

*Article*

## **Support by Hearing Parents to Deaf Learners in Sign Language Acquisition**

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**Abstract:** There has been a significant improvement in Deaf education that have occurred in the last century. Despite this improvement, deaf learners continue to face significant obstacles in their daily lives. The findings revealed that support obstacles by hearing parents to Deaf learners in sign language acquisition were enhanced by being born in a hearing family who does not have a background in sign language. In South Africa, deafness is often diagnosed only when a child is between the ages of four and eight. In most cases, a child's language capacity develops during the first two years of life. deaf children enter their first grade at a school for the Deaf with little to no sign language skills. Most deaf children of hearing parents do not have or lack linguistic input at home. Thus, if hearing parents have a deaf child, they have to learn sign language to interact with their deaf children, and usually learn sign language at the same time as their deaf children. This study adopted a qualitative method using a descriptive case study as the research design. A purposeful sampling of six Deaf learners, and their six hearing parents was included in the study. The fact that signed language has been adopted as the 12<sup>th</sup> South African official language, is a good development for the deaf. There is a dearth and less research conducted, mostly international. It is of significant to investigate further to improve sign language acquisition to Deaf learners in South Africa.

**Keywords:** Deaf learners; South African Sign Language; challenges; hearing parent; non- native signer

### **Introduction**

The focus of this study was on schools for the Deaf, Grade 6 learners and their parents, in support of sign language acquisition obstacles in communicating between hearing parents and their Deaf children. Sign language is a method of teaching and learning for deaf learners which provides a communication method both at home and at school from early childhood. Previous studies have explored mostly challenges faced by Deaf learners in learning SASL, however there is a lack of research conducted in South Africa precisely focusing on the support given by hearing parents to their deaf children in learning SASL. Hence, De Clerck & Paul, 2016 avers to that raising a deaf child is a difficult task for hearing parents; one of the reasons for this difficulty being communication breakdowns caused by the fact that the language spoken at home varies from the language spoken by the deaf child, which could result in a sign language barrier (De Clerck & Paul, 2016).

Furthermore, Stegman (2016) explains how parents eagerly wait for their unborn baby's arrival, and have plans and dreams for the future of their child. Most parents dream of having a perfect baby with normal physical functioning, therefore when the child has been diagnosed as being deaf, all the perfect dreams of parents about their child are shattered. As a result, hearing parents of deaf children enter the unfamiliar world

of deafness, mostly having little or no prior contact with deaf people, and their lives been taken over by a new reality (Stegman, 2016). Raising a deaf child can be experienced as an uphill battle filled with confusion, effort and exhaustion. There has been ongoing improvement implemented by inclusive education policies, in rectifying imbalances of pre apartheid education, assuring that every learner is provided with quality and equal education.

In addition, Inclusive education policy has also established guidelines on how fair accommodations should be made in a fully inclusive education system to ensure that every child with a disability has equitable access to an inclusive, high-quality, and free primary and secondary education in their communities. Moreover, the Department of Basic Education (DBE, 2014a) has approved that South African Sign Language be offered in South Africa as a Home Language and the 12<sup>th</sup> official South African language, because it is the language in which deaf learners are most natural and use it as home language, this was supported by (Umalusi, 2018) and published a statement that SASL is an examinable subject and sign language has been officially recognised as a home language. Deaf learners read, study and are tested in sign language, which is their native tongue (Umalusi, 2018).

However, while this study supports deaf learners, there are still difficulties in learning sign language, and dealing with it is a continuous process. To this end, sign language acquisition has remained a challenge around the world, further research is needed and be studied for sign language to continue to progress. The aim is to contribute to a deeper understanding of sign language acquisition and investigates support offered by hearing parents to their deaf children, existing literature will be reviewed, methodology that guided the study will be explored and the key summary of the findings.

