

**YANGON UNIVERSITY OF ECONOMICS
MASTER OF DEVELOPMENT STUDIES PROGRAMME**

**A STUDY ON PERCEPTION OF CAREGIVERS ON
SPECIAL EDUCATION IN HLAINGTHARYAR TOWNSHIP,
YANGON REGION**

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Development Studies (MDevS) Degree

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This is to certify that this dissertation entitled “**A STUDY ON PERCEPTION OF CAREGIVERS ON SPECIAL EDUCATION IN HLAINGTHARYAR TOWNSHIP, YANGON REGION**” submitted as the requirement for the Degree of Master of Development Studies has been accepted by the Board of Examiners.

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ABSTRACT

Special Education seeks to enhance learning potentials of children with disabilities and provide their needs especially those who cannot easily benefit from the mainstream system. The study aims to examine the perception of care givers on special education and to determine the association between socio-demographic of caregivers and their perception on special education in Hlaing Tharyar Township. A community based cross-sectional descriptive study design was used. A total of 160 caregivers were interviewed by face to face. Data was collected by using structured questionnaire. This study found that the majority of the respondents had good knowledge about special education needs. Most of the respondents also had the good perception and 100% influence on making decision and 100% support for their child's special education. There was statistically significant association between knowledge and perception score for special education and gender and family income per month. Thus, financial assistance, training on disability awareness and education services should be provided for caregivers in order to get their rights to education and to be fulfill for SDGs four.

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LIST OF ABBREVIATIONS

ADHD	Attention Deficit and/or Hyperactivity Disorder
AEPS	Assessment Evaluation Programming System
AIDS	Acquired Immune Deficiency Syndrome
ASEAN	Association of South East Asian Nations
ASQ	Ages and Stages questionnaire
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CESR	Comprehensive Education Sector Review
CRC	Convention on the Rights of the Child
CWSN	Children with Special Needs
DSW	Department of Social Welfare
EC	Executive Committee
ECEE	Early Childhood Care and Education
ECI	Early Childhood Program Intervention
EFA	Education for All
HIV	Human Immunodeficiency Virus
ID	Intellectual Disability
IPP	Individual Program Planning
IQ	Intelligence Quotient
JICA	International Cooperation Agency
MDA	Myanmar Disable Association
MOE	Ministry of Education
MSWRR	Ministry of Social Welfare, Relief and Resettlement
NGO	Non-governmental organizations
RMSA	Rashtriya Madyamik Shiksha Abhiyan
SES	Special Educational Classes
SDGs	Sustainable Development Goals
SE	Special education
SEN	Special Educational Needs
SSA	Sarva Shiksha Abhiyan
TLMM	The Leprosy Mission Myanmar

UNCRPD	United Nation Convention on the Rights of Persons with Disabilities
UNESCO	United Nations Educational Scientific and Cultural Organization
UNICEF	United Nation Children’s Fund
WHO	World Health Organization

CHAPTER I

INTRODUCTION

1.1 Rationale of the Study

Globally, at least 93 million children are living with disabilities worldwide. Children with disabilities such as attention deficit and/or hyperactivity disorder (ADHD) are more likely to have sleep disturbances than children without disabilities and may warrant particular attention for health promotion and disease prevention (WHO, 2011).

According to the first Myanmar National Disability Survey conducted in 2008–2009, 2.3% of Myanmar’s population had a disability (Department of Social Welfare, DSW) and The Leprosy Mission International Myanmar, TLMI, 2010). However, this estimate is much lower than current international estimates of the prevalence of disability: about 15% of the world’s population are estimated to live with some form of disability (WHO, 2011). The relatively low estimation of the number of people with disabilities in Myanmar may be linked to the lack of a clear definition of disability in the national context especially children.

Children have the right to access an educational system. Education is a fundamental right of children. It has no importance whether the child is healthy or has a health problem. When the medical problem of the child impairs him to learn in a normal school, it is necessary to find alternative forms of study. The fundamental children’s right for education is offered to children with special needs by special schools (World Health Organization (WHO), 2007). Thus, children with special educational needs is achieved by offering them the possibility to attend a special school, because their state of health does not allow them to attend a normal school. Because of the fact that reports from the Ministry of Education (2014) suggest that 9738 children with disabilities are enrolled in primary schools, 11,536 children with disabilities are enrolled in middle schools, 47 children with disabilities are enrolled in high schools and 1450 children with disabilities are enrolled in special education schools in Myanmar.

Special Education is education that seeks to enhance learning potentials of children with disabilities and provide their needs especially those who cannot easily benefit from the mainstream system. For example, students who are blind or deaf or have intellectual disability who sometimes cannot be catered for in mainstream schools. The special education school has consisted of small, self-contained classes that are locally integrated into designated schools. They follow either a reading-based curriculum (children with mild intellectual impairments) or a life skills-based curriculum (moderate to profound intellectual impairments). They may also have an 'integrated placement'. In such cases, the child is educated in a general education class but receives extra support and follows one of the abovementioned curricula (Granlund & Roll-pettersson, 2011). In order to develop the special education for the disable children, care givers including parents are the pivotal role for their children.

Caregivers' perception of disabilities and special education services can impact the way they interact with professionals providing services for their children with disabilities. In addition, the cultural background of caregivers plays an important role in their perception of disabilities, as well as how they communicate with professionals. Perceptions, viewpoints, and attitudes toward disability (Hwang & Charnley, 2010) as well as processes for diagnosing and treating of disability differ from culture to culture. Understanding the culture of the family such as the family's interpretation of disabilities plays an important role in building partnerships with caregivers of children with disabilities.

Many students with disabilities were placed in segregated schools, and many in the educational field began to express dissatisfaction with the segregation process. Equality of Rights, states that, "Every individual is equal before and under the law and has the right to equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, color, religion, sex, age or mental or physical disability". However, the caregivers of school children in special education schools have reported needing more information about their child's special needs, how to teach the child, and how to identify and access present and future educational supports and services, as well as how to safeguard their child's rights (Special Education Policy, 2008).

Several studies (National Agency for Education, 2000) identified a lack in the regular school of special education and personnel resources for pupils with cognitive impairments. In addition, Rosenkvist and Tideman (2000) found that school

administrators in the regular school who failed to provide non-enrolled students with the necessary resources faced no legal consequences. The importance of partnership between parents and school and maintained that the most effective measure for assuring that a society is supportive of all persons, regardless of disability, is to institute regular schools with a 'special education'. Due to the changes that the school system is presently undergoing, as well as the fact that both national and international influences support a special school policy, it is pertinent to document parental perceptions regarding both integrated and segregated environments.

Moreover, previous research showed that a strong association between the type of disability and caregivers' behavior and practices with children with special needs, at home and in the community at large. Nurturing a child with disabilities is a major challenge for caregivers, especially those living in resource- poor communities of developing countries. This includes bearing the additional financial burden for treatment of the child's condition, and also dealing with the stigma associated with disabilities (Monk & Wee, 2009). However, the social and emotional demands caused by the child's disability vary across the different racial and ethnic groups, given the diverse cultural norms, resources and support available to caregivers. Caregiver values and lifestyles in some cultural groups serve as a source of strength when coping with a child with special needs.

Furthermore, it is limited the studies regarding the perception on the role of care givers on special education for disabled children. Hence, it is necessary to study the perception on the role of care givers on special education for disabled children in Myanmar. In order to understand the perception of many caregiver of children with disabilities, it is helpful to first look at their socio-economic characteristics and how to associate their perception level. It is also useful to examine the influences of other factors operating within Myanmar that shape the special education needs. In addition, understanding how Myanmar caregivers' perception of disability and special education services differs from, or is similar to, other culturally and linguistically diverse parents will help professionals better understand them who have children with disabilities. It will also benefit professionals who seek to accommodate caregivers' unique needs promoting a productive, positive family and school collaboration. The richer the information on children with disabilities, the more Myanmar with disabilities will receive appropriate special education services that meet their unique needs.

1.2 Objectives of the Study

The objectives of the study are to examine the perception of caregivers on special education in Hlaing Tharyar Township and to determine the association between socio-demographic of caregivers and their perception on special education in Hlaing Tharyar Township.

1.3 Method of Study

In this study, descriptive method and chi-squared test were used to describe the perception of caregiver on special education in Hlaing Tharyar Township. Primary and secondary data were used in this study. Primary data was collected by using face to face interview to the respondents with structured questionnaires. A total of 160 respondents were interviewed by systematic sampling method. The sample survey was conducted with 160 caregivers who were the children's caregiver list from the records of OPD or Center of disable rehabilitation according to the selection criteria were obtained.

1.4 Scope and Limitations of the Study

There are over 1000 care givers (including parent) in Hlaing Tharyar Township (DSW, 2019), this study conducted 160 caregivers who have children with disabilities. This study was not providing health intervention and special education services.

1.5 Organization of the Study

This study is organized into five chapters based on the facts and data collected. This study was divided into five chapters. As the introductory chapter, rationale, objectives, scope and method of study were mentioned in chapter one. In chapter two, Literature Review of the local and international studies was mentioned and the current situation of the role of caregiver regarding special education for disable children in Myanmar was continued in chapter three. Data Analysis and Findings were in chapter four. Finally, Conclusion and Recommendation were stated in chapter five.

CHAPTER II

LITERATURE REVIEW

The aim of the literature review is to prevent duplication, to know that what other researchers were done and presented, to be familiar with other research methodology and how to present research findings and to explore the need of this study. Therefore, this chapter presents critical evaluation of previous research and theory relevant to the problems which are intended for investigating this study.

2.1 Definition of Special Education

Students with Special Educational Needs (SEN) refers to individual learners whose needs arise as a result of medical, emotional, mental or behavioral and intellectual conditions that have long-term adverse effect on their ability to access the regular educational facilities.

Children referred to as SEN also include children with the traditional disabilities and those who have cerebral palsy, behavior disorders, learning difficulty, epilepsy, speech and language disability, nomadic children, children displaced by natural disaster, street children and shepherd boys and people living with HIVAIDS (Ainscow, 2004).

