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MHXNTS002

**Exploring the Experiences of Parents' Involvement in
Supporting Children with Dyslexia in Maseru,
Lesotho**

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A Minor Dissertation Submitted in Partial Fulfilment of the Requirements for
the award of the degree of Master of Social Science in Social Development

Submitted: 31th October 2024

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ACKNOWLEDGEMENTS

I would like to express my deepest gratitude to God, for the strength He gave me throughout my studies to keep going even when hope was lost, for He knew the plans he had for me.

A heartfelt thank you goes to my parents Mamahao, Mankhasi and Nqosa Mahao who supported me in every way possible. I would not be where I am in my academic career had it not been for them and I am incredibly grateful Bakhoele.

I extended my sincerest gratitude to my supervisor Dr. Shanaaz Hoosain, for her support and guidance throughout this dissertation. I managed to pull off what seemed to be impossible through her advice, guidance, and constant encouragement. More importantly, I am grateful for her patience with me.

To my siblings, Mahao, Tsebo and Lekoetse Mahao I shall forever be grateful for your support throughout this journey and the role each one of you played in making this possible for me.

A special thank you to my partner, Songoane Lesitsi for his unwavering support and a constant shoulder to cry on from the beginning to the end..

To Boitumelo Phihlela, thank you for your companionship and your contribution towards this research.

I am also grateful to all the participants who took part in this study as well as the schools which provided access to locations and helped with the recruitment process. Their cooperation and willingness to share their experiences were essential to the completion of my research.

ABSTRACT

This study aimed to explore the experiences of parents' involvement in supporting children with dyslexia in Maseru, Lesotho. The research enquiry was rooted in Bronfenbrenner's Ecological Systems Theory for parental involvement. The study employed a qualitative research design, specifically phenomenology research approach, through face-to-face semi-structured interviews to gain insights and an understanding of parents' experiences regarding their involvement in supporting a child with dyslexia. The interviews were conducted with 12 participants who have lived in Maseru, Lesotho and their child was diagnosed with dyslexia. The diagnosis was carried out by their special education teacher. The sample was selected through purposeful sampling method. To analyse the data, thematic analysis was employed. The findings of this study revealed that parents' involvement in supporting their child is influenced by their lack of knowledge of dyslexia. As a result, their emotional experiences, experiences in seeking a diagnosis from professionals for their child, limited access to resources and information, their experiences with home-based involvement and parents' experiences with mainstream and special education needs (SEN) schools, were shaped by their lack of knowledge of dyslexia. The presence of a child with dyslexia was also noted to have an effect on family dynamics including the parent-child relationship, sibling relationship and parents' expectations. Furthermore, parents were observed to have insufficient support to help them in supporting their child, mainly relying on social support and spiritual support. The study emphasises the need for increased public awareness, policy development and institutional support to enhance parental involvement and improve outcomes for children with dyslexia in Maseru, Lesotho. Recommendations include developing dyslexia-specific interventions, training for educators and healthcare professionals (HPCs), and greater collaboration between parents, school, HCPs and policymakers.

Keywords: Dyslexia, parental involvement, experiences, support strategies, inclusive education.

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List of Abbreviations and Acronyms

ADHD	-	Attention- deficit/hyperactivity disorder
ASD	-	Autism Spectrum Disorder
BDA	-	British Dyslexia Association
DBE	-	Department of Basic Education
DSD	-	Department of Social Development
GoL	-	Government of Lesotho
HCPs	-	Healthcare professionals
IDA	-	International Dyslexia Association
LCN	-	Lesotho Council of NGOs
LNFOOD	-	Lesotho National Federation of Organisations of Disabled
LSEN	-	Learners with Special Educational Needs
MoET	-	Ministry of Education and Training
SEN	-	Special Education Needs
SEU	-	Special Education Unit
UNESCO	-	United Nations Educational Scientific and Cultural Organisation
UNICEF	-	United Nations International Children's Emergency Fund

CHAPTER 1: INTRODUCTION

1. Introduction

Dyslexia, according to the WHO ICD-11, is classified as a developmental learning disorder characterised by difficulties in reading (WHO, 2024). Children with dyslexia encounter obstacles in their academic performance and social interactions (Abd Rauf et al., 2018). Active parental involvement in the education of children with dyslexia has positive effects on the children's social, emotional, and academic development (Green et al., 2007 as cited in Touloupis, 2021). The study, therefore, focuses on the experiences of parents' involvement in supporting children with dyslexia. The chapter introduces the topic by providing a statement of the problem and the rationale and significance of the study. Furthermore, the research questions and objectives will be presented, along with the clarification of terms used in the study.

1.1. Background and Statement of the Problem

Dyslexia is a prevalent learning disability that affects 5-17% of students (Shaywitz & Shaywitz, 2003 as cited in Gonzalez, 2021). According to the American Psychiatric Association (2013 as cited in Snowling et al., 2020) the DSM-5 refers to dyslexia as a specific learning disorder with impairment in reading. Deficits in both oral and written language, reading, phonological awareness, memory and rapid naming are characteristic features of dyslexia (Muktamath et al., 2022). Children who have dyslexia face a higher likelihood of experiencing adverse outcomes in various aspects of their lives, including education, social interactions, emotional well-being, and work opportunities (Livingston et al., 2018). Parental involvement (PI) is essential for meeting the needs of children with disabilities (Ralte & Fanai, 2023), including dyslexia. According to Abd Rauf et al. (2018) PI is critical for children with dyslexia since when parents are informed about dyslexia much earlier, they can take appropriate actions to support their children. The early identification of dyslexia is vital for effective interventions, which significantly improve learning for children with dyslexia (Gaab & Petscher, 2022). PI, through the provision of affection, meeting basic needs, and collaborating with teachers can influence reading proficiency in children with dyslexia (Francisca, 2021) as well as promote the mental well-being of dyslexic children (Boyes et al., 2020). Jiygel et al. (2019) stated that PI enables parents to support their child's rights and participate in decision-making.

In Lesotho, the Rapid Assessment Report on Teaching and Learning Materials for Learners with Disabilities by the Lesotho National Federation of Organizations of the Disabled (LNFOD) indicated that 3367 learners were found to have disabilities in 104 schools. Of the total number of students, 499 were identified as having dyslexia (LNFOD, 2021), meaning parents of 15% of school children

experience having to be involved in providing support to a child with dyslexia. However, it is important to interpret this data cautiously because it does not reflect the overall prevalence of dyslexia across the entire country. Lesotho lacks a specific definition of dyslexia, thus creating challenges as assessment methods for dyslexia vary among countries based on each country's definition of dyslexia, language, and tools available (Mather et al., 2020). The lack of a dependable disability identification method may result in an underestimated need for inclusive measures (Grimes et al., 2023).

It is important to acknowledge that the deficiency of data is prevalent not only in Lesotho. According to Wu et al. (2022), research on dyslexia in Africa is not well represented compared to other regions such as North America, Europe and Asia. The lack of dependable disability data impacts the visibility of children in national priorities and resource allocations, including education services and support interventions (Grimes et al., 2023). This lack of recognition and support may have profound implications for parents trying to adequately support their children without the necessary information or resources to do so. It also underscores the significance of studying the unique experiences of parents in Maseru, Lesotho, as Cunningham (2021) indicates that individual differences such as socio-economic status and racial minorities can have an impact on the diagnosis of dyslexia. Parents of children with dyslexia in Maseru may experience supporting such children differently based on these factors, thus necessitating localised research.

If the issue of dyslexia and parental support in Maseru is not adequately addressed, children with dyslexia will continue to struggle academically, leading to higher dropout rates, lower self-esteem, and fewer opportunities for social and economic mobility. The Education Statistics Bulletin 2020 reported a decline in primary education enrollment from 2015 to 2019. In 2015, 56391 students had enrolled in primary school. In 2019, the number had dropped to 41675 (MoET, 2019). Based on a report by UNICEF (2023), children with disabilities exhibit elevated rates of being out of school across all education levels, with this disparity growing as they advance through the education system. Without intervention, the cycle of inadequate support and educational failure is likely to persist for children in Lesotho.

Dyslexia not only presents significant challenges for children but their parents as well (Senarath, 2021). Cosgrave (2022) indicates that parents often face challenges in comprehending the nature of dyslexia and the process of accessing optimal support for their children. Parents' mental health is impacted by their child's learning disability, highlighting the importance of supporting parents' mental health and offering resources and support services for them (Wilcox, et al., 2024). It is crucial to consider these encounters within the context of Maseru. The role of parents in supporting children

diagnosed with dyslexia in Maseru, Lesotho is not well studied, despite its importance. Research in Lesotho has primarily focused on the experiences of students with disabilities (Mosia & Phasha, 2020; Morena & Nkoane, 2021), parental involvement (Teba-Teba & Thabane, 2021; Nkokoana, 2022; Lethoko, 2019) and teachers in inclusive education in Lesotho (Khumalo & Mosia, 2023; Mohoebi, 2023). This study seeks to address this gap by exploring the experiences of parents' involvement in supporting children with dyslexia, to uncover the challenges and strategies employed by parents to support their children.

1.2. Rational and Significance of the Study

The significance of this research lies in its ability to enhance deeper comprehension of parents who support children diagnosed with dyslexia. A study on the experiences of parents assisting children with dyslexia can offer valuable insights into the obstacles they encounter, along with the strategies and resources needed for support. Many strategies have been created globally to support children with dyslexia, however, these may not align completely with the social, economic, and educational conditions in Lesotho. This research offers a local perspective and contributes to informing policy and practice within the context of Lesotho. By identifying the factors that contribute to effective parental support, interventions and resources tailored to the specific needs of parents of children with dyslexia may be developed. Enhancing parental involvement and support could significantly improve the academic results and social comfort and protection for children with dyslexia.

1.3. Research Topic

The research topic is: *Exploring the experiences of parents' involvement in supporting children with dyslexia in Maseru, Lesotho.*

1.4. Research Questions

The study is guided by the following research questions:

- a) What is the understanding of dyslexia among parents?
- b) What are parents' experiences in supporting their children with dyslexia in Maseru?
- c) What structures are in place to support parents of children with dyslexia?

1.5. Research Objectives

The study had the following research objectives:

- a) To explore parents' understanding of dyslexia in Maseru.
- b) To explore the experiences of parents in Maseru in supporting their children with dyslexia.
- c) To explore the structures that are in place to support parents with their children with dyslexia.

1.6. Main Assumptions

The researcher assumed that parents of children with dyslexia face multiple systemic barriers, including limited knowledge about dyslexia, restricted availability to resources, inadequate teacher training, and insufficient policies. The researcher further assumed that parents of children with dyslexia have the intention to offer support, but may lack the necessary knowledge and support structures. Parents who receive proper guidance, training, and resources are more capable of supporting their children's academic achievement (Ruan et al., 2024; Rios & Burke, 2021; Abd Rauf et al., 2020; Ross, 2020).

1.7. Clarification of Concepts

The study is anchored on certain concepts which must be understood in relation to the objectives and key questions guiding the study. These concepts are defined below.

Children: refers to school-going learners parented by their parents as defined in the context of this study (Mkhwanazi, 2018).

Dyslexia: a specific learning disorder with impairment in reading. According to the DSM5 dyslexia is defined as a pattern of learning challenges characterised by problems with accurate or fluent word reading, poor decoding, and challenges in spelling. These issues should have persisted for a minimum of 6 months despite the provision of intervention aimed at addressing those difficulties (American Psychiatric Association, 2013 as referenced in Snowing 2020).

Experiences: a direct observation of or participation in events as a basis of knowledge; the fact or state of having been affected by or gained knowledge through direct observation or participation. (Merriam Webster, n.d.)

Learning disability: an impairment that may affect the basic psychological processes which can be corrected through appropriate interventions (MoET, 2018).

Parent: a biological representative for a child, anyone who is a legal guardian for a child, someone that cares for a child from a certain point in their younger years up until their adulthood, someone who supports a young child financially and guides and teaches a young child how to deal with life's numerous challenges (Ryan, 2021).

Parental Involvement: a state where parents are actively involved and participate in their children's learning process, independently and together with the school and teachers, and carry out their parental responsibilities (Ntekane, 2018).

Special Educational Needs: refers to a situation in which learners who are in need of additional support, depend on the extent to which the education system adapts curriculum, teaching and/or to

provide additional human or material resources so as to stimulate efficient and effective learning for these learners (MoET, 2018).

Support: to agree with and give encouragement to someone or something because you want him, her or it to succeed, to help someone emotionally or in a practical way (Cambridge Dictionary, n.d.).

1.8. Conclusion

This chapter provided an overview of the study covering the background and the statement of the problem, rationale and significance of the study, and the clarification of terms used. The following chapter presents the literature review pertaining to the experiences of parents whose children have been diagnosed with dyslexia.

CHAPTER 2: LITERATURE REVIEW

2. Introduction

This chapter reviews the existing literature and explores the theory applied in analysing the study. According to Leite et al. (2019), a literature review serves to identify existing knowledge in a specific field, elucidate previously established information, analyse the implications of the problem being studied, bridge the gap between theory and practice, identify any research gaps, and position the study within the research agenda of the field. This section of the study will focus on existing research on dyslexia and parental involvement for children with dyslexia, examining perceptions within the context of Lesotho and other parts of the world. The chapter further examines Bronfenbrenner's Ecological Systems Theory as the study's theoretical framework, aiming to bridge the gap between theory and practice. The existing gaps in the literature will then be analysed.

2.1. Definition and causes of dyslexia

Dyslexia is a neurodevelopmental disorder affecting individuals differently based on age and developmental stage (Gonzalez, 2021). Categorised under a broader group of neurodevelopmental disorders, dyslexia is identified as a reading disorder in the Diagnostic and Statistical Manual of Mental Disorder, Fifth Edition (DSM5) (American Psychiatric Association, 2013 as cited in Muktamath, et al., 2022). Multiple factors, such as genetics, have been identified as contributing causes of dyslexia (BDA, 2019). The hereditary prevalence of the condition ranges from 25-60% between parents and 40% among siblings (Ijeoma & Chinelo, 2019). The genetic basis is complicated by gene-environment interactions as genes operate within the environment, influencing human development (Snowling, 2019). Environmental factors, such as language exposure and early reading experience, also influence susceptibility to dyslexia (Schneider et al., 2024). Phonological processing deficits (IDA, 2020) and neurobiological factors (Kearns et al., 2019) also contribute to dyslexia. Diagnosis of dyslexia involves a comprehensive evaluation process including case history, observation and standardised assessments (Muktamath et al., 2022). Understanding these interactions is crucial for parents because the support they provide to their children should be informed by their understanding of dyslexia.

2.2. The prevalence of dyslexia

Globally, up to 700 million people have some degree of dyslexia (World Population Review, 2024). In the United Kingdom, the prevalence of dyslexia varies from 4% to 20% (Knight, 2018), whereas in Scandinavia as a whole, figures range from 5% to 17%, to between 1% and 20% (European Union, 2022). In Nairobi, Kenya, Munyi-Kairuiki (2023) revealed that the prevalence of dyslexia is

7.49% and in South Africa, 1 in 10 South Africans suffer from dyslexia, and roughly 5 million South Africans face reading challenges (Geertsema et al., 2022). Wagner et al. (2020) indicate that estimates of the prevalence of dyslexia vary because reading performance and dyslexia predictors are continuously distributed, operational definitions for dyslexia vary, and commonly used identification procedures are unreliable. In Lesotho, there is limited information on the prevalence of dyslexia. The 2020 Education Statistics Report states that 5.4% of learners in Lesotho had some form of disability, with intellectual disability – which includes forms of learning disability – accounting for 55.6% of these pupils (MoET, 2020). Dyslexia falls within the category of learning disabilities, however, because the data is not disaggregated, the exact rate of dyslexia is unknown. The World Health Organization (WHO) (2023) emphasised the importance of disaggregated data in recognising disparities among individuals with disabilities and pinpointed the necessary details for the development of inclusive policies. In the event that this information is not provided, policies are ineffective in meeting the needs of children with disabilities like dyslexia, thus impacting parents' capacity to participate and assist these children.

2.3. Effects of dyslexia on children

The effects of dyslexia have been observed in various aspects of child development and well-being. Zhou (2023) states that dyslexia has a significant effect on children's academic progress given that it influences their ability to read, spell, organise, and comprehend concepts, which are required in all subject courses. Due to repeated failure, Zhou (2023) indicates that this results in high dropout rates. These challenges may progress into adulthood, as research has shown that children with dyslexia are less likely to enroll in higher education (Shaywitz & Shaywitz, 2020; Hettiarachchi, 2021). Lower educational levels are linked to higher rates of unskilled employment, regular periods of unemployment, and reduced incomes (Snowling et al., 2020; Sanfilippo et al., 2020). Moreover, children diagnosed with dyslexia are at an increased risk of being involved in the juvenile justice system. This is evidenced by Cassidy et al. (2021) who conducted a study in 2 prisons in Louisiana consisting of 145 men and women. The study found that 47% of the population had dyslexia and the participants revealed that they had experienced behavioural problems, leading to fewer years in school.

