

Parental Acceptance that Fosters Communication Skills of Deaf Children

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Abstract. Previous research findings have revealed that parents have a critical role in developing the communication skills of deaf children. This qualitative study investigated how hearing parents of deaf children develop their children's communication. Cortes-Rivera (1992) identified four aspects of parental acceptance connected to language and communication skill development: parental comfortableness, knowledge about the child's impairment, parental confidence in the child's abilities, and parents' confidence in professional help. A semi-structured online interview was conducted with 15 mothers of deaf children (aged 3 to 12 years) with severe and profound hearing loss. Thematic analysis was used to analyze and identify themes that emerged in each aspect of parental acceptance (Cortes-Rivera, 1992) related to fostering deaf children's language and communication skills. In general, effective communication is facilitated by parental acceptance by developing communication methods that are understandable to both parties and by encouraging deaf children to communicate with siblings, peers, and others. In addition, the findings can be used as material to develop the acceptance of hearing parents of deaf children.

Keywords: Parental Acceptance, Deaf Children, Communication Skill

1 Introduction

According to the World Health Organization (WHO), 34 million out of 466 million children worldwide suffer deafness [1]. In Indonesia, about 2.6% of its population is also experiencing a similar situation [2] and according to the Management Information System for Persons with Disabilities from the Ministry of Social Affairs has placed into the 4th rank (7.03%) compared to the other types of disabilities [1]. In 2018, The National Report of Riskesdas by the Ministry of Health has shown the proportion of children born deaf in Indonesia is 0,11% [2]. The major cause of deafness in children is not genetic [1], leaving the possibility of deaf children born to hearing parents.

Deaf children are categorized into 2 (two) different groups, consisting of deaf and hard of hearing [3]. Deafness is a medical condition characterized by a child's inability to understand sound/sound stimuli, which results in difficulty in processing information through hearing whether using hearing aids or without hearing aids. On the other hand, hard of hearing refers to the condition of a child who still has residual hearing thus still receiving information with a hearing aid. In this study, the term deaf refers to children who have severe (71-90 dB) and profound (> 91 dB) hearing loss [3].

Several studies showed that deaf children of hearing parents generally experience developmental delays such as language [4], socio-emotional [5], prosocial behavior [6], insecure attachment styles [7], and lower academic achievement compared to typical children or deaf children with deaf parents [8]. Approximately 95% of deaf babies are born to parents who can hear normally and they usually have no experience with deafness as a disability [9]. Communication is a significant issue of the problem because the communication that occurs between hearing parents and deaf children does not occur naturally, intuitively, and spontaneously [10] which has an impact on the interaction between the parent and children which will be disrupted from the beginning. Hearing parents require a greater effort to communicate with their deaf children compared to parents of children with normal hearing.

Communication is the activity of conveying and receiving messages verbally (with words) and/or non-verbally (with body movements/expressions). Successful communication will occur if the recipient of the message understands the content of the message delivered by the sender. Effective communication between parents and children is crucial for children's social, emotional, and cognitive development. Furthermore, it helps to boost children's self-confidence, fosters positive self-esteem, and builds good social relationships with peers [11][12]. However, communication difficulties between hearing parents with deaf children can result in less than optimal psychological health in deaf children [13].

Communication between deaf children and their hearing parents should begin with the parents accepting the child's hearing impairment [14]. The acceptance of hearing parents is an important milestone for deaf children's development [15] because their hearing conditions are not easily accepted by hearing parents [16]. In general, parental acceptance involves providing care and love, both through verbal and nonverbal purposes [17] such as embracing, stroking, praising, appreciating, and making the child feel accepted and loved. Although not specifically for deaf children, Kandel and Merrick [18] found that parents who accept and embrace the presence of special needs children are more likely to recognize and understand the limitations, and actively seek out the child's potential. In addition, parents also tend to be more active in seeking appropriate resources and therapy to improve their child's health [19], thus helping every potential of their child's development.

Compared to parents of normal-hearing children, hearing parents of deaf children must make greater effort to communicate with them. Based on findings from research conducted by Cortes-Rivera [20] regarding the acceptance of parents who have deaf children implies that there was a relationship between parental acceptance and the language development of deaf children. Parental acceptance in that study was determined by four aspects, namely: (a) parental comfortableness, (b) knowledge about the child's impairment, (c) parental confidence in the child's abilities, and (d) parents' confidence in professional help. Furthermore, the findings of Cortes-Rivera's research [20] also showed that the role of the mother has a significant correlation, compared to the role of the father which was insignificant in children's language skills. Moreover, research conducted by Supiah [21] showed that parental acceptance of deaf children was a way for parents to encourage children's development, including language development. On the contrary, parents' difficulty accepting their deaf child was associated with lower language development. However, research conducted by V. G. W. Ongkowardoyo and F. M. Mangusong shows that acceptance by hearing parents did not contribute to semantic language abilities in deaf children [22].

