J. J. Disa. Sci. 45, 53－64, 2021

Brief Note

Current Status and Issues in Early Intervention for Children with Deaf and Hard of Hearing in Ho Chi Minh City, Vietnam

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The purpose of this study was to determine the current status of early intervention for preschool children with deaf and hard of hearing in Ho Chi Minh City, Vietnam, and consider the issues of early intervention for children with deaf and hard of hearing. A questionnaire survey was conducted among special-needs schools and related institutions that provide education for children with deaf and hard of hearing in Ho Chi Minh City, and complete responses were obtained from eight institutions. The survey revealed a lack of equipment and facilities for education of the deaf and hard of hearing, as well as insufficient teacher expertise. Teachers in charge of early intervention also noted that it was often difficult to obtain the cooperation of parents and families for various reasons, such as financial difficulties. For the future, it will be important to rebuild the system of collaboration around the core institutions.

Key words: early intervention, children with deaf and hard of hearing, Ho Chi Minh City

I. Introduction

Formal education for children with disabilities in the Socialist Republic of Vietnam (hereinafter referred to as "Vietnam") is said to have originated with the Catholic monasteries' charity work for the deaf during the French colonial period, and has a long history (Kuroda, 2006).

Vietnam's shift to a "Doi Moi policy" aimed at becoming a market economy and opening up to the outside world has had a significant impact on the field of education, with changes such as expanding educational opportunities and increasing enrollment rates. In addition, important laws and regulations on special needs education, such as the Ordinance on the Disabled of 1998 (*Pháp lệnh người tàn tật* 1998), the Education Law of 1998 (*Luật giáo dục* 1998), and the Law on Persons with Disabilities of 2010 (*Luật người khuyết tật* 2010), were enacted; and with the development of these laws, the National Action Plan to Support People with Disabilities (2006-2010) (*Đề án trợ giúp người tàn tật giai đoạn* 2006-2010)" was actively promoted (Nambu & Shirogane, 2013). Specifically, the Plan stipulates that inclusive education should be the primary form of education, and posits three types: inclusive education (Hoa Nhap), semi-inclusive education (Ban Hoa Nhap), and special schools (Chuyen Biet). In addition, the National Action Plan to Support People with Disabilities (2012-2020) (*Đề án trợ giúp người tàn tật giai đoạn* 2012-2020) indicated a proactive approach to early intervention. However, various challenges have been identified, such as inadequate facilities, inadequate number of teachers, and lack of teacher expertise (Nguyen, 2009; Kuroda, 2006),

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with the result that fully inclusive education has not yet been achieved.

Although Vietnam is a low-middle-income developing country under the World Bank's classification, it has made significant improvements in poverty and education coverage based on its Millennium Development Goals (MDGs). According to the Japan International Cooperation Agency (JICA) (2020), there is no trend toward widening inequality, the level of economic stable, and the quality of primary education is also comparable to that of developed ASEAN countries. However, Vietnam has a bipolar structure, with the northern part of the country centered on Hanoi and the southern centered on Ho Chi Minh City, which is the core of the country's economic development, with the development in other regions lagging behind in some respects. The Ho Chi Minh City metropolitan area in particular is a hub that plays a central role in the entire economic zone of Vietnam, and it is assumed that it will also play a core role in the emerging framework for education and social security.

In education for children with deaf and hard of hearing, the importance of early diagnosis medical treatment has been demonstrated with the implementation of the Newborn Hearing Screening Test (Yoshinaga-Itano, Sedey, & Mehl 1998; Hirota, 2013).