## Literature Review

According to Akach, Demey, Matabane, Herreweghe, and Vermeerbergen (2009), SASL seems straightforward on the surface, but implementation is far from straightforward. Deaf children are born to deaf parents in a small percentage of the population, and they are introduced to sign language at home (Akach et al., 2009). When a deaf child is born to deaf parents, sign language learning is rarely a normal outcome. According to (Morgan & Woll, 2002 & Rathmann, 2007), children born to deaf parents acquire sign language and improve communication skills faster than children born to hearing parents. Because of the high percentage of children born to hearing parents and the potential for sign language learning to be delayed, it is critical to develop time for sign language process, and learn about the difficulties involved in learning sign language.

### 1. Hearing Parents of Deaf Learners Who are Non-Native Signers

Non-native signers (parents who use sign language as their main communication method and did not learn it at birth) play an important role in raising children and instilling culture and language development at home (De Clerck & Paul, 2016). However, Le Roux (2019) explains that once the child has been diagnosed with a special need, some circumstances in the child's upbringing change according to the needs of the child as an individual. In addition, raising a deaf child is a difficult task for hearing parents; one of the reasons for this difficulty being communication breakdowns caused by the fact that the language spoken at home varies from the language spoken by the deaf child, which could result in a sign language barrier (De Clerck & Paul, 2016). Yuzhu and Ibrahim (2024) explain that specific linguistic features are functional in one way or another through the appropriation of specific lexico-grammatical variables. In return, we can obtain abundant information on language variables by examining the functions of a given genre, which will further help us uncover how language variables are manipulated to obtain certain ends. Thus when parents lack understanding of sign language linguistic, it will not be easy to comprehend it.

### 2. Hearing Parents Making Use of Bilingual-Bicultural and Oralism Approach to Deaf Learner

Wang (2015) defines the bilingual approach as a way of enabling access to two languages. In approaching education for deaf children from a bilingual perspective, all deaf children must have access to both signed and spoken language while the language is being created so that all aspects of language acquisition are addressed. Sign bilingualism is a paradigm that is perceived to be inclusive of the demands of all deaf children since it

encourages them to use sign language in conjunction with any spoken language (Wang, 2015). Sign bilingualism, as described by Curriculum Assessment Policy Statement (CAPS) (DBE, 2014a) and supported by the DBE, is the use of two languages in various modalities, including signed and spoken or written language, which differs from Deaf Education, which uses two spoken languages.

Furthermore, sign bilingualism uses the deaf community's signed language, with the written/spoken language being in one or more of South Africa's indigenous languages, while the learning of signed language is prioritised. In addition, there is an equally strong emphasis on teaching reading and writing in the second language, which is presented using signed language to describe the syntax and abstract concepts (DBE, 2014a). Hearing parents are generally fluent in and understand spoken language since they learnt it from birth (Aarons & Morgan, 2003). Thus, if hearing parents have a deaf child, they have to learn sign language to interact with their deaf children, usually learn sign language at the same time as their deaf child (Woll, 2013). However, hearing parents cannot fully avoid using spoken language with their deaf children unless the parent is fluent in sign language, which in most cases is not the case (Roman, 2018). When a hearing parent and a deaf child speak, the mother may use the family's spoken language to try to convey a message or communicate with the child. However, this not only prevents the deaf child from learning sign language, but also causes uncertainty in the process of learning sign language (Aarons & Morgan, 2003). Lastly, the impact of hearing parents in supporting sign language acquisition to deaf children is negative due to that spoken language dominates the interaction at home than sign language, which leads to the deaf child not being fully exposed to learning sign language at home since the child is growing in a hearing family that uses spoken language (Careemdeen, 2024).