2.1.1 Implications of Special Education Concept

Special education (SE) is aimed at overcoming inequality in education as well as identifying and removing barriers to learning. It exists where all schools attempt to respond to the needs of all pupils in the school and in classrooms. Thus, SE is considered as a process of improving access to education for the majority of those with special needs. Special calls for a major reform in education and should form part of an overall educational strategy that is tied to social and economic policies. The concept of special education has been conceptualized differently in different countries. In some country's inclusion is aimed at children with a range of learning needs, including the poor and girl-child.

The concept of special implies that students with disabilities belong to the local school and under the responsibility of the general classroom teachers. The school provides for the needs of all students irrespective of their level of their ability or disability and promotes a sense of “belonging” for all students (Foreman, 2011).

It requires special education schools to restructure and reorganize their practices and routines to accommodate students with disabilities. Such reorganization of regular education schools is founded on an organizational paradigm (Lipsky, 2003). This paradigm departs from the medical model that puts the blame on the student rather than the school. According to this paradigm, it is the organization of schools rather than the deficits in students that is responsible for the failure of general education to meet the needs of students with disabilities. In short, it is the school that must change to support all students in the spirit of special.

2.1.2 The Role of the School in Promoting Special Education

The school needs to possess and create a special culture whereby (Kuyini & Desai, 2008),

1. The Head-teacher (Principal) admits all children with disabilities/special educational needs from the locality.
2. The head teacher and other staff actively search for out-of school children within the community.
3. Every staff welcomes and shows love and affection to pupils with special educational needs (SEN)
4. Staff and parents of children with SEN meet to discuss the progress of the pupils
5. School provides urinals and toilets for all children including pupils with SEN
6. School creates enough ramps on the school compound with good lighting in all the classrooms
7. Teachers conduct basic screening (for visual, hearing and intellectual using basic materials for screening
8. There is reasonable Pupil-Teacher –Ratio
9. School has enforced positive disciplinary policy
10. Children with specific learning needs are provided with adapted learning material support
11. Teacher attend training on SE and organize school-based in-service training

2.2 The Role of Caregiver

Caregivers are responsible for the physical care and emotional support of child who can no longer care for them self-due to disability as well as special needs care. Special needs care is focused on meeting the needs of individuals with a condition or circumstance that interferes with normal activities of daily living, all while optimizing their independence and quality of life. They provide dependable, one-on-one care for children with special needs, no matter what age or condition. Caregivers have at least two years of experience caring for individuals with chronic care needs or disabilities. Many of our caregivers have even more years of experience with specific conditions (American Psychological Association, 2013).

They provide one-on-one support for children with special needs so they can live their lives with as few limitations as possible. They enjoy greater independence when receiving personalized help. They plan for and prepare healthy and satisfying meals appropriate for their children. They work with families to ensure that they shop for and prepare the right foods for children' dietary requirements. They approach to care is uniquely focused on improving day-to-day happiness and quality of life. Going to the school or even just taking a walk together helps caregivers' bond with their children and help make their days engaged and fulfilling. They provide essential reminders and monitoring to make sure the right meds are taken at the right time. They can drive clients to conduct errands, attend appointments or participate in recreational or social events. They ensure clients' personal care needs are met and support bathing, grooming and other hygiene needs so clients are comfortable, clean and healthy (WHO, 2017).

2.2.1 Caregiver Involvement in Child's Special Education

A caregiver's (including parent's) decision to participate actively in their child's education has been associated with multiple issues. Hoover-Dempsey and Sandler (2007) postulated that one important variable was parental self-efficacy. Bandura (2007) described self-efficacy as a set of personal beliefs concerning how a person perceived his/her own abilities: 'Perceived self-efficacy is concerned not with the number of skills you have, but with what you believe you can do with what you have under a variety of conditions' (p. 37). It was found that caregiver involvement with school was often the product of three factors:

1. The caregiver's construction of his or her role in the child's life;

2. The caregiver's sense of efficacy for helping her or his child succeed in school; and
3. The general invitation demands and opportunities for caregiver involvement presented by both the child and the child's school.

Caregiver of children with cognitive disabilities have described their most valuable school support as access to a well-functioning, informal communication with school staff (Erwin et al., 2001). Erwin et al. maintained that the principle components of a well-functioning parent–school relationship were that the caregiver felt that their child was treated well, parents trusted the school to use information with discretion, and the school staff viewed parents as significant resources in decision-making and planning.

The caregivers of school children in special education schools have reported needing more information about their child's special needs, how to teach the child, and how to identify and access present and future educational supports and services, as well as how to safeguard their child's rights. The parents of children with severe learning difficulties reported wanting 'more' information about the learning characteristics and potential of their child, how to teach their child, information about typical/ atypical child development, how to improve their child's behaviors and how to play with their child. It was also found that the parents of children with severe learning difficulties rated communication, social skills, and motor skills as the three most important skills their child needed to learn (Granlund & RollPettersson, 2011). They stated that instruction needed to be adapted to the child's age and severity of impairment. In addition, caregiver of children with moderate impairments emphasized the significance of instruction in academic areas, while parents of children with severe impairments tended to stress socialization, friendship, and functional skills (Westling, 2006).

2.3 Children with Disabilities

Children with disabilities encounter different forms of exclusion and are affected by them to varying degrees, depending on factors such as the type of disability they have, where they live and the culture or class to which they belong (Hurst, 2003; Smart, 2005). Children with mental and physical disabilities equal rights to a full and decent life in conditions that ensure dignity, promote self-reliance and facilitate the child's active participation in the community. Unfortunately, social, cultural, physical, structural and economic barriers often deny children with disabilities equal access to

services and opportunities for meaningful participation, while vulnerabilities arising from their situation put them at greater risk of abuse, exploitation, sexual and gender-based violence, neglect and abandonment. A child with disabilities may be seen as a burden on the family and they often remain an invisible group in society. Forced displacement exacerbates their situation and heightens these risk factors (WHO, 2001).

In many countries, responses to the situation of children with disabilities are largely limited to institutionalization, abandonment or neglect. These responses are the problem, and they are rooted in negative or paternalistic assumptions of incapacity, dependency and difference that are perpetuated by ignorance. Unless this changes, children with disabilities will continue to have their rights neglected; to experience discrimination, violence and abuse; to have their opportunities restricted; to be excluded from society (Manea, 2006).

There are three traditional disabilities commonly referred to as sensory disabilities (American Psychological Association, 2013):

1. Intellectual Disability
2. Hearing impairment
3. Visual impairment

2.3.1 Intellectual Disability

A person with Intellectual Disability (ID) is one who demonstrates significantly low intellectual functioning or reasoning capability, which is below that of the average person of the same chronological age (peers) and also lacks skills in adaptive behavior around everyday living tasks (i.e. independence with daily living, bathing brushing the teeth, buttoning a shirt, tying a shoe-lace, etc.).

Like other types of disabilities, intellectual disability has different degrees/levels. These degrees provide a good indication of how much assistance students will need to reach their maximum potential. An average child of 4, 5 or 6 years old should be able to speak intelligibly and should also be able to do the above activities without the assistance from an adult person. However, when that is not the case, and for instance an adult who has the intellectual abilities and adaptive behavior skills of a ten (10) year old would be thought and considered to have a mild intellectual disability (ID).

The two important / major diagnostic areas to be considered in dealing with ID are: ***Intellectual Functioning***: -i.e. the ability of a person's brain to learn, think, solve

problems and make sense of the world as measured on an Intelligence Quotient (IQ) test with the average score of $100 = MA/CA \times 100$. A score of below 70 on the IQ measure implies that the person has limited intellectual functioning or ID.

Deficits in Adaptive Behavior /Functioning: i.e. A person showing signs of limited capacity to apply the normal skills needed to live an independent life at the level acceptable for the age (e.g. daily living skills, communication skills, wear clothes, use toilet, or the ability to understand what is said, or to be understood by others and also what someone can do and be compared to what the other individual of his/her age can do) (American Psychological Association, 2013).

2.3.2 Hearing Impairment

Hearing impairment means a complete or partial loss of ability to hear any sound from one or both ears. The level or degree of impairment can be mild, moderate, severe or profound. A child with hearing loss can generally respond to auditory stimulus including speech. Whatever level of hearing impairment will adversely affect the child educational performance. There are two levels of hearing impairment (American Psychological Association, 2013).

Deafness: Refers to complete loss of ability to hear from any or both ears. Means the hearing loss is so severe that the child is impaired in processing linguistic information through hearing with or without amplification. There are two types of hearing loss.

1. ***Conductive hearing loss/impairment:*** It occurs in the outer or middle ear when something interferes with the transmission of sound from the outer to the inner ear
2. ***Sensori-neural hearing loss***

2.3.3 Visual Impairment

Visual impairment means the inability of person to perceive light. There are three different types of visual impairment (American Psychological Association, 2013).

1. ***Partially Sighted.*** This has to do with a type of visual problem which has resulted in the need for special education (provision of device or intervention so that the person can function.
2. ***Low Vision.*** This can be referred to as a severe visual impairment and is not limited to impaired vision at distance. This type of impairment applies to all

those with visual problems who cannot read print or pictures in the book at a normal viewing distance even with the aid of eyes glasses

3. **Totally blind.** Individuals who have no residual vision and a complete lack of perception of both forms of light. Note visual impairment does not affect the mental and cognitive abilities. Visual ability can be assessed /tested by the eye-doctor known as ophthalmologist. He /she test the visual acuity, how far the eye can see or how detail an eye will be able to identify black symbols on a white background at a standardized distance as the size of the symbols is varied.

Moreover, there are many other disabilities including:

1. Social, Emotional and Behavior Disorder
2. Autism Spectrum Disorders
3. Physical Disability
4. Learning Disability/Difficulties/Disorders

2.4 Attitudes Toward People with Disabilities Children

Attitudes toward people with disabilities are negative in many cultures and affect the way we react to, interact with or support their participation in school and society. Research in developed and developing countries also shows that educators' attitudes are not that positive. In general, teacher's attitudes have been found to be both positive and negative.