Early intervention in this respect in Vietnam was developed in the 1990s with the assistance of the NGO Komitee Twee of the Netherlands (KTN) and the Dutch Embassy (Dinh, 2009), and the Global Foundation for Children with Hearing Loss (GFCH) program was implemented. The GFCH is a speech-language-based program with four stages, 1st Stage (first year of hearing aids or cochlear implants) - 4th Stage (fourth year of hearing aids or cochlear implants). In addition, the Intergenerational Deaf Education Outreach Project (IDEO) was funded by the Japan Social Development Fund (JSDF) for family support (JSDF, 2016). IDEO is a sign-language-based family support project for children with deaf and hard of hearing who do not have access to early intervention, with the aim of enrolling them in primary school. Within the project, the training of mentors and sign language interpreters with deaf and hard of hearing, as well as sign language training, is also provided. With the support of the KTN, JSDF, and other foreign organizations, early intervention for children with deaf and hard of hearing was expanded and rolled out in 53 out of the 64 provinces in Vietnam. For example, in the context of early intervention in Ho Chi Minh City, Bui (2017) reported that 149 infants with deaf and hard of hearing aged 0-6 attended special needs schools for the deaf and hard of hearing and/or Support Centers for the Development of Inclusive Education of Persons with Disabilities, and 19 young children with deaf and hard of hearing attended kindergartens. While such early intervention has spread, there are indications that the early support system is inadequate due to lack of uniformity in the program and its lack of extension to rural and other areas (Dinh, 2009). In addition, not all young children with deaf and hard of hearing are able to enter or advance to primary school in Vietnam. Thus, pre-school education for young children with deaf and hard of hearing is becoming increasingly important to ensure them access to primary school.

The present situation and challenges facing early intervention in Ho Chi Minh City can be used as a basis not only for considering the challenges of early intervention and the nature of support and guidance in deaf education in general, but also for improving inclusive education in Vietnam in the future. Furthermore, the findings may prove of great significance in contributing to the solution of inclusive education issues in developing countries other than Vietnam.

The purpose of the present study, then, was to determine the current status of early intervention for deaf and hard of hearing children in Ho Chi Minh City, Vietnam, and consider the issues of early intervention.

II. Method

Participants

Based on the list of special needs schools Morisawa (2003) and Bui (2017), all the institutions providing education for deaf and hard of hearing were selected 6 special needs schools for deaf and hard of hearing and 3 Support Centers for the Development of Inclusive Education of Persons with Disabilities. 3 Support Centers, which are affiliated with the Ho Chi Minh City University of Teacher Training and the Education and Training Department of Ho Chi Minh City (*Trung tâm trực thuộc Sở giáo dục và Đào tạo Thành phố Hồ Chí Minh*), provide disability detection, early intervention, educational counseling, and educational programs, but have no role in coordinating special needs schools. Of the 22 institutions that provide education for children with disabilities 9 provide education for those with deaf and hard of hearing, and thus were included in the study. One teacher from the early intervention class at each studied institution was asked to respond to the questionnaire as a representative, resulting in a total of 9 teachers from nine institutions responding to the questionnaire.

Procedure

A questionnaire survey was conducted, in which a request form and questionnaire were sent to the school or center director via email or mail. The purpose of the study and the ethical considerations were explained to the respective directors, and each was asked to recommend a research collaborator.

The period of the study was October-November 2018.

Survey details

The questions were developed with reference to Yano, Saito, Washio, & Yokkaichi (2004), Shoji, Saito, Matsumoto, & Harada (2011), and Wang & Agatsuma (2017), which presented findings on the functions and roles of education for the deaf and hard of hearing, and support for infants and toddlers with deaf and hard of hearing. Then, the questionnaire was modified based on Dang's (2009, 2010) studies on the education of infants and toddlers with deaf and hard of hearing in Ho Chi Minh City. Responses to the following were requested in multiple choice with or without multiple answer or descriptive form:

(i) Communication methods used in early intervention classes (Multiple Choice / Multiple Answer)

(ii) Early Intervention Class Instructional System (Multiple Choice / Multiple Answer)

(iii) Status of children to be taught in early intervention classes (age, number of children, use of assistive hearing devices, age of early intervention initiation, age at discovery of hearing loss, average hearing level in the good ear, whether or not the child has received a newborn hearing screening, and overlapping disabilities) (Multiple Choice and Description)

(iv) Programs used in early intervention classes (Multiple Choice / Multiple Answer)

(v) Nature of the instruction provided in early intervention classes (content and format of instruction) (Multiple Choice / Multiple Answer)

(vi) Pathways after early intervention classes (Multiple Choice / Multiple Answer)

(vii) Issues related to early intervention (Description).

