

## MOTHERS' EXPERIENCES OF PARENTING A CHILD WITH DYSLEXIA AT A DYSLEXIA CENTRE IN MALAYSIA

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### Article history

Received

15 July 2015

Received in revised form

1 October 2015

Accepted

25 October 2015

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### Abstract

The number of children with dyslexia is estimated to be continuously increased in Malaysia. Dyslexia affects the academic learning capacity of children, thus affecting the academic achievement as well. Issues related to dyslexia have led to a more complex role and experience of mothers in taking care of their children with dyslexia as compared to mothers with normal children. This study employed Interpretative Phenomenological Analysis (IPA) to explore the experiences of the mothers involved which included the challenges faced, and coping skills and their hopes in raising children with dyslexia. As a result, three themes have emerged: "life's bitterness" that was related to the lack of time, living expenses, negative feelings, educational issues and distressful role as a mother; "Never mind, I take it that way..." that was related to the extra effort; and "I wish..." that was related to a need for improvement. In conclusion, mothers should be equipped with multi-disciplinary skills such as occupational therapy and psychology, besides other related skills as the key to help children with dyslexia. Health professionals also need to have a better understanding of raising children with dyslexia so that a more effective role in addressing this learning disability can be provided.

Keywords: Mothers; dyslexia; interpretative phenomenological analysis

### Abstrak

Jumlah kanak – kanak yang mempunyai masalah disleksia di Malaysia di anggarkan akan terus meningkat. Disleksia memberi kesan kepada keupayaan pembelajaran akademik dan juga pencapaian akademik. Isu-isu yang berkaitan dengan disleksia telah menyebabkan peranan dan pengalaman ibu dalam membesarkan anak mereka menjadi lebih kompleks berbanding dengan ibu dengan anak-anak yang normal. Kajian ini telah menggunakan Interpretative Phenomenological Analysis (IPA) untuk meneroka pengalaman ibu yang terlibat termasuklah cabaran yang dihadapi, dan kemahiran menangani dan juga harapan mereka dalam membesarkan anak-anak yang mempunyai disleksia. Hasilnya, tiga tema telah ditemui: "kepahitan hidup" yang berkaitan dengan kekangan masa, perbelanjaan keperluan, perasaan negatif, isu pendidikan dan kesusahan peranan seorang ibu; "Tak mengapa, saya terima dengan cara itu..." yang berkaitan dengan penambahan usaha; dan "Saya berharap..." yang berkaitan dengan kemajuan yang diharapkan. Kesimpulannya, ibu perlu dilengkapi dengan kemahiran pelbagai disiplin seperti jurupulih cara kerja dan psikologi selain kemahiran berkaitan sebagai kunci untuk membantu kanak-kanak disleksia. Ahli profesional kesihatan juga perlu mempunyai pemahaman yang lebih baik tentang membesarkan anak- anak disleksia supaya dapat memainkan peranan yang lebih berkesan dalam menangani masalah pembelajaran ini..

Kata kunci: Ibu; Disklesia; interpretative phenomenological analysis

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## 1.0 INTRODUCTION

Children with dyslexia can be described as children who have a specific learning disability. This is characterized by difficulties in word identification,

spelling and decoding abilities despite having good motivation, normal cognitive abilities, vision and hearing [1], [2]. Dyslexia is caused by a phonological processing deficit which considerably increases the apparent discrepancy between other disorders such as Autism, Attention Deficit Hyperactive Disorder

(ADHD) and others. These children may experience difficulties in reading, speaking, listening, and writing [3].

The prevalence of dyslexia is increasing annually. For example, United Kingdom and Hong Kong recorded an increase of 0.66% to 10% within three 0.66% to 10% within three years [4], [5]. Mogasale, et al., (2012) [6] reported that the incident of dyslexia is about 11.2% in South India. In Malaysia, it is estimated that about 314, 000 students having dyslexia [7]. A study conducted by Rohaty Majzub (2005) [8] which involved 40 students from two schools at Negeri Sembilan, Malaysia found that the potential risk of having dyslexia among boys were relatively higher than among girls. However, this condition is unrecognized due to the lack of awareness and familiarity among the Malaysian population [8], [9].

This study focuses more on mothers since mothers play the important role in providing good environment of learning to ensure that the children will have well accomplishment in their academic learning process [10].