Positive attitudes are important for the success of inclusive education. If the teachers hold fear and superstition about people with disabilities, they are more likely to seek to avoid, hurt or eradicate them. If they accept them as people who have specific challenges, then they are more likely to laugh with them, care about them and will try to protect them. An interventionist attitude is essential for inclusive education (Algozzine & Ysseldyke, 2006).

In addition, parental involvement played an important role in changing the educational policies set for special needs children. Parents' attitudes differed when the inclusion of their own children is in question. Parents are typically quite supportive of including more students with disabilities back into general education for instructional purposes. Parents endorse positive general statements about including students from supplement programs to general education classroom. Parents believe that educating disable and non-disable children together would improve the academic ability of the former. However, parents are more reluctant to include their own child into the regular

classroom because they believe that their own child's academic performance would not improve in such circumstances. Nevertheless, parental attitudes towards inclusion can be positively enhanced if adequate information about the benefits of inclusion is given. Parents of students with disabilities seek an educational system that meets their child's educational needs, where there is frequent communication with parents, where their child receives adequate attention, where their child can attend school with siblings and friends.

Generally the families of children with and without disabilities enroll in inclusion settings have positive attitudes toward inclusion. They concern that a benefit the increased social contact between children with and without disabilities and children's increased sensitivity and acceptance of differences. When they express concerns, families focus more on teacher qualifications, adequacy of instruction and fears of social rejection for the children with disabilities.

2.5 Reviews on Previous Studies

Singal (2009) in Education for All Global Monitoring Report 2010 entitled, 'Education of children with disabilities in India', reported that any attempt to develop a truly inclusive system (which extends beyond the narrow conceptions of education of children with disabilities as currently envisaged) ultimately required a careful consideration of every aspect of schooling and societal context. It entailed a need to address issues at macro, micro, and interpersonal levels. Here not only does society's conception of difference become important, but it also brought into critical focus the need to reflect on the responsibilities of schools, the attitude and role of parents and teachers and indeed the vision of education for a developing society.

Inouye (2010) studied parental perceptions of the special education delivery system in Eau Claire, Wisconsin in order to determine the perceptions of parents related to the Eau Claire Area School District's special education delivery system. It was found that parents of children with Speech/Language disabilities were significantly more satisfied than parents of children with other disabilities. In addition, results reveal that parent satisfaction decreased as the educational level of their child increased. They strongly believed that resource rooms were better places to educate students with disabilities. Understanding why parents of children in the early childhood programs are more satisfied than parents of older students also would be helpful.

Rana (2012) in her study entitled, 'Relationship between socio-emotional school climate and self-concept of children with special needs' made an attempt to study socio- emotional school climate and self- concept of children with Special Needs (CWSN) with respect to their sex and residential background. Further an attempt was made to study the relationship between socio-emotional school climate and self-concept of CWSN. A sample of 204 CWSN was selected from various government elementary schools of district Kangra through purposive sampling. The study revealed that sex differences are significant at 0.01 level while residential background differences are not significant with respect to their socio- emotional school climate. No significant difference was found between male and female CWSN in concept but rural and urban CWSN had significant difference at 0.05 level with respect to their self -concept. The co-efficient of correlation between socio- emotional school climate and self- concept was found to be 0.232, which was significant at 0.01 level. It indicated that high scores in socio- emotional school climate tend to accompany with high scores in self- concept.

Mathew and Aggarwal (2012) studied 'Barrier free environment for inclusive education of children with hearing impairment at secondary level.' The study discussed about international and national conventions, legislations and frameworks have endorsed the need for educating all children under one roof. The Article 3 of the Salamanca Framework for Action (1994) documented that schools should accommodate all children regardless of their physical intellectual, emotional, social, linguistic or other conditions. The study suggested that in order to attract and retain all children including children with hearing impairment, Indian education system should respond flexibly. The study acknowledged that the flagship programmes of Sarva Shiksha Abhiyan (SSA) and Rashtriya Madyamik Shiksha Abhiyan (RMSA) launched by the Ministry of HRD promoted inclusive education of all including children with hearing impairment in mainstream schools. The study suggested that in order to achieve the goals of SSA and RMSA, the barriers in inclusive education of children with hearing impairment needed to be identified and fixed. This paper listed the ways and means of creating a barrier free environment for children with hearing impairment in secondary schools.

Roll-Pettersson (2013) revealed that parents perceived strong informational needs regardless of educational setting, though the parents of children in the Special Education Classes (SCS) group expressed stronger informational needs. Parents of children in the SCS group tended to be more satisfied with their relationship with

schools than parents in the comparison group. Child impairments in the areas of social skills, behavior, communication, and thinking and reasoning were highly correlated with parental needs and parental perception of school supports and resources. Factors influencing parental self-efficacy are discussed and recommendations are made for enhancing parental involvement in the child's education. The researcher suggested that for utilizing information derived from this study when planning the implementation of inclusive schools.

Another qualitative study, to examine parental perceptions concerning the Individual Program Planning (IPP) process in Nova Scotia, Canada, MacKichan and Harkins (2013) found that in the emergence of four key themes: a) Educator-Parent Communication, b) Parental Perception of Educational Climate, c) Parent Knowledge, and d) Improvements to the IPP process. Each category is reviewed here and supported with samples of direct quotations from parent interviewees. Recommendations are then suggested for educators and parents of children with special needs to promote positive and productive Individual Program Planning meetings.

Kaur (2013) studied, 'Fostering barrier free access for children with special needs in India'. The study highlighted the importance of barrier free access, particularly in context of children with special needs because they have variety of needs which needs to be addressed. The paper focused on access to the physical environment as well as access to the curriculum and the teaching environment of children with special needs. The various acts and policies emphasized on the provision of barrier free environment were also discussed. Secondary sources like books, journals, articles and websites had been used to collect the information. The paper suggested the strategies for institutional planners to help them in developing some mechanism for promoting accessibility and full participation of children with special needs.

Qayyum Lasi and Rafique (2013) also found that primary caregivers perceived disability as physical, functional limitations and the absence of any functional body parts. Complications during pregnancy and delivery were regarded as the major cause of disabilities. Lack of financial resources and limited access to medical and rehabilitation services were identified as the main reasons for frustration among caregivers, resulting in their giving reduced attention to the child with disability. Caregivers felt that behavioral problems of children with disabilities were a major challenge, and also limited their participation in social activities. Therefore, there is a need to raise awareness among the families of children with disabilities and in the

community at large. Home-based community-level interventions are needed to reduce the social stigma attached to children with disabilities.

Chen et al. (2014) found participants identified seven themes related to children's sleep hygiene: lifestyle behaviors, family factors, children's disabilities and/or comorbidities, environmental factors, adults' responsibilities for children's sleep, perception of good sleep, and parental distress about children's sleep problems. While both caregivers and rehabilitation providers recognized the importance of sleep for children's health and functioning, they differed in their understanding of how sleep hygiene practices influence sleep. Rehabilitation providers recognized the negative influence of electronics on sleep and the positive influence of sleep routines. In contrast, caregivers reported use of television/movie watching and stimulants as coping strategies for managing children's sleep problems.

Choi and Ostendorf (2015) found that it is essential to examine how cultural contexts influence Korean-American parents' viewpoint of disability and their perception of special education services in order to improve practice when providing appropriate special education services. It provided a review of the literature about the perceptions of Korean American parents of children with special needs in terms of disability and special education services. It was also found that the difficulties these children encounter in receiving proper special education services. They suggested that for better understanding cultural issues and providing appropriate support for Korean-American children with disabilities.

Education Development Trust and UNICEF (2017) found that there were four domains: enabling environment, supply-side factors, demand-side factors and quality of care and provision. It showed that a total of 24,862 children with disabilities in preschool, primary and lower secondary schools across all categories specified. This represents just 0.5 per cent of the population under 17 years and 0.85% of the population enrolled in pre-primary, primary and lower secondary schools. This means there are many children with disabilities who do not attend school. Although the general policy is for children with disabilities and special educational needs to be educated in regular inclusive schools wherever possible, many respondents acknowledged that mainstream schools may not always be willing to enroll children with disabilities. Special school teachers reported difficulties in ensuring the participation of children with disabilities as they have large classes, and many felt more teacher training is required. Attitudes are embedded in the culture, and stakeholders at all levels mentioned that it remains

culturally difficult for a parent to admit they have a child with disabilities. Moreover, the lack of awareness in schools and classrooms about the barriers to learning that children face means that learning difficulties tend not to be recognized. The researchers recommended that a comprehensive and multidimensional approach is required which acknowledges the multiple barriers to the education of children with disabilities as well as the multiple bridges that can help overcome these barriers.

As a grounded theory study, Strong (2017) explored parental perceptions surrounding discourses stemming from formalized special education processes, federal requirements encountered by parents and their children with disabilities or suspected disabilities. These processes purportedly protect the rights of children with disabilities by helping them make academic gains through scaffolds that meet their individual needs. During this process, parents of children with disabilities become empowered or disempowered by discourses focused on eligibility for special education services and Individualized Education Plans. These discourses may serve to privilege, empower, disempower, alienate and marginalize, or unite and value. It was found that Critical Disability Theory, Power Theory, disability models, parent perceptions literature, the special education process, and uncovered themes. The researcher critically examined and addressed instances of this discourse to support and empower parents concerning instances of negatively framed discourse and to assist administrators, professionals, and teachers reframe and improve information delivery.

In Myanmar, to contribute towards bridging the gap in evidence about access of children with disabilities to education in Yangon, Myanmar, Waite (2015) studied a space to learn for all children? Special education and children with disabilities in Yangon, Myanmar. It was found that adult perceptions of children with disabilities based on notions of vulnerability and dependence. However, there was some evidence of more positive perceptions, as well as instances of children with disabilities resisting discrimination and actively participating in education. At the same time, the research found that while there was evidence of inclusive learning environments in some individual schools, there was limited evidence of children's rights to inclusive education being met in most of the regular schools that participated in the research. Although children with disabilities' rights to education are protected through international instruments such as the Convention on the Rights of Persons with Disabilities and the Education for All agenda, there remain significant gaps in the ways

in which these commitments have been translated in the everyday practice in the schools in Yangon, Myanmar.