Academic challenges linked with dyslexia have emotional and behavioural effects. These include depression, anxiety, anger, embarrassment, guilt, isolation, low self-esteem, stress (Livingston et al., 2018; Wilmot et al., 2024), and heightened rates of depression (Sanfilippo et al., 2020). The presence of comorbidities, such as dyslexia occurring alongside socio-emotional and behavioral disorders, can worsen these issues (Snowling, 2019). Academic challenges also have social

implications as Delany (2017) found that dyslexic students often experience rejection and isolation at school as well as bullying, ridicule and exclusion from their peers. Although most of the effects of dyslexia are notably negative, Snowling et al. (2020) observed that some people with dyslexia are able to overcome their challenges when provided with the necessary support and accommodations. Kannangara et al. (2018) outlined the positive attributes exhibited by individuals with dyslexia, including advanced reasoning abilities, proficiency in visual-spatial tasks, strong memory and problem-solving skills, creativity, interpersonal aptitude, and a resilient and determined mindset. The effects of dyslexia on children are crucial to understanding the role parents play in terms of how they perceive their child's needs and the types of interventions they seek.

2.4. Parental involvement

Parental involvement (PI), according to Roy and Giraldo-García (2018), is observed as parental activities, including those that occur at home and at school, intended to assist children with their social, emotional and academic development. Đurišić and Bunijevac (2017) stipulate that PI in the education of students starts at home by creating a safe, healthy environment, offering support, providing suitable learning opportunities, and fostering a positive attitude towards school. PI can be categorised into three types, namely, home-based involvement, school-based involvement and academic socialisation (Fernández-Alonso et al., 2017). Home-based involvement – according to Kamal et al. (2022) – refers to the parental behaviours at home that assist children's academic progress in school. Barger et al. (2019) define school-based involvement as parents' direct contact with the school in the form of participation or governance. Academic socialisation, according to Cross et al. (2019), refers to the messages parents convey to their children about schoolwork and the importance of education.

PI, in supporting children with dyslexia, is crucial for their academic and emotional growth. Home-based involvement, where parents provide academic support through literacy activities (Barger et al., 2019), contributes in enhancing the reading skills of children with dyslexia. According to Williams (2019), parents of children with dyslexia can foster the growth of their spoken vocabulary and their comprehension of the fundamentals of the language. This could occur through parents engaging with their children and reading to them daily. Home-based involvement may also serve as a protective factor for children at familial risk for dyslexia. A study by Torppa et al. (2021), who examined the influence of the home literacy environment on reading development, found that collaborative reading had a direct impact on reading motivation and comprehension, as well as an indirect effect through vocabulary development. These interventions were especially beneficial in improving reading comprehension for children who had a family history of dyslexia. Additionally,

parents play a vital role as their children's initial educators, allowing them to identify any areas where their child may struggle with learning. This early detection enables parents to provide appropriate interventions promptly (Alotaibi & Busaad, 2022).

PI is also essential as it fosters collaboration between the school and the child's home, through school-based involvement. According to Epstein et al. (2018), partnerships between parents and instructors acknowledge their mutual interests and obligations towards children, working together to enhance educational programmes and opportunities for children. Panshikar (2019) adds that remediation for dyslexic children necessitates active participation from parents, and that the methods of engagement applied by educators in schools may be expanded to lesser quantities during home learning as well. Furthermore, Mantey (2020) stressed the importance of PI in inclusive education, asserting that successful implementation of inclusive education programmes requires the engagement and support of parents of children with disabilities at every stage of advancement. Participation in programmes such as the Individualized Education Program (IEP) empowers parents to advocate for their child's needs and ensures a tailored education that aligns with their specific needs and available resources (Utami, 2022).

Given the emotional obstacles that children with dyslexia experience, parents play an important role in balancing these negative feelings. Academic socialisation – through high parental expectations – can boost children's motivation and self-efficacy (Schmid & Garrels, 2021). Ahmad and Ansari (2022) claim that the self-esteem of children with learning difficulties such as dyslexia could be improved through unique teaching techniques meant to support their strengths and understand their shortcomings.

2.5. Lesotho's education system

Understanding Lesotho's education system is pivotal to this study as it delineates the framework within which parents are involved in supporting their children. The education system in Lesotho is divided into formal and non-formal spheres (MoET, 2018). The formal education system in Lesotho adheres to a 3-7-3-2 model, comprising three (3) years of pre-primary education, seven (7) years of primary education, three (3) years of lower secondary education, and two (2) years of upper secondary education (LCN, 2021). Overall, in the country, there are 2204 pre-primary schools, 1478 primary schools, 341 post-primary schools, 26 technical and vocational schools, and 14 higher education institutes (MoET, 2016). The Ministry of Education and Training (MoET) (2018) has tasked the Special Education Unit (SEU) with the responsibility to support all students, regardless of their disabilities, in realising their full potential. The SEU classifies schools into three categories: regular, integrated, and special schools (MoET, 2018). Nevertheless, accommodating children with

disabilities remains a challenge within Lesotho's education system. Grimes et al. (2023) reported that the integration of students with disabilities into mainstream classes remains a challenge within the education system of Eastern and Southern Africa, Lesotho included. This assertion is substantiated by data from UNICEF (2021), which reveals that less than 20 out of an estimated 4000 pre-primary, primary, and secondary schools in Lesotho possess the requisite capacity to support students with disabilities. Consequently, a considerable number of children with disabilities are out of school. The MoET (2018) stated that Lesotho has 5 special schools located in Leribe, Maseru, Berea, and Butha-Buthe. This implies that only half of Lesotho's 10 districts have the capacity to provide educational services to children with disabilities. In light of this information, it is apparent that PI is essential in contexts settings with limited institutional backing, such as in Lesotho, where parents are compelled to undertake additional responsibilities to support their children's educational needs.

2.6. Factors influencing parents' involvement in supporting children with dyslexia

Parental involvement in supporting children with dyslexia plays a crucial role in this study as it establishes a framework for interpreting how parents address the challenges of supporting children with dyslexia. These factors elucidate the variations in parents' experiences and offer insights into how support for both parents and children could be enhanced.

2.6.1. Parental factors

2.6.1.1. Parents' knowledge and understanding

The International Dyslexia Association (IDA) (2020) highlighted the importance of understanding dyslexia, because well-informed parents are capable of articulating their concerns about their child's development and inquire about the educational choices at school. This phenomenon was observed in a study conducted by Nurfitriani and Puspitaningrum (2023) where prior to awareness of dyslexia, parents frequently pressured their children to master reading and writing hastily, and reprimanded them for lagging behind their peers. Following the diagnosis, parents adjusted their approach to offer increased encouragement and support to help their child catch up at their own pace.

Despite the noted significance, parents lack adequate knowledge about dyslexia, including its signs, symptoms, and suitable interventions (Eray & Opengin, 2023). For instance, in Nigeria, Iwuagwu et al. (2022) observed that parents had poor knowledge of dyslexia as they could not explain why their children experienced learning difficulties. Furthermore, parents blamed their children for their difficulties and labelled them as unserious and lazy. Similarly, John-Adubasim (2022) stated that in Nigeria, parents notice the symptoms of dyslexia but lack awareness to perceive them as indicative of a disability. In Kenya, Kyere-Nartey (2023) indicates that parents in the region offer varied

interpretations of their children's academic struggles, with some turning to spiritual remedies for a child diagnosed with dyslexia. Parents delay seeking professional assistance for dyslexia when they lack understanding of the condition, assuming that their child's behaviour will naturally improve with time (Sahu et al., 2018). The delay leads to missed opportunities for early intervention during the optimal period when brain plasticity is at its peak (Sanfilippo et al., 2020). Therefore, a lack of knowledge and understanding impedes parents' ability to provide timely and effective assistance to their children.

2.6.1.2. Parents' educational level

Parents' beliefs about their abilities to support their children thrive in school are critical for positive involvement, and aspects such as parents' level of education are influential in their participation (O'Toole et al., 2019). According to Alnoaim and Alharbi (2022), parents with higher levels of education demonstrate greater involvement and support for their children's education. In contrast, parents with lower education levels exhibit less involvement and are more susceptible to feelings of shame or a lack of understanding when it comes to their child's disability. For instance, Mkhwanazi (2018) stated that parents of children with dyslexia did not assist with schoolwork due to their own reading difficulties. Additionally, Ngwu and Nuhu (2019) discovered that parents with higher education levels demonstrated a greater awareness of dyslexia compared to those with lower levels of education. Therefore, education appears to be a positive predictor of dyslexia awareness among parents. This situation puts parents who are more educated at an advantage of providing early support. Interestingly, however, Ralejoe (2021) found that parents with lower education levels in Lesotho were more actively involved in their children's education, driven by a desire for their children to achieve greater educational accomplishments than themselves.

However, in the context of dyslexia, it is crucial to consider that parents may also have the condition. A study by Bonifacci et al. (2019) investigated the cognitive and behavioural indicators of reading and attention difficulties in parents of children with ADHD, dyslexia, and typical development. The study findings indicated that parents of dyslexic children had specific impairments in reading-related activities in the same domain as their children, such as slow reading speed and verbal fluency, as well as a poor reading background. As such, low PI may be as a result of parents themselves having dyslexia (Huang et al., 2020). Such cases highlight how mainstream perspectives of PI overlook the diversity of parents such as those who struggle with learning disabilities themselves. This emphasises the need for a more inclusive understanding of parents' roles, taking into account various factors that shape their experiences.

2.6.1.3. Parents' access to information and resources

The influence of parents' access to information and resources is profound because it directly affects their ability to provide support to their children. Cen-Yagiz and Aytac (2021) state that parents need information on how to access and use services, assistance from professionals, and information for child prognosis. Acquired knowledge and information about dyslexia and available support interventions strengthen parents' confidence and capacity to engage with professionals and the education system (Ross, 2020).

Unfortunately, disparities in the accessibility of information and resources have been observed due to socio-economic status. Nevill and Forsey (2022) contend that middle-class parents possess greater knowledge, confidence, and skills in navigating the education system compared to parents from lower socio-economic backgrounds. In their study, one mother with a professional disability background could firmly confront the school and fight for her daughter's needs. In comparison, the other parents did not need to argue as much because their capital was more in line with the school's expectations. Socio-economic status also influences access to resources in terms of financial means. Livingston et al. (2018) reported that learning accommodations are determined by a diagnosis, and families spend a significant amount of money on private testing to acquire help for their child. For instance, Nevill and Forsey (2022) reported that acquiring a dyslexia diagnosis might cost up to AUD\$1000 in Australia. This implies that lower-income families may be unable to obtain the diagnosis, which is a crucial step in accessing support resources for dyslexic children.

Parents' access to resources and information is also influenced by government policies. According to Mohan (2022), services for children with disabilities are strongly influenced by government legislation. For instance, the U.S. federal law has driven policy initiatives such as universal early screening for dyslexia and establishing specialised public charter schools for dyslexic students (Shaywitz & Shaywitz, 2020). In Germany, Paseka and Schwab (2020) indicate that schools receive general funding for diagnosed students with special educational needs to support inclusion. However, in developing countries like Lesotho, inadequate government funding for inclusive education leads to schools asking for contributions from parents who do not have the ability to do so (Lumina & Hodgson, 2023). It is of interest for one to note that the World Bank (2020, as cited by LCN 2021), shared that the education sector received the largest share of Lesotho's national budget yet only 0.2% was allocated towards inclusive education, thus limiting the resources needed by children with dyslexia and their parents.

2.6.1.4. Parents' cultural values and traditions

2.6.1.4.1. Traditional gender roles and expectations

Parents' beliefs regarding their involvement in their children's education are affected by their own experiences within the communities, schools, and families in which they were brought up (Gastro, 2020). In countries such as India (Bajaj & Bhatia, 2019), China (Chan & Mo, 2021), Nigeria (Brydge & Mkandawire, 2020), and Lesotho (Ralejoe, 2021), mothers are primarily responsible for childcare and education. The division of labour can affect parents' ability to participate in their child's education due to factors like work schedules, childcare responsibilities, and home environment (Singh, 2019). In particular, children with dyslexia require additional time and support when being taught (Abd Rauf, 2018).

In Saudi Arabia, Aldosari (2023) noted that mothers were significantly more involved than fathers in home and school-based activities. Nevertheless, school and educational workloads make it difficult for caregivers to satisfy their fundamental requirements, leading to feelings of burnout (Cen-Yagiz & Aytac, 2021). According to Siu and Hui (2021), mothers often resort to quitting their jobs to fulfill their caregiving responsibilities. Nonetheless, in low-income countries, satisfying children's basic needs takes precedence over attending school activities or engaging in their education, as parents often do numerous jobs with strict schedules and long hours (Al-Dababneh, 2018). In support, Ralejoe (2021) revealed that many parents in Lesotho work in textile factories, which compels them to leave home early, return late, and work on Saturdays, limiting their ability to participate in school activities. The absence also undermines effective communication and collaboration between parents and teachers when parents cannot attend meetings (Jeziarski & Wall, 2019). Aldosari (2023) points out that hiring domestic workers can help parents manage the responsibilities of the household, saving them time and effort. This arrangement may also enhance parents' involvement in various home-based activities. However, this approach cannot apply to low-income families that are already struggling financially as previously noted by Al-Dababneh (2018).

2.6.1.4.2. Stigma

Stigma is a set of prejudices, stereotypes, discriminatory beliefs, and biased links to the characteristics that differentiate a person from others (Zaini et al., 2024). Culture, social norms, and religious beliefs are acknowledged as factors that contribute to disability stigma and discrimination in South Asia and Sub-Saharan Africa (Virendrakumar et al., 2021). Tadera and Hall (2017) state that disabilities are not understood in the African context and are viewed as retribution for transgression, a curse from God and the outcome of an unfaithful wife. In cultures where disabilities are viewed negatively, parents may avoid seeking help for their children. However, in the context of Lesotho, disability is culturally perceived both negatively and positively. Leshota and Sefotho (2020) indicate that disability in Lesotho is referred to as *bokooa*, which is a term that carries negative

connotations and imposes – on the named – demeaning and stigmatising associations. Sefotho (2021) on the other hand indicates that in Lesotho, disability is perceived as *bo-bopuoa*, meaning God’s creation, where children with disabilities are viewed as equally created by the creator and thus deserving to be treated so. When parents perceive their child’s dyslexia as part of God’s creation, they are more likely to approach their involvement with a sense of duty and acceptance. Religious beliefs can also foster community support, encouraging collective involvement in the child’s development.

Sefotho (2021) further states that culture emphasises the enduring and inseparable connection between a mother and child through the act of childbirth, forging a powerful and nurturing bond between them. This cultural expectation can increase stigma as parents internalise negative labels about themselves as bad parents who should be blamed for their child’s challenges (Serchuk, et al., 2021). Similarly, in China, Chan and Mo (2021) established that parents of children with dyslexia face social comparison pressures, where friends and relatives tend to compare children’s academic performance, linking academic achievement with status. Parents feel judged and blamed by their social circle for their child’s difficulties. Internalised labels undermine self-esteem, leading to increased depression and diminished quality of life (Serchuk et al., 2021). Nevertheless, in some instances, stigma may be a facilitator of increased involvement. Leslie et al. (2024a) indicates that in Australia, parents indirectly experienced their child’s negative experiences related to dyslexia, and this was found to have an emotional impact on the parents. These experiences prompted parents to seek further support, though overtime, feelings of exhaustion, anger and guilt emerge.

In addition, Cunningham (2021) suggests that stigma can deter parents from seeking a diagnosis for their child to avoid them being stigmatised as well as the fear of being stigmatised themselves due to having a child with a learning disability. In the case of Fernández-Alcántara et al. (2017), parents were concerned about their children’s treatment at school and opposed the idea of instructors providing special accommodations, such as leniency towards spelling errors or extended time for task completion. While parents intend to protect their children, they unintentionally contribute to their children’s problems by denying them the interventions they need. Early intervention and evidence-based interventions are crucial for mitigating the negative impact on academic, social and emotional development (Cainelli & Bisiacchi, 2019). Individuals with dyslexia benefit from programmes that focus on letters and phonemes, as well as tasks that address reading strategies, word training, and decoding skills (Roitsch & Watson, 2019).

2.6.2. Child factors

2.6.2.1. Child’s behaviour

Children with dyslexia experience various emotions, such as frustration which manifests in behaviours such as anger, that they take in at school and let out at home (IDA, 2022). A quantitative study by Uzun et al. (2024) in Turkey highlighted that children with specific learning disabilities are at a higher risk of experiencing physical and emotional abuse compared to children with typical development. This abuse is often carried out by peers, teachers and family members. However, with the study being quantitative, it does not provide insights behind the cause of abuse. A qualitative study by Moghtadai et al. (2021) in Ishfahan – on the other hand – uncovered that mothers of children with specific learning disabilities experience high stress levels and are prone to employing inflexible, threatening, and aggressive parenting strategies, which harms the child’s development and leads to more destructive behaviours. Matheolane and Makura (2020) highlight that corporal punishment is a common practice in Basotho culture, used by parents and teachers to discipline children. According to Glicksman (2019), the use of such practices can result in emotional, behavioural and academic problems and diminish the parent-child relationship. Parent-child relationships have been observed to have a beneficial association with children’s self-esteem and social competency (Babik & Gardner, 2021) and when there is a strain in the relationship, there may be a negative effect on the child in those areas.

