Factors Affecting Access to Education: The Experiences of Parents of Children Who Are Deaf or Hard of Hearing

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Abstract-The purpose of this research is to examine the experiences of parents of children who are deaf or hard of hearing in supporting their children to access education in Vietnam. Parents play a crucial role in supporting their children to gain full access to education. It was widely reported that parents of those children confronted a range of problems to support their children to access education. To author's best knowledge, there has been a lack of research exploring the experiences of those parents in literature. This research examines factors affecting those parents in supporting their children to access education. To conduct the study, qualitative approach using a phenomenological research design was chosen to explore the central phenomena. Ten parents of children who were diagnosed as deaf or hard of hearing and aged 6-9 years were recruited through the support of the Association of Parents of Children with Hearing Impairment. Participants were interviewed via telephone with a mix of open and closed questions; interviews were audio recorded, transcribed and thematically analysed. The research results show that there are nine main factors that affected the parents in this study in making decisions relating to education for their children including: lack of information resources, perspectives of those parents on communication approaches, the families' financial capacity, the psychological impact on the participants after their children' diagnosis, the attitude of family members, attitude of school administrators, lack of local schools and qualified teachers, and current education system for the deaf in Vietnam. Apart from those factors, the lack of knowledge of the participants' partners about deaf education and the partners' employment are barriers to educational access and successful communication with their child.

Keywords—Access to education, deaf, hard of hearing, parents experience.

I. INTRODUCTION

Health Organisation [3] estimated that there were 360 million people with hearing impairment throughout the world, according to the United Nations Population Fund [4], 7.8% (6.1 million individuals) of 78.5 million people aged five years or over had at least one functional disability such as hearing, mobility, visual or cognitive impairment.

A. Access to Education

The enrolment rate and literacy attainment of children with hearing impairment are currently much less than the average rate for the general population [5]. Rong and Shi [6] referred to the Chinese Statistical Yearbook for enrolment statics of children with hearing impairment, stating that children with hearing impairment were restricted regarding access to education in China. They found that only 4.2 individuals per 10,000 of all children with special needs had a chance to enrol in special programs, including opportunities for children with hearing impairment, to enrol in schools. Liversidge [7] reviewed the findings of previous studies of his colleagues. The results showed that an estimated 50% of people who are deaf or hard of hearing did not attend schools at the age of 17 and 18 years. In Vietnam, according to the United Nations Population Fund [4], it was estimated that 96.8% of children without disabilities at the age of 6-10 years were enrolled in primary school, while this proportion among those with all disabilities dropped to 66.5%. There was no reported school attendance rate among children who are deaf or hard of hearing. Furthermore, the literacy rate reported among those with disabilities was much lower than people without disabilities, 76.3% and 95.2%, respectively [4]. The literacy rate among youth with hearing impairment (from 15 to 24 years old) was reported as about 42% [4].

Parents play a vital role in supporting their children to have opportunities to gain full access to education. It has been widely reported that the development of a child is influenced strongly by a broad ecological context in which parents and families are fundamental participants in educating a child from birth [8], [9]. Each decision of parents significantly impacts all aspects of a child's life [9]. In education, the involvement of parents in children's education was proved as a positive factor facilitating the improvement of communication skills, social – emotional adjustment and academic achievement of children with hearing impairment [10]. Parents were considered as facilitators to educational inclusion for their children with hearing impairment.

B. Factors Affecting Parents in Supporting Their Children to Access Education

Previous research conducted in western countries reported that parents of children with hearing impairment typically experienced psychological effects such as stress and grief when their children have hearing disorders [11]. Although some kinds of parental stress around child-rearing reduced

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over time, stress relating to educational problems of those with hearing impairment increased after diagnosis of hearing impairment [12]. Parents reported feeling stressed about meeting the demands relating to education support for their children [13]. Stress also may come from communication challenges between parents and their children [14]. Those parents might not have skill or knowledge to build strategies to help their children develop language and communication skills [14].

