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Parental Perspectives for Educating Students with Deaf-Blindness in Inclusive Settings

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A Thesis Submitted to the Tribhuvan University, Central Department of Education, Department of Special Needs Education in Partial Fulfillment of the Requirements for the Master of Education in Inclusive Education

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DEDICATION

To my father, Mr. Prem Prasad Gautam, and my mother, Mrs. Prem Kumari Gautam, who have contributed immeasurably and have always prayed for my success, and those teachers who have always inspired me.

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ABSTRACT

This master's thesis investigates the lived experiences of parents of deaf-blind (DB) children in Nepal within the framework of inclusive education. The study examines parental perceptions of the effectiveness of inclusive schooling, the barriers they encounter in accessing quality education, the teaching strategies and support systems they consider essential, and the nature of their collaboration with educators.

The research is guided by four main questions and qualitative approach was adopted, employing semi-structured interviews with parents of deaf-blind children enrolled in inclusive schools. Purposive sampling ensured diversity across key dimensions: socio- economic status, geographic location (urban and rural), type of inclusive school (public/private), severity of the child's deaf-blindness, parental education and advocacy level, and cultural/linguistic background. This diversity allowed the study to capture contextual variations in parental perceptions and experiences across Nepal's heterogeneous educational landscape.

Parents consistently emphasize the importance of multisensory, individualized teaching approaches e.g., tactile communication, Braille, and structured play-based learning and the critical role of trained aides, orientation and mobility services, and family support. Collaboration with educators is often reported as infrequent, superficial, or one- directional, with parents facing challenges related to limited communication channels, language barriers, and lack of recognition of their expertise. Opportunities for meaningful involvement remain underutilized. The study concludes that improving inclusive education for deaf-blind children in Nepal requires targeted teacher professional development, stronger policy implementation, investment in accessible resources, and deliberate mechanisms for authentic parental partnership. These findings contribute to the limited body of knowledge on deaf-blind education in low- and middle-income countries and offer practical recommendations for policymakers, educators, and disability advocacy organizations in Nepal.

Findings indicate that while some parents report modest academic and social gains in inclusive settings, many perceive limited effectiveness due to inadequate teacher training in deaf-blind education, lack of DB-specific assistive technologies, and insufficient individualized support. Systemic barriers particularly pronounced in rural areas include limited availability of inclusive schools, poor infrastructure, and weak implementation of national inclusive education policies. Socio-economic constraints and cultural stigma further complicate access and advocacy. Despite these challenges, parents expressed a strong aspiration for their children to be included in mainstream educational settings, not only for academic learning but also for social integration and community belonging. The study highlights the critical role that families play in advocating for inclusive practices and the urgent need for systemic reform in teacher training, policy enforcement, and resource allocation. The findings contribute to the limited but growing body of literature on deaf-blind education in Nepal and underscore the importance of incorporating parental voices in policy dialogue and program development to ensure truly inclusive and equitable education for all.

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ACRONYMS/ABBREVIATIONS

BPS	Basic Primary School
CBR	Community-Based Rehabilitation
CDC	Curriculum Development Centre
CRPD	Convention on the Rights of Persons with Disabilities
DB	Deaf-Blindness
DEO	District Education Office
DOE	Department of Education
EFA	Education for All
EMIS	Education Management Information System
FGD	Focus Group Discussion
ICT	Information and Communication Technology
IDI	In-Depth Interview
IE	Inclusive Education
IEP	Individualized Education Plan
INGOs	International Non-Governmental Organizations
MoEST	Ministry of Education, Science and Technology (Nepal)
NCE	National Campaign for Education (Nepal)
NFDN	National Federation of the Disabled - Nepal
NID	National Institute for the Deaf
NGOs	Non-Governmental Organizations
SD	Standard Deviation
SDGs	Sustainable Development Goals
SNE	Special Needs Education
SPSS	Statistical Package for the Social Sciences
SSDP	School Sector Development Plan
TU	Tribhuvan University
TVET	Technical and Vocational Education and Training
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund

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CHAPTER ONE
INTRODUCTION

Nestled in the Himalayan region, Nepal is a nation of approximately 30 million inhabitants characterized by remarkable geographic, linguistic, and cultural diversity. The country encompasses varied topographies, from the fertile plains of the Terai to the towering peaks of Mount Everest, and is home to over 123 distinct languages, as documented in the 2021 National Census. Its cultural mosaic is shaped by numerous ethnic groups, including the Gurung, Rai, and Dalit communities, each contributing to a rich yet complex social fabric. Following the promulgation of the 2015 Constitution, Nepal transitioned to a federal democratic republic, devolving administrative responsibilities, including education, to 753 local government units across seven provinces. This structural shift reflects Nepal's commitment to fostering inclusive education (IE), a principle enshrined in national legislation such as the Rights of Persons with Disabilities Act (2017) and reinforced by its ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2006. The School Sector Development Plan (SSDP) for 2022–2030 articulates an ambitious vision for equitable educational access, emphasizing the integration of students with disabilities into mainstream schooling environments. However, for students with deaf- blindness (DB) a rare and complex dual-sensory impairment the gap between policy aspirations and practical implementation remains profound, underscoring systemic challenges in Nepal's education system.

Deaf-blindness, defined as the simultaneous loss of hearing and vision, presents unique educational and developmental challenges that extend beyond the scope of interventions designed for singular sensory impairments. This condition severely restricts communication, mobility, and access to information, necessitating highly specialized accommodations such as interveners (trained one-on-one aides), tactile communication methods (e.g., hand-under-hand signing), and adaptive technologies like braille displays or auditory amplification devices. In Nepal, estimates suggest a prevalence of 1,500–2,500 children with deaf-blindness (National Federation of the Disabled Nepal [NFDN], 2020). However, this figure is likely an underestimation due to systemic barriers, including rural isolation, limited diagnostic infrastructure, and the frequent co-occurrence of additional impairments such as cerebral palsy. The etiology of deaf-blindness in Nepal is multifaceted, encompassing congenital conditions (e.g., CHARGE syndrome, congenital rubella syndrome) and acquired impairments resulting from preventable causes such as meningitis or malnutrition. These causes are exacerbated by Nepal's socioeconomic challenges, including a poverty rate of 21% (World Bank, 2023) and disparities in healthcare access, particularly in rural regions where 80% of the population resides.

Nepal's inclusive education framework comprises mainstream schools, approximately 360 resource classes (specialized units within mainstream settings), and 32 dedicated special schools. According to the SSDP, 1,509 students with disabilities are enrolled in specialized educational settings, yet disaggregated data specific to deaf- blindness are notably absent, suggesting potential exclusion or miscategorization of these students. The challenges are particularly acute in rural areas, where infrastructural deficits such as unpaved roads, lack of electricity, and untrained educators severely limit access to education. In contrast, urban centers like the Kathmandu Valley benefit from greater resource availability, including support from non-governmental organizations (e.g., Nepal Association of the Blind). Nevertheless, urban schools often face issues of overcrowding and chronic underfunding, which undermine the quality of education provided. The COVID-19 pandemic (2020–2022) further exacerbated these disparities, as remote learning modalities were largely inaccessible to students with deaf-blindness due to the absence of sign language interpretation, braille resources, or tactile communication supports, leaving families of these students particularly isolated.

Parents of children with deaf-blindness represent a critical yet often marginalized stakeholder group within Nepal's inclusive education ecosystem. Operating within a collectivist and frequently patriarchal societal structure, these parents navigate significant social and economic challenges, including widespread stigma that attributes disability to karmic retribution or divine punishment. With an adult illiteracy rate of 44% (UNESCO, 2021), many parents lack formal education, which complicates their ability to engage with educational institutions or advocate effectively for their children's needs. Despite these barriers, parents possess intimate, experiential knowledge of their children's unique requirements, positioning them as invaluable informants regarding the efficacy of inclusive education policies, the barriers to their implementation, and potential strategies for improvement. Global research, such as Turnbull et al. (2015), highlights the pivotal role of parental involvement in enhancing educational outcomes for students with disabilities, yet Nepal-specific studies remain limited, often focusing on educators' perspectives or higher-incidence disabilities such as autism.

This study seeks to address this critical research gap by exploring parental perspectives on the education of students with deaf-blindness within Nepal's inclusive education framework. By centering the voices of parents, the research aims to illuminate the lived experiences, challenges, and aspirations of families navigating a resource-constrained, multi-ethnic, and geographically diverse context. Drawing on a socio-ecological framework, the study considers the interplay of individual, familial, community, and systemic factors that shape educational access and outcomes for students with deaf-blindness. The findings are expected to contribute to the broader discourse on inclusive education, informing policy refinements and pedagogical practices that better align with the principles of equity and inclusion articulated in Nepal's national and international commitments. Ultimately, this research underscores the necessity of amplifying marginalized voices to foster a more inclusive and equitable educational

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landscape in Nepal.

- *Statement of the Problem*

Nepal's inclusive education (IE) policies, articulated through the School Sector Development Plan (SSDP) 2022–2030 and aligned with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, ratified 2006), espouse a commitment to equitable access to education for all students, including those with disabilities. However, for students with deaf-blindness (DB) a low-incidence, dual- sensory impairment characterized by simultaneous hearing and vision loss these policy aspirations are undermined by systemic neglect and inadequate implementation. The unique needs of DB students, which extend beyond the scope of interventions designed for single-sensory impairments, are inadequately addressed within Nepal's educational framework, perpetuating exclusion and marginalization. This study examines the systemic barriers to inclusive education for DB students, with a particular focus on the underexplored perspectives of their parents, whose insights are critical to understanding and addressing these challenges in Nepal's resource-constrained, culturally diverse context.

Students with deaf-blindness require highly specialized educational strategies that account for their dual-sensory impairments, which severely limit communication, mobility, and access to information. Unlike interventions for deafness or blindness alone, DB-specific accommodations include tactile communication methods (e.g., hand-under-hand signing, tactile braille), one-on-one support from trained interveners, and adaptive technologies such as refreshable braille displays or auditory amplification devices. However, Nepal's educational infrastructure is ill-equipped to meet these needs. According to the Ministry of Education (MOE, 2022), only 50% of the country's 32,000+ public schools offer any form of disability support, with access in rural provinces such as Karnali being even more limited due to infrastructural deficits and geographic isolation. The majority of Nepal's population (80%) resides in rural areas, where unpaved roads, lack of electricity, and rugged terrain exacerbate physical inaccessibility manifested in the absence of ramps, poor classroom lighting, and inadequate transportation infrastructure. These barriers disproportionately affect DB students, whose mobility and sensory needs demand accessible environments to participate meaningfully in education.

Compounding these physical and logistical challenges is a critical shortage of trained educators. Teachers in Nepal's mainstream schools and resource classes specialized units designed to support students with disabilities within mainstream settings often lack training in DB-specific pedagogical methods, such as tactile signing or the use of interveners. Interveners, who provide individualized support to facilitate communication and learning, are virtually nonexistent outside small-scale, donor- funded pilot programs, leaving most DB students without the intensive support required for meaningful inclusion. The SSDP's vision of integrating students with disabilities into mainstream schools is further undermined by this lack of specialized training, which limits educators' capacity to address the complex needs of DB students. The COVID-19 pandemic (2020–2021) exacerbated these challenges, as school closures disrupted access to education for all students, but particularly for those with disabilities. According to UNICEF (2021), 71% of teachers received no governmental guidance on supporting students with disabilities during this period, and remote learning platforms lacked accommodations such as sign language interpretation, braille resources, or tactile communication supports. Consequently, DB students and their families were disproportionately excluded from educational continuity, further widening existing inequities.

Parents of DB students represent a critical yet marginalized stakeholder group within Nepal's inclusive education discourse. Despite their intimate knowledge of their children's needs, their perspectives are frequently sidelined in policy and practice. Preliminary reports, such as those by Human Rights Watch (HRW, 2011), document parental frustration with systemic shortcomings, including untrained teaching staff, inadequate accommodations, and poor communication between schools and families. These challenges are compounded by cultural and socioeconomic factors that further isolate parents. In Nepal's collectivist and often patriarchal society, disability is frequently stigmatized, with some communities attributing it to karmic retribution or supernatural causes. This stigma, coupled with a 44% adult illiteracy rate (UNESCO, 2021) and entrenched gender norms, limits parents' ability to advocate effectively for their children. For instance, mothers, who often bear primary caregiving responsibilities, may face additional barriers due to limited literacy or societal expectations that prioritize domestic roles over engagement with educational systems. Despite these constraints, parents possess unique insights into the efficacy of teaching strategies, the accessibility of educational environments, and the systemic barriers that hinder their children's inclusion. These insights remain largely untapped in Nepal, where research on inclusive education tends to prioritize educators' perspectives or higher-incidence disabilities such as autism.

The marginalization of parental perspectives not only undermines the efficacy of Nepal's inclusive education framework but also jeopardizes its commitments under the SSDP and UNCRPD. The UNCRPD emphasizes the importance of stakeholder engagement, including families, in designing and implementing inclusive education systems. Similarly, global research highlights the critical role of parental involvement in improving educational outcomes for students with disabilities (Turnbull et al., 2015). By failing to incorporate parental insights, Nepal risks perpetuating systemic exclusion for DB students, whose needs are among the most complex and underserved within the disability spectrum. This study addresses this critical gap by exploring parental perspectives on the education of DB students in Nepal's inclusive settings. Grounded in a socio-ecological framework, the research examines the interplay of individual, familial, community, and systemic factors that shape educational access and outcomes for DB students. By centering parents' voices, the study seeks to illuminate the lived experiences, challenges, and

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proposed solutions of families navigating a resource- constrained, multi-ethnic, and geographically diverse context.

The problem of ensuring inclusive education for deaf-blind (DB) children remains a significant challenge despite global commitments to equitable education. Deaf-blind children face persistent exclusion due to multiple interconnected issues. Firstly, inadequate teacher preparedness is a critical barrier, as few educators are trained in specialized strategies tailored to the unique needs of DB students, such as tactile sign language or other communication methods (NCDB, 2021). Secondly, systemic barriers exacerbate this exclusion, with limited access to essential assistive technologies like Braille displays and a shortage of trained support staff, such as interpreters and aides, hindering effective learning environments. Additionally, parental marginalization compounds these challenges, as parents often encounter communication gaps and bureaucratic obstacles when attempting to collaborate with schools, leaving them feeling sidelined in their children's education (Parker, 2020). This study seeks to address these issues by exploring three key questions: how parents perceive the effectiveness of inclusive education for their DB children, what systemic challenges prevent meaningful inclusion, and how parental insights can inform policy reforms to create more equitable educational systems for DB students. By examining these dimensions, the study aims to highlight critical gaps and propose solutions to foster genuine inclusion.

The findings of this research have significant implications for policy and practice. By identifying the specific barriers faced by DB students and their families, the study aims to inform targeted interventions that align with Nepal's national and international commitments to inclusive education. Furthermore, it underscores the necessity of amplifying marginalized voices particularly those of parents to foster a more equitable educational landscape. In doing so, the research contributes to the broader discourse on inclusive education, offering insights that are relevant not only to Nepal but also to other low-resource settings grappling with the challenges of educating students with complex disabilities. Ultimately, addressing the systemic neglect of DB students and their families is essential to realizing the transformative potential of inclusive education in Nepal.

- *Rationale of the Study*

The implementation of inclusive education (IE) in Nepal, as articulated in national frameworks such as the School Sector Development Plan (SSDP) 2022–2030 and the Rights of Persons with Disabilities Act (2017), reflects a policy commitment to educational equity, particularly in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Despite these progressive policy mandates, the practical realization of inclusive education for students with complex disabilities, notably those with deaf-blindness (DB), remains limited. Deaf-blindness a dual sensory impairment poses distinct educational challenges that are insufficiently addressed by Nepal's mainstream educational infrastructure. The gap between inclusive education policy and practice is further exacerbated by a lack of research incorporating the perspectives of parents of children with DB, who possess unique insights into the everyday barriers to inclusion.

In Nepal, an estimated 1,500 to 2,500 children are affected by deaf-blindness (NFDN, 2020), yet the educational system is inadequately equipped to support their needs. These students require specialized accommodations, including tactile communication methods, one-on-one interveners, and adaptive technologies resources rarely available, particularly in rural regions such as Karnali. Despite the SSDP's goal to expand disability-inclusive education, only about half of Nepal's public schools offer any form of disability-specific support. In rural and under-resourced areas, challenges such as poor infrastructure, scarcity of trained teachers, and logistical difficulties further marginalize DB students. The federalization of Nepal's education system following the 2015 Constitution intended to promote localized responsiveness but has not sufficiently addressed the individualized and intensive needs of DB students.

Parental involvement is widely recognized as a critical factor in the success of inclusive education. Global studies, such as those by the National Center on Deaf- Blindness (NCDB, 2020), have demonstrated that parents provide essential knowledge regarding their children's communication styles, preferences, and educational challenges. However, in Nepal, the academic discourse on inclusive education has predominantly emphasized the perspectives of educators or generalized disability categories, thus overlooking the specific needs of DB students. The lack of disaggregated data and targeted research on DB limits the development of tailored educational strategies, ultimately undermining Nepal's commitments under international and national frameworks.

The lived experiences of parents of DB students in Nepal are shaped by a convergence of social, economic, and cultural barriers. Disability is frequently stigmatized, often attributed to supernatural or karmic causes, leading to social isolation and limited advocacy. High rates of poverty and illiteracy, especially among the rural population, constrain families' ability to access diagnostic services, educational information, and support systems. Furthermore, gender norms within Nepal's patriarchal society often position mothers as primary caregivers while simultaneously restricting their engagement with academic institutions. These challenges highlight the urgent need to include parental voices in the discourse on inclusive education reform.

This research is justified by the urgent need to address the persistent exclusion of deaf-blind (DB) children from equitable education, driven by three key factors. First, there is a significant policy-practice disconnect, where national inclusion policies frequently fail to account for the specific needs of DB students, such as specialized communication methods or assistive technologies, resulting in ineffective implementation. Second, an empirical gap exists in the literature, as the voices and

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experiences of parents of DB children are underrepresented, limiting the understanding of their unique challenges and perspectives. Third, from a social justice perspective, DB children's fundamental right to equitable education remains unfulfilled, perpetuating systemic inequities that marginalize this vulnerable group. This study is thus essential to bridge these gaps, amplify parental narratives, and advocate for targeted policy reforms to ensure meaningful inclusion for DB students.

This study responds to these critical gaps by exploring parental perspectives within a socio-ecological framework, examining how individual, familial, community, and systemic factors influence educational access for DB students. It aims to inform the refinement of Nepal's inclusive education policies and practices through participatory approaches. By elevating parental voices, the research contributes to the development of more contextually grounded, equitable, and sustainable educational strategies, with implications for broader application in other low-resource settings facing similar challenges.

➢ *Objectives of the Study*

- To identify the parents perception on the the effectiveness of inclusive settings for teaching their Deafblind children.
- To analysiz the barriers that parents encounter in ensuring quality education for deaf blind students in inclusive schools.
- To examine the strategies and supports that parents consider for successful inclusion of their children.
- To explore parents experience and navigate collaboration with educators in Nepal's inclusive education system.

➢ *Research Questions*

- How do parents understand and assess the academic achievements of their DB children within inclusive classroom settings?
- How do parents evaluate the social development and peer interactions of their DB children in inclusive education settings? (For Teacher)
- What factors influence parental perceptions of the overall effectiveness of inclusive education for their DB children?
- What systemic barriers hinder parents' efforts to access quality inclusive education for their DB children?
- How do socio-economic, cultural, and policy-related factors influence the practical challenges faced by parents in ensuring quality education for their DB children?
- What teaching methods are perceived as most effective in enhancing the learning experiences of DB children in inclusive classrooms?
- What are parents' perceptions regarding the types of support services needed to ensure the academic and social success of their DB children?
- What is the nature and quality of communication and collaboration between parents and teachers in addressing the educational needs of DB children in inclusive classrooms?
- What challenges do parents face when seeking to actively participate in educational planning and decision-making processes for their DB children in inclusive schools?
- What opportunities are available to promote effective parental involvement in the inclusive education of their DB children?

➢ *Significance of the Study*

This investigation bridges a pivotal gap in Nepal's special education scholarship by foregrounding the perspectives of parents of deafblind (DB) children. It yields essential implications for the operationalization of the School Sector Development Plan (SSDP), the enhancement of teacher training programs, and the strategic allocation of resources, thereby advancing equity within inclusive education (IE) frameworks. Globally, it contributes to the corpus of research on low-resource educational contexts, providing scalable and adaptable insights. Practically, the study empowers parents as key stakeholders, cultivating inclusive systems that significantly improve the educational and social outcomes for DB students.

