



Communication Barriers and Support Needs of Deaf and Hard-of-Hearing Children in Specialized Educational Institutions in Lam Dong Province, Vietnam

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Abstract

Deaf and hard-of-hearing (DHH) children encounter significant challenges in communication that affect their learning, psychological well-being, and social integration, particularly in contexts with limited support systems. This study examines the communication barriers experienced by DHH children in specialized educational institutions in Lam Dong province, Vietnam. Using a mixed-methods design, quantitative data were collected from 149 students across two specialized educational institutions; while qualitative data were obtained through 10 in-depth interviews with students and four teachers, and one focus group discussion with the parents. The results show that children communicate effectively with deaf peers but experience substantial difficulties when interacting with hearing individuals, especially parents, grandparents, and others who lack sign language proficiency. Contributing factors include limited access to formal sign language instruction, a low level of sign language competency among both children and hearing communication partners, and a shortage of sign-proficient individuals. These barriers negatively affect academic engagement and psychological well-being. The findings underscore the need for more coordinated and responsive support systems. For social work practice, there is a critical need for proactive, interdisciplinary interventions that address communication barriers within family and community contexts. Family support efforts should focus on increasing access to sign language learning and strengthening caregiver communication capacity. In school settings, targeted interventions including teacher training, inclusive communication strategies, and enhanced collaboration between schools and families are essential to improving educational and psychosocial outcomes for DHH children. An integrated medical, educational, and psychosocial approach is recommended to better meet their complex needs.

Keywords: communication barriers; deaf and hard-of-hearing children; education; inclusion; specialized educational institutions

Introduction

Hearing impairment encompasses a spectrum from mild hearing loss to profound deafness, affecting how children access and use auditory information (WHO, 2016). Globally, hearing loss among children is a growing concern, affecting an estimated 97.83 million individuals under the age of 20 and contributing significantly to years lived with disability (Guo et al., 2024). More than 430 million people worldwide require rehabilitation for disabling hearing loss, a number projected to exceed 700 million by 2050 (WHO, 2025). In Vietnam, hearing impairment remains a major public health issue, with approximately 3 per 1,000 newborns affected and only about 30% of infants receiving early hearing

screening (BỘ Y TẾ, 2023). As most deaf children are born into hearing families, early access to effective communication and language is often limited (National Deaf Children's Society, 2002).

Communication plays a central role in child development, and restricted access to language can have long-term consequences. Research shows that DHH children frequently experience delays in language, cognitive, social, and emotional development when accessible communication is not available during early childhood (Freitas et al., 2021; Yoshinaga-Itano et al., 1998). While hearing loss itself does not determine developmental outcomes, communication barriers and language deprivation are critical mediating factors (Marschark, 1993; Schild & Dalenberg, 2016).

These barriers occur across multiple contexts and are best understood through Bronfenbrenner's ecological systems theory (Bronfenbrenner & Morris, 2006), which highlights how children's development is influenced by interactions across multiple environments. Within families (microsystem), limited sign language proficiency among caregivers often restricts interaction, affecting emotional bonding and early language acquisition (Freitas et al., 2021; Howe, 2006). In school settings (mesosystem), although specialized institutions provide structured support, gaps in teacher training, communication strategies, and language-rich environments continue to hinder effective learning and participation (Lederberg et al., 2013; Cortés-González et al., 2024). At the broader community and societal levels (exosystem and macrosystem), limited public awareness of sign language and accessible communication further restricts social participation, contributing to isolation and reduced self-confidence (Fitriyani et al., 2024; WHO et al., 2010).

From a developmental and strengths-based social work perspective (Caiels et al., 2021), early access to communication is essential to support children's capacities, resilience, and full participation in society. Despite increasing attention to disability and inclusive education, the Vietnamese evidence base remains limited. Existing studies tend to focus broadly on education or disability, with insufficient attention to everyday communication experiences across family, school, and community contexts (General Statistics Office, 2018). Moreover, there is a lack of integrated research combining quantitative and qualitative approaches to capture both structural barriers and lived experiences, particularly in under-researched regions such as Lam Dong province.

To address these gaps, this study examines communication barriers experienced by DHH children in specialized educational institutions in Lam Dong province, Vietnam. Specifically, it aims to: (1) identify communication challenges across family, school, and community settings; (2) analyze contributing factors; and (3) assess their impact on children's learning and psychological well-being. By adopting a mixed-methods, needs-based approach, the study seeks to generate evidence to inform social work practice, strengthen family support, and improve school-based interventions for DHH children.

Literature reviews

Overview of Hearing Impairment and Its Impact on Children

Deaf is a term used to describe the symptoms of someone who is hearing impaired or deaf (Fitriyani et al., 2024). The term "hard of hearing" refers to individuals with mild to severe hearing loss, where sounds, such as speech, may be heard but not clearly understood. These individuals typically communicate using spoken language and can benefit from hearing amplification devices, such as hearing aids and cochlear implants. In contrast, DHH children have severe or profound hearing loss, resulting in very little or no hearing. At the same time, cochlear implants may assist with hearing and speech learning. Many deaf children rely on visual support, such as signs, cued speech, and lipreading, to communicate (WHO, 2016).