Children’s behaviour can also lead to increased PI in some cases. Woodcock (2020) conducted a phenomenological qualitative study to share stories of mothers of children with dyslexia. The mothers shared that their children often exhibited protest to new or difficult tasks as a way of protecting themselves. This motivated parents to navigate this resistance in order to get their children the support they needed. According to Utami (2022), when parents assist with schoolwork and provide encouragement, children learn problem-solving and perseverance better, and this fosters parent-child communication (Nath De, 2020). The parent-child relationship also has a significant impact on the self-esteem and academic achievement of children with learning disabilities (Ahmad & Ansari, 2022).

2.6.2.2. Child’s academic achievements

The difficulties experienced by children with dyslexia prevent them from fully participating in the curriculum, hence affecting academic achievement (BDA, 2019). Such academic challenges influence PI as Munyi-Kariuki (2023) reports that in Kenya, gifted students with learning disabilities constitute a distinct subgroup characterised by exceptional intellectual capacity and specific learning challenges. The myths surrounding dyslexia, combined with limited information, and parents’ denial of their child’s difficulties, have distorted how children with dyslexia are understood. This has reinforced false beliefs, such as the misconception that children with dyslexia possess limited

capabilities and that reading proficiency and academic success correlate with high intelligence. In Cameroon, Francisca (2021) found that children with dyslexia are often left behind by parents, who opt to send children who perform better to school instead of those who are struggling. When parents perceive their child's dyslexia as indicative of a fundamental inability to learn, they inadvertently limit their engagement in academic activities. The lack of support, supervision, and resources at home negatively impacts the academic performance of learners (Munje & Mncube, 2018).

A better understanding of children's low academic performance may positively influence parental involvement (PI). For instance, Ross (2020) states that before their child's diagnosis, parents saw children's difficulties as a lack of effort. After receiving a diagnosis, parents shifted their perspective on dyslexia by emphasising their children's strengths to enhance self-esteem and offer psychosocial assistance (Nath De, 2020). Notably, in some cases, increased involvement may negatively affect children's academic performance. Touloupis (2021) discovered that in Greece, parents of children with learning difficulties commonly exerted pressure, imposed limitations and issued commands in school tasks to establish control over their education. Asare and Danquah (2016, as cited by Kyere- Nartey, 2023) noted similar findings in Ghana where students with learning difficulties faced pressure from parents and teachers to excel academically, leading to increased stress and mental health issues. According to Abd Rauf et al., (2018), parents should support and encourage their children instead of scolding or pressuring them, given that children with dyslexia are prone to giving up, being upset, and getting bored while working. When parental involvement changes from a supportive to a restrictive environment, a counterproductive environment is unintentionally created.

2.6.3. School factors

2.6.3.1. School choice

Shiferaw and Kenea (2024) define school choice as a notion that gives parents the opportunity to choose the greatest educational option for their children, acknowledging that not all schools are created equally and that different strategies work better with different pupils. As stated by BDA (n.d.), choosing the correct school for a child with dyslexia is a critical decision for parents, which begins with recognising their child's requirements and knowing the school's approach to assisting them. Unfortunately, the educational system built for children with dyslexia is rigid, leading to challenges and uncertainty for parents when selecting their child's school and education (Abd Rauf et al., 2020). As a result, parents of children with intellectual disabilities prefer special schools because of deficits in mainstream schools (Mann et al., 2024). According to Shaywitz and Shaywitz (2020), independent specialised schools catering to dyslexic students are effective in educating such children as these schools foster a supportive environment, where all staff members are

knowledgeable about dyslexia and its impact on students and their families. For instance, Isman and Laufer (2022) state that adjustments were made in Israel's special education law to grant parents the choice between placing their child in special education schools or the general education system. The opportunity provided to parents to select school placement for their children resulted in increased levels of parental involvement and commitment to their children's education. The parents' choice model allowed them to advocate for their children and motivated them to actively participate in their children's education. In Lesotho, parents have limited options of school choices due to the limited number of inclusive or special schools (Lumina & Hodgson, 2023). With the available inclusive schools, LCN (2021) indicates that most schools are located in the capital city, Maseru, unfortunately leaving parents in the other 9 districts with limited school choices, if any. This lack of options places significant strain on parents to rely on privately-funded tutoring, therapy and other interventions and they have to shoulder significant financial burdens to access this support (Nevill et al., 2023a). This increases PI as parents take on additional responsibilities beyond what is expected of typical parents in order to support their dyslexic children (Leslie et al., 2024b).

2.6.3.2. Knowledgeable and trained teachers

Children with dyslexia require qualified educators and specialists in special education as well as a supportive educational environment to manage and overcome challenges in reading, writing, and academics (Makgato et al., 2022; Senarath, 2021). Harding et al. (2023) report that parents highlighted having a teacher who had received adequate training in dyslexia as the most beneficial factor for supporting their child. Likewise, Rauf et al. (2023) state that parents' collaboration with teachers ensures that they reinforce the learning strategies used in the classroom. However, previous studies in Turkey (Dodur & Kumaş, 2021), Brazil (Nascimento et al., 2018), Nigeria (Okechukwu et al., 2022) and China (Yin et al., 2019) reported that teachers lack the knowledge and training in dyslexia. This was illustrated in a study by Nevill and Forsey (2023) where mothers' concerns regarding the education of their dyslexic children were disregarded due to insufficient knowledge among teachers about dyslexia and uncertainties in policies concerning parents' roles in educational planning and support. When teachers are not well informed about dyslexia, they struggle to effectively communicate about dyslexia to parents (Abd Rauf et al., 2020). This affects PI because parents' decisions regarding their children's education are influenced by the information they receive from schools (Singh, 2019). Furthermore, the BDA (2019) noted that disagreements over diagnosis or support for dyslexia can lead to stress and strain in parent-teacher relationships, which are essential for supporting children with dyslexia.

2.6.3.3. Home-school partnership

The home-school partnership is a dynamic relationship among parents, teachers, and school principals working together to provide an ideal learning environment for children (Ngadni & Shuang, 2024). A key element of home-school partnership is communication. When children display learning difficulties at school, parents and teachers maintain open lines of communication to ensure the best outcomes for students (AUSPLED, 2018). Communication between teachers and parents enables teachers to become aware of factors in the home that may result in difficulties for students, while parents are better able to understand the education their children receive, which allows them to better motivate children through better home practices (Alnoaim & Alharbi, 2023).

However, parents often encounter challenges in communicating with teachers and administrators, which can lead to misunderstandings and reduced involvement (Hyassat et al., 2024). This observation was noted in Macao, where parents of children with special educational needs (SEN) reported that they were excluded from the assessment process of their children and were rarely requested to provide information about their children at home (Correira et al., 2021). This is contrary to what was stated by Williams (2019) that the school staff must create an evaluation plan that informs parents of all tests, observations and records they plan to use in the evaluation of learning disabilities. Similarly, in Ghana, Adams (2018) found that parents expressed uncertainty regarding the quality of treatment administered to their children with disabilities in schools, the education delivered, the potential of their children with disabilities to thrive like their peers, and the academic performance of their children.

Moreover, regulations governing the delivery of special education services to learners with disabilities require the participation of parents in creating their children's Individualised Education Programs (IEP) (Dodge, 2018). According to Faizefu (2022), collaboration between parents and educators can enhance the educational outcomes of children with dyslexia. However, the degree of PI in the IEP process can vary, leading to differing levels of empowerment among parents. For instance, Panico (2019) established that parents found the IEP overwhelming and confusing due to unfamiliar terminology, insufficient information from the IEP team, and a lack of understanding about their role in the process. Furthermore, Ross (2019) revealed that parents find it difficult to engage with experts and feel that their perspectives are not valued. This may result in parents being reluctant to take part in the IEP process. When parents lack knowledge about children's rights, education policies and school processes, their ability to effectively partner with educators is hindered (Mann et al., 2024). Thus, collaboration is critical to creating a cohesive support system for children with dyslexia.

2.6.4. Healthcare factors

2.6.4.1. Knowledgeable and trained HCPs

The knowledge and training of healthcare professionals (HCPs) regarding dyslexia are critical for early diagnosis, intervention, and guidance for parents. According to Sanfilippo et al. (2020), professionals from various disciplines such as speech and language psychologists, pediatricians, education specialists, and occupational therapists are involved in the diagnosis and treatment of individuals with dyslexia. McDowell (2018) highlighted the importance of medical professionals in diagnosing and evaluating children and managing comorbidities. This can foster parents' involvement as these professionals can help parents understand the biological basis of their child's difficulties, and enable suitable interventions (McDowell, 2018). The significance of HCPs in diagnosing dyslexia underscores the necessity of evaluating their knowledge and training. Altin et al. (2023) conducted a study on South African professionals –, including speech-language therapists, occupational therapists, and psychologists –, to determine their knowledge of working with children with dyslexia. The results revealed that the professionals shared their lack of ability to diagnose dyslexia and indicated the need for further training. This affects PI because the lack of knowledge can lead to delayed diagnoses and inadequate guidance for parents. For example, Lamego and Moreira (2019) found that in Brazil, the absence of a formal diagnosis prevented parents from accessing accommodations, resources and specialised support for their children in the educational system. This means parents forfeit early diagnosis for their child which – according to Wiryasaputra and Willandi (2020) – minimises learning disruption in children.

2.6.4.2. Communication between HCPs and parents

The relationship between families and medical professionals is crucial because receiving a diagnosis and treatment is reliant on the level of communication between them (Kaba & Sooriakimaran, 2007 cited in Madi, 2019). According to Cadwgan and Goodwin (2018), clinicians can empower parents and facilitate their adaptation by providing accurate and timely information about their diagnosis, prognosis and available resources. However, in France, Aim et al. (2023) reported that parents encountered challenges in obtaining assistance regarding their concerns about their child's atypical development, with some reporting that their concerns were downplayed or dismissed. In the case of Mkhwanazi (2018), parents seemed to accept a diagnosis without seeking clarity from professionals about the specific problem or diagnosis. Parents who do not receive information on the neurobiology of dyslexia from professionals often have to seek it out themselves, leading to gaps in their understanding (Wilcox et al., 2024). Nevill et al. (2023a) indicate that being confident advocates for their children with dyslexia is linked to parents' access to formal diagnosis reports, knowledge about dyslexia and navigating educational processes.

2.6.4.3. Collaboration between HCPs, educators and parents

Dyslexia is located at the border between health and education (Lamego & Moreira, 2019). Collaboration between HCPs and educators is vital in improving intervention outcomes for people with dyslexia by facilitating early recognition, combining expertise, sharing resources, raising awareness and improved communication (Carter-Templeton et al., 2024). Hannant's study (2024) emphasised the significance of developmental psychologists in facilitating collaboration between the healthcare and education sectors for children with neurodiversities in UK mainstream schools. The study found that a developmental psychologist was observed to act as a catalyst and advisor, using their in-depth expertise to provide timely diagnoses and coordinate targeted support, thereby bridging the gap between these sectors.

However, when these sectors operate in isolation, PI is affected. Gani (2024), for instance, reported that parents in South Africa consulted speech therapists, pediatricians, educational psychologists, audiologists, optometrists, pediatric occupational therapists, and dyslexia specialists, for the diagnosis of their child. From these professionals, parents received various diagnoses, including emotional immaturity, ADHA, sensory processing disorder, and specific learning disabilities before they received the dyslexia diagnosis. When different professionals provide inconsistent or contradicting advice, parents experience uncertainty regarding appropriate procedures to take in supporting their child (Mkhwanazi, 2018). In a similar vein, Leseyane-Kgari et al. (2022) unveiled a lack of collaboration between the Department of Basic Education and the Department of Health in mainstream schools in Rustenburg. The absence of collaboration resulted in parents being left without the support or guidance necessary to assist them in managing their child's dyslexia.

The lack of collaboration also causes confusion among professionals within the healthcare and education sectors. Stone (2023) discovered that educators, pediatricians, and child mental health clinicians in the United States identified inconsistent institutional practices and a lack of clarity regarding professional duties in detecting learning disabilities. When guidelines between the two sectors are established, parents are able to determine which professional to consult for a diagnosis. Furthermore, Gaab and Petscher (2022) stipulate that while screening for learning disabilities has typically been conducted within educational settings, there is a growing emphasis on expanding these practices to medical and community environments. Pediatricians, social workers, and speech-language therapists possess the expertise to identify early indicators of learning disabilities and should be involved in the screening procedure. This collaboration can ensure a coordinated approach to support the child's academic, social and emotional growth (Cainelli & Bisiacchi, 2019).

2.7. Policy and legislation in Lesotho on children with dyslexia

Although Lesotho has laws and policies on disabilities, it does not have legislation explicitly focused

on dyslexia. The country has, however, made strides in the provision of equal opportunities for children with disabilities. The Constitution of Lesotho serves as the highest law in the country, establishing a comprehensive framework for safeguarding human rights, including those of children with disabilities. Section 18 ensures the right to equality and non-discrimination by prohibiting discrimination on grounds such as physical or mental disability. This provision is in accordance with international human rights principles and creates a legal foundation for safeguarding children with disabilities (GoL, 1993).

The Education Act 2010 in Lesotho was enacted to provide free and compulsory primary education to everyone, in accordance with the Constitution. According to the Act, learners with disabilities should be provided special treatment, education, and care. The Education Act also acknowledges the role of parents by stipulating that parent representatives be part of the school board and mandating biannual board meetings (GoL, 2010). However, Sefuthi (2020) argues that by referring to children with disabilities as handicapped and calling for special treatment and care for them to realise their educational capabilities, the Act adopts a medical approach.

The National Disability and Rehabilitation Policy was adopted to serve as a guideline for developing, implementing, and assessing generic and disability-specific public policies and programmes. Its goal is to facilitate the meaningful integration of individuals with disabilities into mainstream society. Furthermore, the policy considers disability as a health, social, and development issue (Ministry of Health and Social Welfare, 2011). However, it overlooks educational aspects in the case of learning disabilities like dyslexia. Kaplan and Lewis (2019) believe insufficient collaboration between ministries of education and other governmental ministries diminishes the potential for a unified approach to address issues.

Lesotho also has a National Policy for Integrated Early Childhood Care and Development (IECCD). This policy advocates for pre-school education for children with disabilities and specialised training for teachers and other professionals to facilitate inclusion. The strategy includes identifying children with special needs and prioritises early screening and detection of disabilities in health facilities and IECCD centres. The policy stipulates that children and their parents will receive early childhood intervention services to support them in achieving their maximum potential (MoET, 2013). The Lesotho Education Sector Plan 2016-2026 has also been set to deliver quality education to all Basotho and transition from special to inclusive education. The plan acknowledges the need for inclusive curricula, qualified educators, and appropriate teaching and learning materials (MoET, 2016). Although the plan identifies inclusive education as a priority, the allocation of resources remains challenging. For example, mainstream schools in Lesotho often experience shortages in

resources such as physical infrastructure, assistive equipment and teaching and learning materials (Morena & Nkoane, 2021). Multiple researchers have also reported deficiencies in teacher skill training and professional development in inclusive education in Lesotho. This has led to gaps in effectively adapting and modifying the teaching and learning environment for children with SEN (Mosia, 2019; LCN, 2021; Lumina & Hodgson, 2023; Khumalo & Mosia, 2024).

The Lesotho Inclusive Education Policy 2018 was implemented to advance education for individuals, irrespective of their physical, intellectual, social, emotional, linguistic, or other conditions. The policy recognises the role of parents as it stipulates the need to promote the participation and involvement of parents of learners with SEN as equal partners. This policy lays the groundwork for inclusive education in Lesotho (MoET, 2018). LCN (2021) criticised the inclusive policy for its ambiguous approach to disabilities, emphasising the need for clearer guidelines on assessing learner needs and providing adequate resources for individual success.

The Persons with Disability Act 2021 mandates that individuals with disabilities are entitled to inclusive education. Schools are required to provide accessible facilities, assistive devices, and qualified teachers. The Act states that schools must take steps to accommodate people with disabilities and failure to comply with these provisions is an offence. Furthermore, the Act recognises the importance of parental support for children with disabilities by offering the care dependency grant, though it is only awarded to children with severe disabilities with the provision of a medical report to confirm the disability (GoL, 2021). However, professionals in Lesotho lack the necessary skills and training to provide accurate diagnoses (LNFOD, n.d.; Mosia, 2019; Mosia & Tseeke, 2024), resulting in some individuals foregoing access to resources provided due to a lack of medical reports. Although progress has been made in acknowledging the significance of inclusive education, the implementation of policies addressing dyslexia effectively remains insufficient. This gap poses challenges for parents in understanding and managing dyslexia, as they may not receive sufficient guidance or support from existing policies.