This research holds significant theoretical and practical value while contributing to global educational equity goals. Theoretically, it advances the literature by exploring the intersection of disability studies and parental advocacy, shedding light on the underrepresented experiences of families with deaf-blind (DB) children and enriching academic discourse on inclusive education. Practically, it offers actionable insights for multiple stakeholders: schools can benefit from recommendations on modifying Individualized Education Programs (IEPs) and enhancing teacher training to better address DB-specific needs; policymakers can use the findings to justify increased funding for DB-specific resources, such as assistive technologies and support staff; and parents gain empowerment through advocacy tools that enable them to navigate educational systems more effectively. Globally, the study aligns with Sustainable Development Goal 4 (Quality Education) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), contributing to international efforts to ensure inclusive and equitable education for all, particularly for marginalized groups like DB children.

➢ *Delimitations of the Study*

This study is delimited to the perspectives of parents of deafblind (DB) students aged 5–18 within inclusive educational environments, explicitly excluding those attending special schools. The geographical scope is restricted to urban areas of the Kathmandu Valley and rural regions of Makawanpur, Nepal, with other regions excluded. Due to the rarity of deaf-

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blindness, the sample size is limited, potentially compromising the generalizability of the results. Furthermore, the risk of self-selection bias is noted, as participants are drawn from parents already engaged in inclusive education settings, which may influence the representativeness of the findings.

This study is delineated by specific parameters intended to ensure a focused and contextually relevant inquiry. Geographically, the research is confined to the Makawanpur and Kathmandu districts of Nepal, thereby restricting its applicability to these regions. The participant group comprises exclusively parents of deaf-blind (DB) children who are enrolled in inclusive educational settings, deliberately excluding those whose children attend segregated or specialized institutions. This criterion allows for a concentrated examination of the practices, challenges, and outcomes specific to inclusive education. Methodologically, the study adopts a qualitative research design, prioritizing rich, in-depth narratives of parental perspectives and lived experiences. Quantitative methodologies and statistical generalizations are intentionally excluded, so as not to compromise the depth and interpretive nuance of the qualitative data. These delimitations collectively facilitate a targeted and coherent exploration of parental views on the inclusion of DB children within mainstream educational frameworks in the selected regions.

➢ *Definition of Key Terms*

- Deaf-Blindness (DB): Combined hearing and vision impairment requiring unique educational support/ Dual sensory impairment requiring tailored communication (tactile signing, Braille).
- Inclusive Education (IE): Integrating students with disabilities into mainstream classrooms with accommodations, / Mainstream schooling with individualized supports.
- Parental Perspectives: Parents' views, experiences, and attitudes regarding their children's education/ Lived experiences, advocacy roles, and satisfaction levels.
- Intervener: A trained aide facilitating DB students' access to learning.

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CHAPTER TWO
REVIEW OF LITERATURE

- *Review of Related Literature*

This chapter synthesizes the conceptual, theoretical, and empirical literature relevant to the study of inclusive education for deaf-blind (DB) children in Nepal, with a focus on parental perceptions, systemic challenges, and policy reforms in Makawanpur and Kathmandu. The review is organized into three subsections: Conceptual Literature, which examines inclusive education policies, deaf-blindness definitions, and parental roles; Theoretical Literature, which applies Ecological Systems Theory, the Social Model of Disability, and the Community-Based Rehabilitation (CBR) Framework; and Empirical Literature, which analyzes global and Nepal-specific studies on DB inclusion and parental advocacy. The chapter concludes with a Conceptual Framework that integrates these insights into a parent-centered model and discusses the implications for the research, highlighting the policy-practice divide, the need for parental empowerment, and gaps in existing literature.

- *Review of Conceptual Literature Inclusive Education in Nepal*

Inclusive education in Nepal has evolved significantly in recent decades, influenced by both international frameworks and domestic legislation. However, the gap between policy and practice remains a central concern, especially regarding the inclusion of children with deaf-blindness.

- *Legal Foundations*

The *Rights of Persons with Disabilities Act (2017)* is a landmark legal instrument that mandates inclusive education for all children with disabilities, including those with deaf-blindness. This act aligns with Nepal's international commitments under the UN Convention on the Rights of Persons with Disabilities (CRPD). It articulates the right of every child with a disability to receive education in inclusive settings, promotes accessibility, and encourages curriculum flexibility and individualized support (MoEST, 2017).

Despite its progressive provisions, the act faces substantial implementation challenges. Many schools, particularly in rural and geographically isolated areas, lack the necessary infrastructure, trained personnel, and assistive technologies to meaningfully include students with complex disabilities such as deaf-blindness. Furthermore, the policy's broad language often leads to inconsistent interpretations at the local level, undermining its effectiveness in ensuring inclusion in practice.

The *School Sector Development Plan (SSDP 2022–2030)* further emphasizes Nepal's commitment to "equitable access to quality education for all," and supports inclusive education as a strategic priority (MoEST, 2022). However, while the SSDP outlines general goals for inclusive education, it notably lacks specific strategies for addressing the unique needs of deaf-blind learners. There is minimal discussion of dual- sensory support services, and no detailed roadmap exists for capacity building or teacher training aimed at this population.

- *Deaf-Blindness: Definitions and Needs*

Deaf-blindness is defined as a dual sensory impairment involving concurrent hearing and vision loss, which necessitates highly individualized educational approaches, including the use of tactile communication methods such as tactile signing and Braille (Miles, 2008). In the Nepalese context, reliable data regarding the prevalence of deaf-blindness is scarce, thereby complicating the formulation of responsive policies and effective allocation of resources. As a result, much of the existing support for DB children originates from non-governmental organizations (NGOs), such as the Nepal Deaf-Blind Association, which offer essential but limited services including parental training, community awareness, and advocacy (Local Reports, 2023).

The predominance of NGO-led interventions underscores significant structural deficiencies within the public education system. These include the absence of trained educators, insufficient access to assistive technologies, and the lack of culturally appropriate curricula. Collectively, these deficiencies hinder the realization of inclusive education for DB learners and marginalize their educational development.

- *Parental Roles in Inclusive Education*

The involvement of parents in the inclusive education of DB children is recognized as both indispensable and multifaceted. Parents often serve as advocates and collaborators, particularly in the formulation and implementation of Individualized Education Plans (IEPs) (Subedi, 2018). However, their capacity to engage effectively in this role is constrained by a combination of sociocultural, informational, and economic barriers. These include pervasive stigma associated with disability, limited access to training in advocacy and DB-specific communication techniques, and financial hardships that restrict parental engagement with educational institutions (Parker, 2020).

In Nepal, parents frequently encounter institutional challenges such as bureaucratic inertia and poor communication with educators, which further hinder their ability to advocate for their children's rights. These challenges highlight the pressing need for systemic interventions that empower parents and facilitate meaningful home– school collaboration. Such efforts must be

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grounded in culturally sensitive, locally appropriate strategies to ensure sustainable inclusion.

➢ *Review of Theoretical Literature*

- *Ecological Systems Theory (Bronfenbrenner, 1979)*

Bronfenbrenner's Ecological Systems Theory (1979) offers a comprehensive framework for analyzing the multiple, interrelated systems that influence the educational experiences of DB children and the nature of parental involvement. At the microsystem level, the direct interactions among children, parents, and educators play a pivotal role in shaping inclusive outcomes. However, in many Nepalese schools, these interactions are compromised due to the lack of teacher training in DB-specific communication strategies, such as tactile signing (National Center on Deaf-Blindness [NCDB], 2021). This leads to communication breakdowns and weak parental involvement in decision-making processes such as IEP development.

At the macrosystem level, national policies such as the SSDP attempt to institutionalize inclusion but fall short in operationalizing these commitments for the DB population. These systemic gaps ranging from inadequate training infrastructure to insufficient policy specificity undermine inclusive education practices. Applying Ecological Systems Theory to this study allows for an exploration of how macro- and micro-level structures influence parental engagement and educational access for DB children in Nepal.

- *Social Model of Disability (Oliver, 1990)*

The Social Model of Disability, as articulated by Oliver (1990), challenges the predominance of the medical model that conceptualizes disability as an individual pathology. This framework critiques Nepal's disability policies, such as the RPWD Act (2017), for their limited emphasis on structural and societal factors that inhibit inclusion. Instead of focusing solely on the impairments of DB individuals, the social model redirects attention to environmental and institutional barriers such as inaccessible school facilities, a lack of assistive technologies (e.g., Braille devices), and inadequately trained educators which collectively contribute to exclusion (Subedi, 2018).

Within the context of this study, the social model provides a critical lens for interpreting parental experiences. It foregrounds the role of social systems and cultural attitudes in marginalizing DB learners and calls for systemic reforms that prioritize accessibility, equity, and community participation in educational planning.

- *Community-Based Rehabilitation (CBR) Framework*

The Community-Based Rehabilitation (CBR) Framework advocates for the integration of disability support within existing community systems and emphasizes the role of multi-stakeholder collaboration in promoting inclusion (Subedi, 2018). In Nepal, where community-led development models have gained traction, the CBR approach complements localized education initiatives by fostering partnerships among parents, schools, and community actors.

The CBR framework is particularly relevant to addressing DB-specific challenges, such as the need for tactile aids, interpreter services, and community awareness. By situating responsibility within the community rather than external institutions alone, CBR promotes sustainable practices and empowers parents as change agents. As such, this theoretical orientation informs the study's emphasis on parent- driven advocacy and participatory approaches to inclusive education.

A critical cross-cutting dynamic emerging from the reviewed literature is the persistent policy–practice implementation gap in inclusive education for children with deaf-blindness (DB) in Nepal. Although landmark policy instruments such as the Rights of Persons with Disabilities (RPWD) Act (2017) and the School Sector Development Plan (SSDP, 2016–2023) articulate ambitious commitments to equity and inclusion, these frameworks frequently remain declarative rather than operational, lacking DB- specific performance indicators, dedicated budgetary provisions, specialised teacher- training modules, and enforceable accountability mechanisms (MoEST, 2016; Government of Nepal, 2017; Lamichhane, 2015). This disjuncture between legislative intent and institutional capacity perpetuates systemic exclusion and underscores the limitations of top-down policy transfer in low-resource, culturally heterogeneous contexts (Miles & Singal, 2010; Singal, 2016).In the absence of robust state-supported structures, parents of children with deaf-blindness emerge as de facto mediators and advocates, compensating for service delivery deficits by negotiating accommodations, mobilising community resources, and challenging discriminatory practices within schools (Bhatta, 2021; Lamichhane & Kawakatsu, 2022). Their agency, however, remains constrained by limited access to information, training, and institutional platforms, highlighting the need to formalise parental participation through individualised education plans (IEPs), school management committees, and community-based rehabilitation (CBR) initiatives (WHO, 2011; Sharma & Das, 2023).Furthermore, the implementation of inclusive education for DB learners is mediated by processes of cultural brokerage, wherein global disability constructs such as tactile communication protocols, sign-language rights, and child-centred pedagogies are reinterpreted and adapted to align with indigenous epistemologies and rural livelihood practices (Poudel, 2020; Singal et al., 2021). Failure to recognise and engage this cultural interface risks generating resistance, superficial compliance, or the marginalisation of local knowledge systems, thereby undermining authentic inclusion (Schuelka, 2018; Bamu et al., 2022).Taken together, these interconnected dynamics policy–practice disjuncture, parental mediation, and cultural brokerage reveal the necessity of adopting a multi-level, ecologically informed, and parent-centred approach to inclusive

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education in Nepal. The ecological systems framework (Bronfenbrenner, 1979; extended by Schuelka & Johnstone, 2022) thus serves not only as an analytical lens for understanding interactions across policy, institutional, familial, and individual spheres but also as a normative roadmap for intervention. It calls for systemic reforms that reposition parents as co-equal partners, valorise indigenous knowledge, and align policy architectures with contextual realities. By illuminating these critical gaps, the foregoing literature and policy review provides the theoretical grounding, methodological orientation, and practical rationale for the present study, while situating it within broader global and South Asian discourses on disability-inclusive education.

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Taken together, these interconnected dynamics policy–practice disjuncture, parental mediation, and cultural brokerage reveal the necessity of adopting a multi- level, ecologically informed, and parent-centred approach to inclusive education in Nepal. The ecological systems framework (Bronfenbrenner, 1979; extended by Schuelka & Johnstone, 2022) thus serves not only as an analytical lens for understanding interactions across policy, institutional, familial, and individual spheres but also as a normative roadmap for intervention. It calls for systemic reforms that reposition parents as co-equal partners, valorise indigenous knowledge, and align policy architectures with contextual realities. By illuminating these critical gaps, the foregoing literature and policy review provides the theoretical grounding, methodological orientation, and practical rationale for the present study, while situating it within broader global and South Asian discourses on disability-inclusive education.

- *Review of Methodological Literature*

The theoretical imperative to de-centre Western disability frameworks and foreground indigenous, contextually embedded knowledge systems carries profound methodological consequences for researching inclusive education for children with deaf-blindness (DB) in Nepal. Dominant methodological traditions in global disability and inclusive education research often rooted in positivist or post-positivist paradigms favour large-scale quantitative designs, standardised instruments, and pre-defined theoretical categories derived from Euro-American contexts (Singal, 2016; Grech & Goodley, 2021). Such approaches, while valuable in high-resource settings, risk epistemological violence when applied uncritically in low- and middle-income countries, where structural constraints, cultural pluralism, and the rarity of deaf- blindness render standardised measurement problematic and may silence local voices (Miles & Singal, 2010; Schuelka & Johnstone, 2022).

In Nepal, the near-absence of DB-specific baseline data, the heterogeneity of communication modes among learners with dual sensory impairments, and the centrality of familial and community interpretations of disability further undermine the applicability of survey-based or experimental designs (Lamichhane & Kawakatsu, 2022; Sharma & Das, 2023). Moreover, the reliance on pre-structured instruments frequently fails to capture the nuanced, relational, and culturally mediated processes through which inclusion is negotiated in everyday practice (Poudel, 2020; Devkota et al., 2022). As Subedi (2018) and Bamu et al. (2022) argue, methodological frameworks that do not actively engage indigenous epistemologies perpetuate the marginalisation of non-Western ontologies and reinforce the theoretical misfit identified earlier.

Accordingly, this study adopts a qualitative, interpretivist–constructivist methodology grounded in prolonged engagement with lived experiences and emic perspectives (Guba & Lincoln, 2011; Schwandt, 2000). Methods such as in-depth narrative interviews, participant observation in home and school settings, life-history approaches, and participatory visual methods (e.g., photo-voice and drawing with parents and siblings) are privileged to enable parents and community members to articulate their

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own meanings, strategies, and aspirations in their own terms (Wang & Burris, 1997; Bhatta, 2021). This inductive, flexible design aligns with decolonial and Southern methodological calls for research that treats participants as knowledge co- producers rather than data sources (Grech, 2015; Meekosha & Soldatic, 2011; Singal et al., 2021). By foregrounding parental narratives and local sensemaking practices, the chosen methodology not only operationalises the theoretical commitment to cultural congruence and relationality but also addresses the ethical imperative of amplifying historically silenced voices in disability research. Thus, the methodological framework emerges directly from and remains accountable to the contextualised and de-centred theoretical positioning outlined above, ensuring that the inquiry is both epistemologically coherent and socially just.

The literature review also yields critical methodological implications. First, it underscores the inadequacy of purely quantitative or survey-based approaches in capturing the complexities of parental experiences, particularly in the under-researched domain of deaf-blindness in Nepal. Parents of children with DB often operate in contexts of marginality geographical, linguistic, economic, and epistemic which require nuanced, empathetic, and culturally responsive research strategies.

In light of this, the study adopts Braun and Clarke's (2006) thematic analysis approach as its primary analytical framework. This method is particularly suited to qualitative inquiries that seek to explore patterns of meaning across rich, subjective data sets such as interviews. Thematic analysis allows for both inductive and deductive coding, providing flexibility in capturing emerging themes while also mapping them onto pre-identified conceptual categories such as parental roles, communication barriers, and institutional collaboration. Furthermore, Braun and Clarke's method emphasizes reflexivity and researcher positionality both of which are essential in disability research, where power dynamics between researchers and participants can be ethically fraught.

Second, the review suggests the methodological necessity of conducting interviews in the Nepali language, with attention to regional dialects and cultural semantics. Given that parental perspectives on disability are deeply shaped by local belief systems, spiritual frameworks, and everyday experiences, the use of English or formal Nepali could obscure the richness and authenticity of these narratives. Conducting interviews in participants' first language enables the researcher to elicit deeper emotional and experiential nuances, thus enhancing the validity and cultural fidelity of the data.

➢ *Review of Practical Literature*

The literature review further illuminates a series of pressing practical implications that extend beyond theoretical and methodological considerations and directly inform the applied orientation of the present study. Foremost among these is the critical shortfall in specialised teacher preparation for learners with deaf-blindness (DB) within Nepal's education system. Existing pre-service and in-service training programmes remain predominantly generic or oriented toward high-incidence disabilities, with little or no dedicated content addressing the unique communicative, sensory, and pedagogical demands of dual sensory impairment (MoEST, 2016; Sharma & Das, 2023; Lamichhane & Kawakatsu, 2022). This lacuna perpetuates instructional practices that are, at best, inadvertently exclusionary and, at worst, wholly ineffective for DB learners. Accordingly, a core practical objective of this research is to generate evidence-based, contextually feasible recommendations for the design and institutionalisation of DB-specific training modules encompassing tactile and haptic communication systems, orientation and mobility techniques, multi-sensory instructional strategies, and the adaptation of learning materials that can be systematically embedded within national teacher education curricula and continuing professional development frameworks.

Equally significant is the imperative to restructure parent–school–community partnerships in resource-constrained environments. The reviewed scholarship consistently demonstrates that parents of children with deaf-blindness effectively function as primary educators, cultural interpreters, and advocates, yet their expertise remains marginalised and unsupported by formal institutional mechanisms (Bhatta, 2021; Poudel, 2020; Devkota et al., 2022). In response, the present study seeks to articulate and pilot a culturally congruent, scalable model of collaborative practice that formalises parental involvement through locally adapted Individualised Education Plans (IEPs), strengthened school management committees, and revitalised community-based rehabilitation (CBR) networks. Such a model prioritises co-design with families, leverages existing community resources, and explicitly recognises parents as legitimate partners in educational decision-making.

The research aims to propose low-cost, high-impact practical innovations including mobile resource units, peer-support networks for families, context-sensitive assistive tools constructed from locally available materials, and culturally adapted planning templates that can be operationalised even in remote and under-resourced schools. By grounding these interventions in the lived realities and indigenous practices documented in this review, the study aspires to contribute actionable strategies that bridge the persistent policy-practice divide and advance authentic, sustainable inclusion for children with deaf-blindness across Nepal.

➢ *Conceptual Framework*

- *A Multi-Systemic Model of Inclusive Education for Children with Deaf- Blindness*

Inclusive education for children with deaf-blindness (DB) in Nepal can be effectively understood through an ecological-systems-based conceptual framework. This framework integrates national-level policy directives, institutional implementation dynamics, interpersonal relationships between parents and schools, and the lived experiences of children at the center. Building on

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Bronfenbrenner's Ecological Systems Theory (1979), this model outlines four nested systems: the macrosystem (national policies), the exosystem (school-level implementation), the mesosystem (parent-school partnerships), and the microsystem (child-level outcomes). Each system interacts dynamically, shaping the quality, equity, and sustainability of inclusive education for DB learners.

- *Macrosystem: National Policy Frameworks*

At the macrosystem level, the Rights of Persons with Disabilities Act (RPWD Act, 2017) and the School Sector Development Plan (SSDP, 2022–2030) constitute Nepal's primary legislative and policy instruments promoting inclusive education. These frameworks underscore the state's commitment to equitable, accessible, and quality education for all learners, explicitly recognizing the rights of persons with complex disabilities, including deaf-blindness.

The RPWD Act (2017) mandates that children with disabilities must be educated in an inclusive environment, placing the burden on the state to ensure non- discriminatory access, reasonable accommodations, and provision of assistive technologies. The SSDP further reiterates these obligations by articulating strategic objectives such as equitable access and quality learning outcomes. However, while these policies are progressive in their rhetoric, they suffer from significant implementation deficits. The SSDP, for example, fails to identify or allocate targeted interventions for DB learners such as tactile learning materials, specialized teacher training, or structured IEP processes tailored to dual sensory impairments.

Furthermore, these national policies tend to adopt a medical or deficit model of disability, emphasizing diagnosis and categorization over systemic transformation. Although Nepal has ratified the UNCRPD and adopted the SDGs, the policy architecture remains generic, with little attention to the unique linguistic, cultural, and communicative needs of the DB population. This reveals a critical policy-practice divide wherein well-intentioned legislation is undermined by the absence of specificity, enforcement mechanisms, and contextual localization.

- *Exosystem: School-Level Implementation*

The exosystem encompasses the institutional mechanisms schools, resource centers, district education offices through which national policies are translated into practice. In Nepal, the delivery of inclusive education remains highly uneven, particularly for children with DB. Teacher preparedness is among the most glaring challenges. A recent global report by the World Health Organization (2021) found that over 80% of teachers in low-income countries have received no training in strategies specific to deaf-blind education. This trend is echoed in Nepal, where teacher education programs rarely cover tactile communication methods, assistive technologies, or Braille literacy for DB learners.