Globally, hearing loss among children and adolescents is a growing concern. In 2021, approximately 97.83 million children and adolescents under the age of 20 were affected by hearing loss, leading to an estimated 3.91 million years of living with a disability. From 1990 to 2021, the global prevalence rate increased from 3,537 per 100,000 to 3711 per 100,000, with an annual increase of 0.15% (95% CI: 0.12–0.17) (Guo et al., 2024). Currently, more than 5% of the world's population – equivalent to 430 million people, including 34 million children – require rehabilitation to address disabling hearing loss. This number is projected to rise to over 700 million people by 2050, equating to one in every ten individuals (WHO, 2025).

In Vietnam, hearing loss also presents a significant public health challenge. For every 1,000 newborns, about three are born with hearing impairments in one or both ears. Based on 1,744,400 births recorded in 2023, an estimated 5,232 babies were born with hearing loss. Despite this, only about 30% of newborns in Vietnam undergo hearing screening (BỘ Y TẾ, 2023). Additionally, according to annual statistics from the Ministry of Health, on average, 1.4 million children are born in Vietnam each year, of which 1.5–2% have congenital disabilities. Ninety percent of deaf children are born into hearing families (National Deaf Children's Society, 2002), which often limits early language exposure and communication at home. Studies consistently show that children with hearing loss experience a range

of difficulties. These include communication barriers and delays in receiving critical information due to impaired hearing (Schild & Dalenberg, 2016; Yoshinaga-Itano et al., 1998). Language deprivation from birth contributes to delays in cognitive, emotional, social, and academic development (Freitas et al., 2021). DHH children, in particular, need early access to language, whether spoken or signed, starting in infancy. The critical period for language development typically spans from birth to five years of age. If accessible language is not provided during this time, the consequences can be long-lasting. Even with hearing aids, children may still experience significant language delays if they lack a rich language environment (Burke et al., 2011). DHH children encounter a wide range of challenges, including barriers in communication, education, mental health, access to resources and employment opportunities.

Communication barriers by Deaf and Hard-of-hearing children in family, schools and community settings

Among challenges, communication difficulties are often the most critical and impactful for DHH children. These children encounter significant communication difficulties not only with hearing individuals but also with other deaf peers and family members (Mwambe et al., 2018; Yoshinaga-Itano et al., 1998). Due to their inability to hear or speak, deaf children are most obviously affected by language development (WHO, 2016). Alys Young's (2002) study found that factors influencing the selection of communication methods for deaf children in the first year of life are information, expectations, and family identity. Many parents, however, receive insufficient or biased information from experts, which limits their understanding of various communication options, such as sign language, oral language, or bilingual approaches. Meanwhile, in Vietnam, several studies have also identified communication challenges faced by DHH children. These children often attended classes where sign language is used (General Statistics Office, 2018). Children also face numerous difficulties in accessing information and encountering barriers to information (WHO, 2010).

Difficulty communicating with parents and family members:

Hearing loss varies in severity, from partial impairment to complete deafness, which makes it difficult for children to access auditory information and communicate effectively (Schild & Dalenberg, 2016; Yoshinaga-Itano et al., 1998). Because many DHH children cannot hear or speak, they face significant barriers to language and communication from birth. As a result, these children often experience limited interaction with their hearing parents and delays in language exposure during critical developmental periods (Freitas et al., 2021). These early communication challenges can have a lasting impact on social and educational development (Cortés-González et al., 2024). Research also indicates that deaf children, particularly those with hearing parents frequently encounter serious communication difficulties with the family (Howe, 2006). For instance, a study of deaf women in Arabs found that growing up in hearing families who did not know ISL (Israeli Sign Language) led to communication isolation, with some individuals being confined at home, and restricted from social participation (Alhuzail & Levinger, 2022). Similarly, Hintermair's (2006, 2007) study of 213 parents of deaf children in Germany reported that 82% of families relied primarily on spoken communication, while only a small number used sign languages. This further limits opportunities for clear communication and mutual understanding within the family (Freitas et al., 2021). Importantly, Marc Marschark (1993) emphasizes that hearing loss alone does not, in itself, determine the entire psychological development, rather it is the presence of language and communication barriers that plays the most important mediating factors (Marschark, 1993).

Difficulty communicating with others in schools:

In the Colorado study, researchers compared the language development of 72 deaf or hard-of-hearing children identified before 6 months of age with that of 78 children identified after 6 months. The findings showed notable differences in communication abilities and access to auditory information, indicating that earlier identification and intervention (before 6 months) lead to more favorable language outcomes (Mwambe et al., 2018; Yoshinaga-Itano et al., 1998). Because they cannot fully rely on hearing or spoken language, deaf children are particularly vulnerable to delays in language development (WHO, 2016).