2.8. Policy and legislation in South Africa on children with dyslexia

The South African Schools Act was enacted to establish a consistent system for the structure, management, and financing of schools. Provisions regarding children with disabilities include the compulsory school attendance of children with SEN. Section 24 (1) also directs that the governing body of a public school for students with SEN must include representatives of organisations of parents of learners with SEN (Republic of South Africa, 1996).

A framework for creating inclusive education and training systems in South Africa was established

in White Paper 6 on Special Needs Education. The main approaches for implementing inclusive education and training include improving and converting special schools to resource centres; mobilising children with disabilities who are not attending school; converting primary schools to full-service schools, aligning mainstream education to the principles of inclusion; creating district-based support teams and initiating a nationwide advocacy and information campaign (Department of Education, 2001). The White Paper highlights the importance of involving parents and recognising their roles, responsibilities and rights (Department of Education, 2001).

The Policy on Screening, Identification, Assessment, and Support provided a framework for standardising procedures for identifying, assessing, and supporting students requiring additional support. The policy also improves access to quality education for vulnerable learners and individuals facing learning obstacles. The policy acknowledges the prominence of parents by mandating their involvement in the identification and assessment of their children. Parents are to be seen as equal partners in this process (DBE, 2014). The Health Promoting School Policy and Approach has also been implemented nationally in South Africa to mitigate risks for learners, including learning disabilities and other factors (WHO, 2013 as cited in Leseyane-Kgari, et al., 2022).

South Africa has implemented the Policy on Disability to direct and inform the inclusion of disability in departmental policies, strategies, and integrated service delivery programmes. Parents of individuals with disabilities are required to promote and assist in accessing available services as outlined in this policy. The policy also mandates parents to establish support networks for individuals with disabilities in order to raise awareness among government and other service providers regarding their unique needs and care requirements (DSD, 2015).

Exploring South African policies and legislation is important to the current study as understanding them can allow for the identification of best practices and legal framework that might be adopted in Lesotho. Looking at the Policy on Screening, Identification, Assessment, and Support provides a framework for the screening of disabilities, there is a scarcity of screening tools for dyslexia in Lesotho, thus suggesting that such frameworks should be adopted. Research conducted by Clark et al. (2019) highlighted that in South Africa, existing screening tools for dyslexia are available in English. However, the researcher adapted a screening tool for dyslexia for isiXhosa learners, which can also be adapted for other African languages. Therefore, frameworks in South Africa can provide valuable insights for the potential adoption of similar approaches in Lesotho, where dyslexia is currently not a focal point.

2.9. Theoretical framework

The Bronfenbrenner Ecological System Theory was the theoretical foundation of this research. The theory selected for this study is based on the premise that an individual's development is shaped by their interactions within the ecosystem in which they participate (Shelton, 2019). According to Hayes et al. (2023), the theory comprises five systems: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. Bronfenbrenner's theory underscores the importance of studying the complex interplay between these systems to understand human development (Crawford, 2020). This theory provides a nuanced exploration of the intricate factors influencing parental involvement in diverse contexts within Lesotho. According to Shelton (2019), it is crucial to grasp the context in which human development occurs.

a) Microsystem

The microsystem is the immediate environment of a person (Crawford, 2020). Rus et al. (2020) state that microsystems are bidirectional, meaning that individuals and their immediate environment develop into one another. The family is the microsystem that has the greatest impact on an individual's emotional growth, and as they mature, their range of emotions broadens to take into account the effects of their changing surroundings (Rus et al., 2020). For children with dyslexia, Heiman & Berger (2008 in Abd Rauf et al., 2020) states that the family is an important source of support because it plays a crucial role in parent-child relations. According to Roy & Giraldo-García (2018), parents play a crucial role in supporting their child's cognitive development by creating a conducive learning environment at home. This continuous support ensures a seamless progression in the child's learning experiences. Parent-teacher relationships are a component of the microsystem, as teachers equipped with dyslexia expertise can offer clear guidance to empower parents to increase their involvement. The Ecological Systems Theory also offers a framework for understanding the importance of parenting social support systems in special education as positive societal perceptions can foster greater inclusion and assistance for special needs children and their families (Mayate et al., 2019).

b) Mesosystem

The mesosystem describes the linkages among the different microsystems of a person's life, such as home-school interactions (Crawford, 2020). Main (2023) highlights the importance of understanding how multiple microsystems interact within the mesosystem to impact human growth. For parents of children with dyslexia, the mesosystem entails cooperation between the school and the family. Main (2023) asserts that a child's academic success may be influenced by the rapport between the parent and the teacher. Shelton (2019) proposes that effective development-promoting communication between settings should be easily implemented, comprehensive, and bi-directional.

A mesosystem facilitates development when the settings are supportive of each other. Special education instructors play an essential role in parent-school connections because they are responsible for designing and implementing health, educational and developmental plans at the micro level, as well as interacting with families and children on a daily basis (Dan et al., 2023).

c) Exosystem

Crawford (2020) asserts that the exosystem and the mesosystem are both made up of interconnected microsystems. Hayes et al. (2023) provides an illustration using the education policy-making community to demonstrate a situation in which a child plays no part, but their educational experiences are impacted by educational policies. In the context of children with dyslexia and their parents' involvement, Ross (2020) indicates that the views of children in policy forums are represented by their parents, and children are affected by them. Kirksey et al. (2022) also highlight parents' work schedules, which affect their ability to attend meetings and allocate time for their child at home.

d) Macrosystem

A person's nationality, socio-economic status, or religious affiliation may have an impact on the broad beliefs, cultural values, customs, and laws that constitute the macrosystem (Volodina et al., 2021). Main (2023) explains that the macrosystem distinguishes itself from preceding ecosystems by encompassing the society and culture in which a child is raised, as opposed to the specific environments experienced by individual developing children. With the current study, Chatzitheochari and Butler-Rees (2022) highlight the continued presence of structural discrimination against children with disabilities, despite the goal of inclusive education promoting social justice and equal opportunities for all learners. Parents may come from a culture in which there is perceived stigma associated with disability and lack of support for those with disabilities (Vega, 2022).

e) Chronosystem

Bronfenbrenner (1994, quoted in Shelton, 2019) defines the chronosystem as a person's surroundings and personal traits. A person's family structure, financial situation, job, area of residence, daily stress level, and ability are examples of these changes. Shelton (2019) argues that the chronosystem reflects societal changes brought about by technological advancements and other factors, necessitating the development of new approaches to comprehending and navigating our surroundings. In this study, the chronosystem is characterised by the changing policies of the school system. For instance, Kirksey et al. (2022) indicate that implementing the IEP resulted in increased PI. The Covid-19 pandemic serves as another illustration of the chronosystem in this study which presented changes for parents of children with dyslexia. According to Soriano-Ferrer et al. (2021), parents assumed greater responsibilities in

overseeing their children's education, necessitating the establishment of study routines.

2.10. Gaps in literature

In Lesotho, there is a considerable knowledge gap regarding dyslexia and other learning disabilities, which extends throughout Africa (Idrissou, 2019). This implies that Lesotho's educational and health institutions lack a comprehensive understanding of how dyslexia is detected, perceived, and managed. Research also provides no insight into how parents deal with a lack of official support and what alternative ways they use to support their children with dyslexia. Furthermore, the experiences of parents in supporting children with dyslexia in Maseru are generally unrecorded. The absence of local research on dyslexia continues to be a distinct challenge, contributing to the broader information gap about how Maseru families are affected and involved.

Additionally, socio-economic factors significantly influence parents' ability to support children with dyslexia (Nevill & Forsey 2022), especially in a developing country like Lesotho. However, research does not address the intersection of poverty, access to resources, and parental involvement in children's education. Parents in low-income settings may rely more heavily on schools for support but often find that schools are inadequately equipped to provide specialised help (Morena & Nkoane, 2021). The gap in understanding how economic conditions shape parental involvement is significant. This gap also highlights rural and urban areas in Lesotho. With 70.7% of Lesotho's population living in rural areas, and only 29.5% living in urban areas (Leduka & Leduka, 2022), research tends to focus on urban areas, neglecting the rural population.

2.11. Conclusion

This chapter has provided a review of literature relating to the experiences of parents' involvement in supporting children with dyslexia. The review encompassed an analysis of the current landscape of dyslexia, and how parental involvement plays a crucial role for children with the learning disabilities. Furthermore, factors that influence parents' involvement were explored within the context of Lesotho and other parts of the world. The review also delved into existing policies and legislation governing children with disabilities in Lesotho and South Africa. The chapter subsequently explored Bronfenbrenner's Ecological Systems Theory, highlighting the significance of how the various levels manifest in parental involvement (PI) for children with dyslexia.

CHAPTER 3: METHODOLOGY

3. Introduction

This chapter focuses on the methodology used for the study. It presents the research design, the population and sampling procedures, the data collection process, the data analysis method, trustworthiness and the study limitations.

3.1. Research design

The study employed a qualitative research design. Busetto et al. (2020) define this research as the exploration of phenomena, encompassing their characteristics, various forms of expression, contextual influences, and differing perspectives for observation. This data is collected through non-numerical data to generate understandings (Ugwu & Eze, 2023). Oranga and Matere (2023) state that qualitative research offers flexibility and spontaneity when adapting interview questions. Additionally, it enables the gathering and analysis of non-verbal signals, with the researcher's direct participation leading to knowledgeable and pertinent answers (Oranga & Matere, 2023). As the research questions sought to explore the experiences of parents' involvement in supporting children with dyslexia in Maseru, Lesotho, a qualitative phenomenological design was employed. The goal of phenomenology is to investigate individuals' everyday life experiences and the significance of phenomena in their awareness (Haradhan, 2018). This research methodology is employed to examine a topic with limited existing knowledge (Haradhan, 2018). Phenomenological research is characterised by a descriptive design, aiming to grasp the importance of a specific experience, and necessitating researchers to set aside their preconceived notions (Ugwu & Eze, 2023).

3.2. Population and sampling

Dibley et al. (2020) emphasise the importance of accurately identifying the population and sample in qualitative research to obtain relevant data for addressing the research question. Population refers to all units that are relevant to research findings. A sample is a subset of the population that effectively represents all elements within the entire population (Shukla, 2020). As stated by Dibley et al. (2020), obtaining a sample is necessary as it would be unfeasible to include the entire eligible population. Qualitative research typically involves a small sample size, with the total number of participants determined by data saturation, which is reached when no new information emerges (Pitney et al., 2020). Qualitative research does not have set guidelines for determining sample sizes (Vasileiou et al., 2018). The proposed sample size according to Guetterman (2015 as cited by Staller, 2021) for phenomenology is 21. Creswell and Creswell (2023) on the other hand indicated that 3-10 individuals are an ideal range for phenomenology. While Pitney et al. (2020) state that the standard

number of participants for phenomenological research is typically 3-12. Aligning with these precedents supports the credibility of a 12- participant sample.

3.3. Study population and sample characteristics

In this study, the study population consisted of parents of children diagnosed with dyslexia in Maseru, Lesotho. This included individuals who are actively involved in the care, education, and support of children with dyslexia.

3.3.1. Inclusion Criteria

- Participants were supposed to be biological parents to at least one child – between the ages of 8 - 18 years as these are the school-going years – attending a school in Maseru, Lesotho.
- The child must have been formally identified as having dyslexia by their special education teacher using their professional expertise in line with the DSM5 criteria to diagnose dyslexia.
- Participants were selected from local schools in Maseru, Lesotho where children who have dyslexia receive special education.

The decision to interview parents of children from the age of 8 instead of the legal school-starting age of 6 years in Lesotho was made to gather long-term perspectives. Furthermore, by concentrating on parents of children 8 years or older, a buffer of time was enabled for factors such as consulting a professional, receiving a diagnosis, responses from school staff, and pathways to services.

3.3.2. Sampling Technique

Participants were selected using purposive sampling. The approach of purposive sampling applied was homogenous sampling, which involved grouping the sample based on similar characteristics and treating them as individual samples within the main sample (Nyimbili & Nyimbili, 2024). With the current study, the common feature was parents of children diagnosed with dyslexia. According to Oblor (2023), an efficient purposive sample must have precise inclusion criteria. This is so that the researcher can be aided by filtering out replies that are irrelevant or do not apply to the topic of the study. When considering the POPI Act, while identifying primary variables of variation, researchers must ensure that the variable chosen does not compromise individuals' privacy. Selecting diverse cases without revealing sensitive personal information adheres to the Act's principles of lawful and responsible processing of personal data (Universities of South Africa, 2020). Within the context of Lesotho, the Lesotho Data Protection Act of 2012 established a comprehensive framework aimed at safeguarding the privacy and personal details of individuals whose data is being handled, while also

allowing for specific expectations for specific expectations and was to enforce the rule. The Act explains the rules and conditions that must be followed when handling personal data, such as needing permissions, stating why the data is needed, using only the necessary amount of data and implementing security protections. It gives individuals the right to view their own data, question if the information is correct and have it modified or removed if needed (GoL, 2012).

3.4. Sampling procedure

For the sampling procedure, the researcher initially sought permission from Lesotho's Ministry of Education and Training to conduct the study. When permission was granted, the researcher defined the specific characteristics they were looking for in their participants. According to Nikolopoulou (2022), this entails the population from which the sample will be taken. The researcher then identified potential sources of participants from special education schools. Meetings were requested with the principals of the two schools that provide education for children with dyslexia. During the meetings, the researcher informed the principals about the study's objectives and methodology, seeking approval to proceed with the research. After permission was granted, the researcher informed the principals of the sample characteristics they were looking for in the participants and drew up a list of potential participants with the principal. The principals then contacted potential participants to inquire about their interest in the study. The process included presenting potential research participants with relevant information to gauge their interest in participating in the planned study. Eleven participants from one school expressed their interest to participate in the study and one parent also expressed interest in the other school.

After deciding to participate in the study, the principal was asked by the researcher to introduce them to the selected participants. In the initial meeting, the researcher presented a detailed informed consent document outlining the study's goals, methods of data gathering, time commitment, and confidentiality measures to protect participants' identities. In addition, the consent form provided potential participants with information regarding their ability to choose to take part in the research study, their option to withdraw at any point, the dangers associated with the study, and the advantages that come with participating in the research. This all occurred one week prior to the interviews being conducted. The participants were required to provide their consent by signing forms, showing their agreement to take part in the research and were also offered the chance to pose any inquiries.

Demographic profile of participants

The following table is an illustration of the demographic factors of the participants.

Table 1: Demographic Profile of the Participants

Participant	Age	Gender	Educational Level	Marital Status
1	38	F	Diploma	Single
2	50	M	Diploma	Married
3	49	F	Certificate	Married
4	50	M	Diploma	Married
5	43	F	Bachelor's Degree	Married
6	44	F	Grade 10	Married
7	38	F	Grade 10	Married
8	49	F	Honour's Degree	Married
9	48	M	Grade 12	Single
10	35	F	Bachelor's Degree	Married
11	31	F	Bachelor's Degree	Single
12	47	F	Master's Degree	Married

3.5. Data collection

The data collection method used in this study involved conducting in-depth semi-structured interviews. Semi-structured interviews feature open-ended questions and an interview guide outlining general areas of interest (Busetto et al., 2020; Bryman & Bell, 2019). The interviews, as described by Taherdoost (2022), took place in-person with a one-on-one format, involving both the interviewee and the interviewer. Leavy (2023) indicates that face-to-face interviews offer a chance to establish a connection, interpret non-verbal cues, and utilise gestures. The interviews were recorded using an iPad, with the participant's consent. The recorder, as stated by Wilińska (2020), eliminates the need for the observer to take notes, creating an environment that is conducive to conversations and allows for prolonged eye contact similar to everyday interactions. Leavy (2023) also asserts that recording interviews enables an interviewer to type up verbatim transcripts of interviews that will be included in the data.

3.5.1. Data Collection Tool: Interview Schedule

An interview schedule, also known as an interview protocol, was used during the semi-structured

interviews to direct the session with predetermined questions while enabling flexibility for the researcher to ask additional follow-up questions (Pitney et al., 2020). This approach facilitated a nuanced comprehension of participants' experiences regarding the topic. Phenomenological research according to Bearman (2019) focuses on eliciting descriptions of lived experiences and ensures that participants are encouraged to share rich, detailed descriptions of their experiences. In this study, the broad question aimed to invite parents to reflect deeply on their experiences such as asking participants to describe their emotions related to supporting their child. This question allows participants to share their personal stories in their own words. An example of the interview schedule can be found in Appendix C.