Although aspects of acceptance by hearing parents related to the language development of deaf children were put forward by Cortes-Rivera in 1992 [20], the explanation of each aspect needs to be further elaborated regarding the acceptance by hearing parents of deaf children. In addition, in the Indonesian context, literature regarding the acceptance of hearing parents in developing communication skills with deaf children is still relatively limited [22]. Therefore, this study intends to explore how parental acceptance of hearing is related to the efforts to develop deaf children's communication skills.

2 Research Methods

A qualitative approach was used to answer the research questions in this study. Purposive sampling was used in this study with the participant characteristics being hearing mothers (hearing parents) who have deaf children aged 3 to 12 years with severe or very severe hearing loss, and children who have been deaf since birth. The reason for choosing mothers as participants refers to the results of research by Hadadian and Rose [23] that deaf children have more contact with mothers compared to fathers and are more actively involved in sign language and communication classes to accommodate their deaf children. The age range has been chosen from 3 years to 12 years of deaf children, considering that children are pre-school age and school age is the best time to develop language skills [24]. Unfortunately, at the age of three years, deaf children's language development will lag behind hearing children [25].

After this study received approval from the research ethics review issued by the Faculty of Psychology-University of Indonesia, fifteen hearing mothers who met the criteria were willing to become participants in this study after signing an informed consent. By considering the opinion of Rohner et al [26] which states that a collective understanding of local culture can also influence parental acceptance, therefore the participants did not only come from one but five provinces on the island of Java and Bali, including Jakarta, West Java, Java Central, Yogyakarta, and Bali. There are no special considerations behind the provincial selection. Participants were interviewed online for 60 to 90 minutes. Table 1 presents brief demographic information of the participants. Pseudonyms were used to protect the confidentiality of all those involved. Data collection in this research was collected through administering a demographic questionnaire and semi-structured online interviews prepared by the researcher. The questions focused on participants' experiences in accepting the condition of deafness in children based on research results proposed by Cortes-Rivera [20]. The results of the interviews were transcribed verbatim and then the data analysis technique was carried out using Braun and Clarke [27] thematic analysis with a deductive approach. A deductive approach means themes are developed based on existing research questions and existing theoretical frameworks [27]. The identification of themes used a semantic approach, meaning that the themes that emerge in this research are explicit and the analysis did not look for anything outside of what the participants say in other words, the researcher did not interpret what the participants say. The results of the interviews in transcript form were read by two researchers, repeatedly to facilitate a deeper understanding of the content and context of each interview and to avoid vague meaning in the data until it provided clarity. Member checking and coder agreement are two specific steps researchers take to ensure authenticity and reliability.

Table 1
Background Information of Participants

Mother's Name (<i>pseudonym</i>)	Province	Mother's Age (in year-old)	Child's Age (in year-old)	Deafness Category
Vivi	Jakarta	45	13	Severe
Umi	Jakarta	40	12	Severe
Nita	Jakarta	46	6	Severe
Nike	West Java	36	8	Profound
Sri	West Java	37	11	Severe
Siti	Jawa Barat	30	6	Severe
Asih	Yogyakarta	45	10	Profound
Putri	Yogyakarta	34	9	Severe
Sulis	Yogyakarta	31	5	Profound
Harni	Central Java	34	9	Severe
Lia	Central Java	56	11	Profound
Yuli	Central Java	29	4	Profound
Petra	Bali	41	3	Profound
Wati	Bali	33	10	Severe
Hasanah	Bali	34	3	Severe

3 Result and Discussion

3.1 Result

To answer the research question of whether parental acceptance of a deaf child's condition encourages parents to communicate and develop communication skills in deaf children, the research results will be described per aspect based on the theory by Cortes-Rivera [20], namely (a) parental comfortableness, (b) knowledge about the child's impairment, (c) parental confidence in the child's abilities, and (d) parents' confidence in professional help.

3.1.1 Parental comfortableness

The first aspect concerns parents' comfort in dealing with their deaf child's condition. Although negative emotions initially existed such as irritation, confusion, and feeling sorry, such as:

"Sometimes if he (the child) takes a long time to understand, sometimes (I am) annoyed, sometimes (how), looking (at the child) pity, I feel awry. (the child) also easily irritated. He (child) doesn't know, sometimes he gets angry, a little bit easy to get angry..." (Mrs. Wati).