### 3. Parental Training and Support in Sign Language Learning

Mueller and Sepulveda (2014) state that in America there is a training called baby signing training to support deaf children from infant stage and their hearing parents in learning sign language. Baby signing has emerged as a contemporary trend among parents, however has received minimal scrutiny from scholars. Despite the abundance of information accessible via popular media, including television and the internet, there is a paucity of empirical data endorsing its utilisation. The results indicate that the implementation of baby signals improved parent-child communication, fortified the parent-child relationship, and diminished frustration. Moreover, the findings demonstrated that employing baby signals with infants did not elevate parental stress levels. The purported advantages of baby signs encompass earlier expression of needs and thoughts, enhanced language and speech development, improved literacy, elevated IQ and cognitive abilities, diminished frustration, tantrums, and emotional outbursts, strengthened parent-child bonding, as well as heightened self-esteem, satisfaction, and a sense of accomplishment. While in Ghana Opoku, Nkentsia, Benefo and Mprah (2022) explain that limited learning opportunities for the deaf in Ghana means that parents have to be advocates in engaging policymakers with respect to their children's needs and the services required for their development. This suggests the need for regular communication between parents and their deaf children so that the former can be in a better position to champion the rights of the latter. Although Ghana is a multicultural and multilingual society, where many Ghanaians speak more than one language, Ghanaian Sign Language (GSL) is not a recognized local language. The official language of Ghana is English, and selected local languages are used in official government communications.

In fact, in Ghana very few hearing people are proficient in or willing to learn GSL (Mprah, 2013b) because of the negative connotations associated with it. This raises critical questions about parents' motivation and the opportunities available for them to learn GSL to support the development of their deaf children. It is important to recognise that baby signing aligns with parental beliefs that prioritise early communication with infants and advocate for the modification of the physical, social, and linguistic environment to meet their perceived needs. In addition, Mueller and Sepulveda (2014) elucidate that parents employing baby signals report satisfaction and perceive an enhancement in communicating with their infants. A plethora of resources on websites dedicated to informing and encouraging the usage of baby signals is accessible to interested parents. Babysignlanguage.com is a platform that advocates for the instruction of early communication skills in infants and toddlers via sign language. This website asserts that the advantages of employing baby signs

encompass enhanced parent–child bonding, less fussiness, and accelerated growth. Baby sign language kits, teaching guides, dictionaries, flashcards, and wall charts are available for purchase on the website. Comparing how hearing parents are supported in other countries and in South Africa is different but also insufficient support, and serves as evidence of limited research conducted internationally and nationally. The support offered to hearing parents in South Africa is only at schools once the deaf child has enrolled at school, few lessons on SASL conducted to train parents in learning sign language, learning a language is a process that needs time and practice. The dearth of literature limit data research on parental support towards their deaf children and the support offered to their hearing parents.

## Methodology

The study aimed to explore the sign language challenges experienced by deaf learners born to hearing parents. The research questions addressed were as follows: What support obstacles are experienced by hearing parents to Deaf learners in sign language acquisition? How can hearing parents support their deaf child in acquiring sign language? This study adopted a qualitative method. The value that a qualitative method held for this study was that it assisted in explaining in detail the challenges of sign language use and acquisition, asking in-depth questions, and seeking clarity in explaining the experiences of deaf learners, and their hearing parents based on their experiences of the use of sign language. In addition, a descriptive case study design was deemed an appropriate choice for this study, as the approach was helpful in facilitating and exploring the phenomenon of sign language use and acquisition. The descriptive case study design entailed the use of various data sources within the context of the Deaf learners. The data collection tools used in this study were lesson observation and semi-structured interviews. Data was analysed using the thematic inductive analysis, as the themes and subthemes identified were used to uncover findings.

### 1. Participants

Participants involved Grade 6 in one of the schools for the Deaf in Gauteng, deaf learners in Grade 6 (boys and girls) with the ability to communicate in SASL and their hearing parent/s for interviews. The reason for choosing Grade 6 learners was because they were already fluent in SASL and able to sign properly and requesting their parents to be part of the study was to be able to relate what was said or indicated by learners with what their parents had to say. 6 deaf learners and 6 hearing parents were sufficient for the study since this is a case study, based in one school for the Deaf, information received from participants was enough to conclude qualitative case study research. Consent forms were sent to all participants, and permission was granted before commencement of data collection, and collected on the day of the face-to-face interviews.