3.5.2. Pilot Study: Pre-test Interview

The main aim of piloting is to test the clarity and relevance of interview questions for the study, gain a deeper understanding of observations, and anticipate and address any potential issues in advance. This process enhances the trustworthiness of the study (Shakir & Ur Rahman, 2022). The two common methods for pre-testing interview questions are expert review and cognitive methods review (Bhalla & Kanapathy, 2023). The current study employed a cognitive interview which – according to Bhalla & Kanapathy (2023) – includes a subset of individuals acting as proxies for the true participants. These individuals offer insight into the actual participant's perspective to assess the questions in the draft data collection instrument. The insights gained from the pilot study ensured that the interview process was aligned with the phenomenological focus on capturing the essence of lived experiences. Participants were also able to bring up concerns that had not been previously taken into account by the researcher. The pilot confirmed that the questions were appropriate for encouraging detailed narratives. The adjustments made based on the pilot helped to improve the quality and depth of the data collected in the main study, ensuring that the findings were rich, meaningful, and rooted in participants' lived realities.

3.6. Data analysis

Data analysis involves the transformation of qualitative data into outcomes such as fresh insights, theories, and observations about the real world (Hansen, 2020). Thematic analysis was the method adopted to analyse the data. Lochmiller (2021) posits that the purpose of thematic analysis is to take into account how the data provided responds to a particular research question or inspires a new conceptual or theoretical insight. This allows thematic analysis to speak to the data broadly and less often delves into the highly intricate details of a person's experiences. According to Braun and Clarke (2021), the first step to thematic analysis is familiarisation, which includes reviewing text-based materials multiple times, examining visual data repeatedly, and listening to audio recordings

when working with transcripts of audio data. The researcher engaged in data immersion by repeatedly listening to audio recordings of the interviews in order to become acquainted with the dataset. The interviews were transcribed and reviewed in order to gain a comprehensive understanding of the participants' statements.

The second step includes generating initial codes. Braun and Clarke (2021) state that this step involves systematically working through each data item and the whole dataset. For this step, the researcher systematically assigned codes to segments of the transcribed text that reflect important aspects of parental involvement in supporting children with dyslexia. MAXQDA was employed as a qualitative software program to assist with the coding process. Some of the codes that emerged included parents' emotions, feelings of guilt, no knowledge of dyslexia, schooling experiences and informative resources.

The third step in thematic analysis is generating initial themes. This is the stage where analysing begins as codes shift into themes (Braun & Clarke, 2021). Thus, the researcher grouped related codes into broader themes that represented key ideas within the data using pen and paper.

When themes have been developed, the subsequent phase is refining, defining and naming themes where they are further developed and there is more precise analytic work refining the analysis. The researcher established four main themes and 14 sub-themes. For example, parents' understanding of dyslexia included sub-themes such as parents' knowledge and awareness of dyslexia, parents' initial recognition of child's difficulty, parents' experience in seeking a diagnosis from professionals and parents' access to resources and information about dyslexia.

The fifth step, according to Dawadi (2020), is defining and naming themes. This entails further refining and defining them to identify the essence of each theme and how it fits into the broader story. Each theme is assigned a name and definition. At this point, the researcher assessed the themes and sub-themes to determine the coherence of the grouped codes. For example, under the theme *parents' understanding of dyslexia*, the sub-themes were redefined to *parents' awareness of child's learning difficulties at home* and *parents' knowledge of dyslexia*, which seemed more suitable than the initial theme.

The final phase of thematic analysis is writing up (Braun & Clarke, 2021). At this point, the researcher initiated a discourse on the significance of these themes within Lesotho, and defined each theme, ensuring it was described and linked to the research question. Each theme was clearly labelled and supported with specific examples from the data in the form of quotes

3.7. Trustworthiness

Trustworthiness is the level of confidence the reader has in how the study was carried out and what it found. Enhancing trustworthiness involves transparency, which includes clearly and explicitly detailing the study design and delivery, as well as recognising the researcher's prejudice and the resulting potential bias (Dibley et al., 2020). There are four main aspects of trustworthiness: credibility, transferability, dependability, and confirmability (Pitney et al., 2020).

3.7.1. Credibility

Credibility demonstrates the accuracy of respondents' data and their interpretations (Kakar et al., 2023). Strategies for establishing credibility involve providing a clear overview of data collection and analysis methods, incorporating direct quotes from participants to substantiate findings, and illustrating both common and diverse experiences among participants (Dibley et al., 2020). To establish credibility in this study, the researcher conducted a detailed analysis of the recordings and transcripts to clearly connect the data with the interpretations. The interview transcripts were translated from Sesotho to English as both languages were used.

3.7.2. Transferability

Qualitative researchers strive to provide detailed and nuanced descriptions of the study's setting, participants, and methods in order to increase the potential of transferability (Ahmed, 2024). Results of qualitative research are not meant to be transferable (Pitney et al., 2020). However, Hansen (2020) states that qualitative research results are based on small, purposive samples and are presented in the form of interpretation and description. As such, the results may be applicable to other similar situations of the study context, methods, sampling, and findings are clearly described, enabling researchers to assess the relevance of the results. Purposive sampling was employed to improve the transferability of the study. The participants were parents residing in Maseru whose children had been diagnosed with dyslexia. They were selected based on their representation of the study population, enabling generalisable conclusions to be drawn. The process of purposive sampling involves explaining and rationalising the decisions made and the operationalisation of the strategy (Hansen, 2020).

3.7.3. Dependability

Dependability is the capacity of a study to yield results consistent with established qualitative knowledge by replicating the original study's design with new participants who share similar experiences (Dibley et al., 2020). Dependability is achieved through the documentation of research procedures and decisions made during the study, as well as maintaining a comprehensive log that records all decisions throughout the research process (Ahmed, 2024).

Strategies implemented to safeguard the dependability of this study included an audit trail. The researcher documented all steps of the research journey, encompassing choices maintained related to the design, data collection, analysis, and interpretation. This audit trail allows for external reviewers or future researchers to follow the process and evaluate the consistency of the study.

3.7.4. Confirmability

Confirmability is the extent to which the results are fair, involving the authenticity of responses from study participants and devoid of bias (Kakar et al., 2023). The researcher ensured confirmability through digital recordings, transcriptions, and interpretations made from these recordings. This ensured that the necessary information for confirming the findings remained readily accessible.

3.8. Ethical considerations

Ethical considerations in research focus on safeguarding participants from potential harm related to their participation (Hansen, 2020). Ethical approval for this study was obtained in accordance with the requirements of the university. Approval was obtained from the University of Cape Town's Faculty of Humanities Research Ethics and the Ministry of Education and Training in Lesotho (see Appendix A). Several ethical considerations were adhered to as detailed below.

- **Do no harm**

According to Pitney et al. (2020), researchers could potentially inflict psychological or emotional harm on participants if the study causes them to feel stressed or anxious. To prevent harm, the researcher informed the participants of potential study experiences and their right to withdraw at any time. Throughout the study, no instances of physical or psychological harm were observed. The interviews conducted revealed no indication of emotional harm, as participants displayed no signs of unease and offered positive feedback. This suggests that the interactions during the conversations were satisfactory and comfortable.

- **Voluntary, informed consent**

Informed consent is the procedure through which a participant affirms their voluntary decision to engage in a research study (Manti & Licari, 2018). The essential requirements for valid consent include competence, adequate information, voluntary agreement, understanding, and authorization (Resnik, 2018). The researcher provided an overview of the study, including its objectives, methods, and potential risks or benefits, as described by Palmer (2021). Adequate time was allocated for addressing concerns and asking questions, emphasising the voluntary nature of participation. The participants were assured that refusal or withdrawal would not lead to any consequences. Once all the information was

clear, the participants signed the consent forms (see Appendix B). Consent was also secured for recording the interview, with a specific agreement that only the researcher would be able to access the recordings.

- Privacy, confidentiality & anonymity

According to Pitney et al. (2020), confidentiality involves safeguarding the identities of participants. Following every interview session, the researcher took measures to safeguard participant confidentiality during the review of recordings. This included listening to the recordings in a secluded room, with headphones intended to minimise the risk of accidental disclosure. During data analysis and reporting the results, the anonymity of individuals, roles and incidents should be protected (Creswell & Creswell, 2023). To maintain anonymity during data transcription in this study, identifying information was removed from participant records. Numbers replaced names, and pseudonyms were assigned to children mentioned in the interviews. School and hospital names were also omitted in order to maintain confidentiality. The consent forms which had the participants' names were locked in a safe, which only the researcher could access. Consistent with guidelines from Pitney et al. (2020), digital copies of the transcripts and the audio files were password-protected, with a storage period of three years. Afterwards, the iCloud deletion tool that permanently destroys data will be employed.

Principe (2023) stipulates that to uphold privacy in research, participants should be provided with clear information regarding the study and how their obtained data will be used. The University of Utah (n.d.) points out that interviewing participants about sensitive topics individually – instead of in front of a group – is another way to ensure privacy. To uphold this, the researcher conducted interviews with participants in a private room at the school. The room was quiet, with a sign stating that entry was prohibited during the interview. This precautionary measure ensured that participants were not observed, overheard, or intercepted by any external individuals.

- Deception of the participants

Deception arises when participants perceive one objective, while the researcher maintains a distinct objective (Creswell & Creswell, 2023). In evaluating the use of deception in research, Bos (2020) identified the levels of misinformation and ability for participants to consent or be debriefed as crucial factors to consider. Participants in the research study were not deceived, as they were thoroughly briefed on the study's purpose and provided with all pertinent details. Participants were informed that they could reach out to the researcher or research supervisor at any point for questions or concerns related to the study.

- Debriefing of the participants

According to Lafayette College (2018), debriefing is a process in which human subjects discuss the details of their participation after completing the study. Crookall (2023) identified the reasons for debriefing to include learning, assessing problems, processing experiences, reducing stress and for ethical reasons to mention a few. In addition, Allen (2017) points out that when conducting a debriefing for ethical purposes, the researcher's first priority is ensuring that the participants return to the same emotional, psychological, or physical condition they were in before the beginning of the study.

After collecting data, a debriefing was carried out. The researcher presented participants with a concise explanation of the study's overarching goal and the significance of their participation in enhancing the understanding of parental support for children with dyslexia. Participants were subsequently given information on how the data would be analysed, stored, and reported, assuring them that steps had been taken to protect their anonymity and confidentiality. Following the debriefing session, participants had the opportunity to inquire about any uncertainties or bring up any issues they may have had. This ensured that the participants left the study fully informed and with a clear understanding of the research process. They were also informed about the process for contacting the researcher or supervisor with any questions or concerns and were provided with relevant contact information. Participants were offered counselling services from a social worker coordinated by the researcher. However, none of them requested this service.

3.9. Reflexivity

Reflexivity involves researchers continuously evaluating how their own personal biases and circumstances influence the research process through ongoing collaboration and complex practices (Olmos-Vega et al., 2023). The researcher acknowledged that her personal background, beliefs, and assumptions may influence her approach to studying parents' involvement in supporting children with dyslexia in Maseru, Lesotho. The researcher's educational background and potential biases, particularly in literacy and special education, could have influenced their data interpretation and interactions with participants. The researcher's expectation that parents were actively involved in their children's educational journey did not hold true in a context where dyslexia is less understood or where parents encounter obstacles like scarce resources or support systems. By being reflexive, the researcher remained open to findings that differed from her initial assumptions and ensured that how the participants interpreted the data remained grounded in their own respective realities.

In Maseru, the cultural norms emphasise the traditional duties of parents, especially mothers, in raising children. Various societal factors such as gender roles, religious beliefs, and socio-economic circumstances can influence parents' participation in their children's education. The

researcher, being immersed in this cultural environment, considered how these norms could impact the experiences and viewpoints of the parents under study. Furthermore, it was important that the researcher avoid projecting their personal opinions on what defines the ideal parental involvement. The emphasis was supposed to be on comprehending parents' perspectives and approaches in fulfilling their obligations in supporting children with dyslexia.

3.10. Conclusion

This chapter offered a comprehensive overview of the research methodology employed in this qualitative study exploring the involvement of parents in supporting children with dyslexia in Maseru, Lesotho. The chapter encompassed a discussion and description of the research design, sampling strategies, data collection, and the data analysis method. The study's limitations were explored. Furthermore, the measures used to ensure trustworthiness were explained and applied to the study. These include dependability, confirmability, credibility, and transferability.

CHAPTER 4: PRESENTATION OF FINDINGS AND DISCUSSION

4. Introduction

The research methodology used in the study was outlined in the preceding chapter. This chapter presents and discusses the findings of the research. The themes and sub-themes that arose from thematic data analysis will be presented, accompanied by verbatim quotations from transcripts which were translated directly from Sesotho to English. The translation ensured that the essence conveyed by the participants was not tampered with.

4.1. Presentation of findings

Parents of children with dyslexia shared a number of experiences and thoughts regarding their involvement in supporting children with dyslexia in Maseru, Lesotho. The analysis was conducted using thematic analysis which generated four themes and 11 sub-themes to answer the research question. Table 2 presents the themes and sub-themes that were identified during data analysis.

Table 2 presents the themes and sub-themes that were identified during data analysis.

Table 2: Themes and Sub-themes

Themes	Sub-Themes
1. Parents' Understanding of Dyslexia	<ul style="list-style-type: none">● Parents' awareness of their child's learning difficulties at home.● Parents' knowledge of dyslexia
2. Parents' experiences supporting children with dyslexia	<ul style="list-style-type: none">● Parents' emotional experiences in supporting children with dyslexia.● Parents' experiences seeking a diagnosis from professionals.● Parents' experiences accessing resources and information.● Parents' experiences with schools and educators.
3. Effects of child with dyslexia on the family dynamics	<ul style="list-style-type: none">● Parent-child relationship

	<ul style="list-style-type: none"> ● Sibling relationship
	<ul style="list-style-type: none"> ● Parents' expectations
4. Support structures for parents of children with dyslexia	<ul style="list-style-type: none"> ● Social Support ● Religious Support

4.2. Discussion of Findings

This section discusses the study’s findings and provides an interpretation of the results. The themes and sub-themes that emerged are detailed in Table 2. The findings are discussed by interpreting and explaining the findings of the study as well as discussing their significance and implications. The findings are contextualised within the literature and the theoretical framework guiding the study.

4.2.1. Parents’ Understanding of Dyslexia

The first theme to be presented is parents’ understanding of dyslexia, which is a significant theme given that parents’ experiences and how they support their children are dependent on how they understand the condition. According to Ross (2020), parents’ understanding of dyslexia is a dynamic ongoing process; hence, the sub-themes that arose under this theme were parents’ awareness of their child’s learning difficulties at home and parents’ knowledge of dyslexia. In this study, “awareness” focuses on parents’ recognition of the learning difficulties presented by the child at home and school while “knowledge” focuses on how parents understand the cause of these observed difficulties.

4.2.1.1. Parents’ Awareness of their Child’s Learning Difficulties at home

The awareness of children’s learning difficulties takes place within the microsystem level of the Ecological Systems Theory. Parents are typically the initial individuals to notice learning difficulties when a child begins school (Owens, 2020). While the effects of dyslexia manifest differently in each child, the initial awareness of parents was influenced by their child having trouble with reading, writing, delayed speech, and poor academic achievement, which – according to Williams (2019) – are symptoms of dyslexia. This was articulated by participants as follows:

When he writes, for instance if he wants to write ‘this was done by’, he will write ‘this’ then the w that goes with ‘was’ he will combine with ‘the this’, I noticed that he cannot separate the ‘this was done by’. (P9)

When he was in Grade 2, when we were reading. You know usually at that age there are books which they... you read and then they also read the simple sentences, so you would find that maybe where a word says 'because I saw a...' he would read 'was' because he knew when you had made him read 'saw...' He used to confuse those saying 'was' is 'saw' and 'saw' would be 'was', like he was reading words backwards so I noticed that his reading and writing were a problem. (P11)

Other participants became aware of their children's difficulties by comparing their development to that of their siblings as Participant 4 noticed delayed speech in her son, in comparison to his older sister. This comparison suggests that how siblings develop serves as developmental benchmarks established by their first child to gauge normative progress and identify deviations in their second child. Participant 12 also compared his children's academic performances and shared the following views:

So what we have noticed is that we do not have children who are smart and we do not know if maybe it is hereditary and we are also not smart people so they took it from us and maybe we do not want to accept that that is the case. (P12)

When parents view their children's learning challenges as a lack of intelligence, it reflects a misunderstanding of the child's intellectual capabilities and the nature of dyslexia. This finding supports that of John-Adubasim (2022) in Nigeria, where parents lack the context to interpret their children's struggles as dyslexia. If parents perceive their children's academic struggles as a lack of intelligence, they may have lower expectations, and reduce involvement at home. This can exacerbate the child's struggles as they are not receiving the support they need.

For other participants, the presence of physical disabilities was assumed to be the cause of their child's academic struggles. For instance, Participant 2 had triplets, and the one with dyslexia was born smaller in size compared to the other two. As such, the participant shared the following details:

I understood that her development delays started from when she was still in her mothers' womb and with triplets such complications are common.