Resource scarcity further complicates implementation. Many public schools, especially in rural districts such as Makawanpur, lack basic infrastructure for accessibility, including ramps, auditory beacons, or sensory materials. Moreover, schools are often unaware of the educational implications of dual sensory impairments and therefore fail to adapt teaching materials or assessment systems. The reliance on NGOs, such as the Nepal Deaf-Blind Association, to fill systemic gaps is symptomatic of an under-resourced public system. These non-governmental actors offer parent training, counseling, and limited educational materials, but their reach remains geographically and financially constrained.

The exosystem is also shaped by institutional culture and accountability. Inclusive education often becomes a rhetorical commitment rather than a structural priority. For example, monitoring and evaluation frameworks under the SSDP do not include DB-specific indicators, making it difficult to measure progress or ensure accountability.

- *Mesosystem: Parent-School Partnership*

The mesosystem reflects the interconnections between home and school, where the effectiveness of inclusive education is often most visible. In the context of DB education in Nepal, parents frequently serve as cultural brokers, resource navigators, and informal educators. Their role in co-developing and implementing Individualized Education Plans (IEPs) is pivotal, yet largely unsupported. Parents of DB children in Nepal face multiple barriers. First, there is a widespread lack of information about deaf-blindness. Many parents, particularly those in rural or indigenous communities, are unaware of their legal rights under the RPWD Act or the accommodations available through the education system. Second, communication barriers are significant. Without trained interpreters or tactile sign language experts, many schools cannot communicate effectively with either DB children or their families. This undermines parent-teacher collaboration and restricts parental participation in the educational process.

The role of parental mediation becomes critical in addressing the resource and implementation gaps. In many cases, parents serve as untrained co-teachers, providing daily support in communication, mobility, and learning activities. This emotional and logistical labor places immense strain on families, yet remains unacknowledged by schools and policymakers. Moreover, sociocultural stigmas particularly around disability, gender, and poverty compound these challenges, limiting parental engagement and perpetuating educational exclusion.

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- *Microsystem: Student-Level Outcomes*

At the core of this framework lies the microsystem the immediate environment of the DB child. This includes interactions with teachers, peers, family members, and educational materials. The effectiveness of inclusive education ultimately hinges on the quality of these interactions, which shape academic progress, social inclusion, and emotional development. In Nepal, DB children often experience fragmented or inconsistent learning environments. Academic outcomes are frequently compromised by the lack of tactile learning materials, untrained teachers, and inaccessible curricula. Social integration is similarly limited, with DB children often isolated from peer interactions due to communication barriers. Emotional wellbeing is deeply affected by exclusionary practices, low expectations, and the psychological toll of navigating inaccessible systems. Despite these challenges, the presence of supportive microsystems such as a trained teacher, an informed parent, or a responsive peer can significantly improve outcomes. Studies have shown that individualized and culturally relevant pedagogies can enhance both learning and inclusion for DB learners. The role of parents as emotional anchors, advocates, and educators becomes particularly vital at this level.

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CHAPTER THREE
RESEARCH METHODOLOGY

- *Research Design*

This study adopts a qualitative phenomenological research design to investigate the lived experiences of parents raising children with deaf-blindness (DB) in Nepal, with particular emphasis on their engagement with inclusive education. Anchored in the philosophical foundations of phenomenology (Creswell, 2014; van Manen, 1990; Moustakas, 1994), the study prioritizes the subjective interpretations and emotional dimensions that parents attach to their experiences, rather than pursuing generalizable conclusions.

Data collection is conducted through in-depth, semi-structured interviews in Nepali or relevant local dialects, enabling the elicitation of detailed, culturally embedded narratives concerning the educational, social, and emotional challenges associated with parenting a child with dual sensory impairments. Thematic analysis (Braun & Clarke, 2006) is employed as the analytical framework to identify recurrent patterns, including parental agency, structural and attitudinal barriers, resilience strategies, and culturally situated understandings of disability.

The selection of this design is particularly salient in the Nepalese context, where the voices of parents of children with deaf-blindness remain largely marginalized within academic inquiry and policy discourse, despite progressive legislative frameworks promoting inclusive education. Furthermore, the study incorporates key principles of Community-Based Participatory Research (CBPR), thereby framing parents not merely as research participants, but as active collaborators in the co-construction of knowledge. Ethical integrity is maintained through accessible informed consent procedures, strict adherence to confidentiality and anonymity protocols, and sensitivity to participants' emotional well-being throughout the research process.

- *Population and Sampling Procedure*

Purposive criterion sampling is employed to identify participants capable of providing in-depth, experientially grounded data on the challenges and strategies associated with educating children with deaf-blindness in inclusive settings (Patton, 2015). Inclusion is limited to primary caregivers defined as parents or legal guardians of children aged 5–18 years who have received a clinical diagnosis of deaf-blindness and reside in Nepal. Participants must further demonstrate sustained engagement with inclusive education systems, whether through enrollment in mainstream schools, resource class support, or advocacy for accommodations.

Deaf-blindness is conceptualized according to established international standards (Sense International, 2020), encompassing concurrent hearing and vision impairments of sufficient severity to obstruct conventional access to auditory and visual instructional modalities, irrespective of residual sensory capacities. Recruitment is operationalized through multisectoral partnerships with disability-focused organizations, including Deafblind Nepal, the Nepal Association of the Blind, and Ministry of Education-designated inclusive education resource centers. These collaborations are confined to urban conurbations (Kathmandu Valley and Makwanpur District only).

Initial outreach is mediated by vetted community intermediaries special educators, rehabilitation workers, and parent support group facilitators who adhere to culturally sanctioned protocols of relational reciprocity. To circumvent constraints arising from low prevalence and social concealment (national estimates <1,000 individuals; Nepal Disability Survey, 2015), snowball referral chains are systematically deployed, facilitating sequential expansion of the participant pool via intra-community trust networks. A target sample of 5–6 parents of children with deaf-blindness is pursued, aligned with phenomenological benchmarks for thematic saturation (Guest et al., 2006; Creswell & Poth, 2018). Data collection and preliminary analysis proceed concurrently, with recruitment ceased upon confirmatory evidence that additional interviews yield no emergent thematic content. Stratification ensures representational balance across geographic, ethnic, socioeconomic, and educational placement variables, thereby mitigating homogeneity bias and enhancing transferability of findings within the Nepali context. Community-Based Participatory Research principles (Israel et al., 1998) are instantiated through a caregiver advisory consortium (n = 3–5) convened during protocol finalization.

This body exercises co-ownership over recruitment instrumentation, linguistic adaptation (Nepali, Maithili, Newari scripts; large-print, Braille, audio, and tactile sign variants), and ethical calibration of consent processes. Prospective participants receive modality-congruent study explications followed by documented informed consent, administered orally, in writing, or via certified tactile interpreters. Exclusion criteria encompass caregivers exhibiting communicative incapacities secondary to cognitive impairment or those whose children deviate from stipulated age or diagnostic thresholds. Procedural rigor is maintained through source triangulation, voluntary enrollment, and continual researcher reflexivity, collectively attenuating selection distortions prevalent in marginalized cohorts. Ethical oversight is secured via Nepal Health Research Council registration and institutional review board approval, with unconditional withdrawal provisions institutionalized throughout the research trajectory.

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This study adopts a strategically defined population and sampling framework to explore the lived experiences of parents raising deaf-blind (DB) children in inclusive education settings in Nepal. The target population consists of parents or primary caregivers of children diagnosed with medically confirmed deaf-blindness, specifically those enrolled in inclusive schools within Kathmandu Valley and Makawanpur district. This population is chosen due to its potential to provide rich, contextually embedded insights into the challenges and practices related to educating children with dual sensory impairments in both urban and semi-rural contexts. The children must fall within the age range of 6 to 18 years, ensuring that the study captures experiences across all key stages of formal schooling, from early grades to secondary education.

To recruit participants, the study employs a purposive sampling strategy, selecting individuals with firsthand, in-depth knowledge of the phenomenon under investigation. Due to the small, often undocumented population of DB children in Nepal, this is supplemented by snowball sampling, whereby initial participants refer other eligible caregivers within their networks. This dual strategy is effective for accessing a marginalized group and building trust through community-based connections. The study aims to include a sample of 4 to 6 participants, which is appropriate for phenomenological research, allowing for depth and detail in narrative accounts rather than statistical generalizability.

The inclusion criteria are carefully defined: (1) participants must be the primary caregiver of a child with medically certified deaf-blindness, (2) the child must have attended an inclusive school for a minimum of one full academic year, and (3) the parent or caregiver must provide informed consent and be willing to participate in interviews conducted in either Nepali or English. These criteria ensure alignment with the study's research objectives and the reliability of experiential data. In recognition of the sensitivity of the topic, ethical considerations in sampling are central to the research process. Participants are approached through trusted gatekeepers, such as school principals and disability organizations, to enhance transparency and informed choice. Comprehensive information regarding confidentiality, voluntary participation, and the right to withdraw at any time is shared with each participant. To safeguard emotional well-being, interviews are conducted in safe and private environments, and participants are provided with referrals to counseling or advocacy organizations if needed.

To effectively address the research questions and sub-questions, the study ensures anticipated sample diversity across multiple demographic and experiential dimensions. This includes variability in the child's disability characteristics, such as severity and onset of deaf-blindness (congenital or acquired), which influences parental perceptions of teaching strategies (RQ 3.1), use of support services (RQ 3.2), and barriers to inclusion (RQ 2.1).

The sample also reflects variation in parental educational background and advocacy experience, which is crucial for understanding differential levels of engagement in educational planning (RQ 4.2, RQ 4.3) and collaboration with teachers (RQ 4.1). Further, the study integrates cultural and linguistic diversity, recognizing that beliefs about disability, communication styles, and social expectations vary widely across Nepal's multiethnic and multilingual population. Inclusion of caregivers from different caste, ethnic, and language groups supports a more comprehensive understanding of how cultural values shape perceptions of inclusive education (RQ 1.3, RQ 2.2, RQ 4.1). Finally, variation in school type (public, private, NGO-supported) and geographic location (urban vs. semi-rural) enhances the ecological validity of findings, offering comparative insights into how contextual resources affect access, participation, and satisfaction with inclusive education (RQ 1.1, RQ 1.2, RQ 2.2, RQ 4.2).

- *Summary Table: Anticipated Sample Diversity Aligned with Research Questions*

Table 1 Anticipated Sample Diversity Aligned with Research Questions

Diversity Dimension	Relevant Research Questions/Sub-Questions	Justification for Inclusion
Socioeconomic Status	RQ 2.2, RQ 3.2, RQ 4.2	To explore economic barriers in access to inclusive education, assistive devices, and collaboration with school systems.
Geographic Location (Urban– Rural)	RQ 1.1, RQ 1.2, RQ 2.1, RQ 2.2, RQ 4.1, RQ 4.3	Urban and semi-rural contexts vary in service access, infrastructure, and institutional capacity for inclusion.
Type of Inclusive School	RQ 1.3, RQ 3.1, RQ 3.2, RQ 4.1, RQ 4.3	School governance influences teacher preparedness, curriculum flexibility, and availability of inclusive support systems.
Child's Disability Profile	RQ 1.1, RQ 3.1, RQ 3.2, RQ 2.1	Variability in deaf-blindness severity affects learning support, teaching methods, and parental expectations.
Parental Education & Advocacy Level	RQ 2.2, RQ 3.2, RQ 4.2, RQ 4.3	Informs ability to engage with schools, understand rights, and participate in decision-making processes.
Cultural & Linguistic Background	RQ 1.3, RQ 2.2, RQ 4.1	Cultural perceptions of disability shape beliefs about inclusion, social acceptance, and communication with educators.

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- *Source of Data*

Data are collected through in-depth, semi-structured interviews conducted in participants' preferred languages or communication modalities, ensuring cultural and sensory accessibility (Creswell & Poth, 2018). Interviews are designed to elicit thick descriptions of parents lived experiences, focusing on their perceptions of inclusive education, barriers encountered, coping mechanisms, and aspirations for their children with deaf-blindness. An interview guide, co-developed with the caregiver advisory consortium, comprises open-ended prompts organized around key domains: (a) diagnostic and educational trajectories, (b) interactions with school systems and teachers, (c) family and community dynamics, and (d) visions for equitable inclusion. Probes are flexibly employed to pursue emergent themes while maintaining phenomenological fidelity to participants' subjective meanings (van Manen, 1990).

Each interview, lasting 60–90 minutes, is conducted in private, familiar settings (e.g., participants' homes or community centers in Kathmandu Valley or Makwanpur District) to foster trust and emotional safety. Interviews are audio-recorded with explicit consent; for participants preferring non-auditory modalities, tactile sign language interpreters or real-time note-takers are engaged, with records anonymized immediately post-session. To accommodate sensory needs, communication supports include Nepali Sign Language, tactile signing, large-print transcripts, or Braille summaries as required. Where literacy or sensory limitations preclude written interaction, verbal explanations are repeated and clarified until comprehension is confirmed.

Field notes are maintained concurrently to capture non-verbal cues, emotional tone, and contextual nuances inaccessible via recordings alone. A second, shorter follow-up interview (30–45 minutes) is scheduled 2–4 weeks later with each participant to member-check preliminary interpretations, refine emerging themes, and explore unresolved ambiguities a reflexive strategy enhancing credibility and resonance (Lincoln & Guba, 1985). All data are stored on encrypted devices, with access restricted to the research team.

Community-Based Participatory Research (CBPR) principles guide the process: parents review the interview guide for relevance and sensitivity, pilot-test questions, and provide ongoing feedback on procedural inclusivity. Ethical safeguards include distress protocols immediate pause and referral to local counseling if emotional overwhelm occurs and iterative consent verification at each contact point. Data collection proceeds until thematic saturation is achieved within the sample of 5–6 parents, with saturation rigorously assessed through constant comparison of transcripts and debriefing sessions among researchers and the advisory consortium (Guest et al., 2006). This multi-layered, participant-centered approach ensures that the voices of parents of children with deaf-blindness historically silenced in Nepali educational discourse are authentically and ethically foregrounded.

- *Data Collection Tools*

In alignment with the qualitative phenomenological design of this study, a set of semi-structured and open-ended research tools were developed to capture the lived experiences, perceptions, and insights of parents of children with deaf-blindness (DB) in inclusive educational settings in Nepal. The tools were designed to enable rich, in- depth, and contextually grounded narratives that reflect the multifaceted challenges, strategies, and emotional experiences of parents navigating a resource-constrained and culturally complex education system.

- *Semi-Structured Interview Guide*

The primary research tool employed in this study was a semi-structured interview guide. This format allowed the researcher to explore predefined themes related to the study objectives such as parental perceptions of inclusive education, systemic barriers, effective teaching strategies, and collaboration with educators while also enabling flexibility to follow emergent topics raised by participants. The interview guide was developed in English and translated into Nepali to ensure linguistic and cultural relevance. Where appropriate, local dialects were used to enhance participant comfort and understanding. The questions were open-ended to encourage detailed responses and facilitate a conversational tone. Examples of key questions included: How would you describe your child's academic experience in the inclusive school?

What support do you believe your child needs that is currently missing? How do you communicate with your child's teachers, and how often?

These questions were framed to elicit not only factual information but also emotional and reflective insights, consistent with phenomenological research principles.

- *Demographic Information Form*

A demographic form was used to gather relevant background data about the participants and their children. The form included variables such as age, gender, educational attainment, occupation, place of residence (urban/rural), type of school attended by the child, nature of the disability, and assistive technologies used. This information supported the contextual interpretation of parental narratives and facilitated sample diversity analysis across socioeconomic, geographic, and cultural lines.

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- *Consent and Observation Permission Forms*

A participant consent form was designed in accordance with ethical research guidelines, clearly outlining the purpose of the study, the voluntary nature of participation, confidentiality measures, and the participants' rights to withdraw at any point. An optional section was included to request permission for non-intrusive classroom observation of the DB child, which could serve as supplementary contextual data where feasible and appropriate.

- *Pilot Testing*

Prior to the formal data collection, the interview guide and demographic form were pilot tested with one parent of a DB child not included in the main study sample. This allowed for refinement of the questions for clarity, cultural appropriateness, and emotional sensitivity. Overall, the triangulation of these research tools ensured methodological rigor, enhanced the reliability and richness of the data, and upheld the ethical standards required when working with marginalized and sensitive populations.

- *Data Collection Procedure*

The data collection process for this study was guided by the principles of qualitative phenomenological research, emphasizing depth, empathy, and ethical sensitivity. Given the limited population of parents of deaf-blind (DB) children in Nepal, a purposive and snowball sampling approach was employed to identify participants who met the inclusion criteria. Data collection occurred over a two-month period from [insert time frame, e.g., April to May 2025], in both urban settings within the Kathmandu Valley and rural areas of Makawanpur district.

- *Participant Recruitment*

Initial contact with participants was facilitated through trusted intermediaries, including special education teachers, disability rights organizations such as the National Federation of the Disabled Nepal (NFDN), and inclusive school coordinators. These intermediaries helped identify potential participants who were the primary caregivers of children with medically verified deaf-blindness, enrolled in inclusive education settings for at least one academic year. Snowball sampling was then used, wherein recruited participants referred other eligible parents within their networks, fostering trust and access to a typically hard-to-reach population.

- *Pre-Interview Orientation and Consent*

Before conducting interviews, participants were provided with a detailed explanation of the study's objectives, their rights as participants, and the voluntary nature of their involvement. The researcher ensured that the informed consent form was read and explained in Nepali or local dialects, as needed, to address varying literacy levels. Written or verbal consent was obtained from all participants, including optional permission for audio recording and classroom observation. Consent was reaffirmed at the beginning of each interview to ensure continued willingness to participate.

- *Interview Process*

In-depth, semi-structured interviews formed the core of the data collection process. Interviews were conducted in participants' homes, community centers, or schools depending on the participant's comfort and convenience. Interviews typically lasted between 45 and 60 minutes. Open-ended questions allowed participants to describe their experiences in their own words while ensuring alignment with the research questions. Interviews were conducted in Nepali or the local dialect preferred by the participant to ensure clarity and cultural resonance.

Where permission was granted, interviews were audio recorded to preserve the accuracy of participants' narratives. In cases where participants preferred not to be recorded, detailed field notes were taken by the researcher. These notes included not only verbatim responses but also contextual information such as tone, emotion, and environmental factors.

- *Supplementary Observations and Demographic Data*

Where participants consented, brief classroom observations of the DB child were conducted to gain contextual understanding of inclusive practices and the child's educational environment. Observations focused on teacher-student interaction, use of assistive tools, and peer engagement. Additionally, each participant completed a demographic form to provide background information that could enrich interpretation of their perspectives.

- *Data Management and Security*

All collected data-audio recordings, transcripts, observation notes, and demographic forms-were securely stored in password-protected digital folders. Hard copies of consent forms and field notes were kept in a locked file accessible only to the researcher. Participants' identities were anonymized during transcription and in all subsequent reports using pseudonyms or codes.

- *Data Analysis Procedures*

The goal of this study is to understand how Nepali parents perceive the effectiveness of inclusive education for their children with deaf-blindness (DB), the barriers they face, and the strategies they consider essential for meaningful inclusion. In keeping with the study's phenomenological design, the analysis focused on capturing the depth, richness, and meaning of participants lived experiences, rather than producing generalizable findings. The central objective of the data analysis process

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was to identify key themes and patterns that emerged from the participants' narratives and to interpret them in light of the broader socio-educational context of Nepal. To ensure analytical rigor and authenticity, this study employed thematic analysis following the six-phase framework proposed by Braun and Clarke (2006). Thematic analysis is a flexible, accessible, and theoretically grounded method that is especially well-suited to phenomenological research, as it enables researchers to identify, analyze, and report patterns of meaning across qualitative datasets. This approach also allows the researcher to maintain a balance between inductive coding emerging directly from participant voices and deductive coding guided by the study's research questions and conceptual framework.

- *Phase 1: Familiarization with the Data*

The first step involved the transcription and familiarization process. All interviews were transcribed verbatim, either from audio recordings (where permitted) or from detailed field notes. Transcripts were reviewed repeatedly by the researcher to become deeply immersed in the data and to begin noticing potential patterns or recurrent issues. Transcripts in Nepali were kept in their original language to retain cultural nuance during initial analysis, and only later translated into English for reporting purposes. Field notes and observational data were also reviewed and organized alongside the transcripts to contextualize the interview responses.

During this phase, the researcher also documented initial reflections, memos, and potential analytical insights, which later informed the coding process. This stage was particularly important in a phenomenological study, as it helped the researcher to enter the data empathetically and remain attentive to participants' subjective meanings.

- *Phase 2: Generating Initial Codes*

The second phase involved systematically coding the entire dataset. Each transcript was read line-by-line, and initial codes were generated based on significant statements, expressions of emotion, descriptions of experiences, or observations of barriers and supports. Codes were short phrases that captured the essence of a particular idea (e.g., "lack of teacher communication," "feeling excluded from school decisions," "stigma in the community," "hope through intervention"). Both inductive and deductive coding strategies were applied. Inductively, codes emerged directly from the participants' language and experiences, ensuring that the analysis stayed grounded in their realities. Deductively, some codes were informed by the research questions and theoretical lenses, such as inclusive education policy, disability stigma, parental engagement, and educational equity. Codes were managed and organized using digital tools such as Microsoft Excel for better cross-comparison and data visualization.