### 2. Interviews

Data was collected by conducting interviews with deaf learners, and hearing parents. Audio and video recordings were used during the process.

### 3. Observation

With the permission of all the relevant participants and role players, I was an observer in Grade 6 classes during teaching and learning.

### 4. Research Site and Sampling

Purposeful sampling was preferred to assure that the researcher discovered sign language support obstacles to those affected by it and be assisted. The research was conducted at a government school for the Deaf in Gauteng Province, South Africa. The school was purposefully chosen as it provides education to learners with severe hearing disabilities as well as specialised tuition and education for deaf learners. The school was furthermore selected as the research site because of its use of SASL. The school management consists of a principal assisted by two deputies, seven heads of the department, 28 teachers, four clerks, and three assistant interpreters. There are 20 Foundation Phase classes and nine Intermediate and Senior Phase classes. The school accommodates Grades R to 12, and the home language is SASL, with English as the first additional

language. The study sampled six deaf learners in Grade 6 (three boys and three girls) with the ability to communicate in SASL and their hearing parent/s for interviews, the selection of deaf learners was based on their ability to communicate in SASL so they can be able to respond to research questions, and their responses were interpreted by their hearing teacher to assist the researcher. Hearing parents selected were of those learners selected at the school, in order to link data. The researcher's presence was not intimidating to participants; they were able to share information willingly with hope of assisting to improve the support of sign language acquisition to deaf learners.

## 5. Data Analysis

Data was analysed using inductive thematic analysis, data was organised and prepared by electronically transcribing interviews and field notes as well as analysing education policies documents. Data was coded into themes. The narrative descriptions were used to convey the findings of the data analysis and that is when the researcher designed and identified themes and subthemes in order to sort the information gathered after engagement with the participants. In this study, it related to the findings of sign language acquisition support. Reliability was ensured as the precision and consistency of data collected in the study, validity of the measure was assured through linking the data collected with the outcomes of the interviews, and triangulation was done during the research process to provide reliable findings of the study.

## The Findings

The findings of this research indicated numerous challenges encountered by deaf learners in acquiring and learning sign language both at home and at school. One of the challenges is that although hearing parents are offered training in sign language at school, such training should be offered to hearing parents prior to their deaf children enrolling at school.

### 1. Hearing Parents' Journey of Discovery Regarding their Children's Deafness

Hearing parents seldom discover that a child is deaf when the child is born. Most hearing parents discover their child's deafness at a later stage when the child is expected to be talking and sounding out basic words, as well as engaging in communication with parents and the family as a whole. Hearing parents indicated diagnosis at a late age. A survey conducted in 2008 found that about 85% of the South African population had access to the fewer than 7.5% of hospitals that provide infant hearing screening facilities. A marginally better disparity was provided by private hospitals, of which 53% had units providing universal newborn screening (Le Roux & Vinck, 2015). As a result, the average age of deaf diagnosis in South Africa has been estimated to be between 23 and 44 months (Le Roux & Vinck, 2015). Three hearing parents explained their discovery:

*I discovered when she was 3 years old, she didn't talk; she wasn't responding but focusing on her toys. When she was looking somewhere, when you call, shout or scream at her, she wouldn't respond but only at her toys... (HP-B, Hearing Parent-B) At two years I discovered that she is deaf but she would call Mama, I then realised that in some words, she doesn't respond. (HP-D, hearing parent- D) I took her to hospital when she was 2 years for speech therapy once a week, so from 2 years to 5 years, there were no changes. So her problem is that they could not drug her, the drugging medication that was used so that the doctors could plug some wires on her head so that they can check what was the problem; those drugs were not drugging her. I think that she took after me because even myself any injection does not drug me or make any changes in my body such as vaccines. So they ended up not being able to check her problem (HP-C).*

Evidence confirms that hearing parents do not generally discover that their child is deaf, the only exceptions being when a child's hearing is screened by the hospital. Parents tend to wait until at a later age to be convinced that a child has a hearing problem that needs to be attended to. It is obvious that prior to the diagnosis there is limited interaction or communication between the mother and the child. Thus, there is no sign language development from an early age.

