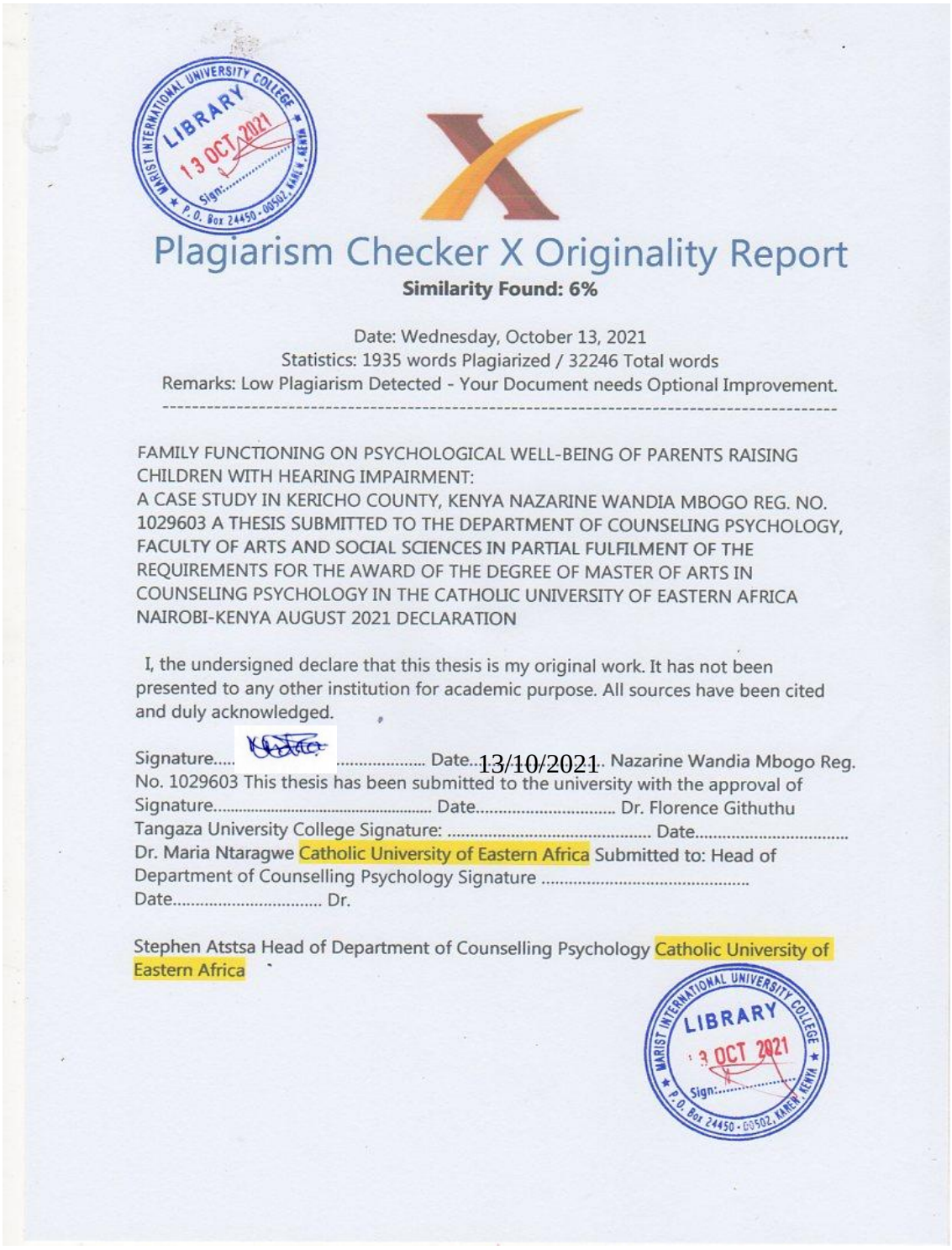
I am pleased to inform you that you are authorized to undertake research vide lette
Ref. No. NACOSTI/P/20/5220 dated 14th June, 2020 on "***Family Functioning o***
Psychological Well–being of Parents Raising Children with Hearing Impairemen
in Kericho County, Kenya" for a period ending 14th June, 2021.

COUNTY COMMISSIONER
KERICHO COUNTY

Kamau Karungo
COUNTY COMMISSIONER
KERICHO COUNTY

CC: COUNTY DIRECTOR OF EDUCATION
KERICHO COUNTY

APPENDIX I: Plagiarism Certificate



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FAMILY FUNCTIONING ON PSYCHOLOGICAL WELL-BEING OF PARENTS RAISING CHILDREN WITH HEARING IMPAIRMENT:
A CASE STUDY IN KERICHO COUNTY, KENYA NAZARINE WANDIA MBOGO REG. NO. 1029603 A THESIS SUBMITTED TO THE DEPARTMENT OF COUNSELING PSYCHOLOGY, FACULTY OF ARTS AND SOCIAL SCIENCES IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF ARTS IN COUNSELING PSYCHOLOGY IN THE CATHOLIC UNIVERSITY OF EASTERN AFRICA NAIROBI-KENYA AUGUST 2021 DECLARATION

I, the undersigned declare that this thesis is my original work. It has not been presented to any other institution for academic purpose. All sources have been cited and duly acknowledged.