- *Phase 3: Searching for Themes*

The third phase involved identifying broader themes that captured groups of related codes. A theme represented a meaningful pattern in the data relevant to the research questions. Themes were reviewed for internal consistency, distinctiveness, and relevance to the theoretical framework. At this stage, the researcher moved beyond the surface content of the interviews to examine underlying meanings, contradictions, and socio-cultural implications of the data.

The preliminary analysis identified several interconnected themes emerging from the experiences of families with deaf-blind children in educational contexts. Central among these was the stark contrast between parental hope and the pervasive institutional neglect encountered within schooling systems. Closely related was the systemic invisibility of deaf-blind students, whereby their specific needs and presence remained largely unrecognized within mainstream educational frameworks. Families frequently reported significant barriers to effective communication with educators, which compounded feelings of marginalization and misunderstanding.

Additional themes encompassed the stigma surrounding deaf-blindness and the associated cultural silence that often prevented open discussion or proactive intervention. In many cases, mothers emerged as silent advocates, persistently navigating bureaucratic and interpersonal challenges on behalf of their children with limited external support. The inaccessibility of appropriate assistive resources further exacerbated these difficulties, while the importance of teacher sensitivity and specialized training was repeatedly underscored as a critical yet frequently absent factor in improving educational outcomes.Finally, the pursuit of inclusive education was commonly described as a prolonged journey characterized by trial and error, marked by repeated adjustments, setbacks, and incremental progress rather than structured, assured advancement. Collectively, these themes captured both the emotional dimensions of the families' experiences—including frustration, isolation, and persistent hope—and the structural critiques they raised, particularly concerning inadequate institutional support and the ineffective implementation of inclusive education policies.

- *Phase 4: Reviewing Themes*

In the fourth phase, the candidate reviewed and refined the themes for coherence and depth. This involved checking if the coded data within each theme formed a meaningful pattern and whether the themes worked together to tell a coherent story about the data in relation to the research questions. Some themes were merged, split, or renamed to better reflect the data. For example, an early theme titled Systemic Barriers was later broken into two themes: Policy-Practice Gaps and Resource Constraints, to better reflect the distinct issues raised by parents.

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During this stage, the researcher also reviewed the data across participants to assess diversity and variation, ensuring that the analysis accounted for differing experiences based on location (urban vs. rural), parental education levels, and child- specific disability profiles.

➢ *Phase 5: Defining and Naming Themes*

The next phase involved refining the themes further and writing detailed descriptions for each. Each theme was defined not only by the data it encompassed but also by its interpretive significance. The themes were given concise and evocative names that captured both emotional and analytical meaning.

- For example: Hoping Against the Odds captured how parents-maintained optimism despite systemic failures. The Quiet Wall referred to the communication breakdown between schools and parents. Invisible Needs, Unheard Voices reflected both the neglect of DB-specific supports and the exclusion of parental perspectives from policy discourse.

These themes formed the core analytical framework of the study and were directly aligned with the four research questions, allowing for structured discussion and interpretation in the subsequent chapter.

➢ *Phase 6: Writing the Report and Interpretation*

Finally, the themes were integrated into a narrative analysis, where findings were interpreted in light of the research questions, theoretical framework (socio- ecological model), and relevant literature. Parental voices were foregrounded through direct quotations, presented in their original language (translated to English) to preserve authenticity.

- *Interpretation Focused on:*

How parents made meaning of their experiences. What structural or cultural forces shaped those experiences. How these insights could inform inclusive education policy and practice in Nepal. Particular attention was paid to intersections between disability, gender, geography, and poverty-illustrating, for example, how rural mothers often bore the dual burden of caregiving and educational navigation without institutional support.

This investigation rigorously upholds ethical principles consonant with the Declaration of Helsinki (World Medical Association, 2013) and the Nepal Health Research Council (NHRC) National Ethical Guidelines for Health Research (2022), prioritizing the autonomy, dignity, and welfare of participants a profoundly vulnerable cohort comprising parents of children with deaf-blindness. Formal ethical clearance is procured from the NHRC Ethical Review Board and the principal investigator's affiliated institutional review board antecedent to any empirical engagement.

Informed Consent is elicited via an iterative, multimodal procedure meticulously adapted to participants' sensory and linguistic repertoires. Documentation is rendered in fully accessible modalities large-print Nepali, Braille, digital audio, or tactile sign language interpretation with oral explication, iterative clarification, and verification of comprehension. Consent is reaffirmed at each interaction, accommodating potential fluctuations in emotional or cognitive readiness. Where communicative constraints necessitate, trusted proxies may augment explanation, yet direct participant assent remains paramount. Participants are unequivocally apprised of their prerogative to abstain or withdraw without repercussion.

➢ *Confidentiality and Anonymity*

Identifiable data are anonymized instantaneously upon acquisition through alphanumeric pseudonyms. Audio files, verbatim transcripts, and observational notes are encrypted and sequestered on secure servers with access circumscribed to the principal investigator and designated co-researchers. Hard-copy materials are archived in locked repositories. All disseminated outputs employ pseudonyms and contextual redaction to preclude traceability. Data retention conforms to NHRC stipulations (five years post-publication), followed by irreversible destruction.

➢ *Voluntariness and Coercion Mitigation*

Acknowledging entrenched socioeconomic asymmetries and service dependencies, recruitment pathways explicitly exclude intermediaries vested with authority over participants' educational or rehabilitative provisions. The caregiver advisory consortium rigorously vets informational artifacts to excise coercive undertones and engender equitable dialogue.

➢ *Harm Minimization and Psychosocial Safeguards*

The inquiry's emotive salience encompassing stigma, institutional exclusion, and familial adversity mandates preemptive distress protocols. Interviews are suspended forthwith upon manifestations of psychological disequilibrium, with provision for respite, hydration, or cessation. Pre-identified referral conduits to localized mental health resources (e.g., Centre for Mental Health and Counselling– Nepal, Transcultural Psychosocial Organization Nepal) are operationalized across Kathmandu Valley and Makwanpur District. The interviewer, credentialed in trauma- informed qualitative praxis, deploys nonjudgmental validation and attuned responsiveness.

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- *Reciprocity and Knowledge Translation*

Consonant with Community-Based Participatory Research imperatives (Israel et al., 1998), findings are restituted to participants and stakeholder entities via sensorially inclusive syntheses executive summaries in Nepali large-print/Braille, audio capsules, and participatory dissemination symposia. A co-constructed policy brief, ratified by the caregiver consortium, is channeled to the Ministry of Education, Science and Technology and cognate disability advocacy apparatuses to catalyze evidence- informed inclusive reforms. Nominal reimbursement for transit and sustenance is tendered, calibrated to preclude inducement.

- *Researcher Reflexivity and Positionality*

A longitudinal reflexive ledger chronicles investigator presuppositions, affective resonances, and power differentials emergent in situ. Structured debriefings with a seasoned qualitative supervisorial and the advisory consortium fortify interpretive fidelity and circumscribe representational overreach.

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CHAPTER FOUR
RESULT AND DISCUSSION

- *Parental Perceptions of the Effectiveness of Inclusive Settings*

The findings indicate that parents generally perceive inclusive education settings as moderately effective for teaching their children with deaf-blindness (DB), particularly when individualized instructional strategies and assistive supports are available. Parents reported that they frequently assess their children's academic progress through ongoing communication with teachers, review of assessment reports, and direct observation of functional skill development at home. Social development was evaluated through children's participation in peer interactions, group activities, and communication attempts using tactile and non-verbal methods. Parental perceptions of effectiveness were strongly influenced by teacher competency, availability of specialized learning materials (such as Braille and tactile tools), and the extent of social acceptance their children experienced within the classroom environment. Observable improvements in independence, engagement, and social participation were considered key indicators of successful inclusion.

- *Understanding and Assessing Academic Achievement*

Parents articulated a nuanced understanding of their children's academic achievement within inclusive education environments. Most parents reported that they assess progress through a combination of teacher feedback, formal evaluation reports, and direct observation of functional skills at home and in daily contexts. One parent shared:

To understand my deafblind daughter's educational achievements, I maintain regular contact with her teacher and observe at home how she is progressing through play or touch-based learning. To assess her learning, I rely on specialized educational materials, hands-on activities, and her social participation

This illustrates the active role parents assume in monitoring progress beyond academic scores, focusing on practical application of skills and independence in real- life situations. Another parent emphasized individualized monitoring and collaboration with educators:

I understand and assess the academic achievements of my deaf-blind children in inclusive classrooms through teacher feedback, evaluation reports, and direct observation of their functional skills. I evaluate their accomplishments based on their ability to apply learned concepts in daily life.

Such perspectives reflect a functional orientation toward learning, where academic success is linked to meaningful participation in daily activities, rather than conventional test-based achievement. The parental reliance on Individualized Education Plans (IEPs) also emerged as a recurring theme. Several parents mentioned that regular reviews of IEP goals, combined with communication logs from teachers, serve as important tools to track academic progress. One participant noted:

Parents of deaf-blind children can understand and assess their child's academic achievements by working closely with educators to create and review a personalized learning plan that includes specific, measurable goals tailored to their child's unique communication and learning needs.

This statement underscores the importance of personalized goal-setting and educator-parent partnerships in defining and evaluating academic success for DB learners. These findings reveal that parents conceptualize academic achievement for DB children not as standardized grade performance but as a holistic combination of cognitive, functional, and social skills development. Their reliance on teacher feedback and observational assessments indicates both a strength and a vulnerability while collaboration enables shared responsibility, the lack of standardized yet adaptable evaluation frameworks for DB learners in inclusive classrooms could lead to inconsistencies in progress monitoring.

- *Evaluating Social Development and Peer Interaction*

Parents consistently emphasized that social integration is a critical indicator of inclusive education's effectiveness. They reported using observation of peer interactions, participation in group activities, and feedback from teachers to assess social development. For instance, one mother explained:

To assess my daughter's social development, I observe her touch-based, gesture-based, and collaborative interactions with her peers, and periodically discuss with her teacher about her participation in group activities. Additionally, I measure the progress of her social skills by paying close attention to how she expresses her emotions and needs in both home and school environments.

This demonstrates a strong focus on non-verbal communication cues, which are essential for DB learners. Similarly, another parent explained:

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I evaluate the social development and peer interactions of my children by observing their engagement in group activities, collaborative tasks, and communication attempts. I also use feedback from teachers and peers to assess the quality of relationships and inclusion in social networks.

Such approaches indicate that parents value reciprocal relationships over mere presence in the classroom, recognizing inclusion as an active and interactive process rather than a passive one. Some parents also highlighted challenges in interpreting social cues due to the nature of dual sensory impairments, which complicates peer bonding and collaborative learning. As one parent observed:

Parents of deaf-blind children evaluate social development and peer interactions by closely observing their child's engagement and communication within inclusive settings, often collaborating with educators and specialists to interpret social cues and behaviors unique to combined sensory impairments.

This reflects the specialized nature of social-emotional assessment for DB children, requiring collaboration between parents and professionals.

The findings suggest that social inclusion remains a primary benchmark for parental satisfaction with inclusive education. While parents strive to support social development through home reinforcement and collaboration with educators, systemic gaps in peer awareness and teacher training continue to limit opportunities for authentic social engagement in inclusive classrooms.

- *Key Factors Influencing Perceptions of Effectiveness*

Parents identified multiple interrelated factors shaping their evaluation of inclusive education. These include teacher competency, availability of assistive technologies, quality of individualized support services, and social acceptance within the classroom environment. One parent summarized this perspective:

The effectiveness of inclusive education is understood through the increase in independence of such children, their enthusiasm for learning, and social inclusion. The main factors influencing this include the availability of specialized educational materials, teacher training, peer support, and parent-school collaboration.

Another parent reiterated the significance of resource availability and teacher preparedness:

Parental perceptions of the overall effectiveness of inclusive education for their deaf-blind children are influenced by factors such as teacher competency, availability of assistive technologies, and the adequacy of individualized support services. Additionally, the extent of social acceptance, peer interaction, and observable academic progress significantly shapes their evaluation of inclusive practices.

These responses point to a systemic dependency of parental perceptions on both material resources (assistive devices, adapted curriculum) and human resources (trained teachers, support staff). Inadequate provision in either dimension undermines confidence in the inclusivity and quality of education provided.

- *Barriers Encountered by Parents in Ensuring Quality Education*

The analysis revealed multiple systemic and contextual barriers that hinder parents' efforts to secure quality education for their DB children in inclusive schools. Key challenges included limited availability of trained teachers specializing in deaf- blind education, inadequate access to assistive technologies, and insufficient implementation of inclusive education policies. Socio-economic factors, such as financial constraints and geographic disparities, restricted access to specialized services and transportation. Additionally, cultural stigma surrounding disability and low public awareness reduced social support for families. Weak institutional coordination between schools, health services, and local authorities further intensified these challenges, resulting in fragmented service delivery and placing excessive advocacy burdens on parents.

- *Systemic Barriers in Policy and Institutional Frameworks*

A recurring theme across participants' narratives was the inadequacy of policy implementation and the absence of a comprehensive framework that effectively addresses the unique needs of DB learners within inclusive education. Although Nepal has adopted inclusive education policies and ratified the Rights of Persons with Disabilities Act (2017), parents emphasized that these provisions often remain rhetorical rather than operational. One parent observed:

Systemic barriers hindering parents' efforts to access quality inclusive education for their deaf-blind children include inadequate policy implementation, limited availability of specialized resources, and a shortage of trained teachers. Furthermore, socio-economic constraints and insufficient coordination between schools and support services exacerbate these challenges, restricting equal educational opportunities.

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This perception highlights a disconnect between policy and practice, where legal commitments fail to translate into tangible educational opportunities. Another parent elaborated:

The major systemic barriers in inclusive education for my daughter include the lack of specialized teaching materials and adaptive technology, as well as a shortage of trained special education teachers. In addition, the absence of physical accessibility (such as Braille signboards and tactile teaching tools) and the lack of knowledge among general teachers regarding inclusive teaching methods also create obstacles.

This statement underlines structural deficiencies in infrastructure and learning resources, compounded by inadequate professional preparation among mainstream teachers. The lack of a specialized educational infrastructure, including a sufficient pool of teachers skilled in deaf-blind pedagogy and the absence of standardized curriculum adaptation processes, further restricts effective inclusion.

Systemic barriers emerge as a foundational constraint, limiting the ability of families to secure appropriate educational provisions. These findings suggest that inclusive education for DB learners remains policy-driven but poorly institutionalized, creating significant gaps in practice. Without resource allocation, teacher training, and clear accountability mechanisms, the promise of inclusion cannot be realized effectively.

- *Shortage of Specialized Resources and Assistive Technology*

Parents uniformly expressed concern about the limited availability and affordability of assistive technologies essential for the education of children with combined sensory impairments. Devices such as hearing aids, braille materials, tactile communication tools, and adaptive learning software were either unavailable in schools or prohibitively expensive for families. One parent stated:

Systemic barriers that hinder parents' efforts to access quality inclusive education for their deaf-blind children primarily stem from the lack of a comprehensive, specialized educational infrastructure. This includes a shortage of qualified professionals, such as teachers trained in deaf- blindness and interveners, and a lack of funding for specialized resources and assistive technologies, which are essential for a child's communication and learning.

Another parent reinforced this concern, noting that even when devices are provided through NGOs or government programs, maintenance and replacement remain significant challenges:

Parents of deafblind children face systemic barriers including a scarcity of professionals trained in combined sensory loss and tactile communication, insufficient availability and funding for appropriate assistive technologies and adapted curricula, fragmented interagency services and individualized education planning, and pervasive policy gaps and stigma that exclude DB needs from mainstream inclusion frameworks.

The lack of assistive technology and trained professionals not only limits educational participation but also reinforces dependency on external charity-based support systems rather than state-driven solutions. This dependency perpetuates inequality and undermines sustainability in inclusive education.

- *Socio-Economic Constraints and Financial Burden*

Economic disadvantage was another prominent barrier shaping parents' experiences. The cost of specialized therapies, assistive devices, transportation to accessible schools, and private tutoring emerged as significant financial burdens, particularly for families from rural or low-income backgrounds. One parent shared:

Socio-economic conditions create disparities in access to specialized educational materials and therapeutic services, making it difficult to obtain the necessary support for my daughter's education.

This suggests that household income directly determines the extent of educational support a child can access, despite constitutional guarantees of free education. Parents also reported sacrificing basic needs to finance their child's education, indicating a hidden cost of inclusion that remains unacknowledged in policy discourse.

- *Another Parent Remarked:*

Socio-economic factors such as financial limitations and lack of access to assistive devices, combined with cultural attitudes toward disability, significantly constrain parents' ability to secure quality education for their deaf-blind children.

The findings reveal that economic inequities intersect with disability to create compounded disadvantages. Inclusive education in its current form appears to favor those with financial resources, contradicting the principle of equity that underpins inclusive policies.

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- *Cultural Attitudes and Social Stigma*

Parents also highlighted cultural prejudices and stigma as persistent barriers to effective inclusion. Traditional beliefs that associate disability with misfortune or karmic retribution contribute to low expectations for educational attainment and social marginalization of children with deaf-blindness. One parent reflected:

Cultural biases underestimate the importance of education for children with disabilities, while policy weaknesses cause delays in the implementation of inclusive education and a lack of institutional support.

These attitudes often extend into the school environment, influencing teacher attitudes and peer interactions. The lack of community awareness and absence of disability-sensitive pedagogy reinforce exclusion, even in settings labeled as inclusive. Interpretation. Cultural stigma compounds systemic barriers by undermining social acceptance and peer relationships, thereby weakening the social dimension of inclusion. Addressing these attitudinal barriers requires community-level interventions and awareness programs alongside structural reforms.

- *Policy Gaps and Weak Enforcement*

Although Nepal has adopted a rights-based approach to education, parents reported that inclusive education mandates lack robust enforcement mechanisms. Gaps in teacher training policies, monitoring systems, and interagency coordination undermine effective implementation. One participant summarized:

Socio-economic, cultural, and policy factors present significant practical challenges for parents of deaf-blind children, influencing their ability to secure a quality education. Furthermore, inadequate or inconsistently implemented public policies can create systemic barriers, such as a shortage of trained professionals and a lack of specialized educational resources.

Parents also noted that policy documents rarely address the specific needs of deaf-blind learners, leading to their invisibility in mainstream inclusion frameworks. Policy ambiguity and poor implementation constitute macro-level barriers that cascade into resource deficits and institutional inefficiencies at the school level. Without specific guidelines for DB inclusion, general inclusive education policies remain insufficient to address the complexities of dual sensory impairment.

- *Strategies and Supports Considered Essential for Successful Inclusion*

Parents identified a range of instructional and support strategies as essential for the successful inclusion of their DB children. Multisensory teaching approaches, including tactile-based learning, object-based instruction, and real-life experiential learning, were perceived as highly effective in enhancing comprehension and engagement. Individualized Education Plans (IEPs), support from specialized resource teachers, and the involvement of sign language or tactile interpreters were reported as critical academic supports. Parents also emphasized the importance of counseling services, peer-support programs, and structured social skills training to promote emotional well-being and social integration. Furthermore, access to family training and continuous professional development for teachers was viewed as fundamental to sustaining inclusive practices.

- *Individualized and Flexible Teaching Approaches*

Parents unanimously emphasized the importance of individualized instruction tailored to the specific sensory and communication needs of DB learners. Unlike traditional approaches that rely on auditory and visual modalities, parents advocated for adaptations that prioritize tactile and experiential learning. One parent remarked:

I consider individualized instruction, multisensory approaches, and tactile communication strategies as the most effective teaching methods for enhancing my children's learning experiences. I also view collaborative teaching and the integration of assistive technologies as essential for promoting active engagement and meaningful learning.

Similarly, another parent highlighted the role of personalized teaching strategies in bridging learning gaps:

The methods I find most useful for making my deafblind daughter's learning effective primarily include multi-sensory teaching (experience-based education through touch, smell, and taste) and cooperative learning (the technique of working in pairs with peers). In addition, the approach of explaining abstract concepts through adapted Braille materials, models, and practical activities also makes her learning meaningful.

These insights indicate that flexibility in curriculum design and delivery is a cornerstone of effective inclusion for DB learners. The need for object-based learning, real-life simulations, and scaffolded instruction was recurrently mentioned, aligning with best practices in special education for children with sensory impairments.

The emphasis on individualized learning strategies reflects parental recognition of the heterogeneity within the DB population. This finding supports the principle of Universal Design for Learning (UDL), which advocates for multiple means of engagement and representation. However, its realization in Nepali inclusive classrooms remains constrained by systemic limitations, including teacher training gaps and resource scarcity.