Similarly, participant 5 commented:

Writing he cannot do because the cerebral palsy has caused his hands not to be stable so he cannot hold a pen plus the meningitis which affected his left side. But he is a very smart boy who can express himself. Yes, his reading is also slow....

The quotes suggest that parents attribute their children's learning difficulties to physical disabilities

as they are immediately apparent and easily recognised, unlike dyslexia which is a hidden disability. Similar findings were made by Tekola et al. (2023) in Ethiopia as physical features of delayed development received more attention from parents. This can hinder parents from treating their child's dyslexia as the symptoms of people with physical disabilities are mistakenly seen as inherent to the person's learning disability (Lee et al., 2024). Furthermore, despite noticing the child's challenges with writing and reading, Participant 5 insists that their son is smart. This highlights parents' perspectives, in which they recognise their child's intellectual skills, but are unable to comprehend how learning difficulties can coexist with intellectual strengths. This viewpoint is significant because it means that parents may be more willing to assist their child if they understand that learning difficulties are not a reflection of general intelligence, but rather specific challenges.

While physical appearances proved to be a source of explanation for children's academic struggles for some parents, the absence of physical disabilities contributed to a sense of confusion for other parents. Participant 1 put it thus:

But when you look at her you see a proper child who is normal.

Similarly, participant 12 shared:

When you look at her, you cannot tell there is any problem.

These results indicate that for parents, disabilities must have a physical manifestation to be recognised, and in the absence of such limitations, they fail to understand why their children struggle academically. This is to be expected as in Africa, special educational needs (SEN) are usually associated with visible disabilities such as visual impairment, blindness, hearing, and physical disability (Idrissou, 2019). The absence of external indicators of dyslexia therefore influences parents' expectations of their children's academic performance since it is assumed that they are progressing well in all areas. This can harm children as they will be under pressure to meet their parents' expectations. According to Roitsch and Watson (2019), recognising the symptoms of dyslexia necessitates understanding the characteristics of the disability based on the age at which it is initially identified. However, in cases where parents do not recognise the nature of their child's difficulties, the opportunity for early intervention is lost. This delay can result in increased frustration for both the child and the parents, as well as long-term academic and emotional challenges for the child.

4.2.1.2. Parents' Knowledge of dyslexia

While parents shared being aware that their child was struggling academically, they displayed a lack of knowledge of dyslexia. When asked if they were familiar with the term "dyslexia", one participant commented: "*Lexia...I don't know the thing...what's that?*" (P10) For other parents, their

children's academic struggles were interpreted as part of a normal development phase which they would later outgrow. These views were articulated as follows:

...you will be thinking that things will get better and often times you will just assume it is just the child misbehaving.... (P7)

In terms of writing, I see him doing that thing where he swaps his words, not so much though because he still writes but I think it is that thing of when one is still learning to write you will see that when he writes a 'd' for instance, he starts writing it in a different way that I cannot explain. (P8)

Similar results were discovered by Sahu (2018) in India where parents delayed seeking the necessary support and accommodation for their children. Early intervention is key in helping children with dyslexia develop coping strategies and improve their reading skills (Colenbrander et al., 2018). However, when parents attribute their child's struggles to a phase, they prevent timely access to specialised educational support. The gap between the earliest time at which identification is possible and the time at which identification and treatment typically occur can impede effective intervention and have profound academic and social implications (Sanfilippo et al., 2020).

In one case, the participant questioned their child's educational foundation when the child could not meet the expected academic performance. This was presented as follows:

So I often question whether the problem is her school foundation or the problem lies with her because personally I do not know. (P12)

This finding suggests that parents attribute learning difficulties to external factors such as the child's school when they lack the knowledge to recognise signs of dyslexia. This is expected because parents choose schools with the belief that they will provide better educational quality (Shiferaw & Kenea, 2024). Parents' false reasoning about their child's difficulties leads to inappropriate interventions that do not address dyslexia.

Knowledgeable parents have a positive attitude and an understanding of their child's development (Jang et al., 2023). Some parents proved to know about dyslexia and were able to recognise that the difficulties the child experienced with learning were a result of a learning disability. This was demonstrated in the following quotations:

Yes, I...I believe I understood when the doctor explained that it is a form of disability that...it affects learning you would say, like different areas of learning and it cannot be cured in any way.... So my child's challenges with reading and writing are not because he's playful and

whatnot it's because of the disability. So yes, that's what I recall. (P4)

...dyslexia is not about not being able to know how to read but it is the way you see. It is the way your brain processes what you're seeing. (P11)

Responses from parents show that some were able to understand that their children's learning challenges were caused by dyslexia and they could mention some of its features. This enables parents to comprehend their child's situation and advocate for their needs (Anderson, 2022). Furthermore, families' support and engagement are critical for the effectiveness of programmes targeted at improving the abilities of children with special needs, which necessitate early intervention and are achieved through disability awareness (Aprilia & Soendari, 2019).

Previous studies in evaluating parents' knowledge of dyslexia indicated that it is linked to parents' level of education (Nguw & Nuhu, 2020). However, this study was unable to demonstrate this relationship as only two parents knew about dyslexia. Of the two, one had a master's degree and the other had an undergraduate degree. The rest of the parents did not know about dyslexia despite some of them having undergraduate degrees as well. A possible explanation for this might be the overall lack of public awareness about dyslexia and other learning disabilities in Maseru, Lesotho. Thus, future research could investigate the relationship between parents' educational background and their knowledge of dyslexia.

Furthermore, at the macrosystem level, the observed lack of knowledge among parents confirms findings in previous literature pointing to the inadequacy of national policies aimed at supporting children with disabilities in Lesotho (Lumina & Hodgson, 2023; LCN, 2021). Lesotho's policies are unclear regarding the different types of disabilities and the establishment of systems to assess learner needs (LCN, 2021). The absence of such features contributes directly to parents' lack of knowledge of dyslexia. Consequently, there is a need to raise awareness among parents regarding the characteristics of dyslexia and its implications on children. In doing so, parents are empowered to better support their child's needs and make informed decisions regarding interventions and accommodations for children with dyslexia.

4.2.2. Parents' Experiences in Supporting Children with Dyslexia

The second element in this study is how parents help dyslexic children. Based on the Ecological Systems Theory, reciprocal interactions in the family imply that both the child and parents influence each other (Shelton, 2019). Therefore, the issues that dyslexic children face also affect their parents. This theme encapsulates the multifaceted nature of parental experiences in supporting children with dyslexia.

4.2.2.1. Parents' emotional experiences with their child's dyslexia

The sub-theme of parents' emotional experiences with their child with dyslexia examined the range of emotions expressed by parents. Those who had no knowledge of their child's condition expressed initial feelings of confusion as they were unable to understand the underlying cause of their child's behaviour. Participant 8 expressed these emotions as follows:

You see this person [the child] started off very hyper and I did not understand his condition.

Participant 10 also shared the following:

...because my son has this aggressiveness, I don't know what his problem is.

Parents also shared a sense of guilt regarding their child's challenges as they internalised their children's struggles as a reflection of their shortcomings. Participant 1 articulated their feelings as follows:

I feel like I have wronged her in raising her....

Participant 4 also articulated their guilt as follows:

It will take you time to understand and you question why me? Where did I go wrong?

The comments suggest that parents blame themselves for their children's challenges as they believe their actions contributed to their children's hardships. Of interest with this expressed guilt is that Participant 1 had no knowledge of dyslexia while Participant 4 knew about it. As such, Participants 4's self-blame would not be expected if they had a clear understanding of dyslexia. Participants' concerns for their child's well-being were also prevalent as their academic failures also affected them emotionally. The concerns were shared as follows:

...she would be around children who I would say are smart, doing difficult tasks and that would make her miserable. (P3)

...he would be frustrated, when he was still younger because other children would be able to speak and say that he does not know how to speak, and these are his age mates.... (P4)

I think the biggest thing was when he was at school not performing well in a few things which made him feel inadequate I'd say, compared to other kids. So psychologically it really worked on his self-esteem. Mpho used to be someone who was very assertive and had a very good self-esteem but because of that, it really lowered his self-esteem and believing in himself a lot. (P11)

The findings align with those of Bajaj and Bhatia (2019) in India where parents found it challenging to observe the consistent struggles their child experienced both academically and emotionally. Such concerns are valid as children with dyslexia can internalise problems such as anxiety and depression

and they are at a higher risk of committing suicide (Livingston et al., 2018). However, understanding their child's condition remains an important aspect, as issues such as low self-esteem can be reduced by assisting the child to understand the nature of their dyslexia (AUSPLED, 2018).

Participants also shared feelings of being hurt because of the negative labels their child was receiving because of a lack of familiarity and knowledge of their disability. This was observed as Participant 7 shared:

...she was even labelled as naughty; she is not naughty but a lot of people see her that way because they don't understand.

Participants indicate that the mislabelling of their child as naughty evokes hurtful feelings in them as parents since their child was misunderstood. These findings corroborate those of Leshota and Sefotho (2020) where individuals with disabilities are given negative labels associated with stigma. The lack of understanding and labelling of children reflects cultural values and attitudes embedded within the macrosystem of Lesotho where people with disabilities face discrimination due to the stigma associated with their condition (Lumina & Hodgson, 2023). As a result, children with dyslexia may be perceived as fundamentally flawed and not receive the support they need from not just their parents but society at large. Studies also indicated that the stigma attached to disability intensifies the emotional burden for parents because they are often blamed for their children's behaviour and viewed as bad parents (Cunningham, 2021; Chan & Mo, 2021; Serchuk et al.; 2021). This highlights the need to raise awareness of dyslexia and other learning disabilities to develop a more positive atmosphere that understands and addresses children's needs and those of their parents.

Another emotion parents expressed was acceptance, which – according to Novak et al. (2019) – comes with parents accepting their children's circumstances and seeking support to help them cope. Participant 2 highlighted their acceptance as follows:

With my current job, we mainly work with children who have disabilities so for me this was something that I accepted.

This quote indicates that the parent's familiarity with disabilities, even if not specifically related to dyslexia, provided an understanding of how diverse disabilities manifest and the importance of providing support. Participant 7 also expressed her acceptance of her child's situation based on her observations of other children experiencing similar issues. This suggests that witnessing other children dealing with comparable issues as their child lessens the stigma surrounding their child's condition, and makes it more acceptable. This fosters a sense of shared experience, as connecting with other families in similar situations helps parents generate a sense of inclusion and combats

feelings of loneliness (Shiju et al., 2023).

Additionally, seeing other children with disabilities emphasises the need for representation. According to Muddle et al. (2021), a lack of representation of children with learning difficulties serves as a reminder to parents that their child is not neurotypical. Similarly, in Lesotho, Lumina and Hodgson (2023) found that parents keep their children with disabilities at home due to social stigma as opposed to sending them to school. This lack of representation implies that parents may delay seeking professional assistance, as their understanding of disability is shaped by personal and community observations. For parents who had received a diagnosis for their child's condition, while they initially expressed frustration, they eventually grew to accept the diagnosis.

...you take time to accept it but also because you have to give him support you have to accept the situation. (P4)

Taken together, the emotional experiences of parents revealed an interesting finding where some knew about their child's dyslexia and others did not. Yet, both groups of parents shared similar emotional experiences. This shared emotional experience suggests that irrespective of whether parents knew about dyslexia, it does not mitigate the emotional strain if there are no appropriate support structures, particularly in contexts like Maseru where awareness and support for dyslexia is limited. According to Mohan (2022), parents require counselling, family education, and skilled training to effectively manage their child's needs after a diagnosis. This finding suggests that there is a pressing need for education programmes to increase parents' knowledge of dyslexia, including training how to recognise the early signs and seek appropriate interventions.

4.2.2.2. Parents' experiences with seeking a diagnosis from professionals

Receiving a diagnosis is important as it allows parents to advocate for their children and provide them with the necessary support (Hettiarachchi, 2021). Parents in this study – having observed their children's challenges – sought to seek assistance from professionals. From their responses, it can be deduced that healthcare professionals (HCPs) and teachers lack a clear understanding of dyslexia. This was observed when Participant 9 shared their engagements with their child's teacher in the following manner:

...and what a number of his teachers would say was that he had a problem with his eyes. So if he is sitting from a distance he won't see what is written, his eye, is it his left or right, yes it was a problem.

Similarly, Participant 10 shared their encounter as follows:

...what the psychiatrist realised is that the problem was with the eyes and the child did not

have a sign of autism or anything. So I took the lady's recommendation to (hospital name) and they said that they would have to take their psychiatrist's opinion into consideration as well. The psychiatrist carried out the inspection and he discovered the same thing so I decided to buy his spectacles.

From the findings, it is evident that HCPs and educators fail to notice the symptoms of dyslexia, and misdiagnose them for vision problems. These findings are supported by Mosia and Tseeke (2024), who uncovered that HCPs in Lesotho lack expertise in disabilities, resulting in delays and indeterminacy in diagnosis. Furthermore, the feedback that parents received from professionals shaped their understanding of their child's difficulties and the measures of support they should take. The application of the Ecological Systems Theory emphasises how inadequate assistance from HCPs (exosystem) and schools (mesosystem) fail to provide support to parents and their children (microsystem) by providing a diagnosis.

For Participant 8, they consulted a doctor because they suspected their child had autism. Their experiences of the consultation were shared as follows:

I initially suspected that it was autism but then I went to [hospital name] where the doctor gave me a number of questions that I had to tick so that they could carry out their own evaluation. So based on the answers that I had provided, they stated that there was nothing wrong and if he does have autism it is mild.

The response suggests that despite parental concerns about their child, the doctor dismissed their observations. Aim et al. (2023) unearthed similar findings in France, which led parents to deal with their child's disability with uncertainty. This dismissal may negatively affect parental involvement (PI) as an accurate diagnosis empowers parents to advocate for their children and offer essential support (Hettiarachchi, 2021). Parents may also experience negative emotions because of the discrepancy between their observations of their child's behaviour and the information provided by the doctor. Nevertheless, parents often struggle to challenge the opinions of doctors regarding their child's issues, as society generally perceives doctors' views as more trustworthy than those of parents (Alshtaili, 2022), especially when the parents lack expertise on dyslexia. Additionally, dyslexia and autism exhibit several similarities and can co-occur in an individual (Ijeoma & Chinelo, 2019). The doctors' uncertainty about the child's diagnosis of autism, and the absence of any mention of dyslexia, indicates a lack of understanding of comorbidity. This finding is in opposition to the opinions of McDowell (2018) regarding the involvement of doctors in managing comorbidity issues.

Other participants shared that they were told to expect delays in their child's development due to their health issues. To illustrate this, Participant 2 shared:

So another issue that was observed with her is that she is behind mentally. She is behind significantly and well even the doctors had stated that growing up she would be slower than her age.

This narrative provides insights into the lack of communication between parents and HCPs as doctors fail to provide detailed explanations for their diagnoses. This may have a detrimental impact on families' help-seeking behaviour to get educational and psychological treatments (Cen-Yagiz & Aytac, 2021). Without a formal diagnosis, parents remain unaware of the full nature of their child's learning challenges, which limits their ability to make informed decisions about their education.

Two parents managed to have their child correctly diagnosed and have the diagnoses communicated to them by HCPs and special education teachers. Participant 4 shared that she learned of her son's dyslexia after taking him to see a doctor and the diagnosis was confirmed by a SEN teacher. Another parent had their child diagnosed by a special education teacher, which was shared as follows:

...so I changed schools and took him to the one he is currently enrolled in and then they asked him to write something. At that time I did not know that it was dyslexia but I changed schools when he was going to Grade 3 to his current school then the headmaster called me to school to show me that he was dyslexic based on something he had written because he was showing me that where he is supposed to write a "b" he writes a "d" and at that age he was supposed to be able to distinguish between letters but he still could not so that shows that it is dyslexia. (P11)

In having two parents who had their children diagnosed – one by a doctor and another by a special education teacher – this finding broadly supports the work of Carter-Templeton et al. (2024) on the collaboration between HCPs and educators for improving interventions for dyslexia.

However, inadequacies of healthcare and education systems in Lesotho are also reflective of exosystemic failures of policies in Lesotho which fail to provide professionals with the necessary guidance to diagnose children with dyslexia. Assessment techniques differ across countries, driven by how each country defines dyslexia, the language, and accessible testing tools (Mather et al., 2020). In Lesotho, Lumina and Hodgson (2023) observed that the tools and methods used by HCPs to assess learning disabilities lack specificity to dyslexia.