Signature..... ..... Date..13/10/2021.. Nazarine Wandia Mbogo Reg. No. 1029603 This thesis has been submitted to the university with the approval of Signature..... Date..... Dr. Florence Githuthu Tangaza University College Signature: ..... Date..... Dr. Maria Ntaragwe Catholic University of Eastern Africa Submitted to: Head of Department of Counselling Psychology Signature ..... Date..... Dr.

Stephen Atstsa Head of Department of Counselling Psychology Catholic University of Eastern Africa

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APPENDIX J: Published Article

ternational Journal of Research and Innovation in Social Science (IJRISS) |Volume V, Issue IX, September 2021|ISSN 2454-6186

Family Functioning and Psychological Well-Being of Parents Raising Children with Hearing Impairment: A Case Study in Kericho County, Kenya

Nazarine Mbogo, Florence Githuthu (PhD), and Maria Ntaragwe
Department of Psychology, the Catholic University of Eastern Africa

Abstract: **Hearing loss may lead to diverse consequences that affect an individual's quality of life. Parents with children who have any form of impairment bear the burden of providing effective care and support and this results to cases where they feel overwhelmed, disappointed and detached. The purpose of this study was to assess the family functioning on psychological well-being of parents raising children with hearing impairment in Kericho County, Kenya. The study was guided by the McMaster Model Family Functioning (MMFF) theory and it also reviewed the Family Systems theory and Olson Annular theory. Survey research design was used in the study. The target population of the study was 708 participants involving parents of children with hearing impairment and children with hearing impairment from Kericho County with a sample size 70 respondents including; parents and their children with hearing impairments. Data was collected using questionnaires. The findings of the study showed that communication patterns, affective responsiveness, problem-solving impacted on the wellbeing of participants. The study recommends that there should be common language for both the parents and children with hearing impairment in order to enhance effective communication hence parents to learn the Sign Language, to enable them communicate well with their children. The parents should learn how to express their affection to the child with hearing impairment and convey true feelings for their children with ease. Parents should involve children with hearing impairment in the problem solving process in issues that affect them directly. Parents should communicate the expected behaviour and be explicit about consequences that come along with non-compliance.**

Key words: **Psychological wellbeing, family functioning, hearing impairment.**

I. BACKGROUND

Hearing impairment, is a condition that has existed throughout human history. Hearing impairment is manifested when the child has partial or complete loss of hearing capability. This may be inherited or acquired through childhood infections such as otitis media, meningoencephalitis or malnourishment that may cause lack of Vitamin A and Iodine mineral (Cole, E. &Flexer, 2019).

Hearing loss may lead to diverse consequences that affect an individual's quality life, such as the ability to hear, communicate and also the economic independence of the affected persons (Briffa, Davidson, & Ferndale, 2016). Not only does hearing impairment affect the "self" but it also impacts heavily on the entire family, relations and community. Parents' stress is heightened by the increased need for child monitoring, support and financial implication (Seligman & Darling, 2007). Hearing impairment is a hidden disability that is not easily observable. Its concealed nature makes it more challenging for parents to deal with as it impedes acceptability and provokes unsupportive reactions from majority of the extended family and community (Dyson, 2010; Seligman & Darling, 2007).

Most of the parents (over 90%) who give birth to children with hearing impairment are hearing parents. They continually experience a lot of psychosocial trauma because they have little or no knowledge, nor prior preparedness of raising a child who is hearing impaired (Kerenhappuch and Sridevi 2014; Humphries and Smith, 2019; Mweri, 2019). Parents of children with hearing impairments (PWCHI) require advice from professionals such as doctors to satisfy their anxiety. The doctors may as well be apprehensive about how to break the unpredicted results of the child's condition (Moeller, White &Shisler, 2006). The doctor's advice or the manner in which they break the news may also have psychological effect on parents. Parents of children with hearing impairment are charged with the burden of providing effective care and support to the children. The excessive responsibility resulted to parents feeling overwhelmed, disappointed and isolated by the society. Parents of children with hearing impairment experience the desire for more emotional involvement and social support than parents of 'normal' children (Seligman & Darling, 2007).

According to Zaidman-Zait (2014), parents raising children with hearing impairment experience high levels of parenting stress. This stress is related to challenges associated with experiences of raising a child with such impairment. This involves making decisions about medical care, education and communication. It is also a requirement for them to attend frequent medical and therapy appointments, learning to use and manage hearing devices and to manage the child's educational progress among many other services. The sum total of the difficulties faced by parents raising their hearing impaired children impedes the ability of the parents to support their children accordingly. It also causes difficulties related to interpersonal relationships with the child, spouse, and other