It was also reported that the financial burden probably affects decision-making about their children education. It finds difficult for some families to afford expenses relating to hearing aids, weekly trips to residential schools which were far from their homes, and hiring speech pathologists [15]. Wesley [16] shows that the majority of parents decided to let their children study in public instead of private schools due to costly tuition and long waiting lists for the latter. Furthermore, they preferred public schools because they expected their children to have more chances to communicate with peers without hearing impairment, and these schools have higher educational goals for their children. However, some of the parents also complained that their child was grouped with other children who had limited speech intelligibility. Those parents reported a belief that this affected their child's language development. Many parents (mother or father) choose to stay at home to facilitate the development of their child's speech and language [14]. Therefore, these household's incomes would be reduced, which might lead to further financial issues.

Apart from the above issues, parents of children with hearing impairment lack options to choose an appropriate school for their children [13]. Ghadim et al. [17] investigated mother's perspective toward al-Quran education for hearing impairment in Malaysia. This small study aimed at exploring mothers' views on Islamic education of their children with The hearing impairment. parents expressed some dissatisfaction with the schools because they lacked technology support. Furthermore, some schools did not deliver education programs for children with hearing impairments reportedly because the teachers did not know how to teach the Ouran to those children. In Vietnam, there are few schools which can deliver teaching programs for children with hearing impairments. It has been the experience of the researcher that these schools are mainly located in big cities, such as Hanoi and Ho Chi Minh City. As a result, many children who are deaf or hard of hearing have to move to cities to study. Furthermore, anecdotally there appears to be an understanding that these schools do not have enough qualified teachers for the available special education programs. Although some universities in Vietnam provide a teaching qualification in special education, most of the graduates do not have adequate knowledge and professional skills specifically in teaching children who are deaf or hard of hearing [18]. Furthermore, there is no university in Vietnam offering a Master's course to train professionals or practitioners working with those children, according to the Global Foundation for Children with Hearing Loss, 2013, as cited in [18]. Although sign language

is widely recognised in the field internationally as a specific community language, there is no standard test to examine the qualifications of learners.

II. METHOD

A qualitative approach was chosen to investigate the central phenomenon. This approach is 'best suited to address a research problem in which you do not know the variables and need to explore' [19], and was used to understand more about the issue and to encourage research participants to share their stories [20]. A phenomenological research design was selected to explore the experiences of parents of children who are deaf or hard of hearing in supporting their children to access education. The fundamental concept of phenomenology is that individuals' views are reliable and valuable [21]. This method helps researchers to understand lived experiences which are provided by participants [20]. It emphasises personal perspectives and interpretation [22], and is used to explore subjective and objective experiences of those who share common phenomena. The perspectives of participants are central in the data analysis [23].

A. Research Sites and Participants

Potential participants were recruited through the support of the Association of Parents of Children with Hearing Impairment which is a not-for-profit organisation in Hanoi. The members of this organisation include parents of children who have varying levels of severity of hearing impairment and live in different provinces in Vietnam.

Potential participants were invited to take part in this study if they met the criteria as follows (i) hearing parents; (ii) parents of children with severe to profound hearing impairment aged under 18 years old; (iii) their children are studying at a school.

This research recruited 10 parents of children who were diagnosed as deaf or hard of hearing and aged 6 to 9 years. Participants were living mainly in the north of Vietnam. One participant was living in the central region. The majority of participants (nine mothers) had a job. One of the participants reported not working at the time of the interview, but also explained that she had previously worked in a company as an accountant. However, she had chosen not to work during the time of giving birth to a second child. The parents' educational levels ranged from secondary school to university, with half of them having a university degree. Most parents also revealed that they had more than one child. Interestingly, many of the participants' children who are deaf or hard of hearing are the first child in the family. Exposure to Rubella during the prenatal period affected the congenital development of the majority of the children, resulting in hearing impairment. Of these children, 70% were studying at special schools; some children were studying at mainstream schools, and nearly half of the children were in primary school at the time of interview. None of the above children has been offered an opportunity to receive a cochlear implant even though their grade of hearing impairment is severe or profound.

B. Data Collection Methods and Process

Participants were interviewed via telephone for approximately 45 to 60 minutes. The research data were collected through semi-structured interviews using a mix of open and closed questions which may help to create an atmosphere in which participants can feel comfortable and relaxed when answering questions. All the interview questions were translated from Vietnamese to English by the researcher.