Raising children with dyslexia poses various challenges to parents especially, the mothers [8]. This is because mothers often spend most of the time with their children since birth. Moreover, the mothers were found to have more stress compared to fathers because mothers bear disproportionate share of responsibilities in raising children with disabilities [11]. Having children with dyslexia affects the mothers' personal life. This includes lack of involvement in social and leisure activities, poor social relationships, disruption in daily routines, health issues and lack of motivation [12]. Their activities are reduced as a result of their anxiety such as, thinking about their children's future life. It is an additional responsibility especially to working mothers who have to deal with stressful work situations and daily hectic work schedules. Furthermore, some mothers experienced negative emotions such as frustration, anxiety, guilt, insecurity, emotional instability, self-pity and hopelessness due to unfulfilled expectations for their children [13]. This is also supported by the previous study conducted by Shyam & Govil (2014)[11] who emphasized that mothers experiencing stress due to incompetency in taking care of disabled children. It could be because the mothers have less or no knowledge about the child's condition. It was found that nearly 50% of statements received misperceptions about dyslexia[14]. It could be minimized through professional development provided by the studies that have been done to support a better understanding of it.

Having dyslexic children to be raised may give dramatic life experiences compared to mothers who raise normal children. They may face more challenges and they have to be prepared mentally and physically to cope with those challenges. Failure of coping with all the challenges not only affects the mothers' life, but also the dyslexic children. Until now, there is relatively insufficient literature regarding the issues on life experiences of mothers who have

children with dyslexia. This study intends to provide information about these experiences not only to have deeper understanding about mothers' life experiences, but also to assist health professionals in creating accommodative programs for the dyslexic children. Therefore, this study aims to illuminate the challenges, coping strategies which are used by the mothers to cope with challenges, and hopes of mothers in raising dyslexic children for their future life.

## 2.0 METHOD

### 2.1 Study Design

This qualitative study employed the phenomenology approach as it sought to elicit an in depth understanding about the mothers' life experiences [15]. Using a phenomenological approach allows the researcher to derive meanings within the context of the participant's surroundings and environment in raising children with dyslexia.

### 2.2 Setting and Samples

A total of 20 mothers who had children with dyslexia between the ages of seven to 11 years old were recruited through purposive sampling. This sampling strategy can provide an in-depth understanding, and focus on people with a related phenomenon of interest [16]. Accordingly, participants were selected based on the appropriateness and richness of their characteristics and experiences relevant to this study. The age range of the participants was between 30 to 43 years old. All of the participants are married and living together with their spouse. The majority (eighteen) participants are working mothers. Four participants have their own business, while 6 participants work in private sector. The rest are full time housewife having other normal children to take care of. Semi-structured interviews with these mothers were held at the Dyslexia Association of Malaysia (DAM), Malaysia. The environment during interview session was protected from any noise and other distraction.

### 2.3 Data Collection

The semi - structured interviews were conducted using an interview guide adapted from KAWA's model [17] (Refer Appendix A). The participants were explained about the details of the study before a signed consent was obtained from each of them. The length of the recorded interviews ranged from approximately 45 minutes to one hour and each was subsequently transcribed verbatim. Before interview occur, both the Depression Anxiety Stress Scale (DASS)[18] and the Mini Mental State Examination (MMSE) [19] assessments were used in assessing each participant in the study. Participants who obtained scores below nine in the DASS [18] were included in

the study, while those who obtained scores above 10 were not included. The assessment was used to ensure that the participants would not be in a state of depression during the upcoming interview session. The participants also were assessed using MMSE. Participants with scores of 21 and below [19] were not included in the study, while those with scores of 22 and above were included. This assessment was used to verify that the participants did not have any cognitive impairment.

## 2.4 Data Analysis

The data was closely analyzed using the six steps of Interpretative Phenomenological Analysis (IPA) as described by Smith, Flowers & Larkin (2009) [15]. Firstly, the researcher was immersed in reading and re-reading the original written transcript. At the same time, the researcher carefully listened to the recorded interview conversation through the audio recording device used. This allows the researcher to imagine the participant's voices subsequent to reading the written transcript. By doing this, the researcher will have deeper understanding of the data.

Secondly, the researcher recorded initial thoughts and comments on the transcript after reading and re-reading them several times, and formulated a thorough understanding. This process also helps the researcher to increase familiarity and understanding, and think about issues from the transcribed transcripts and participants' experiences. In this stage, the researcher has the opportunity to start thinking of possible themes that emerged from the analysis. Then, the researcher developed potential themes from the initial comments extracted from the previous stage. Following this, the researcher connected the emergent themes, and developed superordinate themes and subthemes. In the final part of this stage, the final themes were produced. The same process was repeated to other participants' transcribed data.