Owing to the above studies, it is seen that many researches are done to uncover the parental perceptions of special education for their disable children internationally but there are limited to study the caregiver's perceptions of the special education delivery system in Myanmar. Therefore, the researcher proposes to try discovering their perception on the role of caregivers regarding Special Education for the Disabled Children in Myanmar.

CHAPTER III

OVERVIEWS ON CHILDREN WITH DISABILITIES AND SPECIAL EDUCATION IN MYANMAR

Myanmar is a country which is undergoing significant political, social and economic change. Following the elections in 2010, the government of Myanmar has committed to widespread reforms, supported by international agencies. Among these, the education sector is undertaking a Comprehensive Education Sector Review (CESR) launched in 2012 and a new national Education Law was passed by Parliament in 2014. Myanmar is signatory of international instruments which seek to protect the rights of children with disabilities to education including the Convention on the Rights of Child (1989) and the Convention on the Rights of Persons with Disabilities (2006).

Myanmar has also committed to Education for All (EFA) which provides for all children having access to basic education of good quality (United Nations Educational Scientific and Cultural Organization (UNESCO), 2000). Within this rapidly changing education context, there is an emerging call particularly by civil society organizations and international non-governmental organizations (NGOs) in Myanmar, of the need to create an education system that meets the needs of all children.

3.1 The Education System in Myanmar

In Myanmar, the education-related legislative and policy landscapes remain in transition. A recent positive indicator for education overall is that the country's basic education system has expanded, with a 10.4 per cent increase in the number of schools, a 30.4 per cent increase in the number of teachers, and a 24.5 per cent increase in the number of students. Under the National Education Law, further expansion of the education system to 12 years of compulsory schooling plus kindergarten is envisioned. Sharp rises also have been recorded in both monastic schools (46.3 per cent) and monastic school students (81.0 per cent). These students are typically from low-income families.

Yet access to and the quality of education continues to be a key concern. The use of teaching methods that promote child-centered, family-focused and developmentally appropriate learning still needs further strengthening and is particularly linked to the urgent need for a formal pre-service training system for professionals in early childhood care and education. In 2012, for example, 24 per cent of the early childhood care and education teachers were not trained. While an early childhood care and development policy exists, many parents and communities are still not aware of the importance of ECCE, including for children with disabilities, necessitating the implementation of a system that employs all media to provide relevant advocacy and communication across the country.

With only 22.9 per cent of all the preschool-age children most from middle- to high-income urban families having access to preschool services, investment in complementary services such as parent education/support, mother circles, home visits and quality day care that are culturally and linguistically appropriate becomes increasingly essential. Creation of a nationwide kindergarten programme to facilitate the transition between pre-school and the early grades of primary school, to be introduced in the 2016-17 school year, also will aid efforts toward a standardized system of education, including for children with disabilities (UNICEF, 2016).

Moreover, current education system in Myanmar has primary, secondary and tertiary education. The current basic education system in Myanmar comprises six years of primary (Grade 1 to Grade 6), three years of lower secondary (Grade 7 to Grade 9) and two years of upper secondary (Grade 10 and Grade 11) education. There are currently 47,365 basic education schools in Myanmar with approximately 9.26 million students. The majority of these schools are managed by the Department of Basic Education under the Ministry of Education (MOE) (MOE, 2019).

Primary education is the first stage of basic education and, in principle, is compulsory. Primary education lasts five years, including one year of preschool education (kindergarten); it is organized in two cycles: lower and upper primary. The admission age is 5 and above. It lasts six years and to proceed to the secondary school, students must pass a comprehensive examination of basic subjects after Standard 4 (MOE, 2019).

Secondary Schools are usually combined, comprising both middle and high schools. Secondary Middle Schools offer Standard 5 to Standard 8 (lower secondary level) whereas Secondary High Schools Standard 9 and Standard 10 (Matriculation)

(upper secondary level). The first phase of secondary education takes place at Middle Schools, where students pass through Standard 5 to Standard 8 before they take their Standard 8 examinations. In High Schools, all students have to take Myanmar, English and Mathematics as compulsory subjects. Arts students major in Geography, History and Economics, while science students major in Chemistry, Physics and Biology. At the end of the two-year high school period, i.e. end of Standard 10 (Matriculation), students sit for their university entrance examinations (matriculation examinations) annually in March, administered by the Board of Examinations of the Ministry of Education (MOE, 2019).

In Tertiary Education System, after high school, a student had to attend for 2 years either Intermediate Arts (I.A.) or Intermediate Science (I.Sc.) course at the university, depending on the Arts or Science Subject Combination chosen by the student. After I.A and I.Sc, Students could select to attend Arts and Science University or any other Professional Universities such as Technological University, Medical University, Economic University etc., according to their interest and marks attained in their I.A. and I.Sc. Courses. After I.Sc., those who wanted to become engineers could apply for engineering specialization at the Faculty of Engineering which required another 4 years to earn B.Sc. (Engg.) Degree (MOE, 2019).

Universities in Myanmar remain highly centralized and state-run. Universities offer bachelor's degree programmes, master's degree programmes, and doctorate degree programmes. The higher education system follows a 4-1-3 year program with a 4 years for a bachelor's degree, one year for qualifying classes, and 3 years for a master's degree. This is true only for some kinds of institutions like Arts and Science Universities and University of Economics. However, some kinds of professional universities such as Technological Universities offer long Bachelor's Degree Programmes, lasting a minimum of 6 years for the first degree. It takes another 2-3 years for Master's Degree and another 3-5 years for Doctoral Degree at the Technological Universities. Myanmar has 158 tertiary education institutions, colleges, degree colleges and universities, which are overseen by respective Ministries. The majority of students are studying fulltime in tertiary education under the management of the Ministry of Education, while some students are accessing higher education through Distance Education Universities. The universities are run by their respective Ministries (MOE, 2019).

3.1.1 Children with Disabilities in Education System

The first Myanmar National Disability Survey conducted in 2008–2009 estimated that 2.3% of Myanmar’s population had a disability (Department of Social Welfare, DSW & The Leprosy Mission International, TLMI), 2010). However, this estimate is much lower than current international estimates of the prevalence of disability: about 15% of the world’s population are estimated to live with some form of disability (WHO, 2011). The relatively low estimation of the number of people with disabilities in Myanmar may be linked to the lack of a clear definition of disability in the national context.

There is also no clear evidence on the number of children with disabilities in Myanmar. At the time of writing, the government of Myanmar was conducting the first population census in 30 years, which will include data on the number of people with disabilities (Ministry of Immigration and Population, 2014). Furthermore, reports from the Ministry of Education suggest that 9738 children with disabilities are enrolled in primary schools, 11,536 children with disabilities are enrolled in middle schools, 47 children with disabilities are enrolled in high schools and 1450 children with disabilities are enrolled in special schools as shown in Table (3.1).

Table (3.1) School Enrollment of Children with Disabilities

Type of School	Number of Children
Primary schools	9738
Middle schools	11,536
High schools	47
Special schools	1450

Source: Report from Ministry of Education

There is also no clear evidence of the number of children with disabilities who are out of school. However, evidence suggests that the numbers are very high and that as many as one in every two children with disabilities never attended school (DSW & TLMI, 2010). Moreover, of those who did attend school, only 33.5% progressed beyond primary level, which translates to a net secondary enrolment rate of 15.8% which is well below the national average of 38% (DSW & TLMI, 2010). Furthermore, evidence suggests that pass rates at matriculation, a national examination which enables students to graduate from high school as well as gain entry to university, for children with

disabilities in Myanmar are much lower than for children without disabilities (Japanese International Cooperation Agency (JICA), 2013).

Intellectually impaired children were less likely to go to school than children with physical disabilities because of the general perception that they would not benefit from an education.” Overall, the three most cited reasons by parents for keeping their children with disabilities out of school were: impairment, which was rarely mentioned as the only factor; financial reasons; and difficulties with teachers. In addition, most schools did not have accessible facilities for students with disabilities (55 per cent of the classrooms and 74 per cent of the toilets). Only 2 per cent of the schools collected information regarding disability (UNESCO, 2015).

Moreover, there are eight special schools for children with disabilities, mainly located in Yangon (JICA, 2013). These include schools for children with visual impairments, hearing impairments as well as training for young people with disabilities. Two of the special schools in Yangon and Mandalay are managed by the government, under the DSW of the Ministry of Social Welfare, Relief and Resettlement (MSWRR), while the others are managed by NGOs. There is a dearth of evidence in Myanmar about the needs and experiences of children with disabilities in education to inform the development of policy and practice.

3.2 Current Situation in Myanmar Disable Children

In Myanmar, people with disabilities often lead difficult lives. They are more likely than non-disabled people to be poor, unemployed and landless, with 85 percent reporting unemployment in the national survey. More than three-quarters reported no access to public information, including event postings, disaster warnings and public health messages, while less than a quarter had ever heard of government services to help disabled people. Consequently, many students stop attending classes after primary school, and the second-floor classroom was intended to promote a sense of prestige for other students who continued to secondary school.

In addition to physical infrastructure problems, it can be a challenge convincing student to attend class if they have a disability. The activist has to persuade them, the disabled children, because most of us dare not go into the community, most of us dare not go to school. Parents are also very important. Families of disabled people are very poor, so most families think we have no need to go to school. They are just a burden

for them. It's very delicate to persuade the family members that their disabled child should go to school.

The government has more than 41,000 basic education schools around the country, but it runs only four of the 15 special education schools for people with disabilities and only three of the seven special vocational training schools, according to Action Aid as shown in Table (3.2). Space is also limited, with the government school for intellectual disabilities only able to accept about 300 students per year.