The interviews were recorded using an audio digital recorder. Recordings were initially transcribed in Vietnamese and then translated into English by the researcher. As part of the research protocol previously described, each participant was sent a transcript in Vietnamese to check and if necessary correct information which they provided during their interview.

Interviews were transcribed verbatim, imported and analysed using a qualitative computer program named NVIVO. The researcher chose this program because it is quite straightforward to use. It can be used to import data from a range of types of documents such as Word, PDF and audio. This software can manage data and emergent themes professionally and efficiently and enable the researcher to readily track data. This program has helped researchers in coping with and visually mapping categories in their research [24]. Then the researcher applied inductive coding to the data, to draw meaning from text data developed from interviews. Inductive coding is an approach which allows research findings to appear from 'the frequent, dominant, or significant themes inherent in raw data' [25].

III. RESULTS

Nine factors were identified as the factors that affect parents of children who are deaf or hard of hearing in supporting their children to access education, namely: (i) the attitude of family members, (ii) shortage of finance, (iii) communication, (iv) perspectives of the participants on learning sign language, (v) lack of information, (vi) psychological impacts, (vii) education system for the deaf in Vietnam, (viii) attitude of school administrators, and (ix) lack of local schools and qualified teachers

A. Attitude of Other Family Members

In general, the majority of the participants' family members disagreed, at the time the parents proposed them, with their decisions about schools or education programs for their child which are far from their home.

"Other people in my family did not agree with me about the school which I chose for my son at the beginning. The reason is that they were afraid it was too early for my son to live independently. They advised me that I should not let him study at that school now."

Based on stories of the participants, it can be seen that the reason for their families' disagreement did not come from prejudice towards education for the deaf. Their worries were mostly about the ability of the child to adapt to a new environment, financial situation of the family, the quality of the school and the long distance from their home to school. However, two participants revealed that their husbands and other family members expressed doubts about education for the deaf and their child's future.

"My family said 'I think he cannot do anything now. You know he is deaf. Let him be like this. We should save and earn more money. Then, we will give him all when he grows up. I think this is a better way'. I used to think about my family's words many times. However, I ultimately decided that my son should go to school whatever happens. Then I found more school information online."

This perception about the child's education might originate from the lack of information and knowledge about education for the deaf. One of the participants reported that she was the only person in her family to participate in events or conferences relating to the deaf.

B. Shortage of Finance

Most of the participants experienced some financial burden. The accumulation of not only school fees but also other expenses such as the fees for transportation and hearing aids sometimes exceeded the financial capacity of the families.

"... to be honest, we are struggling with the school expenses for my son. We can afford some months or one year. However, I think it may be difficult for us to send him to school for further study."

The majority of parents expressed a desire for their child to receive a cochlear implant. However, they could not afford it because it is too expensive to have cochlear implants in Vietnam, especially when they were not able to receive any funding support from the government.

In some families involved in this research, the fathers of the children were mainly in charge of earning money. Some mothers had to stay at home or work part-time in order to have time to take care of the child. As a result, their income was reduced and was not enough for the better educations options for their child.

The financial situation is one of the factors affecting the choice of school type. Some participants reported that they felt it was difficult to afford the education fee at private schools. Therefore, they chose public schools or even learning centres which had a cheaper fee for their child.

...When I choose a school for my child, I wanted to choose a good one. Public school is really good. Teachers take care of my child carefully... The quality of private schools is better than public schools such as a higher quality of teacher. However, the school fees are really expensive. I want to send my son to this kind of school but I cannot afford it.

C. Communication

The majority of participants prefer to use auditory-oral method rather than sign language after their child was diagnosed with hearing impairment. Currently, most of the participants in this research oriented their child to learn sign language or followed learning programs which were taught by sign language. Some mothers decided to orient their child to study using a total communication approach (both auditory – oral method and sign language). It means that those participants wanted to develop their child's speech by lip-reading, residual hearing and sign language.

One of the participants wanted her child to follow the auditory – oral communication method.

"My daughter is currently learning to speak. She is using hearing aids to hear sounds and speak at school. Honestly, I do not want to try any other communication methods for her at moment. I expect that she can hear sounds."