Finally, the researcher re-reads each text analysis to ensure that no other potential theme existed. The researcher also re-looked at all of the themes developed previously. The researcher attempted to find any similarities in the themes to look for any connection between them. Any themes that have similar constructs were merged into one theme in order to avoid repetition of the constructs in the themes. The flow of the data analysis is illustrated in Figure 1. New themes were occasionally developed. These themes were considered as findings of this study and the themes are supported with original quote from participants' of the study.

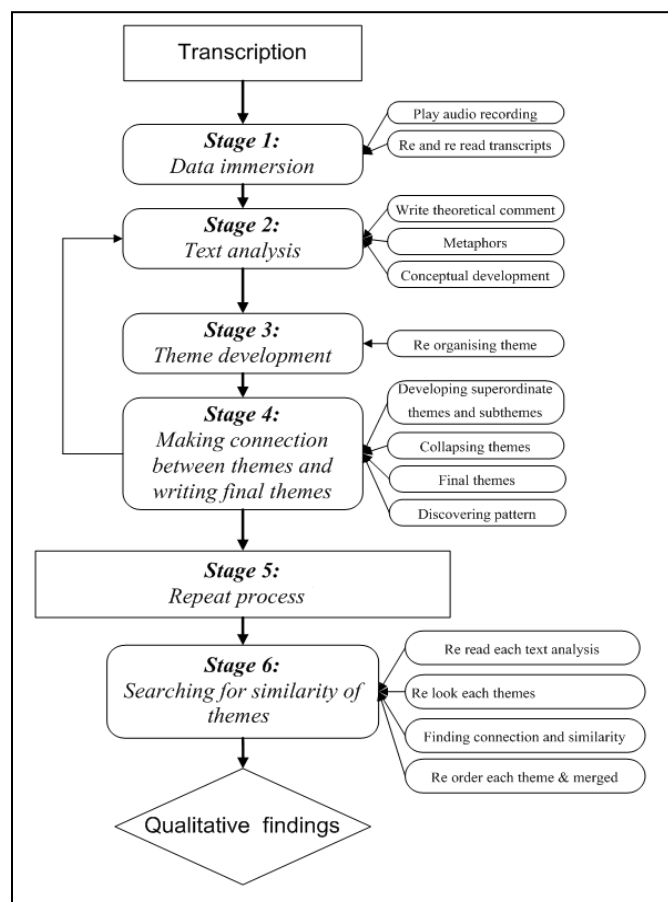


Figure 1 Method of data analysis (adapted from Smith et al., 2009)

## 2.5 Trustworthiness

In the stages of constructing questions, the researcher used unbiased questions and prompts only to facilitate understanding. Questions were developed after consultation and feedback, peer debriefing, member checking from experts to ensure inter-rater reliability in the study [20]. Minimal probe questions were also provided to ensure that there was disclosure of experience exploration [21].

Participants in the study had similar characteristics homogeneity and uniformity in relation to experience, perspective and understanding of the phenomena. This provides theoretical transferability that the participants represent actual phenomena under the study. Furthermore, themes developed in consultations and discussions were both peer debriefings, and member checking [22] to avoid misinterpretation and to help in ruling out 'false' relationships between themes. Presentations of themes and quotes came from 'real' participants and 'represented' the participants who were 'in the phenomena' under the study.

### 3.0 FINDINGS

There were three themes emerged from the interview transcripts. Each of them has a different number of subthemes. The themes and subthemes of the life experiences of mothers who raised children with dyslexia are summarized in Figure 2 as follows:

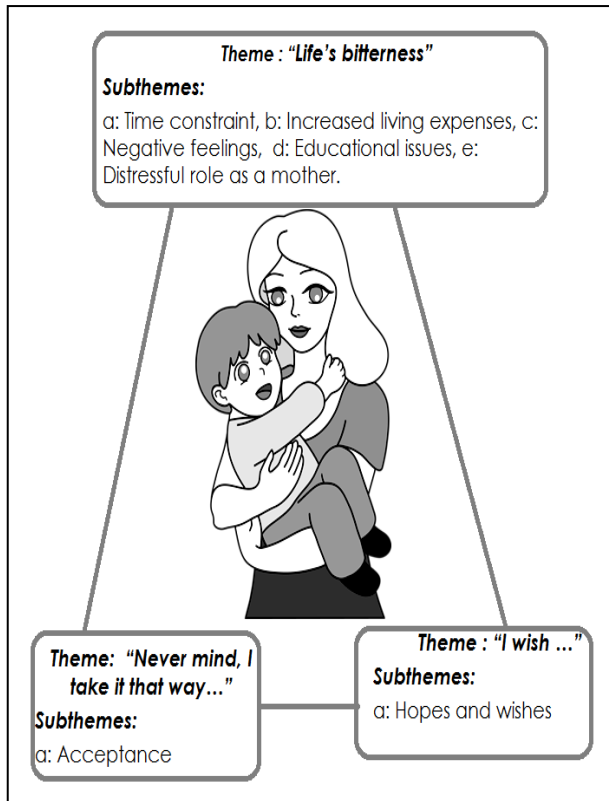


Figure 2 Themes and subthemes emerged

#### 3.1 Theme 1: "Life's Bitterness"

"Life's bitterness" is presented the scene of the hardship as well as challenges that needed to be addressed by the mothers in raising their dyslexic child. It has set the scene for participants such as experiencing time constraint, increased living expenses, negative feelings, educational issues and distressful role as a mothers.

##### 3.1.1 Time Constraints

Most of the participants described that they were experiencing time constraints in raising their children with dyslexia. Many working mothers have a grueling daily schedule and have to put an extra time to provide education to their children, and also to send them to extra classes including to the dyslexia center. Occasionally, as an employee, it cannot be denied that excessive workloads require them to spend more time at the office longer than usual. For example, a participant named Sasha told that she holds

responsibility for managing a large corporation that sometimes requires her to work over time. Even on Saturdays, she would have to occasionally attend a lot of meetings. Since the children need more attention and time from the mothers, the mothers face time constraint between working and spending time with the children. Mother, 42 years old who works as an office manager shared this experience. She said:

*"Obviously, I'm a busy woman. I need to manage the largest car workshop in Malaysia. On Normal days, I went home at 8 to 9.00 pm. The time spent with her is very short. Once back, I maximize my time, I drop my things and sit with her. I give her a hug. She Sleeps with me, otherwise She cannot sleep. During weekend, on Saturday particularly, I have to work. Like today, for example, I will have meeting until evening. On Sunday, I also have to do household by myself because I don't have a maid".*

##### 3.1.2 Living Expenses

The mothers were also investing some amount of money to take part in therapy session, extra classes and special intervention, hoping to find a cure for their children. With such paid services, the financial demand increases. The mothers reflected that they had spent a lot of money to pay fees for the extra classes, travelling cost including toll and petrol, and other educational materials such as flash card to help the children at home. It has become a burden when the cost of living is increasing as well. One of the mothers who works as a clerk shared her experience regarding her escalating cost in parenting her dyslexia children. She said:

*"...I have to reduce my other expenses just to ensure that we have enough money to pay fees to this dyslexia centre and other needs for him. Even if I want to buy something, I have to think twice to make sure I did not buy unnecessary things. Of course, I have to forget any goods to which are not really needed such as handbag".*

##### 3.1.3 Negative Feelings

Most of the mothers in this study expressed various negative feelings. The Negative feelings towards the child's condition such as worry, denial, guilty, self-blaming, low self-esteem, disappointment and sadness. The mothers were denial at the beginning of symptoms and doctor's diagnosis. They could not accept that the child has problems. In addition, others also influenced the mothers in the family that kept saying that the child is 'normal' and only needs more time in learning. For example, one of the mothers asked her mother (grandmother of the dyslexic children) regarding their child's condition

since her mother was someone with special education background and worked for a long time with special need children. Surprisingly, the mother has not even advised her to seek professional help, but also gave such words to ignore the symptoms showed by the dyslexic children:

*"I my mother, she said that 'your son is normal, nothing to be worried, let it be'. He doesn't look like children who have problem like Autism, he can listen to instruction, good eye contact, so he knows everything. He can do it by himself..."*

Another mother who is 34 years old shared:

*"Sometimes I feel like he is not a dyslexic child because he is able to pronounce 'ayam' very well. When I asked him to read, he's quite. But, about three times we did the assessment and he's definitely dyslexia. Sometimes, I try to deny it."*

Mothers also feel guilty when they see that their children are struggling in learning which subsequently require the children to attend extra classes. The children have to attend extra classes to ensure that they are able to achieve academic learning like other normal children. One of the working mothers shared her guilty feeling towards her dyslexic children:

*"Sometimes I feel guilty... when my son goes to school in the morning... and then goes to the Dyslexia Centre in the evening. Sometimes when I fetch him, he sleeps in the car until tomorrow morning. He often sleeps with his school uniform... He's too tired..."*

Not only that, some of the mothers shared that they also went through self-blaming when they were unable to identify early sign about their child's condition. They thought that they were delayed in taking action towards their dyslexic children in order to have correct intervention. For example, one of the mothers expressed that she was the one that should be blamed for not alert about her child:

*" I feel sad because, for me, I noticed about this too late... when I came here and I saw that other children were sent to this centre at the age of 5 to 6 years old, which was earlier compared to my son. I sent my son...to this center only when he was in standard one...if only I realized it earlier..."*

Furthermore, some of the mothers also experienced low self-esteem when some of their relatives kept comparing their children with other normal children:

*"...People keep asking me why my son still cannot read, write...and has lowered my self – esteem when they keep doing that...Even though some of my relatives treat my son as usual...but I still feel that the performance of my child is not as good as others..."*

When the mothers found out that the children have dyslexia, most of them felt disappointed and sad. They did not expect that the children have problem since they looked 'normal' such as talkative, active in sports and very good in memory skills.

*" ...I feel down when one of the tuition teachers told me that my son has no future and cannot be successful in his life. He cannot perform well in his future career and he can only work at fast food restaurants...[crying]... Whenever I thought about this, I feel very sad..."*

Furthermore, most of the mothers in this study shared that they was worried about their child's condition and the child's future life. The anxiety was shared by a 42 years old housewife:

*"I feel worry when I look at him, others are able to read well, but he's still struggle in reading. What is going to happen to him in the future?..."*

However, most of the mothers were finally accepting the child's condition. It is because most of them believed that they were chosen to have a 'gifted' child. Most of the mothers were able to control and overcome negative feelings since they knew that dyslexia is not as severe as other disability.

### 3.1.4 Educational Issues

Educational issues emerged when the teachers also showed little to no concern and were not aware about the child's problem. Some of them did not know about dyslexia. Some teachers thought it was normal and continued the usual method used in classes until the mothers realized that the children needed help. This shows that there is still lack of knowledge among teachers as well as mothers about dyslexia. As a result, the children may be delayed in receiving and neglected for intervention. In addition, the dyslexic children are facing with the school rejection due to reasons of maintaining the school's performance. A full-time housewife Mother shared:

*"...His previous school did not give any suggestion or action to solve the problem. When he was in standard two, the teachers of his current school suggested to me to go for dyslexia assessment at dyslexia centre. Only after that, we knew he is dyslexic...and I was asked by his current school to bring his report*

file from the previous school. Then, only I know that the file was empty and they did not write any problem or work progression for my son and I needed to do a new report file at his current school”.

### 3.1.5 Distressful Role as a Mother

As the mothers took on additional roles of parenting to dyslexic children, they found that they had to take on more responsibilities and they expressed some difficulties in adjusting to their new responsibilities. The main responsibility of providing care are the mothers, but with little understanding or assistance from others. Therefore, the mother has to divide her time between housework and children. The mothers who continually cited their despair over their dyslexic children have inappropriate behaviours such as moody, taking longer time in doing task, easily giving up as well as finally refusing to do the task, and most of their free time was spent assisting their dyslexic children. They need to give extra attention, do extra task, spend energy and time in teaching and sending them not only to school, but also to the dyslexia centre. One of the working mothers shared:

“Every day at 12.00 pm, I will fetch him earlier. He supposed to be back at 1.20 pm. But, I did an emission letter from his teachers at general school... then send him to this dyslexia centre until 5.00 pm...I will ask the teachers about his progression...Teachers will advise to do practice and so on at home...”

### 3.2 Theme 2: “Never Mind, I Take it That Way...”

Theme “Never mind, I take it that way...” emerged to unfold the coping strategies used by the mothers in managing their dyslexic child in this study. It explains how the mothers cope with many challenges and seek for help in overcoming the issues in dealing with the children.