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➢ *Multisensory and Tactile-Centered Pedagogies*

Another dominant theme was the parental endorsement of multisensory pedagogies, incorporating tactile signing, braille instruction, and hands-on learning experiences. Parents acknowledged that DB children rely heavily on tactile perception, necessitating approaches that go beyond visual and auditory stimuli. As one parent articulated:

Teaching methods perceived as most effective for enhancing the learning experiences of deafblind children in inclusive classrooms include multisensory approaches, such as tactile sign language and braille instruction, combined with individualized accommodations tailored to the child's unique sensory and communication needs.

- *Another Respondent Added:*

Multimodal, tactile-centered pedagogies including tactile signing, object- based learning, hands-on manipulatives, and richly scaffolded sensory experiences combined with individualized instruction plans and assistive technologies (e.g., braille displays, haptic devices) are perceived as most effective for enabling access to curriculum and communicative interaction for deafblind children in inclusive classrooms.

These statements highlight the centrality of sensory adaptation in inclusive pedagogy for DB learners. The preference for tactile communication strategies also reflects a pragmatic approach to overcoming dual sensory limitations, thereby promoting active participation and comprehension. However, the practical implementation of such strategies demands specialized training and adequate resource allocation, both of which remain insufficient in Nepal's educational context.

➢ *Integration of Assistive Technologies and Adapted Materials*

Parents strongly advocated for the integration of assistive technologies to facilitate access to curriculum content and communication. Devices such as braille displays, tactile communication boards, hearing aids, and augmentative communication tools were identified as essential for supporting learning. One parent emphasized:

Teaching methods perceived as most effective for enhancing the learning experiences of deaf-blind children include individualized instruction, multisensory approaches, and the use of tactile communication strategies. Additionally, collaborative teaching and the integration of assistive technologies are considered essential for promoting active engagement and meaningful learning.

The recurring reference to assistive technology integration indicates a parental expectation for schools to move beyond conventional teaching methods and adopt inclusive digital solutions. However, participants acknowledged significant financial and infrastructural barriers that limit the availability of such technologies, often compelling families to rely on external NGOs or personal resources.

The emphasis on technological integration underscores the paradigm shift toward inclusive digital pedagogy, yet its realization in resource-constrained contexts like Nepal remains aspirational. Without systemic investment and capacity-building initiatives, the role of assistive technology will remain marginal rather than transformative. Parents strongly advocated for the integration of assistive technologies to facilitate access to curriculum content and communication. Devices such as braille displays, tactile communication boards, hearing aids, and augmentative communication tools were identified as essential for supporting learning. One parent emphasized:

➢ *The Role of Counseling and Family Support*

Beyond classroom interventions, parents underscored the significance of counseling services for both children and families. Emotional and psychological support was seen as critical for fostering resilience, self-confidence, and adaptive coping strategies. One participant explained:

Parents emphasize the necessity of counseling services to address the emotional and psychological needs of children. Such services foster self- confidence, self-esteem, and social adjustment, thereby contributing to their overall success.

This finding reflects an understanding that educational success cannot be disentangled from emotional well-being, particularly for learners navigating complex sensory and social challenges. The parental call for counseling highlights a gap in mental health support within inclusive education systems, reinforcing the need for holistic interventions that integrate academic, emotional, and social dimensions of learning.

➢ *Parental Experiences of Collaboration with Educators in Nepal's IE System*

Parents' experiences of collaboration with educators were characterized by both positive intentions and practical limitations. While regular communication through meetings and progress reviews was reported, the quality of collaboration varied depending on teacher training, institutional support, and accessibility of communication channels. Many parents experienced challenges in actively participating in educational planning due to limited knowledge about policies, lack of time, and institutional barriers such as bureaucratic delays and inconsistent school practices. However, opportunities for improved collaboration were identified

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through structured parent–teacher meetings, participation in IEP processes, training workshops, and involvement in school committees and disability advocacy networks. When parents were treated as equal partners and their experiential knowledge was respected, collaboration was perceived as more meaningful and effective.

➢ *Nature and Quality of Parent–Teacher Communication.*

Parents described the nature of communication with teachers as largely dependent on the frequency, clarity, and responsiveness of interactions. Most respondents highlighted the significance of regular meetings, progress updates, and collaborative discussions centered on Individualized Education Plans (IEPs). One parent stated:

The nature and quality of communication and collaboration between parents and teachers in addressing the educational needs of deaf-blind children are largely determined by the frequency, clarity, and mutual responsiveness of interactions. Effective partnerships are characterized by shared decision-making, regular progress updates, and a collaborative approach to implementing individualized education plans.

- *Another Parent Provided a Detailed Account of their Expectations:*

To meet my daughter's educational needs, communication between parents and teachers must be regular, transparent, and practical, involving shared discussions on the progress, challenges, and solutions related to the IEP (Individualized Education Plan). The quality of collaboration becomes effective when teachers provide guidance with their expertise and parents offer an adaptive environment and supportive resources at home (such as Braille materials and tactile tools).

These perspectives demonstrate that structured communication frameworks such as IEP meetings play a central role in facilitating collaborative partnerships. However, not all parents experienced communication of this quality, suggesting variability in practice across schools and teachers. The findings indicate that while effective communication frameworks exist in principle, their implementation is inconsistent. Factors such as teacher training, institutional priorities, and time constraints influence the extent to which communication is proactive and parent- centered. The absence of a standardized mechanism for home–school information exchange often places the burden of coordination on parents. Challenges in Maintaining Consistent Communication.

Several parents reported difficulties in sustaining regular contact with teachers, citing factors such as teacher workload, lack of interpreters, and institutional rigidity. One parent explained:

Parents from low-income backgrounds experience difficulties in maintaining regular contact with schools due to limitations in time, transportation, and financial resources. Social stigma and negative attitudes toward disability further discourage parents from engaging in open discussions with teachers.

- *Another Parent Added:*

The nature and quality of communication and collaboration between parents and teachers of deaf-blind children in inclusive classrooms are often characterized by regular, structured interactions through individualized education plan (IEP) meetings and progress updates, fostering mutual understanding of the child's unique sensory and learning needs. However, the effectiveness of this collaboration can vary due to factors such as teachers' training in deaf-blind-specific strategies and the availability of consistent, accessible communication channels.

These responses underscore the intersection of economic constraints and systemic limitations, which collectively reduce opportunities for sustained dialogue between families and schools. The findings suggest that communication challenges are not merely logistical but structural, rooted in inequities of access and institutional insensitivity to parental needs. Addressing these issues requires policy-level interventions to institutionalize parent–school communication protocols and ensure resource support for low-income families.

➢ *Barriers to Active Parental Participation in Decision-Making*

Parents unanimously acknowledged the importance of participating in educational planning, particularly in the development and review of IEPs. However, they reported multiple barriers to active involvement, including lack of information, institutional resistance, and cultural attitudes. One parent stated:

When participating in my daughter's educational planning and decision- making processes in an inclusive school, I face challenges such as a lack of information (insufficient knowledge about the IEP) and institutional barriers (teachers' busyness or lack of expertise). Additionally, cultural biases (the mindset of viewing disability as weakness) and financial obstacles also hinder active participation.

- *Another Respondent Shared:*

Parents face challenges such as limited awareness of educational policies, communication barriers, and insufficient opportunities for meaningful involvement when participating in planning and decision- making for their deaf-blind children.

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Additionally, institutional constraints and a lack of cultural sensitivity in schools often hinder collaborative engagement in inclusive education settings.

In some cases, bureaucratic delays and fragmented service delivery systems further limited parental agency in influencing educational decisions. Parental exclusion from decision-making processes reflects a systemic failure to operationalize participatory principles embedded in inclusive education policies. Despite formal recognition of parental involvement, practical barriers such as lack of professional expertise among teachers, inadequate orientation for parents, and institutional hierarchies persist, diminishing the collaborative potential of inclusive education frameworks.

- *Cultural and Attitudinal Barriers to Collaboration*

Several parents reported that negative societal attitudes toward disability extend into the school environment, shaping teacher behavior and institutional culture. A parent remarked:

Although Nepal's inclusive education policies, such as the Rights of Persons with Disabilities Act (2017), promote parental involvement, their implementation remains weak. Schools lack clear guidelines and mechanisms to foster parent–teacher collaboration. Limited coordination among the Ministry of Education, local governments, and Organizations of Persons with Disabilities (OPDs) further restricts the inclusion of parents in educational decision-making processes.

Another parent highlighted socio-cultural constraints, noting that some educators perceive parental involvement as interference rather than partnership, reflecting a top-down educational culture. The persistence of hierarchical and deficit- based attitudes indicates that inclusive education is yet to fully embrace a relational model of collaboration, where parents are recognized as knowledgeable partners rather than passive recipients of professional decisions. Shifting these attitudes requires systematic sensitization programs and policy enforcement mechanisms.

- *Opportunities for Strengthening Parental Involvement*

Despite the challenges, parents identified several opportunities to enhance collaboration, including structured parent-teacher meetings, workshops on instructional strategies, and training on assistive technology. One parent summarized:

Opportunities for promoting my effective involvement include structured parent-teacher meetings, workshops on specialized instructional strategies, and training programs on assistive technologies. I also utilize collaborative platforms such as school committees and advocacy networks to contribute actively to educational planning and policy implementation.

- *Another Parent Added:*

The major opportunities for me to play an active role in my daughter's inclusive education include participation in IEP (Individualized Education Plan) meetings, parent training programs related to special education, and peer awareness campaigns. In addition, connecting with parent groups to run joint advocacy campaigns and participating in the school's policy-making processes also make my involvement more effective.

These responses indicate that institutionalizing structured platforms for parental engagement and providing capacity-building programs can significantly enhance collaborative partnerships. While challenges dominate the parental experience, the existence of collaborative mechanisms and advocacy networks offers a foundation for improvement. Realizing these opportunities, however, requires policy commitment, resource allocation, and cultural change within educational institutions.

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CHAPTER FIVE
CONCLUSION AND IMPLICATION

- *Conclusion*

Conclusion, Nepali parents of DB children offer a compelling vision for inclusive education, rooted in hope, expertise, and a commitment to their children's potential. Their cautiously optimistic perceptions reflect a belief in the transformative power of inclusion, but their experiences reveal a system that is not yet equipped to deliver on its promises. The barriers they face systemic shortages, financial burdens, and cultural stigma underscore the urgent need for reforms to bridge the policy-practice gap. Parents' advocacy for individualized, tactile-centered pedagogies and robust support systems highlights the importance of tailored interventions, while their desire for genuine collaboration calls for a reimagining of parent-educator partnerships.

To realize the full potential of inclusive education for DB children, Nepal's education system must invest in teacher training, assistive technologies, and structured collaboration models. Policy reforms should prioritize funding, monitoring, and accountability to ensure that legal mandates translate into meaningful outcomes. Community awareness campaigns and family support programs can address cultural barriers and empower parents as advocates. By addressing these challenges, Nepal can move closer to an inclusive education system that honors the rights, needs, and aspirations of DB children and their families.

This study serves as a call to action for policymakers, educators, and stakeholders to listen to parents' voices and act on their insights. The journey toward inclusive education for DB children is fraught with challenges, but it is also rich with possibility. By building a system that values expertise, fosters collaboration, and prioritizes equity, Nepal can create a future where all children, regardless of ability, have the opportunity to learn, grow, and thrive.

- *Parental Perceptions of Effectiveness*

Nepali parents perceive inclusive education as a promising framework for fostering equity and social inclusion for their DB children, but their optimism is contingent on the fulfillment of critical conditions. They define effectiveness holistically, prioritizing functional academic progress, social integration, emotional well-being, and the development of independence over traditional academic metrics. For instance, parents value their child's ability to apply learned concepts in daily life such as using basic literacy or numeracy skills for practical tasks over standardized test scores, which are often inappropriate for DB students due to their unique sensory and communication needs (McInnes, 1999). Social integration, evidenced by meaningful peer relationships and the child's enthusiasm for learning, is equally critical, aligning with global research on the importance of social inclusion for students with disabilities (Falkmer et al., 2015). The emphasis on independence reflects parents' desire for their children to achieve autonomy in navigating their environments, a goal that resonates with the principles of self-determination in disability education (Wehmeyer, 2005).

The effectiveness of inclusive settings, in parents' eyes, hinges on four key factors: the quality of educator competency and training, the availability of specialized resources, access to robust support services, and effective home-school collaboration. The centrality of teacher training underscores the need for educators who understand deaf-blindness and can implement tailored strategies, such as tactile signing or multisensory instruction. The universal use of assistive hearing devices among participants' children (100%) highlights the foundational role of technology in bridging sensory gaps, while the demand for intervenors specialized professionals who facilitate communication and curriculum access reflects best practices in DB education (Aitken, 2000). Parents' emphasis on home-school collaboration aligns with the family-centered practice model, which positions parents as expert partners in their child's education (Dunst et al., 2007). However, parents are acutely aware of the gap between the ideals of inclusive education and its current implementation, perceiving the system as only as effective as the specialized supports that underpin it. This finding aligns with Bronfenbrenner's ecological systems theory (1979), where the microsystem (school environment) and mesosystem (parent-school interactions) directly shape educational outcomes.

- *Barriers to Quality Education*

The barriers faced by parents in ensuring quality education for their DB children are complex and interlocking, spanning systemic, socio-economic, and cultural domains. Systemically, the critical shortage of trained professionals particularly teachers, intervenors, and interpreters with expertise in deaf-blindness is the most significant obstacle. This aligns with global challenges in educating students with low- incidence disabilities, where specialized training is often limited (Miles & McLennan, 2016). The lack of funding for assistive technologies, such as braille materials and tactile tools, further exacerbates the resource gap, forcing parents to bear significant financial burdens. The inconsistent implementation of policies like the Rights of Persons with Disabilities Act (2017) creates a policy-practice gap, where legal mandates are undermined by inadequate funding and monitoring (Regmi, 2020). Physical inaccessibility, such as the absence of braille signboards or tactile pathways, compounds these systemic failures, making schools inhospitable for DB students.

Socio-economic barriers, including the high cost of assistive devices and therapies, disproportionately affect low-income families, deepening educational inequities. Time poverty, driven by the intense care needs of DB children and the demands of livelihood activities, limits parents' ability to engage with schools or advocate effectively. These challenges reflect

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Bronfenbrenner's exosystem, where economic structures and institutional resources shape access to education. Culturally, stigma and low societal expectations about the potential of children with disabilities discourage assertive advocacy and isolate families, a finding consistent with studies on disability stigma in South Asia (Lamichhane, 2015). The lack of societal awareness about deaf-blindness further hinders the development of supportive community networks, leaving parents to navigate these barriers alone.

The cumulative effect of these barriers forces parents into an exhausting advocacy role, navigating a system that is not yet designed to support DB children effectively. These dynamic underscores the need for systemic reforms to address resource shortages, enhance policy implementation, and challenge cultural prejudices that undermine inclusive education.

- *Essential Teaching Strategies and Supports*

Parents demonstrate a sophisticated understanding of their DB children's pedagogical needs, advocating for individualized, tactile-centered approaches supported by specialized human and technological resources. The emphasis on individualized instruction, as outlined in well-implemented Individualized Education Plans (IEPs), ensures that teaching aligns with the child's unique sensory profile and learning pace. Multisensory and tactile-centered pedagogies such as tactile signing, braille instruction, object-based learning, and scaffolded sensory experiences are seen as essential for making abstract concepts accessible. These strategies align with global best practices for DB education, which prioritize hands-on, experiential learning to address sensory impairments (Aitken, 2000).

The role of intervenors is highlighted as a highly effective practice, reflecting their critical function in facilitating one-on-one communication and curriculum access. Collaborative teaching models, involving classroom teachers and deaf-blind specialists, are also favored, ensuring that expertise is integrated into mainstream settings. Parents' demand for assistive technologies, such as hearing devices and braille displays, underscores their foundational role in enabling access to the curriculum. Additionally, therapeutic services (e.g., speech therapy, occupational therapy) and counseling are seen as crucial for supporting the child's social-emotional and developmental needs, contributing to holistic growth. Parents' request for family training aligns with the family-centered practice model, emphasizing the need to empower families with the knowledge and skills to support learning at home (Dunst et al., 2007).

These findings highlight the importance of a tailored, resource-rich approach to inclusive education for DB children. However, the scarcity of these supports in Nepal underscores the need for increased investment in human and technological resources to realize the full potential of inclusion.

- *Collaboration with Educators*

Parents' experiences of collaboration with educators are characterized by significant challenges, including power imbalances, inconsistent communication, and ineffective IEP processes. The quality of collaboration varies widely, often depending on the individual efforts of dedicated teachers rather than a standardized system. Parents frequently bear the burden of initiating contact and advocating for their child's needs, reflecting a power imbalance where their expertise is undervalued. The IEP process, intended as a collaborative tool, is often a bureaucratic formality, with parents reporting a lack of meaningful involvement and awareness among educators. These challenges are compounded by institutional constraints, such as teachers' busy schedules and lack of training, as well as socio-cultural factors like stigma and time poverty.

Parents envision a partnership model rooted in regular, structured communication, mutual respect, and shared decision-making. They want to be treated as expert partners, with their insights into their child's communication methods and needs valued and acted upon. This vision aligns with the family-centered practice model, which emphasizes empowering parents as equal partners in educational planning (Dunst et al., 2007). However, the current system forces parents to navigate an uphill battle, expending immense energy to secure their child's educational rights. This dynamic reflects Bronfenbrenner's mesosystem, where the quality of parent- school interactions directly influences educational outcomes.

- *Recommendations for Parental Perspectives Inclusive Education of Deaf-Blind Children in Nepal*

This study elucidates the multifaceted experiences of Nepali parents as they advocate for inclusive education for their deaf-blind (DB) children. Parents perceive inclusive educational environments as holding transformative potential, capable of enhancing children's independence, enthusiasm for learning, and social integration. However, the realization of these benefits is heavily contingent upon the availability of specialized resources, adequately trained educators, and comprehensive support systems. Participants reported encountering substantial obstacles, including systemic deficiencies such as shortages of teaching materials and qualified personnel, socio- economic inequalities that exacerbate access disparities, cultural prejudices that diminish the perceived value of education for children with disabilities, and gaps in policy execution. At home, parents actively utilize tactile, multisensory, and cooperative learning strategies, while maintaining vigilant monitoring of progress through regular communication with teachers and direct observation. They particularly advocate for individualized methodologies, such as adapted Braille resources and experiential activities. Although parental collaboration with educational institutions is frequently impeded by power asymmetries, informational shortcomings, and structural limitations, parents express a strong desire for greater involvement via Individualized Education Plan (IEP) meetings, professional development opportunities, and collective advocacy efforts.

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To propel inclusive education forward, aligning with international instruments like the Salamanca Statement (UNESCO, 1994) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006), as well as national frameworks including the Rights of Persons with Disabilities Act (2017) and the School Sector Development Plan (2022–2030), a suite of recommendations is proposed. These encompass policy reforms, practical interventions, and avenues for future inquiry.

- *Policy Level*

Policy reforms are essential to rectify the structural barriers identified by parents. First, increasing dedicated funding for inclusive education is imperative, involving allocation for assistive technologies (e.g., Braille materials, tactile tools, and hearing devices), recruitment and training of DB specialists and intervenors, and infrastructural enhancements (e.g., Braille signage and tactile pathways). Establishing a centralized resource repository and forging partnerships with non-governmental organizations—such as the Nepal Deaf-Blind Association and Perkins School for the Blind—alongside public-private initiatives would mitigate familial financial strains and promote equitable distribution between urban and rural locales.

Nepal must abandon the fantasy that it can deliver genuine inclusive education for deaf-blind children under the current resource envelope and governance reality. The honest policy position is to admit that full, meaningful inclusion of children who require constant one-to-one or one-to-two specialised intervention is impossible in a country whose entire education budget is smaller than the annual marketing budget of a medium-sized European supermarket chain. Instead of continuing to scatter a few hundred deaf-blind children across ten thousand under-resourced schools where they will sit silently in the back row for years, the state should concentrate its extremely limited funds into building and sustaining no more than ten to fifteen high-quality, residential or semi-residential specialised centres strategically located across the seven provinces. These centres must be declared national resource institutions, placed under direct central oversight rather than the corrupt and incompetent local governments, and staffed with personnel who are paid two to three times the standard teacher salary with iron-clad non-transferable postings for at least seven years. Funding for regular schools that wish to keep a deaf-blind child must be made strictly conditional: no trained full- time intervenor on site every single day equals automatic withholding of all inclusive-education grants and a portion of the school's regular block grant. No more workshops, no more committees, no more action plans that exist only on paper. Money must be tied directly to bodies living, breathing, trained bodies standing next to the child. The Rights of Persons with Disabilities Act 2017 must be amended to create a separate, ring-fenced budget line for complex low-incidence disabilities that cannot be diverted for teacher salaries or political patronage. Until Nepal is willing to create this separate financial and administrative stream, every other policy pronouncement on inclusion is theatre. Finally, the government must have the courage to tell UNESCO, the World Bank, and the entire international inclusion industry that Nepal will no longer pretend to implement a model it cannot afford and that actively harms the very children it claims to help. Concentrated excellence for the few hundred who need it most is morally and fiscally defensible; diluted mediocrity for everyone is neither.