Analysis Method

Multiple-choice answers were counted as 1 for each item, and the total number of responses was calculated.

In the case of descriptive answers, the descriptions were summarized based on their meaning. The summarizations were then grouped, based on similarities and characteristics, and subsumed under abstract categories. The categorization was carried out by two faculty members, one from a Vietnamese and one from a Japanese university, who specialize in education of the deaf and hard of hearing.

Research Ethics

The study was conducted with the approval of the Research Ethics Committee of the Faculty of Human

Sciences at the University of Tsukuba.

We explained the study in writing and obtained participants' consent. The explanations included the following: (1) participants were deemed to have consented to the survey by replying to the answers; (2) participants could freely decline to answer questions they did not wish to answer; (3) the data obtained would be kept in strict confidence, and would not be used for any purpose other than research.

III. Results

Responses were obtained from 9 institutions (100% response rate); however, only 8 institutions were included in the analysis because one had incomplete responses.

Overview of Participating Institutions

(i) Communication mode: All the institutions used the auditory-oral method. 6 institutions used gestures and 5 used sign language. Cued speech and Total Communication were not used in many institutions.

(ii) Institutional equipment: 6 institutions had a "dedicated playroom for early intervention classes", 3 had a "soundproofed room/audiometry laboratory", 2 had "room soundproofing", 2 had "audiometers", 2 had "a hearing test for infants and toddlers", 2 had "pronunciation and speech training equipment", and 2 had "developmental and intelligence tests". One institution had "a sound level meter", "a hearing aid management support system", and "a hearing aid assistance system".

(iii) Cooperation with other institutions: 4 institutions were cooperating with a Support Center for the Development of Inclusive Education of Persons with Disabilities, and 4 worked with special needs schools for the deaf and hard of hearing. Three were cooperating with a hospital, and 3 with local primary and secondary schools.

Overview of early intervention classrooms

(i) Communication mode in early intervention classrooms: the auditory-oral method was the most common method used, with sign language and gestures respectively used at 5 institutions each.

(ii) Enrolled children: A total of 51 children were enrolled in the 8 studied institutions. The number of children enrolled in each stage, along with their ages, is shown in Fig.1 . In addition, 3 out of 51 respondents did not answer about the stage. 8 children were enrolled in each of 2nd-4th Stages. The age range of the children tended to be wide at all stages, with 1st Stage ranging from 1 year and 6 months to 6 years of age, and 2nd Stage and above ranging from 3 years and 6 months to 7 years of age. The hearing level of the enrolled infants ranged from 50 dB to 120 dB, with 24 children suffering from severe hearing impairment and 21 children suffering from profound hearing impairment. The number who

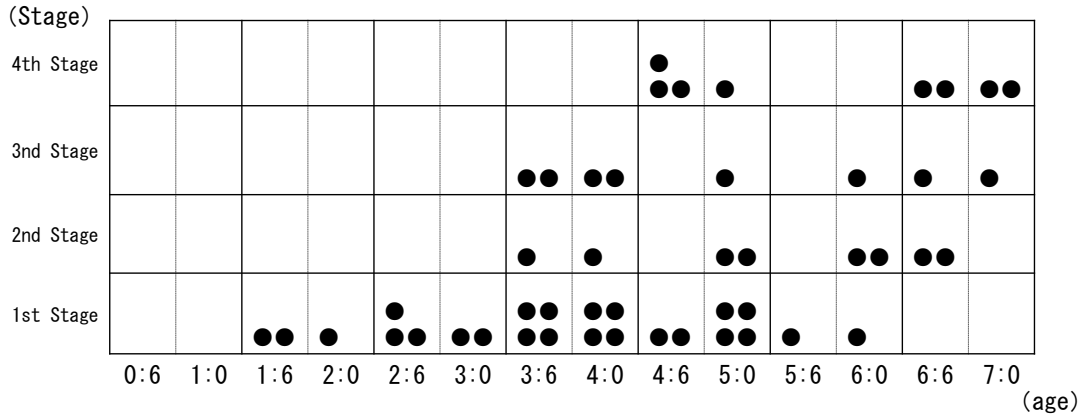

Fig. 1 Number and age of children at each Stage

had undergone newborn hearing screening was low only 6 out of 51 children.