#### 3.2.1 Acceptance

Subtheme related to acceptance revealed that the mothers were seeking internal support such as getting close to God as well as spiritual growth. In this study, all Muslim mothers kept praying and believed that having children with dyslexia is gifted and a test from God for them to ensure they become good mothers. These beliefs help the mothers to accept their child with dyslexia. A 34 years old working mother mentioned in the interviews that God or religion as a source they could depend on to cope with their dyslexic children:

“ To be honest, Why she is like this?. But when I 'beristiqamah', I did pray to open my heart and crying...crying and crying...why my child instead of others? But when I think back,'beristiqamah' back. Allah loves us by

testing us. Back to the creator. If Allah doesn't love us, He will let us enjoy with all the luxuries and money that He gave us. But, Allah loves my son and me, thus He tests us. To make me more 'tawaduq' with all the 'nikmat' that have been given to me...”

At the same time, most of the mothers in this study found external support by asking health professionals, friends as well as family members to help their dyslexic children. Besides, they put more effort by making their own reading from blog, social network and support group. Every mother has used various and different ways to cope with any challenges in order to ensure that their dyslexic children are successful. One of the mothers who works as a teacher shared:

“Initially, I feel very worry, what should I do next, a lot of counseling from the doctor and then read from internet, blog and so on, support group, what we can do to move on. At least I'm grateful that dyslexia is not as bad as others. That's it...”

### 3.3 Theme 3: “I wish...”

Theme “I wish...” represented the subtheme of hopes and wishes which described that most of the mothers hoped and wished that more dyslexia centers will be built, or special schools for children with dyslexia will be provided in each state in Malaysia.

#### 3.3.1 Hopes and Wishes

The mothers hoped that more centres or special schools are established for children with dyslexia, since in Malaysia, we only have a few branches of DAM and still lack of schools for dyslexic children. They also wished that the number of well-trained teachers and health professionals will be increased in order to help children with dyslexia. Some of the mother found out about the child's problem quite late. They felt that they have failed to notice about the child's problem due to lack of knowledge of teachers or health professionals about dyslexia. Therefore, the mothers hoped that by adding more courses or training will help them to detect dyslexia among children earlier. At the same time, we will have more people that can help children with dyslexia. This can be illustrated by one of the 39 years working mothers as below:

“When I searched about dyslexia, I found lack of information about it unlike other conditions... I wish that the dyslexia centre could be developed into a more complete and excellent school...Besides Mathematic, English and Malay language, maybe they can teach more lessons such as Islamic education or other religious subjects for other races”

## 4.0 DISCUSSION

This study presented three main themes that are common to all mothers in the study: "Life's bitterness" which refers with the mothers' challenges, "Never mind, I take it that way..." refers to coping strategies used by mothers and "I wish..." refers to hopes and wishes towards dyslexic children future life. These themes uncover the mothers' experience while raising their children with dyslexia.

### 4.1 Mothers' Challenges in Raising a Child With Dyslexia

Life's challenges and difficulties among mothers were described as, "Life's bitterness". This finding revealed how these mothers who had dyslexic children faced with challenges such as time constraint, living expenses, negative feelings, educational issues, their distressful role and their needs for help and support from others.

#### 4.1.1 Financial Challenges

Nowadays, most of the mothers are working to fulfill the demand of expensive cost of living. Most of the mothers in this study agreed that their living expenses and financial burden increase when they have to invest for their dyslexia children. Some of the mothers still afford to pay all the costs while some of the mothers struggle by reducing other expenses in their family. This may be due to the mothers in this study are within people whom in range of high and middle income categories. Even though some of the mothers were housewives, but still their husbands earn enough money to support all the expenses. Thus, the mothers in this study felt that money is not the biggest challenges in raising their dyslexic children. In contrast with a study that most of the mentioned stressful feeling was related to financial burden challenges[23]. The mothers with quite well economy status may still able to avoid or lessen their stress feeling about money. However, this challenge might still lead the mothers to negative feeling especially, the mothers from poor families. Moreover, it is more challenging when their dyslexia children's needs still being neglected due to lack of awareness about this condition[7]. Therefore it is important to get government support as well as other funding sources that can help these mothers in overcoming their increasing living expenses.

#### 4.1.2 Time Constraints

Although the working mothers have minimal expenses issue, but they have to face with both office and household workloads including taking care of their children. As a result, the mothers have limited time with their dyslexia children. It caused the mothers having conflict of themselves since their children require extra time when doing

homework[24], [25]. Even some of the mothers in this study were housewives, the mothers still have to do household chores while taking care their other children. Most of the mothers shared that time were always the biggest challenges requiring them to find extra time to help their dyslexia children in learning. They believed that they have to spend more time so that their children are able to compete with typical children. This has been in line with a previous study that dyslexia children need help in both school based and home based learning, especially throughout their first grade [26]. Obviously, the mothers sacrificed their own time and focus more on child's needs. They reduced time for social activities and used the time to find more information about their children' condition.