Although each family had their own communication method for their children, communication breakdown between a child who is deaf or hard of hearing with other family members sometimes seems inevitable.

My husband does not have much time to learn sign language because he has to go to work. I attend most of the lessons. My husband and my son do not often communicate with each other. For me, I can almost understand what my son wants to say.... If my husband and my son want to talk about something with each other, I will become a translator. My husband does not get his points.

The second reason that leads to communication difficulties was that the children of participants in this research were still very young. Therefore, their sign language vocabulary was not yet advanced enough to communicate effectively with their parents. They also tried to communicate by guessing what their child wanted to do before the child made a request or indicated their wishes. Communication between the parents and child was minimal and rarely happened. The researcher asked how they could communicate with their child before they learned sign language.

"We rarely had conversations with each other. The normal communication method between us: he screamed out, I talked out loud and guessed his thoughts through his behaviour and gestures..."

Many parents bought hearing aids for their child with the hope to increase the quality of communication. They used normal conversation with their child by talking but not signing.

D.Perspectives of the Participants on Learning Sign Language

Regarding options to improve communication ability for children who were diagnosed as deaf or hard of hearing, all of the participants revealed that they were not provided with any information about sign language at the time of diagnosis.

"At that time, the doctors said that the best way to help my daughter communicate with others is to wear hearing aids."

Some participants later realised the potential role of sign language in their child's development. Although this family tried to direct their child to developing the auditory - oral method, they noticed that their child could not follow learning programs in higher classes at school because they did not hear clearly what the teachers said.

"... He can understand simple words such as grandmother and grandfather. When we have meals, I teach him many times to say 'let's have a meal'. Then he can say it. However, listeners need to focus serious attention on what he says in order to understand his spoken words.... He is studying Grade 2. I feel that it is difficult for him to follow lessons when his speech and language are restricted. Therefore, we made a decision that he should learn sign language."

E. Lack of Information

The mothers experienced some difficulties relating to seeking school information for their child. Inadequate information was provided, leading to dissatisfaction for the parents. When they I looked for school information, they just could see and hear basic information or positive sides. They could not find answers for some of their questions. They also doubted the reliability of information.

If parents do not have a smart phone or computer, it may be more difficult for them to access information relating to hearing impairment.

F. Psychological Impacts

The participants experienced a range of complex psychological impacts when they knew the diagnosis of deafness for their child. Some impacts and emotional responses which were expressed included sadness, embarrassment, guilt, depression, stress, anger, worry, disappointment and shock. Among these effects, sadness was reported as the most common psychological impact affecting all the participants.

"It is difficult to describe what I felt at that time. I was so sad. I could not believe what the doctor said about the deafness of my son. I was deeply disappointed about the ear check results. I said 'it is ridiculous'. I cried, cried a lot when I thought about my son. I completely collapsed. At that time, my husband and I often cried when we looked at our son."

The complex psychological impacts somehow shaped the way they nurtured their child.

In the past, when I had to tell other people that my child wore hearing aids, I felt embarrassed. I felt guilty as well as ashamed for having such a baby. When everyone asked about him, I did not want to talk about his deafness.

The parents took several years to 'accept' and change their perception about the child's deafness. Currently, most of the participants seem to have overcome the psychological challenges. They became more open-minded about their child's situation by sharing their child's stories with other people. Furthermore, they tried to give their child more opportunities to have social interaction with others.

G.Education System for the Deaf

The participants reported that although they wanted to orient their child to learn sign language and followed learning programs that were taught by sign language, the current education system in Vietnam did not let them do that. The reason is that sign language is not taught before grade 4.

Therefore, there are several solutions chosen by the parents to deal with this problem. First, the mothers learned sign language and taught their child and other members in the family.

There is only me to learn sign language. I am the teacher of every member in my family. I learn signing, and then I teach Hoang. His father is too busy with his job.

Secondly, parents of children who are deaf or hard of hearing established and organised a class by themselves, which taught sign language and education programs through sign language. Deaf teachers were hired to teach deaf children in this class. There are two main reasons that led to the establishment of this class. Initially it was found that no class which taught sign language by deaf teachers from Grade 1 had been organised in Vietnam. Parents then recognised the important roles of sign language in deaf education and communication. They see sign language as a great communication method for deaf children. The deaf learn sign language as others learn how to talk.