Participants' comfort in interacting with children was also influenced by the child's emotional expressions during their interaction, such as:

"Just before he (the child) understands lip reading... then he continues to have tantrums. Now that I've been using ABD for two years, (he) already understands a lot of vocabulary... Thank God, it (communication) is starting to run smoothly..." (Ms. Yuli).

Participants felt comfortable because they already had a way of communicating with their child simply and understandably, such as:

"Just speak normally, but sometimes the child makes up his sign language, so I follow along... when the child doesn't understand, I'm confused about how to convey it, so I just use short, easy-to-understand language." (Mrs. Nita)

Participants' comfort in interacting with deaf children was also influenced by the reactions or behavior of family members outside the nuclear family.

"If it's not close (family/friend), sometimes they don't look happy, but yes, we just do it normally, and see the child's response." (Mrs. Harni).

The willingness of the participants to include deaf children in social events was noted as an indicator of their acceptance as stated by the participant:

"Often take them for walks, go to social gatherings... so that children can socialize. So that (the child) doesn't feel inferior to others... (He) can play with their friends, freely..." (Mrs. Vivi)

In addition to socializing, doctors also recommended taking children to social events or public places as a means of gaining information from the child's environment, such as:

"The reason is... the doctor said that children like this (deaf children) should often go to crowded places. So that they (the child) can socialize... The memories of a normal child are also filled with what they see and hear. My child (memories) are only based on what they (the child) see... so I often must take him to public places... So that he can have lots of memories of his golden years when he was little." (Mrs. Lia)

Children communicated with each other using different methods to try and make each other understand. While some children made an active effort to be understood, others may be more passive in their communication with their peers, such as:

"... He (the child)'s quieter except when he's playing with me... When he plays with me, he still has to keep talking, right... But when he's with his friends, it's because his friends don't know either..." (Mrs. Yuli)

For communication using voice/oral communication methods, body gestures, and lip reading, including:

"Usually by making sounds, gestures, and practicing directly what he (the child) wants to do..." (Mrs. Vivi).

"...Communication is done using sign language and lip reading..." (Mrs. Asih)

The emotion felt by the mother when her deaf child communicated with friends or others could be both positive and negative. While she felt proud that her child was not withdrawing from social situations, she was also worried and anxious about how others may treat her child.

"It's sad if his friends don't know what he (the child) means. The child (tried) to tell a long story in as many words as he could, but his friend (can only say) huh? huh? (with the expression of not understanding the child's meaning) ..." (Mrs. Yuli).

From the first aspect of parental comfort with the child's condition, the first theme appears to be that parents felt comfortable interacting with deaf children. This was evidenced by the shift from negative emotions to positive emotions, the emotional reactions shown by children when communicating with participants, participants being able to communicate simply with deaf children, and the positive reactions or support given by parents. The second theme is the participants' willingness to invite children to social events with friends or relatives. The third theme, the participant's comfort also appears when they see children trying to interact or communicate with other people/peers using simple communication (for example, body gestures).

3.1.2 Parents' knowledge of their child's deafness condition

When parents begin the process of accepting a deaf child, they need to have information about deafness, its impact, and how to best support their child. Participants use a variety of sources to gather information, including the deaf community, seminars of deaf children, therapists, schools and teachers, family and friends, and social media platforms such as YouTube, Google, and Facebook.

"... from the doctor, from my brother-in-law, that, eh (interjection)... from friends, nothing else..." (Mrs. Wati).

"Join a group, continue to take part in seminars... Often in the community, holding seminars in collaboration with a hearing center... (usually) from a speech therapist... Taught how to do it, or taught children to communicate. Read the information. Now there's a lot of information on the internet..." (Ms. Yuli).

After having various access to find information about the child's condition, the next step is how to deal with the child, especially how to communicate with the child. Most participants communicate in a mixture of several methods, for example combining their version of sign language and oral language. Most parents hope that children will be able to communicate using oral language, deaf children will be able to read the lip movements spoken by the person they are talking to because it makes it easier for them to interact better with other hearing people.

"The lip reading... Sign language... Then what's the name of that... Languages like ours... Verbal, right..." (Mrs. Yuli)

"Yes, with signs... With signs, if he (the child) doesn't understand the signs, (it will) help him with facial expressions, (he) reads mouth and lips." (Mrs. Wati).

Furthermore, the mother knows the condition of deafness which can be seen from the parent's ability to understand the condition and the potential that the child can achieve. Based on the participants, almost all hearing mothers found positive things in their children, and discovered their children's strengths and weaknesses, thus the hearing mothers had positive hopes for their deaf children in the future, for example regarding their future careers.