(iii) Status of multiple disabilities: there were 10 cases of children with multiple disabilities: 3 cases with visual impairment, 2 with an intellectual disability, 1 with visual impairment and a motor disability, 1 with an intellectual disability and a motor disability, and 3 children for whom no answer was given.

(iv) Age of detection of hearing impairment: minimum, 3 months; maximum, 5 years and 4 months.

(v) Age when early intervention begun, and trigger for early intervention: The age at which early intervention began varied among the institutions. The minimum age was 1 year and 6 months and the maximum age was 5 years and 4 months. The trigger for attending early intervention classes was "referral from a hospital" in 6 institutions, "consultation with the parents" in 6, "referral from the kindergarten teacher" in 5 institutions, and "referral from a hearing aid company" in 5 institutions.

(vi) Destination after completion of early intervention classes: "kindergarten" in 8 institutions and "kindergarten at a school for the deaf" in 6.

(vii) Early intervention classroom teachers: Thirty-six teachers majored in special needs education at university or college, and 24 of these obtained qualification in special needs education at university. Eleven teachers majored in deaf and hard of hearing education at university or college, and 2 of these obtained qualification in deaf and hard of hearing education at university. In Vietnam, there is no teacher licensing system as in Japan, and special needs education teachers are qualified to teach only after graduating from the special education department of a university.

(viii) Early intervention class collaboration: only two schools had such collaboration, one with a "speech therapist" or "sign language specialist (a person who has been trained in sign language and who also performs interpretation services)" and the other school with a "otolaryngologist", "pediatrician", "speech therapist" or "sign language specialist".

Content of early intervention class instruction

(i) Early intervention instructional system: individualized instruction was the predominant form of instruction (all 8 institutions), and the frequency of instruction was typically 2 to 3 times a week (5 institutions). In addition, visiting education was provided in 6 institutions. The frequency of instruction varied with the institution, with 1 providing instruction every day, 2 providing instruction 2 to 3 times a week, and 1 providing instruction roughly once a month.

(ii) Programs used: 7 institutions utilized auditory-oral method programs, with 4 utilizing the Global Foundation for Children with Hearing Loss (GFCH) program; 5 institutions used sign language-based programs, with 3 using the Intergenerational Deaf Education Outreach Project (IDEO) program; and 3 institutions had implemented a program of home education.

(iii) Instruction in early intervention classes: the instruction was based on "Assessment through Developmental and Intelligence Tests" at 7 institutions, a "Hearing Test" at 6 institutions, and "Hearing Aid Management, Adjustment and Fitting" at 4 institutions.

We summarized the specific instruction implemented in early intervention, in terms of the following four categories: "understanding and compensating for hearing loss", "parental support", "developmental and language development in children with deaf and hard of hearing", and "information about disabilities other than deaf and hard of hearing and welfare".

The results for "Understanding and compensating for hearing loss" are shown in Table 1. The content of the services provided by at least 5 institutions were: "Description of Hearing loss", "Information on hearing aids", "Checking hearing aids", and "Fitting for hearing aids". Instruction about cochlear implants

Table 1 Content of instruction on understanding hearing loss and audiology

status of implementation	Content of instruction
Implemented at least 5 institutions	Description of Hearing loss, **Information on hearing aids, Checking hearing aids,** Fitting for hearing aids,
3 or 4 institutions implemented	—
1 or 2 institutions implemented	Description of the hearing situation (e.g., how to read an audiogram), How to handle a hearing aid, Information on cochlear implants, How to handle cochlear implants, **Information on assistive listening systems,** How to handle the assistive listening system, Hospital Referral, Introduction to Hearing Aid Companies
No implementation	Explanation of ear diseases

＊Bold type indicates the instructional content of seven or more schools with a total of "implemented" and "implemented according to the needs of the child" responses.