This is an instinct and very natural characteristic.... Now, many deaf children are being taught how to read lips. I think this method reflects a common concept which considers the deaf as slow learners. However, the problems relating to deaf education do not originate from their learning ability, but from the teaching method. When they are taught by sign language, they can learn as effectively as others students.

H.Attitude of School Administrators

Interestingly, most of the participants reported that school administrators in special schools, mainstream schools and regular public schools were very helpful and willing to receive children who are deaf or hard of hearing. The teachers also treated those children well and took care of them at school.

However, one of the participants revealed that the school's administrator held a negative attitude towards her daughter when she came to school to discuss her child's enrolment.

I want to cry when I think about that moment. Initially, the principal did not let my daughter enrol in school. She had never seen my daughter. She might think that it was difficult to take care of my daughter because of her hearing impairment and low vision. She said 'No, your daughter should learn in a special school'.

I. Lack of Local Schools and Qualified Teachers

A common issue relating to deaf education, which is mentioned by all participants in this research, is the shortage of local schools. As it was difficult to find an appropriate school near their home, families consequently, had to take their child to schools in the big city or central areas which were approximately 30 kilometres from their house. The main transport means for these families were buses or motorbikes. It took a longer time with these kinds of vehicles to get to school. Furthermore, most of these schools did not provide accommodation for the children, and therefore, parents also had to pick their child up after school, with much accumulated time of parents and other members in the family being used in providing transport.

The distance from my house to school is about 20 to 30 kilometres. It takes us four hours on the bus. If we drive a motorbike, it takes us about 2 hours.

Although there were special schools in local areas, their quality was not good enough to meet the parents' expectations for their children's education.

This kind of school gathers not only children who are deaf or hard of hearing but with all types of disabilities. Therefore, I do not want to let my child study there.

... there are also children with autism and hyperactivity. I think the educational environment here is quite good. However, they do not provide services focusing on deaf children.

As reported by some participants, there was no school for deaf children near the area in which they lived. Parents needed to send their child to regular public schools; however, these schools did not provide accessible services and learning programs for deaf children. This meant that deaf children had to study with other peers without any technical support such as teachers who knew sign language or sign language interpreters. These children just went to class and could not hear anything.

At preschool, she cannot make many friends because of language barriers. If other friends talk with long sentences, she cannot understand. She often plays alone or with teachers. She does not often play with her classmates.

Some participants emphasised the roles of teachers who are deaf with deaf education. They realised that their children experienced some positive changes when they are taught by a deaf teacher. They saw any improvement when their child was taught by learning programs using sign language. When their child comes back home from school, he/she often uses sign language to communicate with them. Their child seems to be more open-minded. However, there was a lack of qualified teachers who know sign language and had experience working with children who are deaf or hard of hearing.

... Currently, children with hearing impairment are taught by the oral method instead of sign language. Sign language of teachers at Nhan Chinh is not as good as deaf teachers. They may have good sign language vocabulary. However, their grammar probably needs to be improved.

IV. DISCUSSION

Based on the shared views of parents, this research identified nine frequent factors that affected the participants in making decisions relating to education for their children who are deaf or hard of hearing. These factors include attitude of family members, shortage of finance, communication method, perspectives of the mothers on learning sign language, lack of information, current education system for the deaf, attitude of school administrators, and lack of local schools and qualified teachers. These nine factors are considered and divided into

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different areas based on ecological systems theory (Fig. 1). Ecological systems theory was developed by Bronfenbrenner (1985), as cited in [26] and used to examine phenomena in the disability field such as mainstream school entry [27], or maltreatment of children with developmental disabilities [28]. Bronfenbrenner [29] introduced the ecological environment with four components: a microsystem (a direct setting containing the person), mesosystem (the link between the settings of the person's microsystem), exosystem (factors affecting the person indirectly), and macrosystem (larger social principles).