Table (3.2) Schools for Children with Disabilities in Myanmar

Type of School	Number of Schools
Basic education schools	41,000
Special education schools	15
Special vocational training schools	7

Source: Report from Action Aid, (2018)

With a tight education budget, the Myanmar government lacks the resources to establish a much larger network of special education schools and has turned to the idea of inclusive education, aiming to build up the capacity in existing schools so children with special needs can access education in their own villages. This would be a major task, as about 70 percent of the country's 60 million or so population lives in a rural area. Therefore, activists in Myanmar are now drafting a new law for people with disabilities that they hope will ensure that children with special needs have the right to attend mainstream schools (Michaels, 2018).

3.2.1 Special Education for Children with Disable

Special need teachers' training courses are conducted by University of Wolver Hampton in coordination with Myanmar Special Education Association and The Charity with love all things are possible. The training course includes 8 levels of teaching, where the special need teachers from private schools in Myanmar have been trained up to course level 2. The special need teachers from government schools fail to join the level 1 and level 2 courses. Therefore, Myanmar Special Education Association launched pre level 1 training to teachers from the Basic Education department, and Social Welfare Department, Civil Society Organization and parents in 13 different regions of Myanmar on management of children with special needs since 2017. A

sharing workshop on UNCRPD conducted to the members of MDA on 30 September 2017 for continuous learning. Schools for children with special needs and our association are providing care giver trainings to the parents and families.

Social Welfare Department in coordination with The Leprosy Mission in Myanmar conducts Early Childhood Care and Development- a 10 months Diploma course in 2018. Executive members from MDA and teachers from schools for Special need children had a chance to attend five-week-training course of social education and leadership in Flinder University, Adelaide, Australia during February and March 2018. On invitation of MDA and three other special needs schools, the professor and students from Flinder University visited Yangon in July 2018 and conducted workshop to other members covering the topics of Positive Behavior Support, Sex Education for Children with Special needs, Home base Training with Persons with Disable, leisure play and Trust building, management of teenagers etc. Myanmar Special Education Association has created a calendar including intervention program for all kinds of special needs to promote inclusive education.

One EC member from MDA is regularly participating in the training program on Assessment Evaluation Programming System (AEPS) for infant and children by using Ages and Stages questionnaire (ASQ) as part of Early Childhood Program Intervention (ECI) in Myanmar, organized by Leprosy Mission Myanmar and UNICEF under the leadership of the Department of Social Welfare (Report of MDA, 2018).

3.3 Parents/Caregivers' Perspectives on their Children Education

Parents/caregivers of children with disabilities may have positive attitude and negative attitude for their children. Many parents/caregivers of children with disabilities are discouraging to go to school for reasons such as not fitting in with classmates; teachers not being supportive of their disabilities; not doing as well in school as their classmates; failing some grades; and not being able to make friends like their classmates. Their children having been mocked or bullied at school by classmates and teachers alike, while the parents/caregivers of children without disabilities reported the same problem (UNICEF, 2016).

Most parents may have positive attitudes towards their children's education. Parents can saw education as a means for their children to gain independence, find employment and overcome stigma. The parents of out-of-school children are more modest and less academic expectations of their children compared to parents whose

children were at school. Parents of out-of-school children may expect their children to learn basic literacy and numeracy, life and vocational skills. More positive behaviors included pro-actively supporting their children's education and resilience in the face of difficulties. Parents could tend to have more positive attitudes towards education for children who had exceeded their own level of education and/ or towards children who had had some form of schooling, either in regular or special schools (MOE 2014).

Parents can choose special education for their children stated that this was because of barriers in regular schools such as discrimination, limited support and schools not accepting their children. Benefits of regular schools may include support from other children, social inclusion, schools being close to their communities, continuity in education and affordability (MOE 2014).

In terms of disability, many parents could not clearly describe the causes of their child's impairment. Parents who had never been to hospital or had a medical diagnosis were more likely to believe that causes of the impairment related to “fate” or “karma”, physical illness and/or unsuccessful medical interventions. Parents with more positive behaviors had pro-actively sought medical assistance. Feelings of shame were sometimes experienced by parents of children who had experienced discrimination. Parents with more negative attitudes sometimes blamed the child for their situation and often had had limited medical intervention diagnosis. Negative feelings towards disability were associated with behaviors such to school as well as not sending children to school. Parents were more likely to express negative attitudes towards children who were older, female and had certain types of impairment sensory intellectual and sensory impairments as well as CP Furthermore parents with more negative attitudes were also more likely to be facing financial problems and to have children who had less positive experiences of formal education services and had faced discrimination (MOE 2014).

Most of the parents of children with disabilities said they would like their children to at least learn to read and write, and they appeared to value basic education regardless of the setting. At the same time, some of the parents/caregivers of children with disabilities indicated that student assessments were not adapted to the learning needs of their children. Some parents/caregivers with out-of-school children, they did not want to send their child to school, one because the child was “too young” and the other because the child had to see a doctor every year (UNICEF, 2016).

3.4 Laws and Policies

Among the relevant international commitments ratified by Myanmar are the Universal Declaration on the Eradication of Hunger and Malnutrition (1974); the Convention on the Rights of the Child (CRC, 1991); the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW); the Convention on the Rights of Persons with Disabilities (2011), but not its Optional Protocol; the Bali Declaration on the Enhancement of the Role and Participation of the Persons with Disabilities in ASEAN Community, ASEAN Decade of Persons with Disabilities (2011-2020); and the Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific (2013-2022). Myanmar also adheres to the declaration of A World Fit for Children (2002); the Dakar Framework for Action for Attaining Education for All (2000); the Incheon Declaration/Education 2030: Toward Inclusive and Equitable Quality Education and Lifelong Learning for All (2015); and the Sustainable Development Goals (2015).

SDGs have 17 goals as the Global Goals. Among them, SDG 4 will “*Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all*” by 2030. SDG 4 builds on Millennium Development Goal (MDG) 2 and the global Education for All (EFA) 2000-2015 commitments. They placed a strong focus on achievement of universal primary education, SDG 4’s language and targets are more comprehensive. Besides a strong focus on equity and inclusion of vulnerable groups, SDG 4 targets are geared towards completion of the full education cycle from early childhood to higher education, with emphasis on literacy and learning. By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and Goal-4 effective learning outcomes (United Nations General Assembly, 2017).

Myanmar, a considerable proportion of legal and policy frameworks are under revision. However, with the post-2010 reform, numerous new laws are being enacted, particularly the Law on the Rights of Persons with Disabilities, developed to ensure national compliance with the international commitment to the Rights of Persons with Disabilities (CRPD); the National Building Code; and the National Education Law.

Although Myanmar signed and ratified the CRPD in 2011, the national legal framework to enact it the Law on the Rights of Persons with Disabilities was promulgated only in June 2015. In all, the notion of a legal framework for disability is relatively open, varying from country to country. Even so, some aspects of the CRPD

remain essential to its spirit, mission and obligations, regardless of location, and must be present within each national framework, e.g. assigning responsibility for implementation of the law, defining “disability” and “persons with disabilities,” and aligning with the general principles and specific rights of the convention (Government of Myanmar, 2015).

Children with disabilities in Myanmar struggle to access their rights and to fully participate in society. Children with disabilities are much less likely to access services in health or education, rarely have their voices heard, and face significant daily discrimination. Better coordination and more inclusive policies and systems have been developed across different sectors to ensure that all national services and initiatives are fully inclusive for children with disabilities. This includes ensuring inclusive policy and planning so that children with disabilities can access key services in health, education and water and sanitation as a matter of basic policy and as a matter of their rights. Societal attitudes that regard people with disabilities as exceptional, or as objects of pity rather than people with their own agency, are an important barrier to more inclusion. Therefore, Myanmar has taken significant steps in recent years to improve the situation for people with disabilities living in a context of severe exclusion. After signing the United Nations Convention on the Rights of Persons with Disabilities, the country passed a national law on disability rights and formed the National Committee on the Rights of Persons with Disabilities (UNICEF, 2016).

3.5 Advocacy for Disable Children

MDA participates with MFPD in advocating National committee for the persons with disabilities claimed to include Special education curriculum as a compulsory unit in all teacher’s training and education. MDA advocates Human Rights Commission on the status of persons with disabilities against the provisions of UNCRPD on 4 June 2018.

MDA achieved to advocate stop putting up a cash donation box in the name of MDA at the one of famous restaurants on the highway road to Nay Pyi Taw in order to maintain self-dignity, value and self-respect for persons with Down syndrome. Instead, this restaurant said that they will give 20% discount to every family with Down syndrome who come to eat at this restaurant. MDA committed to involve in a “Reality Group” for advocacy to different Government Transportation Departments on problems faced by persons with disabilities in accessing public transportation services.

MDA presents suggestions to local authorities and public transportation representatives belong to Railways, waterways, buses, roadways for installation/building/creating appropriate transportation facilities adaptable for persons with disabilities in Yangon region. It conducted a workshop on children's rights to the caregivers and encouraged them to nurture their children to become self-advocates (Report of MDA, 2018).

CHAPTER IV

ANALYSIS ON PERCEPTION OF CAREGIVERS ON SPECIAL EDUCATION IN HLAINGTHARYAR TOWNSHIP

This chapter describes survey profile and survey analysis that are the results obtained in the analyses of the data. It contains some basic descriptive information which simple statistics, accompanied by tables that highlight the most noteworthy results.

4.1 Survey Profile

4.1.1 Profile of Hlaing Tharyar Township

Hlaing Tharyar Township is one of the biggest Township in country and it is also the most populated Township. The Township comprises 20 Wards and nine village tracts and shares borders with Htantabin Township in the north and west, Insein Township, Mayangon Township, and Hlaing Township in the east across the Yangon River, and Twante Township in the south. Hlaing-Tharyar Industrial Zone, consisted of mostly garment and other light industries, is one of the largest industrial parks in the country. Showpiece gated communities of the wealthy like the FMI City and Pun Hlaing Garden Residences in the southeastern part of the township are the domain of the country's elite and are arguably among the best communities in the country.