Table 2 Content of instruction on parental support

status of implementation	Content of instruction
Implemented at least 5 institutions	—
3 or 4 institutions implemented	Acceptance of parents' emotions, Organizing workshops for grandparents, Sharing stories of parenting experiences with hearing loss
1 or 2 institutions implemented	Organizing workshops for parents, A place for parents to exchange information with each other, Sharing the experiences of people with deaf and hard of hearing, Teaching siblings of children with deaf and hard of hearing how to relate to their siblings, Teaching non-parents how to interact children with deaf and hard of hearing
No implementation	—

and explanations of hearing conditions were not often provided. However, the majority of institutions responded that they provided “Information on hearing aids”, “Checking hearing aids”, and “Information on assistive listening systems”, depending on the child's situation.

The results for “Parental support” are shown in Table 2. Not more than 5 institutions provided this service; however, at least half the institutions had implemented “Acceptance of parents’ emotions”, “Sharing stories of parenting experiences with hearing loss”, and “Organizing workshops for grandparents”.

The results for “Developmental and language development” are shown in Table 3. Although not more than 5 institutions provided this service, at least half the institutions offered all the following services: “Communication with children with deaf and hard of hearing”, “Pronunciation and speech instruction”,

Table 3 Content of instruction on development and language development in children with deaf and hard of hearing

status of implementation	Content of instruction
Implemented at least 5 institutions	—
3 or 4 institutions implemented	**Communication with children with deaf and hard of hearing, Pronunciation and speech instruction,** How to interact with children with deaf and hard of hearing at home, Suggested Play, **Description of the child's developmental pathway,** Teaching the diary, Lifestyle Guidance
1 or 2 institutions implemented	Sign language instruction, rhythmical play, Storytelling at home
No implementation	—

＊ Bold type indicates the instructional content of seven or more schools with a total of "implemented" and "implemented according to the needs of the child" responses.
＊＊ The underlined line indicates the instructional content of the five or more schools with a total of "implemented" and "implemented according to the needs of the child" responses.

Table 4 Content of instruction on information about disabilities other than deaf and hard of hearing and welfare

status of implementation	Content of instruction
Implemented at least 5 institutions	—
3 or 4 institutions implemented	**Provision of information on the disability certificate**
1 or 2 institutions implemented	**Description** on disabilities other than hearing loss, Providing information on disabilities other than hearing loss, Developmental testing and intelligence testing, **Referrals to other educational institutions**
No implementation	Information on the welfare subsidy system

＊ Bold type indicates the instructional content of seven or more schools with a total of "implemented" and "implemented according to the needs of the child" responses.
＊＊ The underlined line indicates the instructional content of the five or more schools with a total of "implemented" and "implemented according to the needs of the child" responses.

"How to interact at home with children with deaf and hard of hearing", and "Teaching the diary". In addition, "Sign language instruction" was provided depending on the actual conditions of the children.

The results for "Information about disabilities other than deafness and welfare" are shown in Table 4. This was not provided in more than five institutions, and the only content implemented in at least half the institutions was "Information on the Disability Certificate". There was a limited number of referrals to and assessments made by other agencies, depending on the needs of the child.

Early intervention class issues

58 open-ended responses were received from the 8 studied institutions. A summary of the responses is presented in Table 5. Many respondents raised

Table 5 Issues related to early intervention

Issues category	Number of responses	Sample Answer (Summary)
Parents & Families	17	・Difficulty in accepting disability. ・Difficulty in obtaining parental cooperation ・Lack of awareness of hearing loss in the family ・Low level of education ・Disagreements between family members. ・The school is too far away to attend. ・They are left in the care of their grandparents and tend to miss a lot of school
Teaching for children with deaf and hard of hearing	10	・Children with deaf and hard of hearing are restless and easily distracted ・There is a lot of problematic behavior in children with deaf and hard of hearing. ・Older and more difficult to develop language ・More students per class. ・Some children with deaf and hard of hearing may not be able to enter elementary school even if they are learning in early intervention classes
Collaborative Support	8	・Lack of support and collaboration with doctors, speech therapists, audiologists, teachers, etc. ・No support for enrolling in an inclusive school ・Difficult to connect to medical and professional organizations even when the disability is known.
Audiology	7	・Wearing an inappropriate hearing aid ・Hearing loss in both ears, but only wears a hearing aid in one ear ・Inability to wear a hearing aid or cochlear implant (for financial reasons)
Multiple disabilities	6	・Many children with multiple disabilities. ・Lack of knowledge on multiple disabilities
Faculty expertise	5	・Often with duties outside of school ・Lack of teachers and difficulty in sustaining instruction ・Lack of knowledge and teaching skills for children with deaf and hard of hearing
Home guidance	3	・It's a long distance and difficult to get around
Other	2	・Most families are in financial trouble.