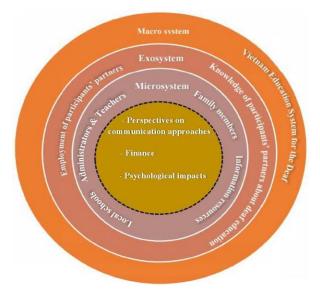


Fig. 1 The parents' ecological system

The conceptual combination of phenomenology with ecological systems perspectives helps to explain clearly 'the phenomenological quality of individual-context interactions' [30]. This combination was developed by Spencer (1995), as cited in [31], and is known as the phenomenological variant of ecological systems theory (PVEST). PVEST provides further understanding about phenomena through examining two directions: social experience-based cognitions and individual-context interactions [30]. This theory helps practitioners 'explain and describe situations' of their clients [32]. The system was built on a basis of the belief that individuals were affected by their surrounding environment [26]. The conceptual combination of phenomenology with ecological systems helps to explain and describe clearly individual-context interactions [26]. Based on the participants' reports, the ecological systems theory, and phenomenological approach, the research will be arranged and analysed with the nine factors situated within four systems: Individual, Microsystem, Exosystem and Macrosystem [29].

In terms of Individual factors, parents spoke during the interview process of varying beliefs and perceptions about their children's communication methods. Originally, all the parents in this study chose listening and spoken language as their communication option with their child. The reason is that they would like their child to function well in hearing society. Later, the majority of the participants have shifted from this communication method to sign language. One of the reasons for this change was that the parents recognised the low possibility of recovering or developing their child's hearing and speaking skills. Furthermore, the available information about another communication method, sign language, which is often provided by other parents, helped the parents have more choices. They also found out through social networks and conferences on hearing impairment education the benefits of sign language in helping their child develop language and communication skills.

The result is supported by similar findings in previous studies. Specifically, this finding is consistent with the research of Wesley [16]. The parents in Wesley's research revealed that they oriented their child to study sign language when their child could not improve their spoken language after many efforts. The perspectives of the parents in this research on three common communication methods: auditory-oral method, sign language or mixed method was one of the factors which influenced their decision on the type of schools at which their child would study. The parents who oriented their child to develop the auditory-oral method usually registered their child to study in mainstream schools. Meanwhile, the families who recognised sign language as a language of the Deaf often chose study in special schools or mainstream schools which organised sign language classes for students, and taught popular educational programs based on sign language.

Financial difficulties also affected educational decisions of the parents [15], [33]. The financial burdens could come from school fees. Many private schools had more expensive educational fees than other types of schools. The expensive fees of private schools prevented some of the parents from achieving their educational expectations for their child [15]. Transportation expenses, which the parents had to meet to enable their child to get to school and be picked up, were considered as a factor causing the increase of these families' financial difficulties. Furthermore, most of the families in this research reported that they found it very difficult to afford expenses regarding hearing aids and cochlear implants for their child. Interestingly, most the participants stated that they received almost no financial support from their extended family for expenses relating to their child's educational fees, but were otherwise financially independent. The participants' husband was the main person in the family to be responsible for the remaining financial resources of the whole family.

The parents in research experienced a range of complex psychological impacts, including sadness, embarrassment, guilt, depression, stress, anger, worry, disappointment and shock. These impacts were reported widely by other parents of children who are deaf or hard of hearing in other countries throughout the world [11], [12], [16], [33]-[38]. While most of the above research listed broad psychological impacts for those parents, the current research found that sadness was the most common emotional response reported by the parents. These negative psychological effects did not reduce in one

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month or even one year, but often continued for years. During the early stages of the child's life, the parents' sensitivity toward their child's hearing problem significantly affected their openness to share stories with others. Therefore, some parents did not let their child participate in social activities as they did with their other child or children. However, this attitude and behaviour of the parents changed after they adjusted to their child's disability and had more chances to meet other families who had similar situations. Currently, they are more open-minded when asked about their child's hearing problem.

In terms of factors relating to the microsystem, many of the participants' family members had negative attitudes towards their child's education. Interestingly, the negative attitude of the family members which was reported by most of the mothers in this research did not come from their adverse attitude towards their child's deafness. It originated instead from their worries with the child's ability to adapt within a school environment and the inadequate quality of educational programs at schools for children with hearing impairment.