The education of deaf-blind children in Nepal cannot be meaningfully advanced through the continuation of a policy framework that treats low-incidence, high- complexity disabilities as mere variations of a generic inclusion agenda that was never designed for them. The current national approach, anchored in the Rights of Persons with Disabilities Act 2017 and successive School Sector Development Plans, operates under the polite fiction that the same underfunded, overstretched, and largely untrained school system that struggles to teach sighted-hearing children basic literacy can, with a few days of sensitisation training and the occasional donation of a braille display, suddenly provide intensive, lifelong, one-to-one or one-to-two specialised intervention for children who are simultaneously deaf and blind. This is not a policy failure in implementation; it is a policy failure in conception. Nepal's fiscal reality education spending hovering below four percent of a small GDP, with a significant proportion lost to ghost teachers, political transfers, and plain corruption combined with the near- total absence of domestic technical capacity in deaf-blind methodologies, renders the standard model of scattered mainstream inclusion not merely inadequate but actively harmful. Children who require constant mediated access to the world are instead parked in classrooms where no one speaks their language, literal or figurative, producing years of isolation masquerading as enrolment statistics.

A genuinely responsible policy response must begin with intellectual honesty: Nepal cannot and should not attempt to replicate the resource-intensive, highly professionalised inclusion models of Nordic countries or even of middle-income nations like Thailand or Peru when applied to deaf-blindness. The honest alternative is a deliberate policy of concentrated excellence rather than distributed mediocrity. The state should immediately designate deaf-blindness (along with other profound multiple sensory and intellectual impairments) as a distinct category requiring separate administrative and financial treatment. A ring-fenced, non-lapsable budget line must be created within the Ministry of Education for Complex Low-Incidence Sensory Disabilities, funded initially through a combination of reallocated inclusive-education monies, disability allowances currently paid to families, and targeted international grants that are contractually prohibited from being spent on workshops or consultancies. This budget should finance no more than twelve to fifteen national or provincial resource centres residential or semi-residential strategically located to minimise travel hardship for families. These centres must be removed from the ordinary school governance structure and placed under a dedicated autonomous authority reporting directly to the Ministry, precisely to shield them from the patronage networks that devour regular schools. Staffing ratios must be legislated at no worse than one specialist intervenor per child for the most complex cases and one per two or three for those with emerging communication systems, with salaries set at two to three times the standard teacher scale and postings made non-transferable for a minimum of

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seven years. Admission to regular schools should remain legally possible, but only on condition that the school demonstrates through independent audit the continuous presence of equivalently trained personnel and equipment; failure to maintain these conditions must trigger immediate withdrawal of all inclusive-education grants and partial withholding of the school's core budget. This is not punishment; it is truth- enforcement.

Policy must also abandon the ritual creation of yet another national task force whose primary function is to provide per diems and the illusion of action. Instead, accountability must be engineered through automatic fiscal sanctions and public transparency. Every identified deaf-blind child must be registered in a national digital database (building on the existing disability card system but made far more rigorous), with real-time reporting of the services actually received. Funds should flow not to schools or local governments in the abstract but against verifiable delivery milestones: a child has a named, trained intervenor physically present for at least 80 percent of school days; a child has a functional individualized communication system reviewed quarterly; a child has undergone annual functional vision and hearing assessments by qualified professionals. No milestone, no money. The database must be public, searchable by citizens and journalists, so that when a district education officer claims full inclusion while a deaf-blind child sits unattended under a tree, the discrepancy is visible to anyone with a smartphone. Nepal's bureaucracy does not fear moral exhortation; it fears exposure and revenue loss. Policy must weaponise both.

To substantiate and refine these initiatives, prospective research should pursue longitudinal tracking of DB students' academic (functional competencies), social (interpersonal dynamics), and emotional (self-efficacy and motivation) trajectories in inclusive environments. Comparative examinations of urban-rural disparities would inform bespoke strategies, such as itinerant resource units. Investigating educators' viewpoints on training requisites, collaborative processes, and pedagogical efficacies would provide a balanced perspective. Assessing intervenor programs' efficacy, scalability, and variants, alongside piloting emerging technologies (e.g., AI-enabled communication aids and advanced Braille devices) for viability and inclusivity in constrained settings, is also warranted.

Finally, at the highest level, Nepal requires the political courage to renegotiate its commitments under the CRPD and the Sustainable Development Goals in a way that is contextually honest rather than performatively compliant. The Convention's Article 24 on education is routinely interpreted as mandating mainstream placement as the default, yet the same article explicitly permits specialized settings when the child's best interests demand it. Nepal should publicly declare that, for the foreseeable future and for a defined subset of extremely high-need disabilities, the child's best interest is served by intensive specialized provision rather than symbolic mainstreaming. This is not a derogation from human rights; it is a refusal to allow human rights language to be used as a smokescreen for neglect. Such a declaration would liberate both domestic resources and international cooperation from the exhausting pretense that scattering deaf-blind children across unprepared classrooms constitutes progress.

- *Practice Level*

At the ground level, the daily reality must be stripped of all illusions. Regular government schools must stop accepting deaf-blind children unless they can guarantee a dedicated, trained intervenor for the entire school day; anything less is fraud against the child and the family. The only workable human-resource solution is the immediate creation of a national cadre of para-professional intervenors recruited at Grade-12 level, given intensive nine- to twelve-month residential training in tactile communication, orientation and mobility, and basic functional curriculum, and then bonded to specific children or small clusters of children for a minimum of five years at salaries substantially higher than regular teachers. These intervenors must be recognised as the primary educators of the child, not as aides who hand the child over to an untrained class teacher who knows nothing. Assistive technology procurement must shift ruthlessly from donor-driven high-tech gadgets that break within months to rugged, locally repairable tools: mechanical Perkins braillers, basic hearing aids serviceable in Kathmandu or Biratnagar, tactile learning materials made from scrap and glue. Schools and NGOs must stop the circus of distributing iPads and braille notetakers for photographs and then abandoning the children when the batteries die. Parents must be brought inside the tent as paid co-intervenors; the mother or father who has spent ten years developing a home-sign system with their child knows more than any short-course trained teacher ever will, and paying them to extend that expertise to one or two additional children in the locality is cheaper, more sustainable, and more effective than importing foreign experts or pretending regular teachers can manage. Finally, stigma will only be broken by public shaming of exclusion, not by polite posters. When a school turns away a deaf-blind child, the head teacher's name, photograph, and the name of the school must appear on national television and in every newspaper until the child is admitted or the official is removed. Nepal does not respond to moral persuasion; it responds to loss of izzat. Use that.

In the classrooms, resource rooms, and homes where deaf-blind children actually spend their days, the gap between policy aspiration and lived reality is measured not in rupees but in minutes of meaningful human connection. The overwhelming practical priority must be to ensure that every deaf-blind child, wherever they are physically located, has continuous access to at least one adult who fluently mediates the world for them. In the current Nepali context, that adult will almost never be the regular class teacher, who is typically managing sixty or more children with one chalkboard and no electricity. Pretending otherwise is the original sin of much inclusive practice in low-resource settings. The only realistic mechanism for delivering this mediation is a nationally recognised, professionally trained, decently paid cadre of intervenors or communication guides para-professionals who need not possess a master's degree in special education but who must master the child-specific tactile communication system,

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orientation and mobility in real environments, and the translation of curriculum into concrete, multisensory experiences. Recruitment should be opened widely Grade 12 graduates, parents of disabled children, retired armed forces personnel with discipline and empathy and followed by an intensive nine- to twelve-month residential training programme delivered by the handful of institutions (government and NGO) that actually understand deaf-blindness. Upon certification, these intervenors must be bonded to specific children or small clusters for a minimum of five years, with salaries and benefits that make the posting attractive compared to migrating to the Gulf or joining an INGO as a driver.

Schools that wish to enroll deaf-blind children must be required to sign a binding memorandum committing to full-time intervenor presence; anything less should result in the child being immediately referred to the nearest specialised centre, with transport costs borne by the state. This is not exclusion; it is protection against the quiet violence of being physically present yet communicatively absent. Where specialised centres do not yet exist, interim measures must include paying trained parents or community members to act as intervenors while the permanent cadre is built. The objection that this professionalises family members is ideologically precious; in a country where survival often trumps purity, compensating a mother who already knows her child's every micro-gesture to extend that knowledge to one or two additional children is both humane and cost-effective.

Assistive technology procurement and deployment must be ruthlessly demystified. The repeated spectacle of donor-funded distributions of electronic braille displays that cease functioning within months must end. Priority must be given to tools that are mechanically simple, locally repairable, and replicable: Perkins braillers, basic bone-conduction or conventional hearing aids serviceable in provincial capitals, tactile symbols fabricated from bottle caps, wood, and fabric. High-technology devices should be introduced only when a five- to ten-year maintenance contract is in place and when the child has already mastered lower-tech foundations. Schools and resource centres should maintain lending libraries of robust tactile learning materials that travel with the child rather than remaining bolted to a classroom that the child may never meaningfully access.

Parent–professional collaboration must move beyond ceremonial parent– teacher meetings where mothers sit silently while teachers read from prepared reports they do not understand. Genuine collaboration requires recognising parents as the only continuous experts in the child's life and structuring decision-making accordingly. Individualised Education Plans must be co-authored, with parental observations carrying equal or greater weight than professional assessments in domains of communication and emotional well-being. Schools must provide sign-language or tactile-sign interpretation at every significant meeting, and where literacy barriers exist, use voice recordings or community advocates. Above all, the culture of blaming parents for non-cooperation when they protest ineffective provision must be confronted head- on through mandatory training that forces educators to acknowledge the power imbalance inherent in the current system.

Stigma will not be dismantled by gentle radio jingles or street drama. In the hierarchical, face-conscious society of Nepal, change comes through strategic shaming of those who exclude. When a school refuses a deaf-blind child or allows an untrained teacher to manage one, the incident should be publicised aggressively names, photographs, institutions until the responsible officials experience tangible social and professional consequences. Conversely, schools and headteachers who achieve genuine breakthroughs should be publicly celebrated with cash awards and media coverage.

Nepal responds to izzat and afno manchhe far more predictably than to moral persuasion; practice must harness these realities rather than pretend they do not exist.

- *Research Level*

The findings from this study on Nepali parents' experiences with inclusive education for deaf-blind (DB) children underscore the need for robust empirical inquiry to guide evidence-based interventions and policy refinement. Future research should prioritize methodological rigor, stakeholder inclusivity, and contextual adaptation to Nepal's socio-economic and geographic diversity, thereby contributing to global discourses on low-incidence disabilities.

Academic research on deaf-blindness and inclusion in Nepal must stop producing the same polite, small-scale qualitative studies that conclude, yet again, that teachers lack training and resources. That story has been told a thousand times and changes nothing. Future research must be designed to terrify politicians and force budgetary reallocation. The first priority is a national longitudinal census that identifies and tracks every single deaf-blind child in the country probably fewer than five hundred and follows them year by year until age twenty-five, documenting exactly what services they receive, what measurable skills they gain, and what their life outcomes are. This data must be published annually in raw form with names of responsible districts and schools attached. The second priority is a no-holds-barred comparative effectiveness study pitting children in whatever specialised settings currently exist against matched children kept in regular schools; the results will almost certainly show that the specialised settings produce dramatically better communication, daily-living, and quality-of-life outcomes, and those findings must be shouted from the rooftops to kill the ideological myth that inclusion is always superior. The third priority is forensic financial tracking: every rupee allocated for disability allowances, inclusive education materials, and teacher training must be followed from the treasury to the child, with public exposure of leakage and theft. The fourth is political-economy analysis that names the specific interest groups teachers' unions, local politicians, bureaucrats, international agencies that profit from the current non-system and block change. Finally, pilot interventions must be rigorously evaluated: pay parents as intervenors and

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measure outcomes; run a fully staffed residential centre in one province for ten years and compare costs and results against the scattered inclusion model. Only research that is brutal, quantitative, longitudinal, and willing to name names will ever move the needle. Anything less is just another way to avoid facing the truth.

The existing research base on deaf-blindness in Nepal is, with few exceptions, an academic embarrassment: small, convenience-sampled qualitative studies that rediscover the same obvious truths lack of funding, lack of training, cultural stigma and then conclude with pious calls for more political will. This is not scholarship; it is a sophisticated form of avoidance. Future research must be designed explicitly to force systemic change by producing data that cannot be ignored by politicians, donors, or the judiciary.

The highest priority is a national, longitudinal, whole-population cohort study that identifies every single deaf-blind child in Nepal (likely fewer than five hundred severe cases) and tracks them annually until age twenty-five. This study must collect hard functional outcomes expressive and receptive communication vocabulary, independent mobility distance, literacy and numeracy in daily use, employment or supported occupation, reported quality of life not enrolment statistics or teacher opinions. The data must be disaggregated by type of educational placement (regular school with/without intervenor, specialised centre, home-bound, out-of-school) and made publicly available in real time, with district-level league tables. When the data inevitably reveal that children in scattered mainstream classrooms achieve near-zero functional gains compared to those in intensive settings, the ideological myth of universal inclusion will be laid bare in a way no amount of qualitative testimony ever could.

A parallel programme of research must conduct rigorous, prospective comparative effectiveness trials pitting different service models against one another: full-time specialised centres versus mainstream schools with trained intervenors versus parent-led community models. These trials should measure not only child outcomes but also total societal cost formal education expenditure plus lifelong dependency costs, healthcare utilisation, and family economic participation. The hypothesis that high-quality specialised provision is actually cheaper over a lifetime than decades of failed inclusion is eminently testable and, if confirmed, politically explosive.

Corruption and resource leakage must be studied forensically rather than anecdotally. Randomised audits of disability allowances, inclusive-education grants, and material distributions should trace every rupee from treasury release to end beneficiary, publishing not only percentages lost but the names and positions of those responsible. Only research that is willing to name names will alter behaviour in a patronage-driven system.

Political-economy analysis must move beyond description to prescription. Detailed mapping of veto players teachers' unions that resist additional duties, local politicians who divert disability budgets, mid-level bureaucrats who profit from endless coordination meetings must be followed by strategic recommendations for dismantling their influence, whether through fiscal transparency, judicial intervention, or deliberate bypassing via autonomous institutions.

Finally, action research must test radical, low-cost alternatives that challenge orthodox inclusion dogma: paying parents as salaried intervenors for small clusters of children; establishing micro-residential units run by disability organizations rather than government; using retired Gurkhas or police as mobility and security aides combined with younger communication specialists. These pilots must be evaluated with the same rig our demanded of medical trials, because the stakes children's entire communicative lives are no less consequential. Comparative analyses between urban areas (such as Kathmandu Valley) and rural regions (such as Makawanpur) would reveal disparities in resource availability, teacher training, and child outcomes, enabling the development of targeted interventions like mobile support units. Investigating educators' viewpoints on training needs, implementation challenges, and effective strategies—particularly in tactile communication and Individualized Education Plans (IEPs)—would complement parental insights and guide professional development programs. Evaluations of intervenor programs, through controlled trials or case studies, should examine their impact on academic and social outcomes, while considering scalability, costs, and adaptable models for Nepal. Only research that is longitudinal, population-based, outcome-focused, cost-conscious, and politically fearless will move Nepal from ritualistic inclusion theatre to actual improvement in the lives of deaf-blind children. Anything less is complicity in the status quo.

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APPENDICES

➢ *Participant Consent Form Namaste*

My name is Jhamka Prasad Gautam. I am conducting a research study titled *Parental Perspectives for Educating Students with Deaf-Blindness in Inclusive Settings*.

The purpose of this study is to learn about parents' experiences, opinions, and challenges related to educating their deaf-blind (DB) children in inclusive schools.

If you agree, I will ask you some questions about your child's education and your views. The interview will take about **45 to 60 minutes**. You can also choose to fill out a short questionnaire.

Participation is **voluntary**. You can stop at any time or choose not to answer any question. This will not affect you or your child in any way.

Your information will be **confidential**. Your name and personal details will not be used in any report.

If you agree, I may also ask for permission to observe your child's classroom (this is optional).

- Do you have any questions?
- Do you agree to participate in this study?

- *If yes, say:*

Thank you. I will now begin the interview.

- *Research Title:*
  Parental Perspectives for Educating Students with Deaf-Blindness in Inclusive Settings

- *Researcher:*

JHAMKA PRASAD GAUTAM

Master in Inclusive Education, TU

➢ *Purpose of the Study*

You are invited to participate in a research study exploring the experiences, views, and challenges of parents/guardians regarding the education of students with deaf- blindness (DB) in inclusive school settings in Nepal. The study aims to understand your perspectives and help inform better educational practices and policies for children with DB.

➢ *Procedures*

If you agree to participate:

- You will take part in an interview (about 45–60 minutes).
- You may also be asked to fill out a short questionnaire and a demographic form.
- You may optionally consent to allow the researcher to observe your child's classroom participation.

➢ *Voluntary Participation*

Participation is voluntary. You may refuse to participate or withdraw at any time without any negative impact. You may skip any question you do not wish to answer.

➢ *Confidentiality*

- Your personal information will be kept confidential.
- Your name or identity will not appear in any reports or publications.
- All data will be securely stored and used only for this research.

➢ *Risks and Benefits*

- There are no anticipated risks to you or your child from participating.

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- The study will help improve understanding of inclusive education and may help shape better services for DB children in Nepal.

➢ *Right to Ask Questions*
You are free to ask questions about the research at any time.

- *Consent Statement:*

✓ I have read or had this consent form read to me.
✓ I understand the study's purpose, procedures, and voluntary nature.
✓ I consent to participate in this study.

- *Optional*

✓ I permit the researcher to observe my child's classroom as part of this study.

✓ Participant's Name: ……..

✓ Signature: …….

✓ Date: …….

✓ Researcher's Name: Jhamka Prasad Gautam

✓ Researcher's Signature: …….

✓ Date: …….

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DEMOGRAPHIC INFORMATION FORM

(For Parents of Deaf-Blind Children in Inclusive Education Settings)

A. Section A: Respondent (Parent/Guardian) Information

- *Full Name (optional / anonymous code):*
- *Gender:*

- Male ☐ Female ☐ Other (please specify):

- *Age: _____years*

- *Relationship to Child*

- Mother ☐ Father ☐ Grandparent ☐ Guardian ☐ Other (please specify):

- *Highest Level of Education Completed:*

- No formal education
- Primary education
- Secondary education
- Higher secondary education
- Bachelor's degree
- Master's degree or higher

- *Occupation:*

- *Place of Residence:*

- Urban ☐ Semi-urban ☐ Rural

- Name of District:

B. Section B: Child's Information

- *Child's Name (Optional / Anonymous Code):*

- *Child's Gender:*

- Male ☐ Female ☐ Other (please specify):

- *Child's Age: _____years*

- *Grade Level:*

- *Type of School*

- Public (government) school
- Private school
- Special school with
- Inclusive School

- *Duration of Attendance in School*

- years _____months

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➢ *Nature of Disability*

- Deaf-blindness (combined)
- Primarily deaf with vision impairment
- Primarily blind with hearing impairment
- Other (please specify):

➢ *Assistive Devices/Services Used (Tick all that Apply):*

- Assistive hearing devices
- Assistive vision devices
- Communication board / tactile tools
- Sign language interpreter
- Braille
- Resource teacher
- Other (please specify):

C. Section C: Consent

I understand the purpose of this research study and voluntarily agree to provide demographic information.

➢ *Signature of Respondent:*

- Date:

➢ *Parental Perceptions of the Effectiveness of Inclusive Education for Deaf-Blind (DB) Children*

- How do parents understand and assess the academic achievements of their DB children within inclusive classroom settings?

- How do parents evaluate the social development and peer interactions of their DB children in inclusive education settings? (For Teacher)

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- What factors influence parental perceptions of the overall effectiveness of inclusive education for their DB children?

➢ *Barriers Faced by Parents in Accessing Quality Inclusive Education for Deaf-Blind (DB) Children in Nepal*

- What systemic barriers hinder parents' efforts to access quality inclusive education for their DB children?

- How do socio-economic, cultural, and policy-related factors influence the practical challenges faced by parents in ensuring quality education for their DB children?

➢ *Essential Teaching Strategies and Support Systems for Inclusive Education of Deaf-Blind (DB) Children*

- What teaching methods are perceived as most effective in enhancing the learning experiences of DB children in inclusive classrooms?

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- What are parents' perceptions regarding the types of support services needed to ensure the academic and social success of their DB children?

➢ *Parental Experiences of Collaboration with Educators in Nepal's IE System*

- What is the nature and quality of communication and collaboration between parents and teachers in addressing the educational needs of DB children in inclusive classrooms?

- What challenges do parents face when seeking to actively participate in educational planning and decision-making processes for their DB children in inclusive schools?