Hlaing Tharyar covers an area of about 67 square kilometres, and the 2014 census showed it had a population of 687,867, giving it a population density of 10,216 a square kilometre – easily the highest of any township in the country. The next most heavily populated township in Yangon Region is South Dagon, with 371,646 residents. Hlaing Tharyar's population exceeds that of Chin and Kayah states, of 478,801 and 286,627 people, respectively according to the census before the 2020 general election. Hlaing Tharyar's one dozen industrial zones contain more than 850 factories employing more than 300,000 workers, many of whom migrated from the countryside to work in the township. The township has 46 primary schools, 8 middle schools and 4 high

schools and West Yangon Technological University also maintains a campus in Hlaingthaya. Most of the buildings are small, cramped and poorly built.

Hlaing Tharyar Townships at Yangon Region is at a junction on the local road network and in a more convenient location than other townships in the regions where a community-based rehabilitation center has for disabled person. Local residents are also helping to create exercise equipment for the training program and special education program for disabled children. Awareness of and access to care is a major issue for the one in 10 Myanmar households who support disabled children, which runs the Hlaing Tharyar rehabilitation center.

4.2 Survey Design

The survey was conducted in Hlaing Tharyar Township. The target population was caregivers who have children with disabilities. The total population is 1000 caregivers (including parent) in Hlaing Tharyar Township. A cross-sectional study was conducted with the sample of 160 caregivers were selected based on the population of caregivers in Hlaing Tharyar Township. Data were collected by using face to face survey with a structured questionnaire. Descriptive statistics and Chi-squared test were used in this study.

The questionnaire includes three parts. The first part is socio-demographic data of caregivers. It consists of basic characteristics of caregiver's age, gender, race, education, overall health, emotional health and income. The second part is caregivers indicating a need for special education by five-point Likert scale. The third part is caregiver's perception for special education by five-point Likert scale.

Regarding data analysis, correct and incorrect answers for caregiver's indicating a need for special education were assigned a score of one and zero respectively. For determining the status of respondent' perception, five points Likert method was used. Responses for these were scored as: a score of (5) for strongly agree, (4) for agree, (3) for undecided, (2) for disagree and (1) for strongly disagree. In contrast, responses for negative statement questions (Nos. 17 and 18) were assigned a score of (5) for strongly disagree, (4) for disagree, (3) for undecided, (2) for agree, and (0) for strongly agree. Descriptive statistics such as frequencies, percentages, mean, medium and standard deviation was calculated in this study. Moreover, Chi-squared test was used to assess the association between socio-demographic of caregivers and their perception on

special education for the disabled children in *Hlaing Tharyar* Township, Yangon Region. For the consideration of significance, the α level was set 0.05 for significance.

4.3 Survey Result

This chapter presents the research findings obtained from the analysis of the collected data. After collecting necessary data, a cross-sectional descriptive approach was used to study the perception on the role of care givers regarding special education for the disabled children among 160 respondents in Hlaing Tharyar Township. To achieve the targeted objectives, some descriptive statistics were applied and inferential statistics were used for identification of association between socio-demographic data, and perception on the role of care givers regarding special education for the disabled children.

4.3.1 Socio-demographic and Economic Characteristics of Respondents

Socio-demographic characteristics were explored by age, sex, race, marital status, education level, overall health and mental health and average family income per month. This was shown in Table (4.1).

In this study, among 160 respondents, the age of the respondents was ranged from 18 to 76 years. The majority of respondents 72 were 45-59 years old, 42 were 35-44 years, 15 were (18-34 and 65-74 years old respectively) and the rest were (60-64 and over 70 years old).

In this study, the majority of (86.30%) female and the remaining (13.80%) male respectively. According to the table, about (155) of respondents were Myanmar whereas only 5 were others such as Kayin, Mon and Rakhaing.

Regarding marital status, the majority of (111) of the respondents were married whereas the lowest proportion, only (3) of the respondents was separated. The second majority of (24) the respondents were widowed. The remaining (14) and (8) of the respondents were divorced and never married respectively in this study.

The highest proportion of respondents (31%) had middle education. This was followed by higher education like degree holders representing only 5% of respondents. The second (29%) of the respondents had middle educational level. The rest (27%) were primary and none were only (8%).

According to the Table, the majority of the respondents over (60%) good in overall health and mental health status respectively. The lowest proportion of the

respondents (1.3% and 0.6%) were excellent in both respectively. The second highest proportion of (17.5%) the respondents were fair respectively. The remaining were very good, poor and refused.

Regarding the total family income per month of the respondents, there are divided into three main groups. Most of the respondents (45%) were 100,000 to 200,000 MMK while the lowest of the respondents (25%) were less than 100,000 MMK. The remaining of the respondents (30%) were above 200001 MMK in this study.

Table (4.1) Socio-demographic Characteristics of the Respondents

Socio-demographic Characteristics	Frequency	Percent
Age group		
18-34	15	9.4
35-44	42	26.3
45-59	72	45
60-64	14	8.8
65-74	15	9.4
74 and above	2	1.3
Gender		
Male	22	13.8
Female	138	86.3
Race		
Myanmar	155	96.9
Others	5	3.1
Marital status		
Married	111	69.4
Widowed	24	15
Divorced	14	8.8
Separated	3	1.9
Never married	8	5
Educational level		
None	13	8.1
Primary	43	26.9
Middle	50	31.3
High	46	28.7
Bachelor degree	8	5

Table (4.1) Socio-demographic Characteristics of the Respondents (Continued)

Socio-demographic Characteristics	Frequency	Percent
Overall health status		
excellent	2	1.3
very good	3	1.9
good	101	63.1
fair	28	17.5
poor	19	11.9
refused	7	4.4
Overall mental health status		
excellent	1	0.6
very good	1	0.6
good	104	65.0
fair	28	17.5
poor	19	11.9
refused	7	4.4
Average family income per month		
Less than 100000 MMK	40	25
100000-200000 MMK	72	45
Above 200001 MMK	48	30

Source: Survey Data, (2020)

4.3.2 Information Regarding Special Education Needs among the Respondents

Table (4.2) summarizes the respondent's correct responses regarding responses information regarding special education. Most of the respondents had good knowledge regarding information in special education because most of the respondents had over 65% of correct responses. Over two third of the respondents (65%) knew that they need more knowledge about my child's special needs. The majority of the respondents (85.6%) know that they need more knowledge on how to handle my child's behavior. More than one-third of the respondents knew that they need more information about present supports and services that school can offer my child and information about future supports and services that school can offer my child. Over (90%) of the respondents knew that they need more knowledge about how to teach my child, information about how children grow and develop and information about adolescent development.

Table (4.2) Information Regarding Special Education Needs among the Respondents

Q No.	Variables	Frequency	Percent
1	Information; I need more . . .		
	a. Knowledge about my child’s special needs	104	65
	b. Knowledge on how to handle my child’s behaviour	137	85.6
	c. Knowledge about how to teach my child	145	90.6
	d. Information about present supports and services that school can offer my child	64	40
	e. Information about future supports and services that school can offer my child	49	30.6
	f. Information about how children grow and develop	146	91.9
	g. Information about adolescent development	150	93.8

Source: Survey Data, (2020)

4.3.3 Needs for Support among the Respondents

Table (4.3) shows that frequency distribution of correct responses regarding the needs for support among the respondents. As most of the respondents had over 80% of correct responses, it can be seen that they had proper knowledge for this. The majority of the over (80%) responded correct that they need for support regarding speak with other parents who have a child with similar needs, reading material about what other parents who have a child with similar needs have experienced and meet with a counsellor about my child’s special needs.

Table (4.3) Needs for Support among the Respondents

Q No.	Variables	Frequency	Percent
2.	Needs for support		
	a. Speak with other parents who have a child with similar needs	135	84.4
	b. Reading material about what other parents who have a child with similar needs have experienced	136	85
	c. Meet with a counsellor about my child's special needs	138	86.3

Source: Survey Data, (2020)

4.3.4 Needs in Relationship to Other Persons in Proximal Environments Concerning My Child's Special Needs

While asking needs in relationship to other persons in proximal environments concerning my child's special needs, the majority of the respondents over (95.6%) correctly responded their friends or neighbors need more knowledge. Most of the respondents answered their parents or in-laws and husband or wife need more knowledge. According to the Table (4.4), most of the respondents had good knowledge because they had over 50% of correct responses.

Table (4.4) Frequency Distribution of Needs in Relationship to Other Persons in Proximal Environments Concerning My Child's Special Needs

Q No.	Variables	Frequency	Percent
3.	Needs in relationship to other persons in proximal environments concerning my child's special needs		
	a. My parents/in-laws need more knowledge	85	53.1
	b. My husband/wife needs more knowledge	124	77.5
	c. Our friends/neighbors need more knowledge	153	95.6

Source: Survey Data, (2020)

4.3.5 Needs in Relation to Other Important Groups/persons among the Respondents

According to the Table (4.5), the frequency distribution of correct response regarding needs in relations to other important groups/person among the respondents. Most of the respondents (97.5%) replied correct that they need help identifying different persons/groups who will work with my child so that we can develop common goals. Regarding the question “I would like to have more influence on my child’s education?” most of the respondents (80%) mentioned correctly as they have more influence on my child’s education. Similarly, about the majority (72.5%) of the respondents responded correctly that they need help locating appropriate after-school care.

Table (4.5) Needs in Relation to other Important Groups/persons among the Respondents

Q No.	Variables	Frequency	Percent
4.	Needs in relation to other important groups/ persons		
	a. I need help locating appropriate after-school care	116	75.5
	b. I would like to have more influence on my child’s education	128	80
	c. I need help identifying different persons/groups who will work with my child so that we can develop common goals	156	97.5

Source: Survey Data, (2020)

4.3.6 Caregiver’s Perception for Special Education among the Respondents

According to the findings, the mean for the items related to the caregiver’s perception for special education among the respondents. Most of the respondents responded the positive perception on it.

The result show that most of the respondents (over 80%) responded agree on the statement of “My child and I have developed ways to learn in ways that I find satisfying” (mean=3.95), “my child seems eager to learn with me” (mean=3.95) and “my efforts working on learning with my child seem to be paying off” (mean=4.05).