Research further suggests that choices regarding communication methods in the first year of life are influenced by factors such as access to information, parental expectations, and identity. Many parents do not receive enough or receive biased information from experts that makes them not fully aware of communication options (e.g., sign language, speech, bilingual approach, etc.). Some professionals are affected due to personal bias or systemic barriers (local policies do not adequately support different approaches). The author emphasizes empowering parents to learn how to ask questions, evaluate information, and request appropriate services (Young, 2002). In general, preschool

children with hearing loss were quite unintelligible, with hearing people able to understand less than half of the words these children said. Language-rich environments lead to a direct impact on opportunities for daily interaction and communication (Lederberg et al., 2013). Difficulty communicating with friends and in noisy environments, as well as difficulty understanding lectures and participating in classroom discussions, can also lead to children finding it challenging to comprehend lessons and withdrawing. Communication difficulties directly affect social, emotional, and academic integration (Cortés-González et al., 2024). DHH children often have language and communication problems, which affect their friendships. Communication barriers with hearing children. Language barriers also contribute to the risk of sexual abuse (Thi Thu Trang. N, 2024). Research has also shown that communication difficulties lead to limited social relationships, feelings of loneliness, and decreased self-esteem. The communication barrier between hearing-impaired and normally hearing children can function as an obstacle for successful interpersonal relationships" (Stephanie C.P.M. et al.; Fitriyani et al., 2024).

Difficulty in communicating in community settings:

DHH children often face significant communication barriers in community environments, including interactions at schools and the wider public. Early identification plays a key role, as children diagnosed before 6 months show better language development than those identified later (Yoshinaga-Itano et al., 1998). However, many DHH children still struggle to access auditory information and develop effective communication skills (WHO, 2016).

These challenges are compounded by limited access to appropriate communication methods during early childhood, often due to insufficient or biased information provided to parents (Young, 2002). As a result, children may have reduced speech intelligibility and difficulty being understood, especially in social or noisy environments (Lederberg et al., 2013).

In community and school settings, communication barriers can hinder participation in conversations, limit peer interactions, and reduce engagement in classroom activities. This often leads to social withdrawal, fewer friendships, and feelings of isolation and low self-esteem. Overall, communication difficulties significantly impact DHH children's ability to integrate socially, emotionally, and academically within their communities (Cortés-González et al., 2024; Fitriyani et al., 2024).

Desire to support children in communication:

DHH children use a range of communication methods, including sign language, gestures, facial expressions, and writing. While supportive environments can facilitate interaction, significant language and psychological barriers remain. Teachers and parents play a crucial role in helping children overcome these difficulties and build confidence (Fitriyani et al., 2024). Effective communication requires not only that DHH children develop strong sign language skills, but also that others in the community understand and use sign language.

However, sign language varies regionally and often lacks specialized vocabulary, creating additional challenges in accessing certain types of information. This highlights the importance of inclusive education systems with teachers who are proficient in sign language. Despite this need, there is a shortage of adequately trained specialists (Umah et al., 2024). In this context, deaf educators and role models are especially valuable, as they promote deaf culture and support sign language use within communities (Ziv, 2015).

DHH children require comprehensive support—including medical, educational, linguistic, and psychological services—to improve communication in community settings. Studies show that barriers arise in interactions with family members, teachers, peers and when seeking help. Addressing these challenges through coordinated support systems is essential to enhancing their social participation and overall well-being.

Methodology

The study employed a mixed-methods approach combining quantitative and qualitative. Data were collected from two special education institutions in Lam Dong province, Vietnam, namely the Cam Ly Inclusive Education Development Support Center and Anh Sao Private School for the Deaf. The sample selection criteria included all deaf and hard-of-hearing children who are enrolled in grades 1 to 9, have sufficient cognitive capacity, have learned sign language, and have agreed to participate in the survey. The concept of deaf children is under 18 years old; however, during the survey of all children in the 2 institutions, there were a few children who went to school later than the prescribed age, so they were older. Some children enter grade 1 very late, usually 8-9 years old, and each class they need to study is 2 years, so the school age is slower than other children. According to the Joint Circular No. 42/2013/TTLT-BGDDT-BLDTBXH-BTC, "Persons with disabilities are enrolled at a higher age than the general regulation of 3 years old" (Ministry of Education and Training, 2014). This study was conducted

in accordance with the ethical guidelines of the VNU University of Social Sciences and Humanities, Hanoi, which are clearly stipulated in Decision No. 4589/QĐ-XHNV (2023), to ensure the integrity and validity of the analysis. Participation was voluntary and conducted with the approval of the respective School Boards and Boards of Directors.