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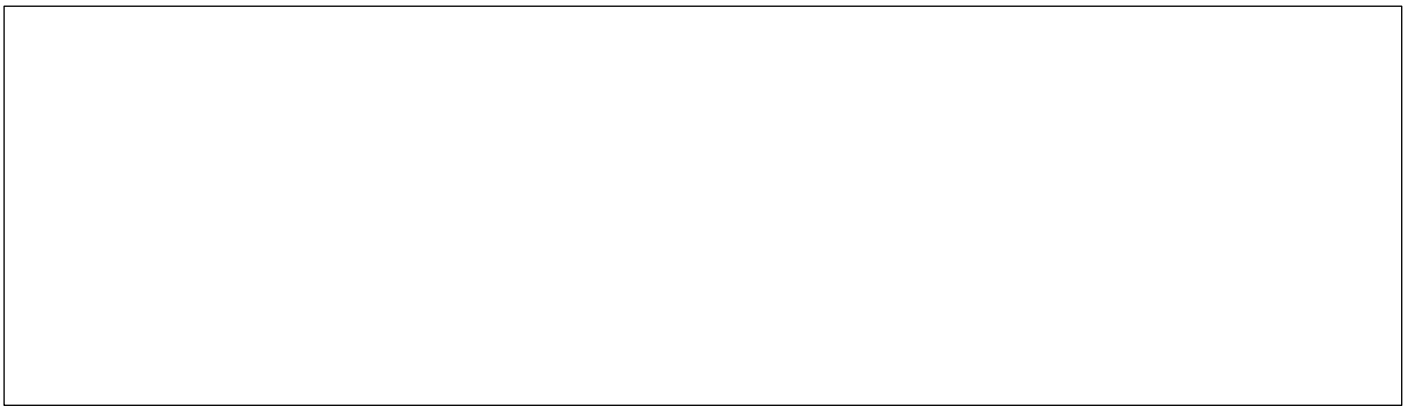
- What opportunities are available to promote effective parental involvement in the inclusive education of their DB children?



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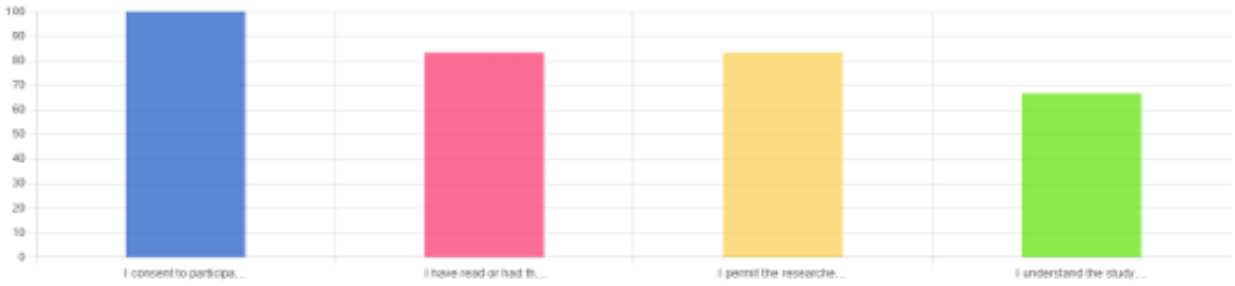
REPORTS

PARENTAL PERSPECTIVES FOR EDUCATING STUDENTS WITH DEAF-BLINDNESS IN INCLUSIVE SETTINGS
समावेशी सेिटङहरूमा श्रवण-दिष्ट दुबै गुमेका (िडफ– ाइन्ड) िवBाथाहरूको िशक्षाका लाि अिभभावकीय दिष्टकोण

This is an automated report based on raw data submitted to this project. Please conduct proper data cleaning prior to using the graphs and figures used on this page.

Consent Statement सहमितसम्बन्धी वक्तव्य

TYPE: SELECT_MULTIPLE. 6 out of 6 respondents answered this question. (0 were without data.)



Value	Frequency	Percentage
I consent to participate in this study. म यस अध्ययनमा सहभागी हुन स्वे ाले सहमित जनाउँछु।	6	100
I have read or had this consent form read to me. मैले यो सहमितको फारम पढेको छु वा मलाई यसबारे पढेर सुनाइएको छ।	5	83.33
I permit the researcher to observe my child's classroom as part of this study. म यस अध्ययनको एक भागस्वरूप अनुसन्धानकतालाई मेरो छोराछोरीको कक्षा अवलोकन गन अनुमित िदन्छु।	5	83.33
I understand the study's purpose, procedures, and voluntary nature. म यस अध्ययनको उद्देश्य, प्रिक्रया, र स्वैि क सहभाि गताको प्रकृ ितबारे स्पष्ट रूपमा बुEदछु।	4	66.67

1. Participant's Name सहभागी को नाम

TYPE: TEXT. 6 out of 6 respondents answered this question. (0 were without data.)

Value	Frequency	Percentage
Sabitri Pudasaini	1	16.67
Rabina Sibakoti	1	16.67
Rajendra Dhakal	1	16.67
Bishnu Bahadur Lamichhane	1	16.67
Bal Labi Lama	1	16.67
Jeevan Shahi	1	16.67

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2. Gender लिंग

TYPE: SELECT_MULTIPLE. 6 out of 6 respondents answered this question. (0 were without data.)

Value	Frequency	Percentage
Femaleमिहला	3	50
Male पुरुष	3	50

3 Age उमेर

TYPE: INTEGER. 6 out of 6 respondents answered this question. (0 were without data.)

Mean	Median	Mode	Standard deviation
37.83	39.00	*	8.01

4. Relationship to Child

TYPE: SELECT_MULTIPLE. 6 out of 6 respondents answered this question. (0 were without data.)

Value	Frequency	Percentage
Father बुबा	3	50
Mother आमा	2	33.33
Other अन्य	1	16.67

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Highest Level of Education Completed:

TYPE: SELECT_MULTIPLE. 6 out of 6 respondents answered this question. (0 were without data.)

Value	Frequency	Percentage
Bachelor's degree	3	50
Secondary education	1	16.67
Primary education	1	16.67
Higher secondary education	1	16.67

Occupation

TYPE: TEXT. 6 out of 6 respondents answered this question. (0 were without data.)

Value	Frequency	Percentage
गृहिणी	1	16.67
Housewife	1	16.67
Farmer	1	16.67
Farming	1	16.67
Job	1	16.67
Business	1	16.67

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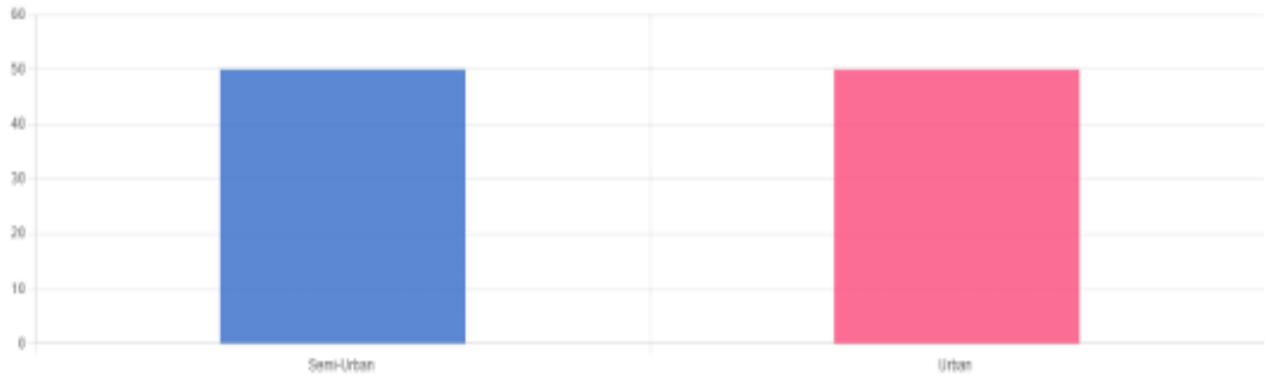
Place of Residence:

TYPE: SELECT_MULTIPLE. 6 out of 6 respondents answered this question. (0 were without data.)



Value	Frequency	Percentage
Semi-Urban	3	50
Urban	3	50

Child's Name

TYPE: TEXT. 6 out of 6 respondents answered this question. (0 were without data.)

Value	Frequency	Percentage
नमुना पुडासैनी	1	16.67
Samir Sibakoti	1	16.67
Sulabh Dhakal	1	16.67
Selina Lamichhane	1	16.67
Rinjan Lama	1	16.67
Rajdev Shahi	1	16.67

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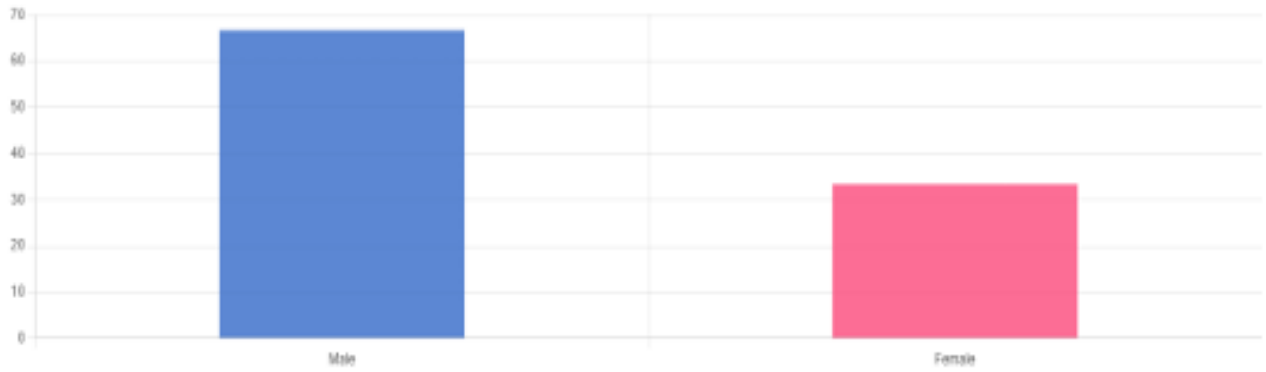
Child's Gender

TYPE: SELECT_MULTIPLE. 6 out of 6 respondents answered this question. (0 were without data.)



Value	Frequency	Percentage
Male	4	66.67
Female	2	33.33

Child's Age:

TYPE: INTEGER. 6 out of 6 respondents answered this question. (0 were without data.)

Mean	Median	Mode	Standard deviation
12.00	12.50	*	2.97

Grade Level:

TYPE: INTEGER. 6 out of 6 respondents answered this question. (0 were without data.)

Mean	Median	Mode	Standard deviation
2.67	2.50	1.00	1.63

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Type of School

TYPE: SELECT_MULTIPLE. 6 out of 6 respondents answered this question. (0 were without data.)

Value	Frequency	Percentage
Special	6	100

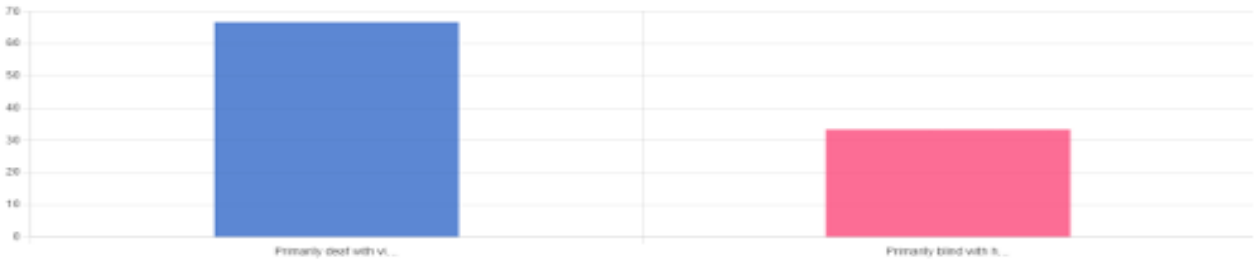
Duration of Attendance in School

TYPE: TEXT. 6 out of 6 respondents answered this question. (0 were without data.)

Value	Frequency	Percentage
5 Years	1	16.67
4 Years	1	16.67
3 Years	1	16.67
2	1	16.67
2 Years	1	16.67
5	1	16.67

Nature of Disability

TYPE: SELECT_MULTIPLE. 6 out of 6 respondents answered this question. (0 were without data.)



Value	Frequency	Percentage
Primarily deaf with vision impairment	4	66.67
Primarily blind with hearing impairment	2	33.33

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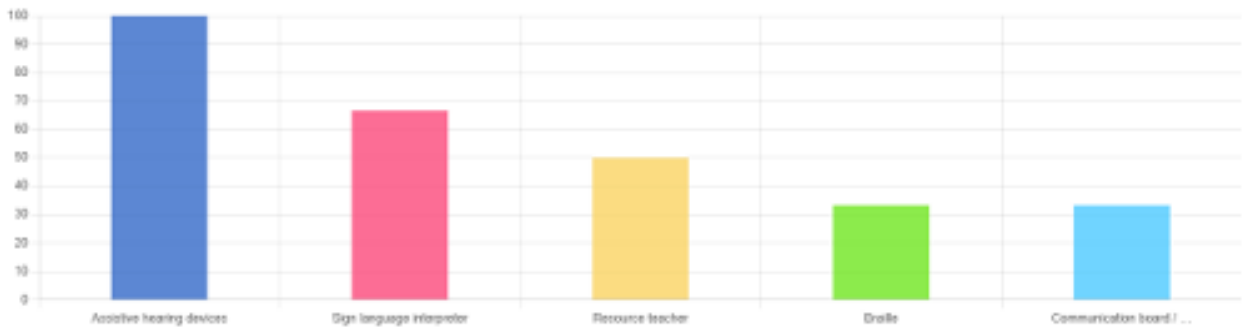
Assistive Devices/Services Used (tick all that apply):

TYPE: SELECT_MULTIPLE. 6 out of 6 respondents answered this question. (0 were without data.)



Value	Frequency	Percentage
Assistive hearing devices	6	100
Sign language interpreter	4	66.67
Resource teacher	3	50
Braille	2	33.33
Communication board / tactile tools	2	33.33

I understand the purpose of this research study and voluntarily agree to provide demographic information. Please Type in Your Name

TYPE: TEXT. 6 out of 6 respondents answered this question. (0 were without data.)

Value	Frequency	Percentage
साि व ी पुडासैनी	1	16.67
Rabina Sibakoti	1	16.67
Rajendra Dhakal	1	16.67
Bishnu Bahadur Lamichhane	1	16.67
Bal Labi Lama	1	16.67
Jeevan Shahi	1	16.67

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1.1. How do parents understand and assess the academic achievements of their DB children within inclusive classroom settings? अभिभावकहरूले समावेशी कक्षा कोठाको प रवेशमा आफ्ना श्रवण-दृष्टिविहिन बालबालिकाको शैक्षिक उपलब्धिलाई कसरी बुझ्दछन् र मूल्याङ्कन गर्दछन्?

TYPE: TEXT. 6 out of 6 respondents answered this question. (0 were without data.)

Value	Frequency	Percentage
मेरी श्रवण-दृष्टिविहीन छोरीको शैक्षिक उपलब्धि बुझ्न म शिक्षकसँग नियमित सम्पर्क राख्छु र घरमा उनले खेल वा स्पर्श आधारित सिकाइमार्फत कस्तो प्रगति गरेकी छिन् भन्ने अवलोकन गर्छु। उनको सिकाइ मूल्याङ्कन गर्न म विशेष शिक्षण सामग्री, प्रयोगात्मक गतिविधिहरू, र उनको सामाजिक सहभागितालाई आधार बनाउँछु।	1	16.67
I understand and assess the academic achievements of their deaf-blind children by closely monitoring individualized progress through feedback from teachers, assessments, and observation of functional skills development. They often rely on a combination of formal evaluation reports and their child's ability to apply learned concepts in real-life contexts to gauge meaningful learning outcomes.	1	16.67
I understand and assess the academic achievements of my deaf-blind children in inclusive classrooms through teacher feedback, evaluation reports, and direct observation of their functional skills. I evaluate their accomplishments based on their ability to apply learned concepts in daily life.	1	16.67
Parents of deaf-blind children can understand and assess their child's academic achievements by working closely with educators to create and review a personalized learning plan that includes specific, measurable goals tailored to their child's unique communication and learning needs. They should also actively participate in regular meetings to discuss progress, review a portfolio of their child's work, and observe their child's interactions and engagement in the classroom.	1	16.67
Parents of deafblind children can understand and assess their child's academic achievements in inclusive classroom settings by collaborating with educators to establish individualized education plans (IEPs) that incorporate tailored accommodations, such as tactile sign language or braille, and by regularly reviewing progress reports and communication logs from teachers and support staff. Engaging with specialists, such as teachers of the visually impaired or deafblind interventionists, further enables parents to monitor their child's academic performance and ensure alignment with developmental goals.	1	16.67
Parents of deafblind children can understand and assess their child's academic achievements by collaborating closely with educational professionals who possess specialized knowledge of the combined impact of vision and hearing losses, ensuring that assessments are tailored to improve communication, learning, and quality of life. Additionally, ongoing functional and cognitive assessments, including observations of how the child navigates the classroom environment, are essential to monitor progress and make necessary adjustments to individualized education plans within inclusive settings.	1	16.67

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1.2. How do parents evaluate the social development and peer interactions of their DB children in inclusive education settings? अभिभावकहरू श्रवण-दृष्टिविहिन बालबालिकाको सामाजिक विकास र सहपाठीहरूसँगको अन्तरिक्रयालाई समावेशी शिक्षामा कसरी मूल्याङ्कन गर्दछन्?

TYPE: TEXT. 6 out of 6 respondents answered this question. (0 were without data.)

Value	Frequency	Percentage
मेरी छोरीको सामाजिक विकास मूल्याङ्कन गर्न म उनको सहपाठीहरूसँगको स्पर्श, हावभाव र सहकार्यमा आधारित अन्तरिक्रयाको अवलोकन गर्छु र शिक्षकसँग समयसमयमा उनको सामूहिक गतिविधिहरूमा सहभागिता बारे छलफल गर्छु। साथै, उनले आफ्नो भावना र आवश्यकतालाई कसरी व्यक्त गर्छन् भन्ने घर र स्कूल दुबै वातावरणमा ध्यान दिएर उनको सामाजिक कौशलको प्रगति मापन गर्छु।	1	16.67
I evaluate the social development and peer interactions of their deaf-blind children by observing their engagement in collaborative activities, communication attempts, and participation in group tasks within the classroom. They also consider feedback from teachers and peers to assess the quality of relationships, inclusion in social networks, and the child's ability to develop reciprocal interactions.	1	16.67
I evaluate the social development and peer interactions of my children by observing their engagement in group activities, collaborative tasks, and communication attempts. I also use feedback from teachers and peers to assess the quality of relationships and inclusion in social networks.	1	16.67
Parents of deaf-blind children can evaluate their child's social development and peer interactions by actively participating in the educational team and providing invaluable insights into their child's communication methods, preferences, and daily routines. This involves observing how their child interacts with others in various settings, asking for specific feedback from teachers and specialists, and collaboratively setting and reviewing social-emotional goals within the child's Individualized Education Program (IEP). Given the communication challenges, a focus on non-verbal cues, shared activities, and the quality of relationships, rather than just the number of friends, is crucial.	1	16.67
Parents of deafblind children can evaluate their child's social development and peer interactions in inclusive education settings by observing structured social activities and consulting with educators and support staff to assess the child's engagement, communication effectiveness, and relationship-building, often facilitated through adaptive strategies like tactile communication or assistive technology. Regular feedback from school counselors and participation in individualized education plan (IEP) meetings further provide insights into the child's social progress and integration within peer groups.	1	16.67
Parents of deafblind children evaluate social development and peer interactions by closely observing their child's engagement and communication within inclusive settings, often collaborating with educators and specialists to interpret social cues and behaviors unique to combined sensory impairments. They also rely on structured feedback from teachers and use ongoing, individualized assessments to monitor social progress and foster meaningful peer relationships.	1	16.67

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1.3. What factors influence parental perceptions of the overall effectiveness of inclusive education for their DB children? श्रवण-ट्™ीिविहन बालबाि लकाको लाि ग समावेशी ि शक्षाको समग्र प्रभावका रतालाई अिभभावकहरूले कसरी बुट्दछन्, र त्यसमा प्रभाव पान' मुख्य कारकहरू के–के हुन्?

TYPE: TEXT. 6 out of 6 respondents answered this question. (0 were without data.)