#### 4.1.3 Psychological Implication

This study highlights that most of the mothers expressed psychological implications in parenting a child with dyslexia. It has been reported that mothers are more often experienced grief feeling that heightened by emotional disturbances such as loneliness, isolation, depression and exhaustion [13][4]. It could be due to social relationship worries, family disorderliness, and educational issues regarding disabled children[30]. It was found that the parents had distressful role as a mother which highly expressed negative feelings towards their children' condition[4], [27]. This might be due the mothers are more likely to continue their caregiving role and responsibilities in the long term than father, even they have lack of social support and insufficient knowledge about dyslexia[4]. Besides, there is no or less delegation in doing house chores with other family members or their spouse [28]. Thus, the mothers have overwhelming demand on their role, which may affect their physical and mental health.

Surprisingly, there is no mothers in this study shared any serious physical health affect. It was reported that parents who are providing care disabled children facing with physical illnesses such as lose weight and gastrointestinal disturbances[29]. In this study, the mothers shared that they feel as main caregiving and responsibilities in handling their dyslexia child due to traditional cultural norm. In this study, the mothers believed that it was their responsibilities to take care and handle their dyslexia children due to traditional cultural norm in Malaysia.

Interestingly, the mothers in this study still have a good motivation and being optimists to realize and help their children. This is might be because of dyslexia condition does not involved physical disabilities. It has been agreed by Shyam and Govil (2014) [11] that the mothers having higher level of stress with the children who have both physical and mental disabilities. At the same time, they also reported that level of dependency and dysfunction of the children influences the level of negative feelings. The mothers also does not have effective care plan between their own needs and care for

their children, which also increase their negative feeling towards children [28]. These challenges are interrelated, for instance, the working mothers have limited time with children due to their role of employment to reduce financial burden.

In contrast with a previous study, this study indicates that cultural belief influenced mothers' denial feeling towards children condition. Traditionally, Malay culture believes their old folk's experiences as one of the guidance by comparing previous and current development of their children. The mothers seek for extra opinions when the dyslexia children showed certain symptoms. Most of the opinions made their feeling more comfortable and made them keep denying about their children problem. As a result, the mothers ignored the symptoms and delayed in taking action to help their dyslexia children. Moreover, dyslexia condition is an ambiguous and an invisible disability that beckons for clarification [14]. Conversely, Chinese mothers often choose to conceal from family and others about the disabled children due to ancestors belief [4].

Furthermore, the mothers have to face with school rejection due to insufficient knowledge about dyslexia among teachers who just concern to maintain school's an excellent achievement. It caused the mothers and children live in loneliness without received good support system [31]. All multifaceted challenges directly associated with raising the child with dyslexia. These mothers endured these challenges in order to provide good support and to continue helping their affected children. Health professionals should emphasize these issues when dealing with the mothers in drawing up parents' program subsequently effective programs for their dyslexic children.

#### 4.2 Coping Strategies Amongst Mothers

Theme "Never mind, I take it that way..." emerged when most of the mothers from this study had problems coping by acceptance. The mothers sought support and resources through: sharing and exchanging views with spouses, friends and family members; strengthening their religious faith; searching alternative avenues for their children's future; and sought advice from health professionals. All these strategies were intended to help their children to have a better future. Even though, a few mothers in this study denied their children' condition at the beginning, they accepted their fate and expressed their search for resources in the end. Paradoxically, the mothers still not received a good support system from family members, community, health professionals and authorities such as government [32]. This could be due to the fact that there is still a lack of knowledge about dyslexia, which led to the apparent lack of awareness and neglect of the problem [7]. Mutual support and concern between spouses would definitely affect positive coping behaviour of the mothers towards their child's condition [33]. Hence, health

professionals, educators, families and friends are the people to provide the necessary support to help the mothers to cope with many challenges in raising their dyslexic children.