## 2. Language and Communication Barriers

Hearing parents are not native signers of sign language this situation leads to a delay in sign language acquisition. The acquisition of sign language is a critical aspect to ensure hearing parents are able to understand their child and to understand the difficulties associated with learning sign language. In addition, hearing parents are mostly fluent in and understand their own spoken language and thus they prefer using spoken language to communicate with their deaf child or use a bilingual approach, mixing two languages at the same time. Two hearing parents indicated that:

*at home we normally use Sesotho although I try to speak to her using sign language and she sometimes writes down if she sees that I don't understand, since as school they were learning English and sign language she couldn't understand (HP-D). ... we were talking normal and using hands where we can, she can understand when you are talking to her and when we are talking and using hands, she is able to figure out what you are trying to say. She does lip read and looks at your mouth and also watches your movements and your body language. (HP-E).*

These comments from hearing parents confirm that deaf children have limited language development and communication with their hearing parents, as hearing parents in most cases learn sign language at the same time as their deaf children.

## 3. Family Background of Deafness and SASL

The family plays a significant role in raising a child and offering support for their growth and development. When a child is born he or she needs to be accepted by the members of a family, but this is a challenge when the deaf child is born into a family that has limited knowledge of deafness and SASL. If the family has a history of a deaf family member, it leads to an easier understanding of the disability. In most instances, there is no history of deafness in the family. While one hearing parent explained that they do have a deaf family member in her family others hearing parents indicated no history of deafness within the family. Four hearing parents shared their family background with deafness:

*Yes, we do have a deaf family member (HP-F). No there is no family history she's the first one in the family to be deaf. (HP-B). In our family we have never had a deaf person. (HP-C.) She gets angry if we are communicating and talking, so she will look at me to explain to her what we are talking so that when we laugh she doesn't think that we laughing at her. So she looks at me and I have to explain the communication. (HP-D).*

An important factor in sign language acquisition is that in many instances it is the first-time hearing parents have experienced deafness and SASL. They have limited or no family history of deafness. Hearing parents learn and comprehend deafness and SASL along with their deaf children. The majority of hearing parents learn sign language at the same time as their deaf children while gaining experience, and the learning process is not clearly delineated.

## Discussion

The above findings confirm that hearing parents do not generally discover that their child is deaf at birth, the only exceptions being when the hospital screens a child's hearing. Parents tend to wait until a later age to be convinced that a child has a hearing problem that needs to be attended to. It is obvious that prior to the diagnosis, there is limited interaction or communication between the mother and the child. Thus, there is no sign language development from an early age. Early onset of deafness is frustrating for the child and has a profound negative impact on the development of spoken language skills, as stated. Therefore, early support in sign language acquisition is limited and does not happen in most. Children who are identified as deaf early are more likely to receive early intervention, and this has been found to predict better language development. I agree that deaf children in South Africa are usually diagnosed as deaf at a late stage, which could have negative consequences for the acquisition of sign language at a later age. As hearing parents explained the obstacles experienced in their next step towards assisting their children in confirming their deafness, they

indicated that this needs to be addressed in all public and private health facilities, thus assuring that all children are screened immediately after birth. This can give hearing parents an advantage in knowing immediately that they have given birth to a deaf child, and they would be able to seek further information with regard to deafness and sign language acquisition while the child is still an infant.

The study demonstrates that hearing parents and their deaf children have limited language development and communication with their hearing parents, as hearing parents, in most cases, majority of hearing parents learn sign language at the same time as their deaf children because hearing parents are not native signers of sign language, and the learning process is not clearly delineated. This situation leads to a delay in sign language acquisition. The acquisition of sign language is a critical aspect to ensure hearing parents are able to understand their child and understand the difficulties associated with learning sign language. In addition, hearing parents are mostly fluent in and understand their own spoken language and thus, they prefer using spoken language to communicate with their deaf child or using a bilingual approach, mixing two languages at the same time.