issues related to “parents/family”, such as “lack of acceptance that the child is deaf and hard of hearing” and “lack of family awareness”. The next most common response concerned difficulties in teaching young children with deaf and hard of hearing . In addition to such difficulties, some respondents noted that young children with deaf and hard of hearing in early intervention classes are often older than their age-appropriate group, that the results of language instruction are difficult to assess, and that language acquisition is difficult. The challenges related to “Audiology” ranged from the inability to obtain hearing aids and cochlear implants for financial reasons, to problems in hearing aid management and fitting. Regarding “Faculty expertise”, some noted that staff members were also working at other jobs, and that there was a shortage of staff members.

IV. Discussion

Issues related to teaching early intervention classes for those with deaf and hard of hearing

The results for age of entry into early intervention classes and age of detection of hearing loss reveal that there is a wide range of entrance ages and that in many cases, even after a diagnosis of hearing loss is confirmed, early intervention class enrolment is not immediate. Furthermore, even after the age of 3 years, there was a noticeable number of children who remained in Stage 1 of the early intervention classes, and responses to questions about the challenges of early intervention also mentioned difficulties with language development and difficulties in entering elementary school, even if the children learned in early intervention classes. Delay in the establishment, in Vietnam, of a related system to link early medical care and education after diagnosis in Vietnam, and

the fact that the country's maternal and child health care system has not been established on a national scale (Kuroda, 2013), are both considered to be factors impeding links to early support.

Many of the institutions surveyed were using the auditory-oral method program. In terms of instructional content, audiology was included in most of the institutions, but the instructional content related to children's language development and parental support varied from one institution to another. The auditory-oral method was the basis of the program, sign language was taught based on the needs of each child, and it was inferred that the actual conditions of children with multiple disabilities and children with speech and language development difficulties were taken into account when teaching them to use hearing aids and cochlear implants.

However, the study also revealed that the instructional system is inadequate in terms of audiological guidance. This is due to a varying combination of (1) inadequate provision of soundproofed rooms and equipment for hearing tests, (2) lack of availability of hearing aids and cochlear implants due to the economic deprivation of families, (3) parental difficulty in accepting deaf and hard of hearing, (4) poor coordination with medical institutions, (5) more children than expected having difficulties in the development of spoken language. Hirota, Saito, & Onuma (2019) noted that hearing aid instruction in infancy requires the diagnosis of an otolaryngologist, accurate hearing-threshold information, and the hearing aid adjustment and auditory-behavior observation skills of the instructor; and the development of a coordinated system of comprehensive support is also important. Support for family efforts is of critical importance, especially at the stage when the infant is reluctant to wear hearing aids or exhibits infant-specific behaviors such as playing with, licking, or throwing the hearing aid (Hirota et al., 2019); thus, it is important not only to promote the use of hearing aids and cochlear implants, but also to train teachers with specialized knowledge of audiology, and for educators to work with medical institutions and cooperate with parents.

Dang (2009) reported on the current state of early intervention for children with deaf and hard of hearing, and noted issues related to parental cooperation and cultural level. Similarly, Nambu,& Shirogane (2013) noted that families with disabled children often have low incomes and unstable jobs. In addition, the present study revealed difficulties in building cooperative relationships between parents and guardians in this respect, including inability to accept the disability of deaf and hard of hearing and lack of consensus within families. Often, in Vietnam, many families work together and children are left in the care of their grandparents during the day, so the cooperation of grandparents is important, and support that encompasses the whole family is essential.