The survey aimed to identify communication difficulties experienced by DHH children and their perceived support needs. The survey was carried out with the support of sign language interpreters to ensure that the data collected was accurate and complete. The study adhered to research procedures involving children: Step 1, the authors sent introduction letters and information about the study and obtained approval from the Board of Directors; Step 2, all students, guardians, staff, teachers, and parents were invited to participate and agreed voluntarily; Step 3, the survey was conducted with students responding with the assistance of sign language interpreters. The study used a 5-point Likert scale, where 1 is the lowest and 5 is the highest. To develop the questionnaire and establish the Likert-scale items, a comprehensive review of the existing literature was conducted. Prior to formal data collection, a pilot study was administered to validate the instrument. Quantitative data were analyzed using SPSS version 25.0. During data analysis, the reliability of the measurement scales was assessed using Cronbach's alpha coefficient. The construct measuring the 'difficulties of DHH children' comprising six observed variables demonstrated an acceptable level of internal consistency (Cronbach's alpha = 0.624). Furthermore, the construct assesses the 'needs of DHH children,' which consists of eight variables, exhibited high reliability (Cronbach's alpha = 0.866). To gain deeper insights, in-depth interviews were conducted with ten DHH children and four teachers across the two institutions, in addition to one focus group discussion with parents. They all voluntarily participated in in-depth interviews and group discussions. Regarding qualitative data, the researcher applied for permission to record, take notes, and then recorded the deletion and data entry into in-depth interview minutes and group discussions. The study used NotebookLM to assist in removing the tape and converting the recording file to text, followed by the researcher listening to the tape again and reviewing it. Then the coder participated and compiled them into themes and subthemes for comparison and analysis. The authors can state whether qualitative findings were used to explain survey patterns, whether themes were compared with quantitative indicators.

Of the 149 participants, 113 (75.8%) were enrolled at the Cam Ly Inclusive Education Development Support Center, and 36 (24.2%) attended Anh Sao Private School for the Deaf. The sample comprised 77 male students (51.7%) and 72 female students (48.3%). Participants were distributed across Grade 1 (n = 20; 13.4%), Grade 2 (n = 20; 13.4%), Grade 3 (n = 24; 16.1%), Grade 4 (n = 13; 8.7%), Grade 5 (n = 24; 16.1%), Grade 6 (n = 21; 14.1%), Grade 7 (n = 13; 8.7%), Grade 8 (n = 6; 4.0%), and Grade 9 (n = 8; 5.4%). The ages of DHH children who participated in the study ranged from 6 to 21 years old. The average age of the participants was approximately 14 years, with a mean of 14.11 years and a standard deviation of 2.667. Regarding the level of hearing loss of children, the survey results showed that 12 children accounted for 8.1% of mild hearing loss, accounting for the lowest rate, followed by 26 children accounting for 17.4% of moderate hearing loss, 88 children accounting for 59.1% of severe hearing loss, and 23 children accounting for 15.4% of total profound hearing loss. There were 143 children, accounting for 96%, who had a disability certificate, and 6 cases did not have a disability certificate. DHH children who are diagnosed with hearing loss are often examined and taken to specialized educational institutions. The duration of children's residence at the centers was generally extensive, with some children admitted as early as two to three years of age. Specifically, 26.17% of the children had resided at the centers for less than three years, 26.85% for three to fewer than six years, 24.86% for six to fewer than ten years, and 22.15% for ten years or more. Regarding ethnicity, the majority of participants were from the Kinh ethnic group (n = 125; 83.9%), while children from other ethnic groups—including Cham, Co Ho, Cil, Dao, Mong, Nung, Tay, Thai, and Tho—accounted for 24 participants (16.1%).

Results and Discussion

Language barriers for deaf and hard-of-hearing children

Table 1 shows the language barriers that children encounter. Because DHH children cannot hear sounds and cannot speak, it limits their ability to communicate socially with others.

Table 1. Difficulties of deaf and hard-of-hearing children in communication

No.	Communication difficulties	Level of agree (1 is no difficult to 5 is the most difficult)					N	Mean	Std. Deviation
		1	2	3	4	5			
1	Difficulty communicating with hearing friends	0.7	10.1	25.5	28.9	34.9	149	3.87	1.029
2	Difficulty communicating with grandparents, relatives, and other hearing people	2.7	8.1	33.6	30.2	25.5	149	3.68	1.028
3	Difficulty expressing when you have a problem that needs help	3.4	18.1	28.2	26.2	24.2	149	3.50	1.143
4	Difficulty communicating with parents	5.4	10.1	47.0	22.8	14.8	149	3.32	1.021
5	Difficulty communicating with teachers	25.5	42.3	22.8	8.1	1.3	149	2.17	0.950
6	Difficulty communicating with friends who are deaf	52.3	26.2	16.8	4.0	0.7	149	1.74	0.924

The highest mean score was observed for difficulties in communication with peers through listening ($M=3.87$); followed by challenges in interacting with grandparents, relatives, and other hearing individuals ($M=3.68$). The difficulties in expressing needs when encountering problems requiring assistance, with a score of 3.50. DHH children demonstrated notable challenges in communicating with their parents ($M=3.32$). The findings indicate that DHH children experience substantial barriers in communication with hearing peers, largely due to limitations in spoken language abilities and the absence of sign language proficiency among their peers.