"The hope is that the important thing is that children are independent and understand the situation of themselves and others, (also) know how to put themselves. For career, (can be) according to the child's wishes, the as long as he is happy and successful." (Mrs. Vivi).

"If I guided him to become an entrepreneur. I don't want to guide him to work with (under) other people." (Mrs. 5).

In the aspect of knowledge regarding deafness, it appears the theme regarding the use of various information to find out about children's conditions, themes regarding how to deal with children, and themes about understanding the condition and positive potential of deaf children. Sources of information are obtained from professionals, for example, doctors or therapists, schools, or teachers where children attend school, the internet, such as Google, and YouTube, and from the communities they participate in. Meanwhile, communication methods are what parents are looking for, and hope that their children will be able to communicate orally and read the lips of the person they are talking to. Mothers also try to understand the child's advantages and not focus on hearing loss.

3.1.3 Parents' belief in children's abilities

Parents' belief in the abilities of deaf children supports the process of parental acceptance in developing deaf children's communication skills. Despite the child's deafness, parents believe that deaf children can engage and compete with typical children, by giving deaf children time to do activities that they can do independently, such as daily self-development activities such as eating, drinking, bathing, or playing. inside the house.

"Since the 6th grade of elementary school, he has been independent. If I leave (the child) alone, he can cook for himself..." (Mrs. Vivi).

"... As for eating, (he can) eat by himself, but I (the mother) often find it difficult to feed them because it takes them a long time, but the child is very independent. He (the child) can also change clothes by himself ..." (Mrs. Nita).

For activities outside the home, but still around the neighborhood, and the hearing mother knows who the child was playing with and can communicate with playmates, the hearing mothers tend not to accompany the child when playing.

"... sometimes he (the child) plays with his brother and his friends. We oversee. So, we sometimes... leave him outside, we only hear (supervise) his voice from inside, from the living room..." (Mrs. Hasanah).

"Yes, (he) plays alone, basically I don't supervise him from kindergarten anymore, basically when (he) can communicate, I let him play." (Mrs. Putri).

The third aspect discusses how hearing parents habituate their children to be independent in activities at home, including bathing, eating, and tidying up the house. For deaf children to participate in activities outside the home, hearing parents must be confident that their child will not be mistreated by others while playing outside, the child must be able to communicate effectively with peers and have friends who understand their intentions, and it may be helpful for family members or close friends to accompany or supervise the child.

3.1.4 Parents' confidence in receiving professional help.

Confidence in receiving professional help is the fourth aspect of parental acceptance. Upon hearing the pediatrician's diagnosis of hearing loss, all participants expressed negative emotions, including shock and sadness. At some point, they felt they had no choice but to accept the diagnosis as fate. It is important to note that these emotions were subjective and not necessarily reflective of the parents' objective evaluation of the situation. With the acceptance of their child's condition, parents were more motivated to seek information to optimize their child's growth and development, particularly in terms of language and communication.

"Crying, sad but trying to be more accepting." (Mrs. Vivi).

"Sad, shocked. Even though there had been previous suspicions. So, yes, I have accepted fate, try to make the child independent." (Mrs. Umi).

The spouse or partner offers emotional support to the hearing mother regarding their deaf child's condition. Although they initially refused, they tried to accept and provide the best possible development for the child over time.

"... and finally, we (husband and wife) said no matter what, he is our child, we will give him the best..." (Mrs. Petra).

Apart from the spouse, close family, such as grandparents, mother's or father's siblings also provide support for participants to accept their child's condition. The support provided can be in the form of financial support, providing information, providing advice and encouragement, and reminding us of God's will.

"They (the family) are also sad, but they remind us that children are a gift from God, so we have to be patient." (Mrs. Vivi).

"Support: financial, information, whenever there are difficulties, the family is ready to help." (Mrs. Umi).

Furthermore, parents' acceptance of receiving professional help can be seen in the parents' decision to go to other professional help after diagnosis and seek professional help when something happens to the child. Participants followed up on the doctor's advice by carrying out further assessments, purchasing hearing aids, and undergoing therapy.

".. just follow my doctor's advice, (to) come here... What is it, I didn't really ask the doctor (they) just gave it to me straight away. For example, the child does therapy, he comes for example once a week..." (Mrs. Nita).

Some participants said that they would seek professional help beyond medical and therapeutic help when something happened to them, such as going to a psychologist to deal with the emotional problems of children.

"... In the beginning of symptoms, I also shared things like that with psychologists, and therapists..." (Mrs. Siti).