The research findings also show that all mothers experienced a lack of access to educational information resources. It is reported that their extended family only provided minimal support for seeking information about schools and deaf education. This finding is in line with previous studies [15], [39], [40]. This issue was reported to originate from two main reasons: the psychological impact experienced by the participants, and inadequate educational services which came from the microsystem. It is probable that many parents had not overcome psychological effects and barriers before they started finding information about education for their child. Therefore, they were reluctant to talk openly with other people about their child's educational issues in order to seek more information. Jamieson, et al. [41] revealed that about a quarter of the parents in their research reported that they were in need of emotional support from a counsellor or their extended family to deal with stress associated with effects of their child's hearing impairment.

Information relating to services for people with hearing impairment, especially education is not provided sufficiently. It has previously been found that information about educational options for parents of children with hearing impairment has not been adequately provided by service providers [40]. In the current context, with increased options available, the inadequacy of advertising on websites and in mass media about available educational programs and schools for deaf and hard of hearing children caused many difficulties with access to information for the parents. Although some schools notified the parents that they provided classes for students who are deaf or hard of hearing, the information provided was sketchy, and they probably did not pay much attention to circulating detailed information about these classes. As a result, reflecting what Kobel [15] states in his research, the parents did not find many reliable information resources, except information about available hearing tests and purchase of hearing aids. The parents in the research of Jamieson, et al. [41] expressed the need for clear information

about intervention programs and services for their child. Findings from the current study suggest that counselling and disability support centres in Vietnam should pay more attention to networking with parents of children with disabilities in general and children with hearing problems in particular.

Educational system deficits seem to commonly impact the experience of children with hearing problems. In this study, a lack of quantity and quality of local schools and educational programs for children with hearing impairment was reported by most of the parents. This research finding is in line with previous studies [15], [33], [42], [43]. Hintermair [33] revealed that some parents in his research had to travel 2.5 hours to have access to adequate services for their child. Furthermore, it was more difficult for families who are living in rural areas to access intervention programs and education [43]. Many parents had to move to live in other regions to help their child gain more suitable educational access [42].

Both positive and negative attitudes of school administrators toward education for the Deaf were reported by the participants. The negative attitude of the staff might come from the lack of knowledge of the disability field in general and hearing impairment in particular. In this case, the parents became advocates for their child and persuaded the school administrators to accept their child to study at the school. This research finding is consistent with the research results of Izzo [44]. Izzo [44] emphasised that this lack of knowledge might lead to inadequate services and insufficient placements in the education system for children with hearing impairment.

A lack of quantity and quality of teachers who had experiences in special education and in working with children who are deaf or hard of hearing were revealed in the research findings. This result is consistent with the research of Lytle, et al. [43] and Wolfe [40]. The shortage of teachers might originate from educational policies and systems regarding Deaf education (Macrosystem). The parents in this research also emphasised the important role of Deaf teachers in their child's education. These parents recognised that their child's language and the ability to adapt to and within the environment would be better if they were taught by a Deaf teacher.

The factors affecting the mothers in this current research in supporting their children to access education in the Exosystem were also reported. There are two factors in the Exosystem revealed by the participants in the interviews including their husbands' employment and knowledge about deaf education. The participants reported that their husbands were often busy at work, so they did not have time to learn sign language. Consequently, communication breakdown occurred between the children and their fathers. One of the participants in this research stated that her husband did not want to let their child study at school. This opinion might originate from a lack of knowledge about the Deaf and deaf education. This research implies that there is a need to develop services to provide basic knowledge about the Deaf and deaf education for parents of children with hearing impairment as well as services to learn sign language at a distance for people who cannot

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participate in sign language classes at school.

Currently, the educational system in Vietnam is preventing children with hearing impairment from learning sign language from early ages. Many parents in this research reported that while they wanted their child to learn sign language from Grade 1, the current learning program not only at mainstream schools but also special schools which followed the learning curriculum of the Ministry of Education and Training did not allow their child to access sign language until Grade 4. This research result recognises the importance of access to and development of language in the first few years of the child's life, within families as well as within schools and communities.

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