4.2.2.3. Parents' experiences in accessing resources and information

To gain a deeper understanding of their children's condition, parents often engage in extensive research and seek information from credible sources (Sainsbury et al., 2023). For participants in this study, it was apparent that they had limited access to information and resources. This was highlighted in the quotes below:

I wouldn't say I have anywhere where I can get information. Instead I will join certain groups on Facebook regarding children who are different or other people's lives but I have not found anything very helpful. (P1)

I would go on the website to look for more information on what to do and how to assist but at lower level it was mostly from the school.... (P11)

Participants indicated that they had the internet and their child's school as the only sources of information. The findings resemble those made by Aim et al. (2023) as in the absence of support and information from HCPs regarding their children's condition and how to assist, parents develop their expertise through the internet. However, parents may come across information that is not credible (Cadwgan & Goodwin, 2018). For one parent, they were misled by their child's doctor as during diagnosis, the doctor mentioned dyslexia to be similar to autism. As a result, when looking for information on how to assist their child, they instead read about autism. The views of the participant were as follows:

You know there are none because what I do instead is to listen to information regarding autistic children. There is no information on dyslexia, like it is honestly not available.

Participant 10 also relayed their experiences as follows:

I started to read every material to understand what is autism, what is downs syndrome you know, because they were associating him with those things....

The knowledge parents possess about their children's difficulties is closely tied to the information provided by professionals. However, when parents sought a diagnosis, the professionals that were consulted were observed to lack an understanding for dyslexia. As a result, they failed to provide accurate information to parents. Access to psychological, special education, and medical services is essential for families to support their children's social, emotional, cognitive, and biological development. The availability of these resources directly impacts child development (Cen-Yagiz & Aytac, 2021). Participant 5 shared their lack of access to resources in the form of counselling in the following manner:

Due to the fact that in this country you are not given any counselling so that you understand the condition of the child, it is really not easy....

The finding indicates that parents have limited access to information about dyslexia both in terms of understanding the condition and knowing what interventions are available. The finding is consistent with that of Mosia and Tseeke (2024) where parents expressed the importance of having access to information about diagnosis and assessment procedures for children, along with diagnostic support services available in health facilities in Lesotho. This is crucial because children with disabilities do not receive the necessary education and support services when their disability goes unidentified due to inadequate identification and screening services (Dube et al., 2021). Limited resources and a lack of widespread awareness of dyslexia in Lesotho contribute to systematic gaps in diagnosis and intervention, further complicating the support available to parents.

4.2.2.4. Parents' experiences with home-based involvement

Most parents in the study shared being actively involved in their children's learning by assisting them with their homework and providing supplementary learning material in line with home-based involvement. This was evidenced by Participant 2 indicating that he helps his daughter with her school work. Participant 12 also shared their involvement as follows:

...as parents we are really trying to support her in the learning process. We have not just let her be, we are still trying to support her in any way we can with training aids and even in her room she has posters with alphabets and animals and all that stuff. In my laptop, I have got a learning guidance, a lot of it that I give her a chance to use....

Despite the observed struggles, the findings indicate that parents try different methods to help their children. These findings oppose those of Huang et al. (2021) in China, where it was found that PI was reduced due to children's academic failure. This could be because in this current study, parents are hopeful that their children's academic performance will improve when they are more involved in assisting the children.

Home-based involvement, however, proved to be challenging as parents shared feelings of frustration with children failing to grasp information. These views were raised:

Sometimes I get upset thinking my child can't answer this question paper because she cannot read that question that is written there. It is just painful. And you find that after you read the question for her she knows the answer; it was just a matter of not being able to read. (P1)

Well to be honest, I am someone who is very strict so I am not able to help them like their

mother. I would love to assist them but when I see them delaying to grasp something I lose my patience. (P12)

While parents want to be active in their child's education, it becomes an unpleasant experience when they lack comprehension of their child's dyslexia and they become frustrated when the child is unable to execute academic tasks. Similar findings were observed by Sahu, et al. (2022) in India as parents' lack of awareness about learning disabilities affected home-based intervention.

For parents who were aware of their child's dyslexia, they were able to understand the difficulties the child experienced and found ways to be involved in their child's learning. This was indicated in the following quote:

At the beginning I had a challenge with his handwriting because I tried so hard for it to improve through practising but it was only when I sat down to understand and read myself that dyslexia goes with... I cannot recall what they call it but that handwriting. (P11)

From these results, it is evident that PI is greatly influenced by parents' knowledge and understanding of dyslexia. Those who are knowledgeable about dyslexia are better equipped to understand the learning struggles their children endure. In the absence of such knowledge, parents find homework engagements frustrating, due to lack of academic improvement with their children despite their efforts. Moreover, despite the notion that maternal figures are solely responsible for their children's education as observed by Ralejoe (2021) in Lesotho, the findings of this study provided contradicting results as fathers were observed to actively engage with their children's learning at home. These findings however need further investigation with a larger sample as this study only had views from three fathers, particularly given that a study by Theodore et al. (2018) highlighted the neglect of the experiences of fathers of children with learning disabilities.

4.2.2.5. Parents' experiences with mainstream and SEN schools

The experiences of parents concerning schools and educators were another sub-theme that was observed during analysis. Parents shared their experiences with mainstream schools, which proved to be a challenging experience. Participant 2 aired the following views:

...in those other schools, there was absolutely nothing, she was completely blank. I used to communicate with them but then I saw that they could not manage. Perhaps they did not have the skills to deal with children who have special needs.

The quote demonstrates the frustration of the parent with the teachers' inability to identify their child's problem and provide the necessary intervention. Another critical issue shared by parents was

the use of corporal punishment by teachers. This was illustrated in the following quote:

So the teacher was so rude that even when I went to the school I would see that this person...and she used to hit Thabo with a whip or ask other students to run after him and hold him down. It was not good because he needed special attention and I was not aware at the time (P10)

The use of corporal punishment as a response to a child's struggles suggests that the underlying learning difficulties are not understood, further marginalising children with dyslexia and impeding their ability to learn. The use of corporal punishment was also established by Matheolane and Makura (2020) to be a common practice among parents and teachers in Lesotho. As such, parents face challenges in advocating for their children in a system where corporal punishment is normalised. This finding also points to the inadequacy of policies in the country as corporal punishment has been declared unlawful in the Lesotho Education Act and yet, it is commonly practised. Policymakers must address the continued use of corporal punishment, which has been linked to poor educational and psychological outcomes.

In one instance, a parent was guided by a mainstream school teacher that the parent should take their child to another school. Participant 9 shared this encounter as follows:

...his teacher, who taught him at the time in pre-school, they encouraged that I searched for another school because it was clear that he was going to leave that school not being able to write.

This quote indicates a lack of skill among teachers in mainstream schools since when faced with a child who does not respond to traditional teaching methods, they resort to advising parents to transfer their child to another school even though dyslexia can be managed effectively in mainstream classrooms if appropriate accommodations and interventions are provided. These findings are supported by those made by Khumalo and Mosia (2023) where teachers' lack the knowledge and skills to effectively accommodate diverse learners' needs in their classrooms, thus hindering the implementation of inclusive education in Lesotho. The suggestion to transfer a struggling student to a different school highlights deeper issues of exclusion in Lesotho's mainstream education system. Instead of implementing inclusive education, schools persist in the practice of placing students with learning disabilities in separate, specialised schools. A similar observation was made by Bajaj and Bhatia (2019) in India where teachers were of the view that children with dyslexia should be placed in SEN schools. This perspective reflects both a deficiency in teacher training and institutionalised ableism.

Parents additionally shared having to bear the financial burden of paying for extra classes to improve their child's learning. This was expressed in the following quotes:

...what our problem was with the school was that they were constantly saying she is a slow learner and we should pay for extra classes every year and we already pay an expensive fee. But they are always telling us that the child is a slow learner and we pay extra classes...like what is the point of taking a child to a good school that is already expensive yet we are constantly having to pay for extra classes all the time? (P3)

You can imagine paying all those fees thinking that your child is in class learning only to find he was taken out to another class and when you get there you find them playing and the person watching them is not a remedial teacher or anything she has just left them to play. (P11)

These results point to the inefficiency of mainstream schools in supporting the needs of children with dyslexia, hence parents are forced to pay for tutoring. The tutoring services that parents pay for are also observed to be ineffective, which would imply that they follow traditional approaches focused on reinforcing standard classroom material.

Having noticed that their children were not receiving the required assistance from mainstream schools, parents took their children to SEN schools. Special education is the most common educational provision for children with disabilities in Eastern and Southern Africa, Lesotho included (Grimes et al., 2023). In these schools, parents shared their positive experiences as they believed that educators were catering to their children's needs and providing them with the necessary support. Their views were voiced as follows:

She performs very well and with them you see that they [the teachers] are people who understand what is happening with her or is it because they are knowledgeable when it comes to issues of special needs children so they can focus on them and observe their weakness and with this one we have to attend to in this particular way. (P2)

...they had a remedial teacher there who started working with him, so I would take him there after school where he would see him from Monday to Friday after school for one hour. (P11)

Thato knows how to read and I don't assist her with her homework anymore. She reads and she writes, she helps her younger sibling who comes after her who is in Grade 7, she helps her with her homework. These are all things that are unbelievable looking at where she was when she first started out. (P6)

These responses highlight the satisfaction of parents with the ability of specialised education teachers to recognise their children's challenges and provide appropriate support. Parents also shared appreciation for their child's school environment as they noticed a change in the child's attitude towards school. For instance, Participant 3 stated:

She enjoys going to school. I see that...I don't know if I should say it is the education in the school or that she is around children who also have a problem so she does not struggle as much. (P3)

So even in this school he is still being treated very well and he seems very satisfied because I love environments where even he is satisfied even more than for myself. I just want him to be happy. (P5)

Then they gave me a background that it was too much for them but they could not tell me that there was too much and this was something that I like because they did not put me under pressure saying that the child did not want to do this and that. (P10)

The understanding and empathy demonstrated by special education teachers also play a significant role in reducing the emotional and psychological stress experienced by both parents and children. For parents, it is reassuring to know that their child is in an environment where they are supported by professionals who understand their child's struggles and the impact they have on learning. These results corroborate those of Brydges and Mkandawire (2020) who found that parents in Nigeria preferred special schools for their children with intellectual disabilities over inclusive schools as they were better resourced to accommodate their children. For children, being in a setting where their struggles are acknowledged and addressed can foster a positive attitude towards school and learning, reducing anxiety and frustration. While these experiences were not directly shared from the children directly, research has shown that students with dyslexia have a preference for SEN schools as teachers understood dyslexia and their difficulties (O'Brien, 2020; Lesenyane et al. 2018). When asked if their child's special education teachers had communicated with them regarding the cause of their child's difficulties, most participants reported that nothing had been shared, despite all children in this study having been diagnosed with dyslexia by their special education teachers. These findings correlate with those by Correia et al. (2021) in Macao where parents of children with SEN were excluded from assessment processes. This discrepancy may be attributed to teachers in Lesotho still regarding themselves as the only knowledge holders in the education system (Morena & Nkoane, 2021). Without knowledge of a diagnosis, parents engage in passive forms of involvement and do not realise the importance of their own role in supporting their child's learning at home or in seeking additional resources. Furthermore, parents fail to take part in decision-making for their children in

line with school-based involvement. Faizefu (2022) uncovered that parents and pupils found value in the influence of parental decision-making in education of children with dyslexia. This involvement enlightens parents in the policies, programmes and activities which increase their confidence, and the ability to support their children's education.

4.2.3. Effects of a Child with Dyslexia on the Family Dynamics

The third theme is the effect of a child with dyslexia on the family dynamics. According to Ahmad and Ansari (2022), family relationships can be significantly impacted by children with disabilities as both parents and children face additional challenges.

4.2.3.1. Parent-child relationship

Dyslexia affects how children and parents interact with one another hence affecting the manner in which parents respond to their children's challenges. Parents shared a shift in attention towards the child encountering learning difficulties as follows:

...I have a closer relationship with her than I do with the others...." (P2)

You have to change your mental thinking as a parent and note that I have to treat this child differently from his sister. I have to consider what his way of living will be. (P4)

The responses reflect the involvement and emotional support parents take on to support their children. The close relationship stems from shared challenges and the emotional labour required to support a child with dyslexia, which may not be present in relationships where children do not face similar struggles. These findings match those of Woodcock (2020) where children's difficulties motivated parents to be more supportive. According to Tchokote (2020), a harmonious parent-child relationship can support the child's efforts in the reading process by encouraging, motivating and accompanying them. For other parents, having a child with dyslexia puts a strain on their parent-child relationship as parents find it difficult to manage their child's behaviour. Participant 8 indicated that:

Sometimes I would hit him, like sometimes he has broken a window with a rock or he has done something else like he was a handful. Sometimes he would have caused the TV to fall, like he was just that kind of person so he ended up being someone who was afraid of me.

This narrative indicates that parents observe their child's behaviour as intentional, and the use of corporal punishment is intended to correct this behaviour. This supports the findings previously presented by Matheolane and Makura (2020) on the use of corporal punishment in Lesotho. The use

of this practice can strain the parent-child relationship as Participant 8 noted his child had become afraid of him.

Another aspect noted to affect the parent-child relationship is parents' understanding of their child's learning difficulties. Geertsema et al. (2022) revealed that a diagnosis for their children's condition improved the emotional well-being of parents because they knew the reason behind their child's struggles. Contrarily, Cooper (2023) presented findings which stated that parents' knowledge of their child's dyslexia may result in negative feelings about the diagnosis as parents do not know the implications it has for their children, although not knowing that their child has dyslexia is what seems to be affecting parents negatively in this study as Participant 7 disclosed:

The other day I was angry with her and her father intervened telling me not to do that to her because she hears you and it is not that she is doing it intentionally. This is due to the condition that she has that needs to be treated accordingly.

This response demonstrates the parent's frustration with not understanding their child's behaviour which can affect the parent-child relationship. Similar findings were made by Moghtadai, et al. (2021) where parents used aggressive parenting strategies on children with learning disabilities. When parents are unaware that their child has dyslexia, the lack of information and skills in behavioural management of SEN children can result in negative coping behaviours such as rage (Cheng & Lai, 2023). These results therefore emphasise the need for parental education on dyslexia. A clear understanding of the condition can promote supportive strategies for addressing their child's needs.

4.2.3.2. Sibling Relationships

Much like the relationships of parents of children with dyslexia, siblings' relationships are also affected by the presence of a sibling with dyslexia. Eray and Opendin (2023) indicate that the presence of a child with dyslexia negatively affects the relationships between siblings, as parents often give the sibling with dyslexia more attention. This has been noted to result in sibling rivalry (IDA, 2022). A similar observation was noted in the current study as Participant 5 stated that everything she does is centred on ensuring her son's well-being, which would annoy the brother. However, the conflict between the child with dyslexia and their sibling extended to involving parents as Participant 5 further shared that her son's older brother mistreated him, and her response to this mistreatment was depicted as follows:

I remember I used to tell him that since with him I only paid 50 rand to give birth to you, I don't care for you, but since with Thabo I lost 3000 rand when he was born, he is more

expensive you are just cheap. These things that you are doing are because you are cheap.

These narratives indicate that parents feel a sense of protecting the emotional well-being of the child with dyslexia. However, in protecting one child, they respond harshly to their other child which can create additional tension between siblings.

In some cases, siblings can provide critical emotional and academic support, helping their dyslexic sibling navigate the difficulties associated with the condition. For example, Participant 2 indicated that his dyslexic child received support from her siblings which he shared as follows:

Her siblings, her brother and sister also assist her because according to what we were told about her, I ensured that everyone in the family supports her.

Participant 6 similarly described the relationship between her child with dyslexia and her sibling as follows:

They get along very well and you see people who really want to support each other. Like I said, Thato will be helping her sister with her homework and same goes with the sister...like you just see people who are really supportive of each other.

These responses provided by parents suggest that shared activities, such as working together on schoolwork, strengthen their children's bond. This may be due to siblings observing the other one struggling and feeling the need to assist. These findings corroborate those of Thiagarajan and Muhammad (2022) who observed sibling connections to alleviate loneliness and depression while also compensating for other inadequacies in parental and social support. However, because these opinions are not shared by the siblings themselves, parents may have a biased impression focused on elements of sibling relationships that correspond to their own ideas. Furthermore, parents may not always be present to see sibling relationships, and their account may be based on assumptions rather than first hand observation. Given the limited research on the effects of siblings on children with dyslexia from the siblings themselves, future studies could investigate this angle.