In the fourth aspect, the first theme appears regarding external or internal factors that support or inhibit seeking help after a child receives a diagnosis of hearing loss from a doctor. Internal factors that support or inhibit are related to the participant's emotional condition towards deaf children. Meanwhile, external factors are spouses or other family members. The second theme that appeared was seeking professional help after a child was diagnosed with hearing loss and the third theme was seeking professional help when something happened to the child, other than going to the doctor.

3.2 Discussion

This research elaborated on the acceptance aspects of hearing parents who have deaf children, particularly mothers, to develop communication skills for deaf children which refers to the four aspects of parental acceptance from Cortes-Rivera [20]. According to the result, it was found that the first aspect, namely parental comfortableness, includes: (a) feeling comfortable when interacting with deaf children, (b) inviting children to social events with relatives (friends/family), and (c) feeling comfortable with the way children interact with other people. Accepting deaf children is often difficult for hearing parents [16]. Hearing parents experience difficulties in adapting due to their lack of understanding in communicating with deaf children [29]. The results of research conducted by Nasralla et al [14] show that parental acceptance is proven to be the starting point for the development of children's verbal or gestural communication, as well as cognitive, motoric, and emotional development. By reaching acceptance, hearing parents will build a quality, safe, and intimate relationship between hearing parents and deaf children. In line with the statement by Ogden et al [30] that parental acceptance is characterized by comfort in showing their child's condition to everyone.

The second aspect is knowledge about the child's impairment, including (a) using various sources to find out about the deaf child's condition, (b) knowing how to deal with deaf children, and (c) understanding the condition and the potential that the child can achieve or in other words, hearing parents find something positive about their child's deafness. The findings support

research by Flowers et al [32] who found that parents are often uncertain about their child's initial hearing loss diagnosis. Lack of information about diagnosis and difficulty finding ways to better meet their child's needs are barriers for parents [31]. Therefore, parents of children diagnosed with any disability, including hearing loss, often experience a range of emotions in the early stages that may include shock, rejection, anger, guilt, depression, and anxiety. [30]. Parents' confusion and ignorance lead them to see many professionals, then they are overwhelmed with an abundance of information and then make decisions regarding hearing aids, communication options, and education [31].

The third aspect is parental confidence in the child's abilities, including (a) giving deaf children time to be alone at home and (b) providing opportunities for children to carry out independent activities outside the home. The findings are in line with those of Ogden et al [30], who suggest that when parents do not acknowledge the presence of their child with a disability, they may lack confidence in the abilities and potentialities of the child, which may be reflected in an over-involvement of parents in socializing and interacting with their child [18]. Parents' refusal to accept the existence of children with special needs not only has an impact on the child's development but also has an impact on parents and families [32].

The last aspect, parents' confidence in professional help, includes (a) external/internal factors that support or hinder seeking help, (b) meeting professional help after a diagnosis of a child (seeking a second opinion), and (c) seeking professional help when something happens to the child. According to previous research, professionals have a significant influence on decisions made by parents of deaf children, while attitudes and prior knowledge of hearing parents may also play a role [33]. The significance of the information that hearing parents receive from professionals following a diagnosis and its impact on parents can be examined through social constructionism theory. This theory explains that an individual's knowledge and understanding of the world are formed by the individual's interactions with other people, including communication [34]. Information received by hearing parents is memorized and then will influence their thought processes and actions. As explained by social constructionism theory which emphasizes that the knowledge and meaning that individuals obtain from social interactions often determine their actions [35].

A specific limitation of the research is that collecting data online in the research influences the existing results. It is recommended that future research carry out face-to-face data collection so that participants have more freedom in disclosing information. This research also only conducted interviews with mothers and did not involve information from fathers. So, that future research can examine the role of fathers in developing communication skills for deaf children or how fathers-mothers work together to develop communication skills for deaf children. Although at the beginning of this research, cultural elements were considered that would produce differences in the dynamics of parental acceptance, it received less attention along the way of the research. In addition, future research can also consider increasing the number of participants and not limited to Java and Bali, but including other regions, The diversity of participants will enrich the analysis, find more varied themes, and increase the validity and credibility of the findings.

4 Conclusion

For hearing parents with deaf children, communication difficulties are the biggest obstacle. Parental acceptance of deaf children is proven to be the starting point for the development of children's verbal or sign communication which encourages hearing parents to carry out two-way communication with deaf children, teaching, and providing opportunities for deaf children to practice communication skills with parents, siblings, peers, or other people. The implementation of this research is that parents need to join a parent's support group for easy access to information, psychological support, ways, and techniques to communicate with deaf children, and others.

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