Insights from in-depth interviews further highlight the impact of linguistic barriers on communication quality. A sixth-grade participant shared *"I have limited language, so the level of knowledge acquisition is difficult, and the perception of everything is still small"* (In-depth interview 3, Female, Grade 6), and another also admitted that *"I have difficulty communicating with hearing people"* (In-depth interview 4, Female, Grade 6). Moreover, DHH children often struggle to convey their intentions to hearing individuals who are unfamiliar with sign language. In such situations, they may rely on gestures, including pointing to objects or using improvised signs, particularly in everyday contexts such as purchasing items. This perspective is corroborated by a teacher who noted that *"DHH children have used sign language, the hearing people couldn't understand, and hearing people speak DHH children couldn't hear"* (In-depth interview with teacher 2, Female, 37 years old). These findings underscore the critical role of shared communication systems in facilitating effective interaction and mutual understanding. Although the survey results indicated that the difficulty of communicating with parents was the lowest because parents were companions with their children from an early age, the results of the in-depth interview showed that children also had a lot of difficulties when communicating with their parents due to their limited ability of using sign language *"Difficulty communicating when returning to family"* (In-depth interview 3, Female, grade 8). Consistent with these findings, data from parent group discussions also indicated substantial communication barriers.

Many parents acknowledged that their limited or lack of knowledge of sign language hindered effective interaction with their children. This limitation was often linked to time constraints and insufficient opportunities for consistent practice, a finding that aligns with previous research suggesting that parents frequently lack adequate time and support to learn and use sign language effectively (Mwambe et al., 2018).

When asked directly about communication challenges during the group discussion, all participating parents affirmed experiencing difficulties. One parent elaborated, *"Difficulties in all activities, life is difficult. From the moment I found out that my child was like that, all parents like me have faced difficulties, not just me. In my opinion, that's the case. My child is also a special person. I have never had that situation in my family, so if my child encounters it, my family will definitely have a lot of difficulties in communicating with my child"* (Parent Group discussion).

Children are experiencing greater communication difficulties with grandparents, relatives, and other hearing people. Evidence from parent group discussion supports this finding, with participants emphasizing the severity of these challenges. One parent noted, *"Yes, it is very difficult, but outsiders and grandparents do not understand the baby at all; it is always only the mother, when she is at home, she works as an interpreter"*. Consequently, children tend to rely heavily on their mothers for communication, as indicated by another statement, *"I often communicate with my mother"*. This pattern is consistent with prior research indicating that parents often interpret sign language for children (Jones et al., 2001). In contrast, other family members may be largely excluded from communication: *"Daddy and grandma don't communicate at all"* (Parent Group Discussion).

Furthermore, children also encounter difficulties in expressing themselves when faced with problems that require assistance, as reflected by a mean score of 3.50.

This variability can be partly explained by differences in the severity of hearing loss. For instance, some students with mild hearing loss can wear hearing aids and are able to hear and understand the situation, whereas those with severe or profound hearing loss face greater barriers. Older children who process literacy skills may mitigate these challenges by writing down their concerns to seek help. Parents similarly adopt alternative communication strategies, such as written notes or visual aids. As one parent explained: *"I said that my kid wrote down or pointed to the picture on the phone, and she explained it to me or using home sign... She is profoundly deaf, severely deaf, so she can't wear earplugs or hearing aids"* (Parent Group Discussion). These findings illustrate the adaptive strategies employed by both children and parents, while also highlighting the persistent communication barriers faced by DHH children in diverse social contexts.

DHH children reported relatively fewer difficulties when communicating with teachers (mean score = 2.17) and the least difficulty when interacting with deaf peers (mean score = 1.74). In-depth interviews confirmed that communication among DHH children is generally easier, as one student noted, *"Communicating with friends at the center is easy, but with others is difficult."*

However, challenges still arise even within supported settings. Observations during interviews showed that some children had limited understanding despite the use of sign language; as one teacher shared, *"Although teacher expressed herself in sign language, the children still did not fully understand and often looked to classmates for help"* (Interview 7, Female, Grade 4). Communication difficulties were more pronounced in academic contexts, where both students and teachers reported struggles. One teacher shared that *"The curriculum is difficult... it takes a long time to explain and fully convey meaning, even with simple sentences"* (Interview, Teacher 4, Female, 33 years old). Similarly, a student noted that understanding often required repeated explanations, even for short expressions (Interview 9, Female, Grade 3). Differences in regional sign language also contributed to communication barriers. Consistent with previous research (Trần Thị Thiệp, 2016), variations in signs across regions can hinder mutual understanding. For example, a student from Nha Trang experienced difficulties when studying in Lam Dong due to differences in sign language and vocabulary. He explained that variations in signs and limited proficiency in spoken language made communication with teachers more challenging (Interview 2, Male, Grade 7).