Over (70%) of respondents also mentioned agree on “Special Education with my child is important to me” (mean=4.21), “I want my child to learn more than he/she currently does” (mean=4.21), “I believe my child’s learn will improve if given time and I am concerned about my child’s ability to learn” (mean=4.81).

Regarding difficult for me to understand my child and for peers and teachers to understand my child, although over (50%) of the respondents were disagree on it (mean=4.93), over one-third of the respondents answered that they agreed on this statement (mean=4.92). The remaining were as shown in Table (4.6) in this study.

Table (4.6) Caregiver’s Perception for Special Education among the Respondents

Q No.	Variables	N	Mean	Std Deviation
1.	It is easy to educate with my child.	160	3.10	1.21
2.	Special Education with my child is important to me.	160	4.21	0.49
3.	I want my child to learn more than he/she currently does.	160	4.21	0.41
4.	I believe my children learn will improve if given time.	160	4.18	0.43
5.	It is difficult for me to understand my child.	160	2.93	1.10
6.	It is difficult for peers and teachers to understand my child.	160	2.92	1.07
7.	My child and I have developed ways to learn in ways that I find satisfying.	160	3.95	0.55
8.	My child seems eager to learn with me.	160	3.95	0.59
9.	My efforts working on learning with my child seem to be paying off.	160	4.05	0.44
10.	I am concerned about my child’s ability to learn.	160	3.67	0.81

Source: Survey Data, (2020)

4.3.7 Caregiver's Perception for Special Education among the Respondents

Table (4.7) shows the mean for the items related to the caregiver's perception for special education among the respondents. The majority percent of responses were positive responses.

It was observed that (94.4%) of the respondents agreed on the statement as "More likely to make children with disabilities feel better about themselves" (mean=4.05). Likewise, the statement "Students without disabilities learn about differences in the way people grow" (mean=4.05), the highest mean of the item, the respondents agreed on the statement "Special education provides children more chances to participate in a variety of activities" (mean=4.09).

Over (90%) of the respondents answered agree on the statement of "Special education is more likely to prepare children with disabilities for real world" (mean=4.05), and "Teachers are able to adapt classroom programs to meet the needs of included students" (mean=4).

Moreover, over (80%) of the respondents were agree on the statement of "Teaching is more effective in a resource room than when it is provided in general education classroom" (mean=4.01) and "My child should have the same privileges and advantages that other children have in school" (mean=4.08).

Regarding the negative questions, the majority of the respondents answered disagree on the statement of "*Special education is likely to hurt emotional development of a child with a disability*" (mean=3.68). Similarly, most of the respondents also answered disagree on the statement of "*Children with disabilities are socially isolated by general education students*" (mean=3.52).

Table (4.7) Caregiver’s Perception for Special Education among the Respondents

Q No.	Variables	N	Mean	Std Deviation
11.	Special education is more likely to prepare children with disabilities for real world.	160	4.05	0.30
12.	More likely to make children with disabilities feel better about themselves.	160	4.05	0.23
13.	Special education provides children more chances to participate in a variety of activities.	160	4.09	0.29
14.	Students without disabilities learn about differences in the way people grow.	160	4.05	0.23
15.	Teachers are able to adapt classroom programs to meet the needs of included students.	160	4	0.39
16.	Teaching is more effective in a resource room than when it is provided in general education classroom.	160	4.01	0.44
17. *	Special education is likely to hurt emotional development of a child with a disability.	160	3.68	0.81
18. *	Children with disabilities are socially isolated by general education students.	160	3.52	3.93
19.	My child should have the same privileges and advantages that other children have in school.	160	4.08	0.34

The questions that show asterisk (*) indicated for negative statement

Source: Survey Data, (2020)

4.3.8 Influencing the Decisions that are Made about their Child’s Special Education

Regarding influencing the decisions that are made about their child’s special education, the majority of the respondents (37.5%) mentioned that they can 100% influence on making decision for their child’s special education while the lowest proportion of the respondents only (8.1%) mentioned that they cannot make decision on it. Over (12%) and (11%) of the respondents answered that they can 50% influence and slightly influence about it. However, about (13.8%) of the respondents did not know about it.

Table (4.8) Influencing the Decisions that are Made about their Child’s Special Education

Influencing the Decisions	Frequency	Percent
100% influence	60	37.5
50% influence	20	12.5
Slightly influence	18	11.3
Can make decision	13	8.1
Any problem	27	16.9
Don't know	22	13.8
Total	160	100

Source: Survey Data, (2020)

4.3.9 Expressing the Respondent’s Views about their Child’s Special Education

As regard as expressing the respondent’s views about their child’s special education, over (20%) of the respondents replied that they need special education and agreed 100% for their child’s special education while only (5.6%) of the respondents answered that they need vocational training for their children. In addition, about (11.3%) of the respondents answered that it is more important inclusive education than special education and some their children did not attend the school because of so young. However, over (12%) and (15%) of the respondents mentioned that they have nothing special and did not know something.

Table (4.9) Expressing the Respondent’s Views about their Child’s Special Education

Express Your Views	Frequency	Percent
Need special education	35	21.9
Need inclusive education	18	11.3
Need vocational training	9	5.6
100% agree	36	22.5
Nothing special	20	12.5
Don't know	24	15.0
Do not attend school	18	11.3
Total	160	100

Source: Survey Data, (2020)

4.3.10 Participating in Special Education at School

Table (4.10) displays getting their child to participate in special education at school. It found that over (39%) of the respondents replied that they participated 100% support for their children. Over (18%) of the respondents responded that they do slightly support for special education. About (17.5%) of the respondents replied that they can support 50% while they have nothing special for this.

Table (4.10) Participating in Special Education at School

Participating	Frequency	Percent
100% support	63	39.4
50% support	28	17.5
Slightly support	29	18.1
Do not support	12	7.5
Nothing special	28	17.5
Total	160	100.0

Source: Survey Data, (2020)

4.3.11 The Association between the Perception of Caregivers on Special Education and their Socio-demographic Characteristics

In order to identify the association between the perception of caregivers on special education and their socio-demographic characteristics: age group of respondents, gender, race, marital status, education level and family income of respondents, Pearson Chi-square test was considered as the data obtained for outcome variable were normally distributed because each variable was categorized for inferential analysis of data.

Regarding Caregivers' Perception Score for Special Education, the maximum score was 93 and minimum score was 62. The mean score was 72 and standard deviation was 3.97. There were divided into two groups based on the mean score. The mean score 73 and above was good perception and the mean score 72 and under was fair perception. It can be seen that over (77%) of female respondents had low level of perception score and over (59%) of male respondents had low level of perception score. Therefore, it was found that there was statistically significant association between caregivers' perception score for special education and gender of the respondents.

Table (4.11) The Association between the Perception of Caregivers on Special Education and Gender

Socio-demographic Characteristics		Perception score		Chi-Square	P value	df
		Low (<=72)	High (73+)			
Gender	Male	13(59.1%)	9(40.9%)	3.44	0.04	1
	Female	107(77.5%)	31(22.5%)			

Source: Survey Data, (2020)

Concerning the total score level of caregivers for indicating a need for special education among the respondents, the maximum score was 16 and minimum score was 2. The mean score was 12 and standard deviation was 2.84. The total score was divided into two groups according to the mean score. The mean score 13 and above was good knowledge and the mean score 12 and under was low knowledge level. According to the Table, the majority (70.8%) of the respondents who had 1000000-200000 MMK was high perception score while over (50%) of the respondents who had less than 100000 MMK was low perception score. Therefore, it was found that there was statistically significant association between perception towards caregivers' score for indicating a need for special education and family income among the respondents.

Table (4.12) The Association between Caregivers' Score for Indicating a Need for Special Education and Family Income

Socio-demographic Characteristics		Perception score		Chi-Square	P value	df
		Low (<=12)	High (13+)			
Income	Less than 100000 MMK	21(52.5%)	19(47.5%)	6.41	0.04	2
	1000000-200000 MMK	21(29.2%)	51(70.8%)			
	More than 200001 MMK	21(43.8%)	27(56.3%)			

Source: Survey Data, (2020)

However, it was found that there was no association between caregivers' perception score for special education and age group of respondents, race, marital status, education level of the respondents in this study.

CHAPTER V

CONCLUSION

5.1 Findings

Myanmar has also committed to Education for All (EFA) which provides for all children having access to basic education of good quality. Within this rapidly changing education context, there is an emerging call particularly by civil society organizations and international non-governmental organizations (NGOs) in Myanmar, of the need to create an education system that meets the needs of all children. Myanmar is signatory of international instruments which seek to protect the rights of children with disabilities to education including the Convention on the Rights of Child and the Convention on the Rights of Persons with Disabilities. Therefore, caregivers including parents' involvement with special education programs have become very important considerations in the field of special education today because it is one of the most primary and controversial issues in the delivery of special education services today.

The objectives of the study are to examine the perception of caregivers on special education in Hlaing Tharyar Township and to determine the association between socio-demographic of caregivers and their perception on special education in Hlaing Tharyar Township.

Regarding socio-demographic and economic characteristics, among 160 respondents, the majority of respondents 72 were 45-59 years old, while the lowest were (60-64 and over 70 years old) group. The majority of (86.30%) female and the remaining (13.80%) male respectively. Among them, most of respondents were Myanmar. Regarding marital status, the majority of (111) of the respondents were married whereas the lowest proportion only (3) of the respondents was separated. The highest proportion of respondents (31%) had middle education. This was followed by higher education like degree holders representing only 5% of respondents. According to the survey result, the majority of the respondents over (60%) good in overall health and mental health status respectively. The lowest proportion of the respondents (1.3% and 0.6%) were excellent in both respectively. With regard to the total family income

per month of the respondents, most of the respondents (45%) were 100,000 to 200,000 MMK while the lowest of the respondents (25%) were less than 100,000 MMK.