Value	Frequency	Percentage
समावेशी ि शक्षाको प्रभावका रता उनका बालबाि लकाको स्वतन्त्रतामा वृि 5, ि सकाइ प्रित उा ाह, र सामाि जक समावेशीकरणको मा ाबाट बुट्दछन्। यसमा प्रभाव पान' मुख्य कारकहरूमा ि वशेष शैि क्षक सामग्रीको उपलब्धता, ि शक्षकहरूको प्रिशक्षण, सहपाठीहरूको सहयोग, र अिभभावक–ि वB ालयको सहकाय रहेका छन्।	1	16.67
Parental perceptions of the overall effectiveness of inclusive education for their deaf- blind children are influenced by factors such as teacher competency, availability of assistive technologies, and the adequacy of individualized support services. Additionally, the extent of social acceptance, peer interaction, and observable academic progress significantly shapes their evaluation of inclusive practices.	1	16.67
My perception of the overall effectiveness of inclusive education depends on teacher competency, availability of supportive resources, and the adequacy of individualized support services. Social acceptance, peer interaction, and observable academic progress also play a critical role in shaping my evaluation.	1	16.67
Parental perceptions of inclusive education's effectiveness for deaf-blind children are significantly influenced by the quality of communication and collaboration between parents and the school's educational team . This is underscored by factors such as the availability of qualified educators and support staff, the school's ability to adapt the curriculum and provide specialized resources, and the child's academic progress, social inclusion, and overall happiness within the classroom environment	1	16.67
Parental perceptions of the effectiveness of inclusive education for their deafblind children are influenced by factors such as the quality of individualized accommodations, teacher training in deafblind-specific strategies, and the availability of specialized support services like interpreters or tactile communication aids. Additionally, the degree of collaboration between parents, educators, and support staff, alongside observable academic and social progress, significantly shapes parents' confidence in the inclusive education environment for their child.	1	16.67
Parental perceptions of the effectiveness of inclusive education for deafblind children are influenced by factors such as the quality of specialized support services, the educators' understanding of deafblindness, and the extent of meaningful social and academic inclusion their child experiences. Additionally, clear communication between parents and school staff, along with observable progress in the child's development and well-being, significantly shape parental evaluations of the educational setting's success.	1	16.67

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2.1. What systemic barriers hinder parents' efforts to access quality inclusive education for their DB children? श्रवण-दृ™ीिविहन बालबाि लकाका लाि ग गुणस्तरीय समावेशी िशक्षामा पहुँच सुिनि त गन अिभभावकहरूको प्रयासमा प्रणालीगत अवरोधहरू के–के छन्?

TYPE: TEXT. 6 out of 6 respondents answered this question. (0 were without data.)

Value	Frequency	Percentage
मेरी छोरीका लाि ग समावेशी िशक्षामा प्रमुख प्रणालीगत अवरोधहरूमा िवशेष िशक्षण सामग्री र अनुकूलित प्रिविधको अभाव, र प्रिशिक्षत िवशेष िशक्षकहरूको कमी रहेका छन्। यसका साथै, भौितक पहुँच (जस्तै ेल साइनबोड, स्पशयोग्य िशक्षण उपकरण) को अभाव र सामान्य िशक्षकहरूमा समावेशी िशक्षण–िविध सम्बन्धी ज्ञानको कमीले पिन बाधा उत्पन्न गदछ।	1	16.67
Systemic barriers hindering parents' efforts to access quality inclusive education for their deaf-blind children include inadequate policy implementation, limited availability of specialized resources, and a shortage of trained teachers. Furthermore, socio- economic constraints and insufficient coordination between schools and support services exacerbate these challenges, restricting equal educational opportunities.	1	16.67
Systemic barriers such as weak policy implementation, limited access to specialized resources, and a shortage of trained teachers hinder my efforts to secure quality inclusive education for my children. Socio-economic challenges and insufficient coordination between schools and support services further limit access.	1	16.67
Systemic barriers that hinder parents' efforts to access quality inclusive education for their deaf-blind children primarily stem from the lack of a comprehensive, specialized educational infrastructure. This includes a shortage of qualified professionals, such as teachers trained in deaf-blindness and interveners, and a lack of funding for specialized resources and assistive technologies, which are essential for a child's communication and learning. These systemic deficiencies often force parents into a demanding advocacy role to ensure their child's rights and needs are met.	1	16.67
Systemic barriers hindering parents' efforts to access quality inclusive education for their deafblind children include limited availability of trained educators proficient in deafblind-specific pedagogies and insufficient funding for specialized resources, such as assistive technologies or individualized support staff. Additionally, inconsistent implementation of inclusive education policies and inadequate communication between school systems and parents can impede the provision of equitable educational opportunities tailored to the unique needs of deafblind students.	1	16.67
Parents of deafblind children face systemic barriers including a scarcity of professionals trained in combined sensory loss and tactile communication, insufficient availability and funding for appropriate assistive technologies and adapted curricula, fragmented interagency services and individualized education planning, and pervasive policy gaps and stigma that exclude DB needs from mainstream inclusion frameworks.	1	16.67

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2.2. How do socio-economic, cultural, and policy-related factors influence the practical challenges faced by parents in ensuring quality education for their DB children? सामा िजक- आिथक, सां ृ ितक र नीितगत पक्षहरूले श्रवण-द ™ ीिविहन बालबा िलकाको गुणस्तरीय िशक्षामा अिभभावकहरूले भो ेव्यावहा रक चुनौतीहरूमा कसरी प्रभाव पाद छन्?

TYPE: TEXT. 6 out of 6 respondents answered this question. (0 were without data.)

Value	Frequency	Percentage
सामा िजक-आिथक अवस्थाले िवशेष िशक्षण सामग्री र उपचार सेवाहरू को पहुँचमा असमानता ाउँदछ, जसले गदा मेरी छोरीको िशक्षामा आवश्यक सहयोग प्राप्त गन गा5 ो हुन्छ। सां ृ ितक पूवाग्रहले अपाङ्गता भएका बालबा िलकाको िशक्षाको महत्वलाई कम आँक्दछ भने नीितगत कम जोरीले समावेशी िशक्षा कायान्वयनमा िढलाइ र संस्थागत समथनको अभाव गराउँदछ।	1	16.67
Socio-economic factors such as financial limitations and lack of access to assistive devices, combined with cultural attitudes toward disability, significantly constrain parents' ability to secure quality education for their deaf-blind children. Additionally, policy-related gaps, including weak enforcement of inclusive education mandates and insufficient funding, further exacerbate these practical challenges.	1	16.67
Socio-economic limitations, lack of assistive devices, and cultural attitudes toward disability constrain my ability to ensure quality education for my children. Policy gaps, including weak enforcement of inclusive education mandates and insufficient funding, exacerbate these practical challenges.	1	16.67
Socio-economic, cultural, and policy factors present significant practical challenges for parents of deaf-blind children, influencing their ability to secure a quality education. Socioeconomic status can dictate access to costly specialized therapies and assistive technologies, while cultural beliefs and stigma may lead to a lack of awareness, social isolation, and low expectations for the child's potential. Furthermore, inadequate or inconsistently implemented public policies can create systemic barriers, such as a shortage of trained professionals and a lack of specialized educational resources, compelling parents to assume an extensive advocacy and case management role to ensure their child's needs are met.	1	16.67
Socio-economic factors, such as limited financial resources, restrict access to specialized services and assistive technologies, while cultural attitudes toward disability may influence parental advocacy and acceptance of inclusive education for their deafblind children. Policy-related factors, including inconsistent enforcement of inclusive education mandates and varying regional support for disability-specific training, further exacerbate practical challenges in securing equitable, high-quality education tailored to the unique needs of deafblind students.	1	16.67
Socio-economic factors—such as limited household income, high costs of specialized therapies and assistive technologies, and unequal geographic access to multidisciplinary services—constrain parents' capacity to obtain timely diagnosis, sustained interventions, and transportation to specialized schools, thereby exacerbating disparities in educational opportunity for their deafblind child. Cultural norms and stigma, low parental education or awareness, and fragmented or poorly enforced policies (including insufficient funding, lack of mandated teacher training in combined sensory loss, and weak interagency coordination) further shape parental decision-making and advocacy power, reducing effective participation in individualized planning and limiting the implementation of inclusive practices.	1	16.67

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3.1. What teaching methods are perceived as most effective in enhancing the learning experiences of DB children in inclusive classrooms? समावेशी कक्षा कोठामा श्रवण-दृ™ीिविहन बालबािलकाको िसकाइ अनुभवलाई प्रभावकारी बनाउन अिभभावकहरू ारा सबैभ ्T प्रभावकारी ठानिएका िशक्षण िविधहरू कुन–कुन हुन्?

TYPE: TEXT. 6 out of 6 respondents answered this question. (0 were without data.)

Value	Frequency	Percentage
मेरी श्रवण-दृिष्टिवहीन छोरीको िसकाइ प्रभावकारी बनाउन मलाई सबैभ ्T उपयोगी लाग्ने िविधहरूमा बहु- संवेदी िशक्षण (स्पश, गन्ध र स्वाद माफ त अनुभव आधा रत िशक्षा) र सहयोगी िसकाइ (सहपाठीहरूसँग जोडीमा काम गन' प्रिविध) प्रमुख छन्। यसका साथै अनुकूिलत ेल सामग्री, ्T4 ाइल मोडेलहरू, र व्यावहा रक गितिविधहरू माफ त अमूत अवधारणाहरू बुझाउने त रकाले पिन उनको िसकाइलाई साधक बनाउँछ।	1	16.67
Teaching methods perceived as most effective for enhancing the learning experiences of deaf-blind children in inclusive classrooms include individualized instruction, multisensory approaches, and the use of tactile communication strategies. Additionally, collaborative teaching and the integration of assistive technologies are considered essential for promoting active engagement and meaningful learning.	1	16.67
I consider individualized instruction, multisensory approaches, and tactile communication strategies as the most effective teaching methods for enhancing my children's learning experiences. I also view collaborative teaching and the integration of assistive technologies as essential for promoting active engagement and meaningful learning.	1	16.67
arents of deaf-blind children perceive multi-sensory, hands-on teaching methods as most effective in enhancing their children's learning experiences in inclusive classrooms. These methods, which often incorporate tangible objects, tactile symbols, and real-life experiences, are crucial for making abstract concepts accessible and meaningful. The use of a specialized intervenor to facilitate communication and provide one-on-one support is also seen as a highly effective practice, allowing the child to fully engage with the curriculum and their peers.	1	16.67
Teaching methods perceived as most effective for enhancing the learning experiences of deafblind children in inclusive classrooms include multisensory approaches, such as tactile sign language and braille instruction, combined with individualized accommodations tailored to the child's unique sensory and communication needs. Collaborative strategies, including co-teaching with deafblind specialists and the integration of assistive technologies, further promote engagement and academic success by fostering accessible and inclusive learning environments.	1	16.67
Multimodal, tactile-centered pedagogies—including tactile signing, object-based learning, hands-on manipulatives, and richly scaffolded sensory experiences— combined with individualized instruction plans and assistive technologies (e.g., braille displays, haptic devices) are perceived as most effective for enabling access to curriculum and communicative interaction for deafblind children in inclusive classrooms.	1	16.67

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3.2. What are parents' perceptions regarding the types of support services needed to ensure the academic and social success of their DB children? श्रवण-ट™ीिविहन बालबाि लकाको शैि क्षक तथा सामाि जक सफलता सुि नि त गन आवश्यक सहयोग सेवाहरूका प्रकारबारे अिभभावकहरूको धारणा के छ?

TYPE: TEXT. 6 out of 6 respondents answered this question. (0 were without data.)

Value	Frequency	Percentage
सामाि जक-आिथक अवस्थाले ि वशेष ि शक्षण सामग्री र उपचार सेवाहरूको पहुँचमा असमानता ाउँदछ, जसले गदा मेरी छोरीको ि शक्षामा आवश्यक सहयोग प्राप्त गन गा5ो हुन्छ। सां ृ ितक पूवाग्रहले अपाङ्गता भएका बालबाि लकाको ि शक्षाको महत्वलाई कम आँक्दछ भने नीि तगत कमजोरीले समावेशी ि शक्षा कायान्वयनमा ि ढलाइ र संस्थागत समथनको अभाव गराउँदछ।	1	16.67
Parents perceive that comprehensive support services, including specialized teachers, interpreters, and access to assistive technologies, are essential to ensure the academic success of their deaf-blind children. They also emphasize the need for counseling, peer support programs, and family training to promote social inclusion and holistic development.	1	16.67
I perceive that comprehensive support services, including specialized teachers, interpreters, and access to assistive technologies, are crucial for ensuring my children's academic success. I also emphasize the need for counseling, peer support programs, and family training to foster social inclusion and holistic development.	1	16.67
Parents of deaf-blind children perceive that comprehensive support services are essential for their children's academic and social success, with a strong emphasis on intervenor services to facilitate communication and access to the curriculum. They also highlight the critical need for specialized, ongoing training for educators and a broad range of related services, including speech and occupational therapy, to address the unique developmental needs of deaf-blind children.	1	16.67
Parents of deafblind children perceive the need for comprehensive support services, including access to trained deafblind specialists, tactile interpreters, and assistive technologies like braille displays or communication devices, to ensure their child's academic and social success in inclusive settings. Additionally, they emphasize the importance of ongoing teacher training, individualized education plans (IEPs), and robust family-school collaboration to address the unique sensory and communication needs of their child effectively.	1	16.67
Parents emphasize the necessity of counseling services to address the emotional and psychological needs of children. Such services foster self-confidence, self-esteem, and social adjustment, thereby contributing to their overall success.	1	16.67

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4.1. What is the nature and quality of communication and collaboration between parents and teachers in addressing the educational needs of DB children in inclusive classrooms?
समावेशी कक्षा कोठामा श्रवण-ट्™ीिविहन बालबा िलकाको शै िक्षक आवश्यकता सम्बोधन गन अिभभावक र िशक्षकबीचको सU ार तथा सहकायको प्रकृ ित र गुणस्तर कस्तो छ?
TYPE: TEXT. 6 out of 6 respondents answered this question. (0 were without data.)

Value	Frequency	Percentage
मेरी छोरीको शै िक्षक आवश्यकता पूरा गन अिभभावक र िशक्षकबीचको सU ार िनयिमत, पारदशा र व्यावहा रक हुनुपछ , जहाँ IEP (व्यिक्तगत िशक्षा योजना) को प्रगित, चुनौतीहरू र समाधानहरूमा साझा छलफल हुन्छ। सहकायको गुणस्तर तब प्रभावकारी हुन्छ जब िशक्षकले िवशेषज्ञताको साथ मागदशन गछ न् र अिभभावकले घरमा िसकाइलाई अनुकूल वातावरण र सहयोगी साधनहरू (जस्तै ेल सामग्री, ◌I4◌ाइल टूल्स) प्रदान गछ न्।	1	16.67
The nature and quality of communication and collaboration between parents and teachers in addressing the educational needs of deaf-blind children are largely determined by the frequency, clarity, and mutual responsiveness of interactions. Effective partnerships are characterized by shared decision-making, regular progress updates, and a collaborative approach to implementing individualized education plans.	1	16.67
I assess the nature and quality of communication and collaboration with teachers based on the frequency, clarity, and responsiveness of our interactions. Effective partnerships for me involve shared decision-making, regular progress updates, and collaborative implementation of individualized education plans.	1	16.67
The nature and quality of communication and collaboration between parents and teachers regarding deaf-blind children's educational needs are often characterized by a high degree of intentionality and individualized effort. This collaborative partnership is crucial and relies on consistent, multi-modal communication to ensure that the child's unique learning needs, communication methods, and daily progress are effectively shared and addressed across both home and school environments.	1	16.67
The nature and quality of communication and collaboration between parents and teachers of deafblind children in inclusive classrooms are often characterized by regular, structured interactions through individualized education plan (IEP) meetings and progress updates, fostering mutual understanding of the child's unique sensory and learning needs. However, the effectiveness of this collaboration can vary due to factors such as teachers' training in deafblind-specific strategies and the availability of consistent, accessible communication channels, which are critical for addressing the child's educational needs successfully.	1	16.67
Parents from low-income backgrounds experience difficulties in maintaining regular contact with schools due to limitations in time, transportation, and financial resources. Social stigma and negative attitudes toward disability further discourage parents from engaging in open discussions with teachers.	1	16.67

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4.2. What challenges do parents face when seeking to actively participate in educational planning and decision-making processes for their DB children in inclusive schools? समावेशी िवB ालयमा आPना श्रवण-ह™ी िवहिन बालबा िलकाको शै िक्षक योजना र िनणय प्रिक्रयामा सिक्रय सहभा िगता जनाउने क्रममा अिभभावकहरूले कुन–कुन चुनौतीहरू भो िगरहेका छन्?

TYPE: TEXT. 6 out of 6 respondents answered this question. (0 were without data.)

Value	Frequency	Percentage
समावेशी िवB ालयमा मेरी छोरीको शै िक्षक योजना र िनणय प्रिक्रयामा सहभागी हुँदा मैले सूचनाको अभाव (IEP बारे अपयाप्त जानकारी) र संस्थागत बाधाहरू (िशक्षकहरूको व्यस्तता वा िवशेषज्ञताको कमी) जस्ता चुनौतीहरू भो िगरहेको छु। साथै, सां ृ ितक पूवाग्रह (अपाङ्गतालाई कमजोर ठान्ने मानिसकता) र आिथक अवरोधहरू (िवशेष साधनहरूको खच बहन गन गा5ो) ले पिन सिक्रय सहभा िगतामा बाधा पुयाउँछ।	1	16.67
Parents face challenges such as limited awareness of educational policies, communication barriers, and insufficient opportunities for meaningful involvement when participating in planning and decision-making for their deaf-blind children. Additionally, institutional constraints and a lack of cultural sensitivity in schools often hinder collaborative engagement in inclusive education settings.	1	16.67
I face challenges such as limited awareness of educational policies, communication barriers, and insufficient opportunities for meaningful involvement when participating in planning and decision-making processes. Institutional constraints and a lack of cultural sensitivity in schools further impede my active engagement.	1	16.67
Parents of deaf-blind children face significant challenges in educational planning due to a lack of specialized knowledge among school staff regarding deaf-blindness and effective communication strategies. This disparity in expertise often leaves parents feeling unheard and undervalued as the primary experts on their child's unique needs, hindering their ability to meaningfully contribute to the development of a truly inclusive and effective Individualized Education Program (IEP).	1	16.67
Parents of deafblind children face challenges in actively participating in educational planning and decision-making processes due to limited access to specialized knowledge about deafblindness among school staff and insufficient training on inclusive practices, which can hinder effective communication and collaboration. Additionally, systemic barriers such as bureaucratic delays, inconsistent policy implementation, and a lack of accessible resources or interpreters often restrict parents' ability to advocate effectively for their child's tailored educational needs in inclusive school settings.	1	16.67
Although Nepal's inclusive education policies, such as the Rights of Persons with Disabilities Act (2017), promote parental involvement, their implementation remains weak. Schools lack clear guidelines and mechanisms to foster parent–teacher collaboration. Limited coordination among the Ministry of Education, local governments, and Organizations of Persons with Disabilities (OPDs) further restricts the inclusion of parents in educational decision-making processes. Many parents, particularly those from low-income families, are preoccupied with livelihood activities and meeting basic needs, leaving them with little time to participate actively in school planning. Additionally, the care responsibilities and specific needs of children with deaf-blindness demand extra time and energy from parents, which further constrains their engagement in educational planning.	1	16.67

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4.3. What opportunities are available to promote effective parental involvement in the inclusive education of their DB children? 3 श्रवण-ट्™ीिविहन बालबाि लकाको समावेशी ि शक्षामा अिभभावकको प्रभावकारी सहभाि गता प्रवऽ न गन उपलब्ध अवसरहरू के–के छन्?

TYPE: TEXT. 6 out of 6 respondents answered this question. (0 were without data.)

Value	Frequency	Percentage
Opportunities for promoting my effective involvement include structured parent- teacher meetings, workshops on specialized instructional strategies, and training programs on assistive technologies. I also utilize collaborative platforms such as school committees and advocacy networks to contribute actively to educational planning and policy implementation.	2	33.33
मेरी छोरीको समावेशी ि शक्षामा सिक्रय भू ि मका ि नभाउन IEP (व्यिक्तगत ि शक्षा योजना) बैठकहरूमा सहभाि गता, ि वशेष ि शक्षा सम्बन्धी अिभभावक प्रिशक्षण कायक्रमहरू र सहपाठी जागरूकता अिभयानहरू प्रमुख अवसरहरू हुन्। यसका साथै अिभभावक समूहहरूसँग जोि डएर संयुक्त अिभयान चलाउने, ू ल नीि त ि नमा ण प्रिक्रयामा सहभागी हुने र स्थानीय ोतहरूबाट आिथ क/प्रा ि विधक सहयोग जुटाउने जस्ता अवसरहरूले पिन मेरो सहभाि गतालाई प्रभावकारी बनाउँछन्।	1	16.67
Opportunities to promote effective parental involvement in the inclusive education of deaf-blind children include structured parent-teacher meetings, workshops on specialized instructional strategies, and training programs on assistive technologies. Moreover, collaborative platforms, such as school committees and advocacy networks, enable parents to actively contribute to educational planning and policy implementation.	1	16.67
To promote effective parental involvement, schools and support networks should create structured opportunities for parents to become key members of the educational team □. This can be achieved through regular, well-facilitated meetings where parents are treated as expert partners on their child's unique needs, as well as by providing accessible training on educational strategies and advocacy skills specifically tailored to deaf-blindness.	1	16.67
If i am Parents of Deaf Blind Children What opportunities are available to promote effective parental involvement in the inclusive education of their DB children for my Child? Answer in 2 Sentence Academic Style.	1	16.67