With communication activities, children have no difficulty communicating with deaf friends, less difficulty communicating with teachers, and many difficulties communicating with parents, grandparents, and other hearing people.

Upon recognizing their children's communication difficulties, many parents sought medical consultations at various hospitals. However, access to such services was often constrained by long distances and high associated costs, creating additional challenges for families. DHH children who are unable to rely on auditory or spoken communication depend primarily on sign language. While they are generally able to communicate effectively with their deaf peers, their interaction with their parents remains limited due to the parents' insufficient use and understanding of sign language (In-depth interview 8, Female, Grade 3).

In educational contexts, these children often report their fear or discomfort with reading, especially with long texts that require a higher level of comprehension. Observational evidence suggests that even simple questions such as *"At what age did your parents take you to the Learning Center?"* or *"What grade are you in?"*, may elicit confusion or unrelated responses, indicating comprehension difficulties. Furthermore, regional variations in Vietnamese sign language across the North, Central, and South introduce additional complexity, potentially hinder both communication and learning processes (Trần Thị Thiệp, 2016). In terms of social integration, children often face communication barriers with their communities. Their reliance on sign language limits interactions with hearing peers, grandparents, and other family members who are unfamiliar with the language (In-depth interview teacher 3, Female, 53 years old).

Academic outcomes among the children were generally positive. According to data from the 2024–2025 academic year, 36 students (24.2%) were classified as achieving "Good" performance, indicating successful task completion. A further 39 deaf and hard-of-hearing (DHH) students (26.2%) achieved results in the "Fair–Good" category. The majority of students, 68 individuals (45.36%), were categorized as "Pass–Complete," representing the largest proportion. However, a small number of students, 6 children (4%), were identified in the "Unpassed–Incomplete" category, indicating that some learners continue to face challenges in meeting academic requirements.

The highest score is the difficulty of learning to write Literature 3.67. They are very afraid of writing and reading for a long time. Next are two difficulties with relatively high scores, namely difficulties in learning to read and in doing homework with scores of 3.17 and 3.11, respectively. When interviewing the child in depth, one student said that the child *"studied well in all subjects but had difficulties in Literature, did not know how to express it because of the defect of influence"* – (In-depth interview 1, Female, Grade 8) or another child also agreed *"Difficult communication; Vietnamese is the subject I find the most difficult"* (In-depth interview 5, Male, Grade 5).

In in-depth interviews, teachers reported that while children demonstrate relatively strong performance in mathematics, they encounter notable challenges in Vietnamese language use. As one teacher explained, *"The children learn Math very quickly, but the children's Vietnamese sentences are sometimes a little backwards. When I teach, I understand what the child means"* (In-depth interview with teacher 3, Female, 53 years old). Similarly, findings from parent group discussion highlight substantial difficulties in language-related learning, particularly in writing and reading comprehension. One parent noted that Vietnamese is especially challenging for first-grade students, explaining that: *"The most difficult thing for children in grade 1 is Vietnamese. Vietnamese is difficult to understand, such as long essays, teacher lectures, and expressing with her hands, and she will understand. And it is difficult to give the material for a child to read, speaking outside the child will understand the opposite"*.

Hearing parents consistently acknowledged that their children face significant learning challenges, particularly during the early stages of schooling, especially when they are in the first grade. These challenges include difficulties in acquiring basic literacy skills such as reading, writing, and comprehension. Furthermore, parents reported facing obstacles in supporting their children's learning due to communication barriers. For example, one parent explained that traditional assessment and support methods must be adapted, stating that *"With Vietnamese that cannot be tested, the test of how to study is to write it on paper"*.

Although parents want to help their children in their studies, they also face difficulties with language barriers when they do not have enough vocabulary to support their children in reviewing Literature or Math. *"My child is in grade 6. But in grade 6, I have no way to teach my child to understand. I looked in the textbook, looked for prime words, powers, combinations, pointed to words and pictures to show my child. I don't know the symbols to teach them. Those things are too difficult. It is impossible to teach signs; the only way is to teach according to pictures and letters"* (Parent Group Discussion).

Communication difficulties also appear to have notable psychological implications for children; with a high mean score ranging from 3.12 to 3.46 across related indicators. DHH children were reported to experience challenges in emotion regulation, including feelings of stress, anger, sadness, and anxiety, as well as low self-esteem. They may also be subject to teasing by peers, contributing to feelings of loneliness, isolation and social exclusion. The highest-rate concern was the lack of opportunities for emotional sharing and psychological support (M=3.46). Qualitative findings further illustrate these challenges. One 5th-grade student described experiencing significant communication barriers, especially in Vietnamese, which hindered their ability to express thoughts and emotions. The student reported that. *"Difficulties in communication, difficulties in Vietnamese, unable to release emotions, so I will be irritated"* (In-depth interview 6, Female, Grade 5). Similarly, a teacher emphasized that *"Each deaf and hard-of-hearing children also have difficulty with language and communication"* (In-depth interview teacher, female, 56 years old).