Concerning the respondent's regarding responses information regarding special education, over two third of the respondents knew that they need more knowledge about my child's special needs. The majority of the respondents (85.6%) know that they need more knowledge on how to handle my child's behavior. Although more than one-third of the respondents knew that they need more information about present supports and services that school can offer my child and information about future supports and services that school can offer my child, over one-third of the respondents did not know that. Over (90%) of the respondents knew that they need more knowledge about how to teach my child, information about how children grow and develop and information about adolescent development. In general, the findings reveal that participating caregivers, regardless of setting, express greatest needs in the information category. Nearly all of the respondents' rate needing more information about their child's special needs, knowledge about how to teach their child and information regarding future school supports.

In needs for support among the respondents, the majority of (80%) respondents responded that they need for support regarding speak with other parents who have a child with similar needs, reading material about what other parents who have a child with similar needs have experienced and meet with a counsellor about my child's special needs. Thus, caregivers need social skills and behavior have an effect on their child's security and friendship strategies need to be devised so that parents are informed of their rights.

When asking needs in relationship to other persons in proximal environments concerning my child's special needs, the majority of the respondents over (95.6%) responded their friends or neighbors need more knowledge while most of the respondents answered their parents or in-laws and husband or wife need more knowledge. Therefore, the results from this study indicate that both environmental setting and child characteristics influence parental needs and perceptions.

Most of the respondents (97.5%) replied that they need help identifying different persons/groups who will work with my child so that we can develop common goals. Most of the respondents (80%) mentioned as they have more influence on my child's education. Similarly, about the majority (72.5%) of the respondents responded that they need help locating appropriate after-school care. According to the survey

results, health care providers and educators need to understand their role in parental involvement.

According to the caregiver's perception for special education among the respondents, most of the respondents responded the positive perception on it. Over (80%) of the respondents responded agree on the statement of my child and I have developed ways to learn in ways that I find satisfying, my child seems eager to learn with me and my efforts working on learning with my child seem to be paying off'. Over (70%) of respondents also mentioned agree on "Special Education" with my child is important to me, I want my child to learn more than he/she currently does, I believe my child's learn will improve if given time and I am concerned about my child's ability to learn". Thus, their child was more secure in the class that are more satisfied with their relationship to the special education school than caregivers' home.

It was found that (94.4%) of the respondents agreed on the statement as more likely to make children with disabilities feel better about themselves and students without disabilities learn about differences in the way people grow". Over (90%) of the respondents answered agree on the statement of " Special education is more likely to prepare children with disabilities for real world, special education provides children more chances to participate in a variety of activities and teachers are able to adapt classroom programs to meet the needs of included students". Results moreover showed that most of the caregivers have positive attitudes towards special education aspects and types as well as types of special needs to be included.

Regarding influencing the decisions that are made about their child's special education, the majority of the respondents mentioned that they can 100% influence on making decision for their child's special education while the lowest proportion of the respondents only (8.1%) mentioned that they cannot make decision on it. As regard as expressing the respondent's views about their child's special education, over (20%) of the respondents replied that they need special education and agreed 100% for their child's special education while only (5.6%) of the respondents answered that they need vocational training for their children. In addition, about (11.3%) of the respondents answered that it is more important inclusive education than special education and some their children did not attend the school because of so young. It found that over (39%) of the respondents replied that they participated 100% support for their children. Over (18%) of the respondents responded that they do slightly support for special education. About (17.5%) of the respondents replied that they can support 50% while they have

nothing special for this. As a result, caregivers have always been significantly involved in the educational decisions surrounding their children. Thus, caregivers most concerned with the prospect of special education children in order to develop their developmental skills.

In order to identify the association between the perception of caregivers on special education and their socio-demographic characteristics: age group of respondents, gender, race, marital status, education level and family income of respondents, Pearson Chi-square test was considered. It was found that there was statistically significant association between perception towards caregivers' score for indicating a need for special education and family income among the respondents. In addition, it was found that there was statistically significant association between caregivers' perception score for special education and gender of the respondents. However, it was found that there was no association between caregivers' perception score for special education and age group of respondents, race, marital status, education level of the respondents in this study.

In general, respondents showed a good attitude towards the aspects of indicating a need for special education but a fair attitude toward caregivers' perception for special education. According to the findings, the gender, education and income seems to influence the attitudes of respondents towards their willingness to accept certain types of special needs. It is highlighted that fundamental right which will create the intellectual resources of the next generations, the free access to education of all disable children, and gives them equal chances for a quality life should be provided in this study. The outcome of this study presents certain guidelines regarding the future development of special education. The findings supported the importance of the caregiver's attitude for the success of special education. Moreover, the study highlighted meaningful intervention for the community involved in special education regarding various aspects of special education.

5.2 Suggestions

Based on the findings of this study, the following suggestions are mentioned to improve education for children with disability in Myanmar.

For caregivers including parents

1. Financial assistance to poorer families and low education families of children with disabilities to support the costs of education including purchase of equipment and assistive device, stationery, travel costs and extra tuition costs, should be provided because there was statistically significant association between caregivers' perception score for special education and education level and income of the respondents.
2. Training on disability awareness inclusive education as well as care giving skills for parents and communities should be developed to support development of positive attitude and behaviors in relation to the care and education provision of children with disabilities.
3. Education services should be informed caregivers of their rights to education, support them in accessing education services and informing them about the progress of their children in education.

For the policy makers

1. The right to special education should be fully realized by further amendment of the most recent Children Education Law in order to align with Sustainable Development Goal four.
2. Allocate the funds should be provided to address the increasing social assistance needs of households that face multiple vulnerabilities, including through the implementation of the National Social Protection Strategic Plan.
3. Education programs at school or universities and teacher professional development sessions should be explicitly trained their pre-service and in-service teachers how to work with parents in a caring and empathetic manner.

For further research

1. Additional research looking at how parent satisfaction with special education varies is needed because little research has been done comparing satisfaction across either disability type or educational level.

2. Similar studies in different settings should be conducted to get more representative information about children special education.
3. Further research on influencing factors of special education by both qualitative and quantitative studies in order to be more understanding caregiver with disable children and to create a warm and welcoming school atmosphere.

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APPENDIX (1)

Questionnaire for Perception of Caregivers on Special Education in *Hlaing-Tharyar* Township, Yangon Region

Part (A) socio-demographic data of caregivers

To help us understand more about caregivers, these last few questions are about you and your household.

1. What is your age?
 1. 18-34
 2. 35-44
 3. 45-59
 4. 60-64
 5. 65-74
 6. 75 or older
 7. Others

2. Are you male or female?
 1. Male
 2. Female

3. What is your race?
 1. Myanmar
 2. Others

4. What is your marital status?
 1. Married
 2. Widowed
 3. Divorced
 4. Separated
 5. Never married
 6. Refused

5. What is the highest grade or year of school you have completed?
 1. None
 2. Primary Education
 3. Middle Education
 4. High School Education
 5. Bachelor Degree

6. In general, how would you rate your overall health?
 1. Excellent
 2. Very good
 3. Good
 4. Fair
 5. Poor
 6. Refused

7. In general, how would you rate your overall mental or emotional health?
 1. Excellent
 2. Very good
 3. Good
 4. Fair
 5. Poor
 6. Refused

8. We do not need to know exactly, but just roughly, could you tell me if your monthly household income from all sources before taxes is...
 1. Less than 100,000
 2. Between 100,000 and 200,000
 3. Above 200,001 MMK

Part (B) Caregivers indicating a need for special education

No.	Questions	Yes	No	Don't know
1	<p>Information; I need more . . .</p> <ul style="list-style-type: none"> h. Knowledge about my child's special needs i. Knowledge on how to handle my child's behaviour j. Knowledge about how to teach my child k. Information about present supports and services that school can offer my child l. Information about future supports and services that school can offer my child m. Information about how children grow and develop n. Information about adolescent development 			
2	<p>Needs for support</p> <ul style="list-style-type: none"> d. Speak with other parents who have a child with similar needs e. Reading material about what other parents who have a child with similar needs have experienced f. Meet with a counsellor about my child's special needs 			
3	<p>Needs in relationship to other persons in proximal environments concerning my child's special needs</p> <ul style="list-style-type: none"> d. My parents/in-laws need more knowledge e. My husband/wife needs more knowledge f. Our friends/neighbors need more knowledge 			
4	<p>Needs in relation to other important groups/persons</p> <ul style="list-style-type: none"> d. I need help locating appropriate after-school care e. I would like to have more influence on my child's education f. I need help identifying different persons/groups who will work with my child so that we can develop common goals 			

Part (C) Caregiver’s perception for special education

General Instruction: Please read each of the following statements carefully. Then tick (√) for each, whether you Strongly Agree, Agree, Undecided, Disagree, or Strongly Disagree.

No.	Statements	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	It is easy to educate with my child.					
2.	Special Education with my child is important to me.					
3.	I want my child to learn more than he/she currently does.					
4.	I believe my children learn will improve if given time.					
5.	It is difficult for me to understand my child.					
6.	It is difficult for peers and teachers to understand my child.					
7.	My child and I have developed ways to learn in ways that I find satisfying.					
8.	My child seems eager to learn with me.					
9.	My efforts working on learning with my child seem to be paying off.					
10.	I am concerned about my child’s ability to learn.					
11.	Special education is more likely to prepare children with disabilities for real world.					
12.	More likely to make children with disabilities feel better about themselves.					

13.	Special education provides children more chances to participate in a variety of activities.					
14.	Students without disabilities learn about differences in the way people grow.					
15.	Teachers are able to adapt classroom programs to meet the needs of included students.					
16.	Teaching is more effective in a resource room than when it is provided in general education classroom.					
17.	Special education is likely to hurt emotional development of a child with a disability.					
18.	Children with disabilities are socially isolated by general education students.					
19.	My child should have the same privileges and advantages that other children have in school.					

20. How much can you influence the decisions that are made about your child's special education?

.....

21. How freely can you express your views about your child's special education?

.....

22. How much can you do to get your child to participate in inclusive education at school?

.....

I really thank you for giving your time.