#### 4.3 Hopes Amongst Mothers

The theme, "I wish..." illuminates that the mothers shared their hopes and wishes for their children. They expressed hope that their children would display some improvements in learning and become successful people. They also expressed their hope for the government and NGOs would provide more support by improving facilities besides their main concern for well-trained teachers and health professionals. The mothers' expectations for well-trained teachers corresponded to a study by Lemperou, Chostelidou and Griva (2011) [34] in which it was reported that some of the EFL teachers expressed interest in attending In Service Education and Training (INSET) so as to become more equipped to teach children with dyslexia. This is also supported by Chien and Lee (2013) [4], which suggested well-trained teachers and other school personnel should provide more specific support for children learning in school, such as through small supplementary lessons or tutorials for children with learning problems.

In addition, the present study found that the mothers hope for more centres or special schools will be established for dyslexia, since in Malaysia, only have a few branches of DAM and still lack of schools for dyslexic children. Parents hope that their voices are to be heard, so that collective actions can be taken to mitigate insufficient facilities such as adding more organizations to give intervention towards children [35]. This hope also supported by Matenge (2013) [36], which should have more special education schools, inexpensive interventions and educational programs, as well future facilities like retirement homes to help the children receive early intervention. Although there is increasing number of special class for special needs children from year to year [37], a lot of improvement in facilities and special class for dyslexic child are still needed. Such efforts from the government and NGOs may decrease the challenges in raising children with dyslexia allowing the mothers to have the ability to set and meet goals, and continue having hopes towards children [38]. By doing so, it can be concluded that these efforts would be able to provide a good benefits not only to the mothers and their children, but also to health professionals in order to provide a high quality intervention for children with dyslexia in future.

#### 4.4 Limitation

This present study has a number of limitations. Firstly, the use of IPA as a methodology to analyse the data needs to be considered. The qualitative nature of IPA approach involves an interpretation of the participants' experience by conducting in-depth



interviews. The potential bias of questions was raised when using self-involved approach in conducting in-depth interviews [39]. However, this study used peer debriefing and member checking approaches to minimize any possible bias in the interpretation of the analysed data. Peer reviewers provide assistance to probe biases, explore alternate meanings, and clarified possible biased interpretation, thus potential bias was reduced [39]. Confidently, any differences in the analysis were identified and discussed in order to reach a consensus. Thus, the steps of data analysis involved two persons (the researcher and the supervisor), who were well protected from one's personal account perspective.

The study was conducted in one of dyslexia center, which involved mothers who live in urban area, which could have had similar educational and other socioeconomic backgrounds. This might have contributed to similarities in the description of experiences and perceptions regarding the challenges, used of coping strategies and hope in raising child with dyslexia. Therefore, the findings might not be generalised to other mothers in Malaysia with different contexts and backgrounds. However, this study was able to emphasized and highlighted related themes that contributes to development of body knowledge regarding this topic.

Furthermore, this study recruited mothers as the samples to explore the experiences in raising their children with dyslexia. Mothers' experiences might be different when compared to fathers' experiences in terms of challenges, coping strategies and hopes for their dyslexic child. Experiences may differ according to the nature of the father's relationship with their children and it is essential to have both genders in the exploration of experiences[40]. The results might have been different for fathers, since different psychosocial outcomes were found when comparing mothers and fathers on their parenting experience [41]. Therefore, future research might consider both mothers and fathers rather than focused on mothers' experiences only, such as using the focus group discussion [15].

## 5.0 CONCLUSION

In conclusion, it is clear that the mothers need support and assistance to overcome the challenges outlined and to enhance their coping strategies to secure renewed hope in raising their dyslexic children. Thus, these mothers should be aware of multi-disciplinary health professionals that can provide supports such as occupational therapy, psychology and related skills, which are crucial to help them parenting the children with dyslexia. Health professionals also need to have a better understanding of the issues accounted by family members in raising children with dyslexia to provide an effective service. Future studies to explore the

experiences of spouse, health professionals and educators in providing health services and education could be conducted.

## Acknowledgement

The authors would like to thank the Faculty of Health Sciences, Universiti Teknologi MARA (UiTM) and the Research Management Institute (RMI), UiTM for their invaluable support. The authors would also like to extend their sincere gratitude to the President and the staff of the Dyslexia Association Malaysia and mothers who participated in this study. This research was funded by the Fundamental Research Grant Scheme, Phase 1/2012, 600-RMI/FRGS 5/3 (70/2012), Ministry of Education, Malaysia.

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## Appendix A

- 1) Tell me about yourself.
- 2) Tell me about your experience in raising your children.
- 3) Tell me about your challenges in raising your children.
- 4) Tell me how you cope with those challenges.
- 5) Tell me what are your wishes for your children in their life.
- 6) Is there anything else that you would like to share with me?