The extent of communication challenges varies depending on the degree of hearing impairment. Proficiency in sign language plays a critical role in determining the effectiveness of communication, not only between children and their parents, but also in interactions with teachers and the broader social environment. These findings highlight the interconnected nature of communication barriers and psychosocial well-being among DHH children.

Needs of deaf and hard-of-hearing children

DHH children experience a wide range of challenges, leading to diverse and complex needs. In addition to basic physiological and survival needs, children have been met in special education institutions. Children can eat and live concentrated and meet physiological needs for survival, ensure safety, study, play, and entertain. The specific needs of children with hearing impairment are shown in Table 2 below.

Table 2. The needs of children with hearing impairment

No.	Needs	Level of agree (1 is the disagree to 5 is the most agreement)					N	Mean	Std. Deviation
		1	2	3	4	5			
1	Medical examination and treatment, rehabilitation	1.3	5.4	24.8	33.6	34.9	149	3.95	0.968
2	Providing Hearing Aids	3.4	6.0	17.4	27.5	45.6	149	4.06	1.086
3	Communication support	1.3	10.1	24.2	30.9	33.6	149	3.85	1.042
	Psychological support	0.0	10.7	21.5	38.3	29.5	149	3.87	0.963
4	Inclusion Support	0.0	12.1	26.2	36.9	24.8	149	3.74	0.967
	Academic support	1.3	4.7	29.5	38.3	26.2	149	3.83	0.918
	Vocational guidance and vocational training support	0.7	6.0	22.1	40.3	30.9	149	3.95	0.914
5	Support for information, training, and job placement	0.7	2.0	19.5	43.6	34.2	149	4.09	0.821

Regarding physiological and survival needs, the DHH children are provided with accommodation and meals at the facility, ensuring adequate nutrition, sleep, and rest. Furthermore, the participants rated the need for medical examination, treatment, and rehabilitation at a mean score of 3.95. For children with hearing impairment, if not treated early, it can lead to poor academic performance, which can lead to reduced job opportunities in the future (Olusanya et al., 2014; WHO, 2016). The need for safety and children looking forward to providing items (hearing aids) reached 4.06 with a standard deviation of 1.086. *"Hearing aids are the right ones"* (In-depth interview 10, Female, Grade 3). This highlights an essential need for DHH children to improve their ability to hear and communicate with others. According to the findings, the needs for communication and psychological support are both high, with mean scores of 3.85 and 3.87, reflecting children's strong desire for connection, belonging, and emotional support. The need for respect and social integration is also significant, with a score of 3.74. Qualitative data further emphasize these needs. One child expressed a desire for stronger family communication: *"I want my parents to learn more sign language so we can talk to each other. In the past, the school offered basic classes for parents, but they stopped because parents were busy and could not continue"* (In-depth interview 7, Female, Grade 4).

Children expressed a strong need for academic and psychological support, although their limited language and writing abilities often meant they could only use simple expressions (In-depth interview 8, Female, Grade 3). In terms of self-development, the need for learning support scored 3.83, while vocational guidance and training scored 3.95. The highest-rated need was for information support, training, and job placement, with a mean score of 4.09 (SD = 0.821).

In-depth interviews further revealed that many children demonstrate strong aspirations to pursue higher levels of education and secure stable careers. For example, one student expressed a desire: *"I want to continue studying, go to high school in Da Lat, and have access to specialized programs for children with hearing impairments"*. Another participant emphasized a high level of academic motivation despite existing challenges, stating, *"I want to study more, even go to university, because I love learning and do well academically. Despite my difficulties, I always try, and my teachers say I am capable and quick to learn"* (In-depth interview 1, Female, Grade 8). Similarly, another student succinctly shared the ambition *"I want to go to high school"* (In-depth interview 2, Male, Grade 7). Despite these aspirations, children encounter substantial language barriers that impede their educational progression. These obstacles may lead to psychological distress, with some children experiencing discouragement or considering school dropout to pursue family-based occupations such as gardening or baking. Communication difficulties also significantly influence career decision-making processes and limit children's ability to identify and pursue appropriate future livelihoods.

Findings from parent group discussions further underscore the need for targeted support to facilitate children's educational and vocational development. Parents expressed a strong desire for career guidance and inclusive opportunities for their children. One parent articulated this concern, stating: *"I want my child to be a career guide in learning and career. What I am most concerned about is that my child is a special person, and he is only limited by his silent world. Only in that environment (special school), so he couldn't step outside. I hope that my child will at least have knowledge, direct him to have a job, and he can more or less serve himself"* (Parent Group discussion). Thus, the needs of children with hearing impairment are supported by examinations, hearing aids, support for inclusion, psychology, learning, career guidance, and self-assertion.