Another finding in the study indicates that the important factor in sign language acquisition is that, in many instances, it is the first-time hearing parents have experienced deafness and SASL. They have limited or no family history of deafness. Hearing parents learn and comprehend deafness and SASL along with their deaf children. This unfortunate situation hinders deaf children from learning sign language, as hearing parents have to embark on a new journey they have never thought of and have to change their mind sets regarding their deaf children and sign language acquisition. Hearing parents of deaf children enter the unfamiliar world of deafness, mostly having little or no prior contact with deaf people, and their lives are taken over completely by a new reality. Another significant finding is that it became evident from the data collected regarding hearing parents and their deaf children that there is no proper social interaction. hearing parents that were part of the study, none indicated to have received full support in learning SASL, and none indicated to be fluent in it as well.

## Conclusion

It is discovered that the information generated mostly agreed with the extant literature, with the findings confirming what was previously stated by other researchers. Subsequently, the findings highlighted various issues pertaining SASL acquisition. The findings confirmed that SASL acquisition has numerous obstacles, especially with deaf learners born to hearing parents who have no sign language background and the support offered by parents to deaf learners with sign language barriers. The findings indicated the way in which hearing parents struggle to use and communicate SASL with their deaf children, due to lack of SASL understanding nor background of the language. Existing studies in this field are mostly international in origin. Studies on Support by hearing parents to Deaf learners in sign language acquisition in South Africa are limited and outdated. This study provided significant information on sign language acquisition challenges and contributes to the existing literature in the field of SASL acquisition. The study also provided detailed information on the causes of sign language acquisition delays in deaf learners.

Furthermore, this study provided insight on what occurs in the homes of deaf learners born to hearing families with regard to communication and language barriers, as well as how hearing parents support their children in sign language acquisition. Only one school for the Deaf from one province participated in the study with a small sample of participants. Therefore, the outcomes may not be applicable to schools in other parts in South Africa. The inclusion of more than one school for the Deaf from different provinces would have yielded additional useful information and richer information might have been obtained. However, the generalisation of my study findings is not suggested as this is an interpretive and thus a qualitative research study (Creswell, 2018). This case study was not designed to generalise but rather to gain detailed information on sign language support from hearing parents to their deaf children. The research results could, however, be used to draw conclusions in similar contexts.

As participants explained the challenges experienced in their next step towards assisting their children in confirming their deafness, they indicated that this needs to be addressed in all public and private health facilities, thus assuring that all children are screened immediately after birth. Screening of deaf children earlier can give hearing parents an advantage in knowing immediately that they have given birth to a deaf child, and

they would be able to seek further information with regard to deafness and sign language acquisition while the child is still an infant. South African policymakers need to work together with the healthcare and education system, in order to implement early intervention of SASL training, the child be identified early to be deaf then assist the hearing mother for support in training and learning SASL. When a hearing parent receive training earlier, it will be of advantage for the deaf child as they will learn SASL while still a baby. The interaction of a mother and a child will be possible since the mother will be able to begin early to introduce sign language to the deaf child, before reaching school age, this will influence and impact positively to deaf children as they will grow knowing and understanding SASL.

Lastly, early intervention of SASL will make deaf learners begin school with SASL basics of communicating, and they will also be proud and confident to socialize with other learners. As participants explained the challenges they encounter in their next step towards assisting their children in confirming their deafness, they have indicated that this needs to be addressed in all public and private health facilities, thus assuring that all children are screened immediately after birth. When children are done hearing screening earlier, it will be advantageous to hearing parents to know that they have given birth to a deaf child, seek further information with regards to deafness and sign language acquisition while the child is still a baby, and be able to learn baby sign language.

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