Issues related to staff expertise

In Vietnam, in order to become a special needs education teacher, one must first graduate from the Department of Special Needs Education at a university, and then pass the relevant civil service examination to obtain a teaching qualification (Sekiguchi, 2012). The Ho Chi Minh City University of Teacher Training, which is responsible for training teachers of special needs education, delivers a curriculum that emphasizes early education as well as the training of teachers of the deaf and hard of hearing (Ando, Kuroha, Ozahara, Lim, & Hoang, 2015). Therefore, it is likely that the majority of teachers in the early intervention classes here studied were trained in special needs education. However, not many teachers in this study majored in education for children with deaf and hard of hearing. Dang (2010) also noted that many teachers involved in early intervention had received only a short period of training, and few teachers had taken a formal course on hearing impaired education, a pattern also observed in the present study. This may be due to a lack of expertise in the teachers who train the

teachers, insufficient teacher training, and/or lack of curriculum for inclusive education, as suggested by Ando et al. (2015) and Tanno, Dang, &Ando (2016).

Implications for developing countries

Although institutions providing early intervention for the deaf and hard of hearing exist in Vietnam, issues such as lack of facilities and equipment, lack of teachers specializing in deaf and hard of hearing, difficulties in attending school, and difficulties faced by educators in working with families were identified in the study. While primary education in Vietnam is reported to be at the same level as in developed ASEAN countries, it is estimated that access to education for children with deaf and hard of hearing is not fully guaranteed; in fact, 75% of children with disabilities under the age of 16 do not have access to education (JICA, 2020). Sato, Ikeda, Ando, Yokkaichi, Fujiwara, Nagasaki, Mamada, Hidaka, Yoshizawa, Sato, Nomura, & Numazawa (2013) argue that it is important to train core teachers who have both theoretical and practical knowledge, and are able to mentor other teachers, in parallel with developing policies and institutions. For efficient management of finite economic and human resources, it is necessary to strengthen institutions that serve as centers of excellence for early intervention for children with deaf and hard of hearing, and establish linkages between these centers and other relevant institutions. We believe that training core teachers involved in deaf and hard of hearing education at such institutions, and increasing the expertise of teachers at special needs schools and other, related institutions, will be a step toward solving the issues raised in this study. The present situation and issues involved in early intervention in Ho Chi Minh City, as reported by the study, are also common in developing countries other than Vietnam; thus, the study may serve as a resource for early intervention, including for disabilities other than hearing impairment.

V. Conclusion

Vietnam's economic growth has been remarkable, and it is expected that hearing aids, cochlear implants, and other devices will become more widespread in households in the future. At the same time, however, the disparity between urban and rural areas is expected to become more pronounced. In addition, along with the promotion of inclusive education, schools for the deaf and hard of hearing are being reorganized, and there are concerns that institutions specializing in education for the deaf and hard of hearing may become difficult to identify. It is also important to establish a cooperative system, centering on a core organization with a high level of specialization in education for the deaf and hard of hearing, which will consolidate a group of schools that play a central role in the region. By building such a system, adequate teacher expertise will be ensured and early intervention will be enhanced.

In this study, we were unable to ascertain the status of the implementation of specific initiatives, such as child-centered instruction and specific methods of assessment. In the future, the development of an effective collaborative system can be investigated by analyzing the regional characteristics of the relevant institutions.

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Received August 24, 2020
Accepted November 9, 2020

ベトナムホーチミン市における聴覚障害児に対する早期介入の現状と課題

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本研究では、ベトナムホーチミン市おける就学前の聴覚障害児に対する早期介入の現状を把握し、今後の聴覚障害児に対する早期介入の方向性を検討することを目的とした。ホーチミン市で聴覚障害を対象として教育を行っている特別支援学校と関連機関を対象とした質問紙調査を行い、8カ所より回答を得た。聴覚障害教育を行う上での設備や機器の不足や教員の専門性の不十分であることが明らかとなった。また、経済的な困難などの様々な理由から、保護者と家庭の協力が得られにくいことも、早期介入を担当する教員より指摘された。今後、コアとなる機関を中心とした連携体制を再構築することが重要であると考えられる。

キー・ワード：早期介入　聴覚障害　ベトナムホーチミン

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