Discussions

The study results indicate that DHH children experience substantial communication barriers, especially when interacting with hearing peers. From a Bronfenbrenner ecological systems perspective, these challenges are situated within the microsystem, where direct interactions with peers significantly shape children's social and emotional development. This aligns with previous research showing that difficulties in understanding speech—especially in noisy environments—can lead to withdrawal and hinder social, emotional, and academic integration (Lederberg et al., 2013). These communication challenges also affect the quality of peer relationships, limiting opportunities to form friendships, increasing social isolation, and, in some cases exposing children to bullying, particularly in mainstream educational settings (Terleksi et al., 2020).

Within the family context, the study confirms that limited sign language proficiency among parents, grandparents, and relatives remains a major barrier. This reflects constraints within another key microsystem (family environment), where communication accessibility is essential for emotional bonding and identity formation. Consistent with prior studies, when family members rely primarily on spoken communication, DHH children face restricted interaction, reduced emotional connection, and difficulties in expressing needs and experiences (Fitriyani et al., 2024). Similar patterns have been observed internationally, where a lack of shared language within hearing families can result in communication isolation and reduced participation in family life (Alhuzail & Levinger, 2022). Furthermore, from a mesosystem perspective, the disconnect between school environments (where sign language may be used) and home environments (where it is not) exacerbates communication challenges. In the present study, these challenges are further intensified by schooling arrangements, where some children spend extended periods in specialized institutions and have limited opportunities to develop effective communication with their families.

In contrast, communication is more effective within specialized school environments where these students and teachers share a common language, particularly Vietnamese Sign Language. This reflects a supportive microsystem enriched with accessible communication resources, demonstrating that barriers are not inherent to the child but arise from environmental mismatches. This aligns with a strengths-based perspective, which emphasizes the capacities of DHH children to thrive when provided with inclusive, linguistically accessible environments. The findings also emphasize the importance of broader exosystem and macrosystem influences, including healthcare systems and national policies

affecting early detection and intervention. Early identification remains critical; however, hearing screening rates in Vietnam are still low, limiting timely access to services (Bộ Y tế, 2023).

Expanding screening coverage and strengthening early intervention programs are essential steps to improve developmental outcomes. In addition, technological supports such as hearing aids and digital tools can enhance access to sound and information, although they are not sufficient without a language-rich environment and effective communication support (Mwambe et al., 2018), (Anh, 2018).

Beyond medical and technological interventions, the study highlights significant psychosocial and educational needs. Importantly, from a strengths-based social work perspective, DHH children in this study demonstrated resilience, motivation, and clear aspirations for improved learning opportunities, social inclusion, and future career development. Access to education and employment is not only linked to economic independence but also to meaningful social participation and reduced isolation (Alhuzail & Levinger, 2022). Recognizing these strengths shifts the focus from limitations to empowerment, emphasizing the role of supportive systems in enabling DHH children to achieve their full potential. Findings of this study are explained in the three types of assessment, starting with the initial assessment, followed by the follow-up assessment, and the ongoing monitoring of child development after children became beneficiaries of the child welfare institutions' services.

Conclusion and Suggestions

Conclusion

DHH children experience a range of communication difficulties across different contexts. They generally have fewer challenges when interacting with other DHH children, but encounter greater difficulties when communicating with parents, grandparents, teachers, and especially with hearing individuals. However, when they need to express something or need help, they often rely on sign language, gestures, writing or texting.

The findings also highlight children's desire for greater medical and assistive support, including hearing assessments, hearing aids, and other communication tools. In addition, DHH children expressed a strong need for support in social integration, psychological well-being, and access to information, particularly in relation to education and career guidance.

However, this study is limited to two institutions and does not represent the broader population of DHH children across the country. Overall, the results emphasize that communication barriers are complex and exist across family, school, and community settings. Addressing these challenges requires coordinated efforts to improve access to sign language, strengthen family communication, expand early intervention services, and promote inclusive educational and social environments.

Suggestions

To improve communication for DHH children, coordinated support from social workers, families, schools, and policymakers is essential.

At the individual level, DHH children should also be encouraged and supported to develop their sign language skills, as this enhances their confidence and ability to engage in social and educational contexts.

Social workers should prioritize family-focused interventions by organizing sign language training programs to strengthen communication between children and their caregivers. These programs can be delivered both in person and online, with accessible learning materials such as recorded instructional videos that allow parents to review and practice at their convenience.

Schools play a critical role by strengthening collaboration with families and expanding communication support within the educational environment. This includes offering additional sign language instruction for students, as well as ensuring that teachers and teaching assistants receive adequate training in sign language to better support learning, interaction, and inclusion.

At the policy level, government efforts should focus on strengthening the implementation of early screening, rehabilitation services, and integrated social work interventions. Expanding access to comprehensive services and supportive policies will help create more inclusive environments and improve long-term outcomes for children with hearing impairment.

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