4.2.3.3. Parents' Expectations

Having a child with dyslexia significantly affects parents' expectations for their child, often reshaping their expectations and strategies for supporting the child's growth. As children experience challenges across different developmental domains from infancy to the school years, parents' expectations and perceptions of their child's capabilities diminish (İzoğlu-Tok & Doğan, 2024) and they must adapt their expectations accordingly (Eray & Opengin, 2023). The participants in the study shared their adjustments as follows:

When it comes to her school work, I do not see her getting to university. My intentions with her are to see that when it comes to vocational work, I have to ensure that she does each one of them that she will be able to do. (P2)

I have learned that currently, at school, he has to learn the basics because I do not see him going to university which is why I stated that I had to change my mindset to know that in order for him to survive in life, I have to do something. (P4)

These results suggest that children's academic challenges result in parents having low expectations for their child's future success. However, this shift in expectations reflects a broader concern about how dyslexia is understood and managed within the context of Lesotho. Much like the observation made by Munyi-Kariuki (2023) in Kenya, parents have the false belief that children with dyslexia have low abilities and cannot achieve academic success. Having a learning disability does not prevent learning, instead it requires a different method of teaching (Ahmad & Ansari, 2022). This suggests that parents' false impression of their child's learning abilities has the potential to hinder children from reaching their full potential. Children not being able to meet expected academic standards may also cause parents to feel a sense of loss that their child might not meet the conventional academic milestones that other children achieve. For some parents, their children's well-being was their main concern and they wished not to set any expectations for their child, which was shared as follows:

But I just want to see my child okay living happily with a bright future. I won't say that I want her to be a doctor or what. I want her...like at first I used to just want her to be able to read and write. That was what was on my mind a lot so since I have taken her to her current school, I want to see her ahead. (P6)

While the initial response to children's difficulties may involve loss, parents eventually adjust to learning to celebrate their child's strengths. Such adjustments are in agreement with those observed by Nurfitriani and Puspitaningrum (2024) in indicating that parents should focus on the strengths and potential of children with dyslexia given their poor academic performances. The presented findings are consistent with the Ecological Systems Theory, highlighting the significant role of the parent-child relationship in influencing parental attitudes. The child's learning difficulties prompt parents to modify their expectations, illustrating the impact of immediate family interactions on parental perceptions of the child's future.

4.2.4. Support Structures for Parents of Children with Dyslexia

The theme of support structures for parents of children with dyslexia addressed the third objective of

this study. While parents are a source of support for children with dyslexia, the study sought to explore which structures exist to support parents as Delany (2017) indicates that parents are also affected by their children's dyslexia.

4.2.4.1. Social Support

Social support is a resource that is regarded as essential to parents of children with disabilities given its influence on how stress affects their psychological health (Rakap & Vural-Batik, 2024). Social support – according to Mayate et al. (2019) – takes the form of medical professionals, school staff, daycare providers, family, friends and parents. The most notable form of social support parents shared was their family, which was often understanding of their child's condition and offered support. This is observed in the following quotes:

My entire family, as I previously mentioned, being my wife and Lerato's siblings, yes then there is my wife's family. All of them they know that this is the situation with Lerato and they know that she is different from her siblings so everyone lives according to her condition. (P2)

...my family is so supportive because throughout this journey, we were with them and I always share the feedback I receive from schools with them and they always say no, the child will be fine and now I see a huge difference. (P10)

In one case, a participant reported on the lack of support she received from her husband due to his lack of understanding of dyslexia. Participant 11 presented these views as follows:

It was very challenging like I mentioned, especially with his father because ...I felt he was not and I was not getting the support which we needed because he was totally in denial.

The mother's acknowledged lack of support from their partner may have serious consequences, given that caregiving support can function as a protective factor for psychological and physical health.

Literature suggests that family support can act as a buffer against emotional and social challenges associated with parenting a child with dyslexia (Abd Rauf et al., 2020). While family may play a crucial role, this form of support may be limited as family members may also lack the knowledge on dyslexia. Mohan (2022) emphasises the need for parents to have support from experts such as doctors, paramedical experts, counsellors, and special education instructors as this can help parents comprehend their child's situation and provide hope for the child's future.

The role of schools was also shared as a source of support by creating a supportive and inclusive environment for children. This was illustrated as follows:

Well we also started getting support in her current school because here she is with people who do not discriminate against her, children who do not laugh at her.... (P7)

The response indicates parents' appreciation and reflects the significance of an inclusive and non-discriminatory school environment in fostering academic and emotional well-being for their child. Similar findings were observed by Brydges and Mkandawire (2020) in Nigeria where special schools were more accommodating to children with intellectual disabilities.

The findings of the current study reveal that schools provide support through teachers as Participant 9 expressed receiving regular updates on their child's progress. Another parent found their child's teacher educating them on how to assist their child as supportive. This was shared as follows:

...his class teacher, she is very very good, she understood I think maybe professionally they are taught as remedial teachers so they were able to support him at home. Then it would be easy to support so I even tried the other systems which were introduced to try and help him and do the exercises which they said he should do (P11)

These findings highlight the significant influence of school and family environments on the experiences of parents and children affected by dyslexia. These findings are consistent with Bronfenbrenner's Ecological Systems Theory, highlighting the importance of the family (microsystem) and school (mesosystem) as crucial environments for a child's development. Collaboration between these two settings is essential in shaping the child's overall growth and well-being (Agrawal et al., 2019). However, the need for additional support was identified through the analysis. According to Sadiki (2023), support groups have been identified as beneficial for parents, providing them with a forum to share experiences, offer guidance, and gain insights from other parents. Parents in the present study may gain advantages from receiving this type of support. At the exosystem level, societal and institutional factors like healthcare systems, educational policies, and community attitudes towards disability impact the accessibility and standard of support systems.

4.2.4.2. Spiritual support

Spiritual support emerged as a crucial emotional and psychological resource for parents. Spiritual support emphasises an intimate and personal connection with God, providing love, strength during challenging periods, and enhancing spiritual well-being, particularly important during times of illness and crisis (Tavares et al., 2022). Spiritual support, according to the study's findings, manifested in the form of prayer with participant 6 stating:

I am just someone who prays you know. I am someone who can counsel themselves through prayer.

Another parent expressed how spirituality allowed them to observe their child's condition with a positive outlook. This was voiced as follows:

But this situation with him influenced me as a person into appreciating life and appreciating God's strength, and you even compare that you know God, why should I have to cry when there is another child who cannot speak at all, another one cannot walk. Yes, my child's situation is painful but at least there are still some things that he can still do. (P4)

Participants' narratives are significant in that they highlight the deeply entrenched role of spirituality in the lives of Basotho where faith not only offers emotional sustenance but also influences the perceptions of disability. This echoes the views presented by Sefotho (2021) where disabilities in Lesotho are viewed as coming from God. According to Chukwu et al. (2019), spiritual coping mechanisms, such as prayer, provide emotional resilience and a sense of control for parents navigating their child's dyslexia. The macrosystemic influence establishes a framework for comprehension and approval, while also underscoring the significance of incorporating spiritual beliefs and practical interventions. The support can assist parents in offering emotional and educational assistance to their children, ensuring they obtain the necessary support.

4.3. Conclusion

This chapter presented the findings of the study as identified in the data analysis. Descriptions and direct quotes from participants were provided to illustrate the experiences of parents' involvement in providing support to their children with dyslexia. The chapter also discussed the findings presented in this chapter placed in the context of literature. The discussion was guided by Bronfenbrenner's Ecological Systems Theory and was organised into four themes and 11 sub-themes. Each theme was discussed within the context of Lesotho.

CHAPTER 5: MAIN CONCLUSIONS AND RECOMMENDATIONS

5. Introduction

This chapter presents the conclusions drawn from the research study in line with the objectives specified in Chapter 1. The recommendations are also provided in this chapter.

5.1. Main conclusions

This phenomenological study explored the experiences of parents' involvement in supporting children with dyslexia in Maseru, Lesotho. The experiences of 12 parents were explored using in-depth semi-structured interviews followed by the thematic data analysis process where phenomenological themes emerged. The study employed Bronfenbrenner's Ecological Systems Theory to explore in depth the thoughts and feelings of parents in Maseru. The findings revealed a nuanced understanding of the factors influencing parents' experiences.

5.1.1. Objective 1: To explore the understanding of dyslexia among parents in Maseru

The results showed a gap between parents' knowledge of dyslexia and their awareness of their child's learning difficulties. Many parents acknowledged that their child was having academic difficulties, but they attributed the cause of these difficulties to other issues such as lack of intelligence, co-occurring physical issues, health issues, and educational backgrounds. The explanations influenced the actions parents took to assist their child, which do not address dyslexia. Furthermore, parents delayed early intervention and support, which are beneficial for children with dyslexia (Colenbrander et al., 2018). This emphasises the importance of raising awareness on dyslexia and other learning disabilities so that parents have the information they need to support their children's development.

The findings of this study also indicate that the traditional discussion surrounding parental involvement (PI) in education may not fully capture the difficulties experienced by parents of dyslexic children in Lesotho. This study proposes that efforts to support children with dyslexia should encompass more than just parental assistance, by also considering their understanding and awareness of the condition. By revealing this gap in parental understanding, the study emphasises the importance of considering parents' knowledge and awareness in addressing the needs of children with dyslexia. This re-framing urges policymakers, educators, and researchers to explore ways in which parental knowledge and understanding can be more effectively incorporated into initiatives aimed at enhancing assistance for children with dyslexia.

5.1.2. Objective 2: To explore the experiences of parents in Maseru supporting their

children with dyslexia

The findings revealed that parents experienced a wide range of emotions, including frustration, confusion, guilt, concern for their children's well-being, stigma experienced by the child, and eventually, acceptance. In the study, some parents knew that their child had dyslexia, others did not have a formal diagnosis, which presented an interesting observation where their emotional responses were similar. Furthermore, obtaining a diagnosis for dyslexia proved to be a challenge for most parents as HCPs and educators illustrated a lack of knowledge and training in dyslexia. Parents' also shared a lack of access to information and resources, with the internet being the main source of information. Parents engaged in home-based involvement through homework and provision of learning resources. However, this proved to be a challenge without professional guidance. Parents reported mixed experiences with mainstream and SEN schools. In mainstream schools, there was a lack of skills and training among teachers. Conversely, SEN schools provided more targeted interventions, though teachers did not make parents aware that their child had been diagnosed with dyslexia. This meant that parents did not alter their involvement to cater to their children's needs.

The findings underline the significant emotional, social, and educational problems that parents of children with dyslexia encounter. These experiences highlight the crucial need for improved support systems for identifying and teaching dyslexic children, and providing relevant resources to them and their families. The absence of institutional assistance puts a strain on parents, who must manage various emotional and practical concerns with little direction. Understanding the emotional toll on parents, as well as the structural constraints they face, is critical for developing educational and healthcare policies in Lesotho to cater to children with special needs. It also offers insights into how to enhance early identification and intervention for children with dyslexia, hence enhancing their academic and social performance (Azhar et al., 2023). Furthermore, the study captures the importance of PI for children with dyslexia at a time when Lesotho is grappling with the practicalities of implementing inclusive education. The findings demonstrate the gaps that still need to be addressed, such as schools investing in professional development programmes for teachers, equipping them to recognise and support dyslexic learners. This includes training on how to create inclusive classrooms that accommodate different learning needs. The study also expands on Bronfenbrenner's Ecological Systems Theory by demonstrating how inadequate support from professionals (exosystem) and schools (mesosystem) can affect the family (microsystem) by not offering the necessary support.

5.1.3. Objective 3: To explore the structures that are in place to support parents with their children with dyslexia

In exploring the support structures set in place to support parents with dyslexic children, the study

revealed that parents of such children have very limited support with family and school being the central forms of support mentioned. Parents also revealed that spirituality provides emotional support for them, thus highlighting the critical gap in formal support structures for parents of children with dyslexia in Maseru. While informal social support networks, such as family and spiritual support, provide emotional and practical assistance, they do not compensate for the lack of professional guidance and institutional support. The study underscores the need for comprehensive frameworks – rooted in educational policy – that can support parents and ensure that children with dyslexia receive appropriate academic interventions. It expands the application of Bronfenbrenner’s Ecological Systems Theory by showing how the microsystem (family, religious support) plays a central role in the lives of these families in the absence of a fully functioning exosystem (formal educational support systems). It also points to the need for a mesosystem that better connects schools, communities, and policy structures to provide cohesive support to parents. Furthermore, the study revealed the absence of formal institutional structures designed to support parents in understanding and addressing dyslexia. There was no clear legislative or policy framework guiding dyslexia support within the education system in Lesotho (LCN, 2021), leaving parents to rely on personal networks for assistance. However, the parents’ social support systems played a crucial role in mitigating the stress and isolation that can come with supporting a child with dyslexia.

5.2. Limitations of the study

The current study was focused on parents whose children had been diagnosed with dyslexia in Maseru, Lesotho. The study sample included 12 parents (9 mothers and 3 fathers) involved in supporting children with dyslexia. The sample size was a limitation as it consisted of more mothers than fathers. Mothers and fathers may experience and approach their roles in supporting their children differently, influenced by cultural standards and societal expectations. This can result in an imbalance where maternal perspectives are more prevalent, overlooking the unique contributions, challenges, or strategies that fathers might employ in supporting their children. Future research on parents of children with dyslexia should involve a larger and more diverse sample, including more fathers. A more gender-balanced sample would enable the study to understand the various ways in which both parents assist, offering deeper insights into the shared and personal experiences of supporting children with dyslexia. The study was also limited to a geographical setting in 2 schools in Maseru, Lesotho. The results of this study, adhering to the characteristics of a phenomenological approach, cannot be extrapolated to encompass the experiences of all parents in Lesotho. Future research should therefore be conducted to cover other parts of the country.

The study was limited by the possibility of including children with undiagnosed or unacknowledged

comorbid conditions like ADHD or ASD. Without explicitly excluding or addressing these comorbidities, it can be difficult to isolate the specific experiences related to supporting a child with dyslexia. This may introduce variables that complicate the understanding of how parents address their child's needs.

5.3. Recommendations

Several recommendations for different stakeholders have emerged from the study. The sub-sections below present these recommendations – most of which may have significant implications for policies and practices related to children with special needs; in particular, those with dyslexia.

5.3.1. Recommendations for Parents

Given that most of the parents in this study were not aware that their child was diagnosed with dyslexia by their special education teachers, it is recommended that parents and teachers open lines of communication as the home-school partnership requires open communication from both ends. Communication and collaboration between parents and teachers strengthens how they address dyslexia. Parents play a crucial role in supporting children with dyslexia and should be actively engaged in decisions regarding their child's education to reinforce learning at home. It is important for school administrators to recognise the need for collaboration among parents and teachers. This involves allocating common planning time and resources to enhance parent involvement (Agrawal et al., 2019). Furthermore, parents should engage with support groups as they can benefit from shared experiences.

Given the study's limitation of a gender imbalanced sample-with 3 fathers and 9 mothers- a key recommendation is to encourage greater involvement of fathers in supporting children with dyslexia and taking part in research initiatives. Fathers' perspectives and contributions to their child's learning journeys are invaluable, yet their voices are underrepresented in research

5.3.2. Recommendations for professionals in the field of dyslexia in Lesotho

In addressing the multifaceted challenges faced by educators and HCPs such as psychiatrists, pediatricians, occupational therapists, and medical doctors who work with dyslexic children, it is imperative to consider the communication barriers observed. The absence of effective communication – regarding diagnosis – between professionals and parents significantly undermines the support system for children with dyslexia. As such, professionals should be trained in effective communication strategies to ensure clear, empathetic and informative interactions with parents. This includes conveying diagnosis in a manner that is understandable and supportive, helping parents to grasp the nature of dyslexia and the implications it has on the diagnosed child.

5.3.3. Recommendations Policy Makers in Lesotho

The following recommendations are proposed in relation to policy:

- In response to the articulated requirements of parents of children diagnosed with dyslexia, with the aim to address knowledge gaps on their understanding of dyslexia, it is imperative to address the existing knowledge deficits regarding their comprehension of dyslexia. Hence, the implementation of diagnostic procedures is essential for equipping parents to adeptly navigate the complexities associated with dyslexia. To enhance knowledge dissemination, it is incumbent upon healthcare and educational policymakers to augment access to pertinent information and resources by establishing centralised repositories, such as digital platforms and community centres where parents may obtain information, supportive services, and educational materials pertaining to dyslexia.
- There also has to be a clear definition of dyslexia within educational and disability policies as opposed to the broad term of learning disabilities. This should include specific criteria for identification and assessment, ensuring that all relevant institutions are using consistent methods. Mather et al. (2020) revealed that some countries have developed their own measures of assessment, while others have translated and adopted measures from other nations. It would therefore be beneficial for Lesotho to do the same adopting Hannant's (2024) finding of development psychologists bridging the gap between HCPs and educators for early identification. Early identification is crucial for timely intervention and support (Colenbrander et al., 2018) and it should be supported with specialised training for educators and HCPs to ensure early identification and intervention. This training should focus on early identification, assessment methods and evidence-based instructional techniques.
- The study revealed that identifying dyslexia in children requires the involvement of numerous professionals. However, parents are unsure who to turn to for help. Hence, it is vital for healthcare and education systems to examine their legislation and the respective professionals' areas of practice so that parents can be educated and guided accordingly.
- The findings revealed that the Lesotho government does not provide a holistic educational system that caters for the inclusiveness of children with learning disabilities such as dyslexia, hence parents find themselves having to change from mainstream schools to SEN schools. It is recommended that there is a monitoring and evaluation committee focused on policy implementation in the country and promoting plurality and inclusivity in the education system.

5.3.4. Recommendations for Future Research

In this research study, the siblings of children with dyslexia were included as part of parents' experience and yet their voices are limited in the literature regarding how they are affected. It is recommended that further research on children with dyslexia be extended to siblings in order to fill this knowledge gap.

Early diagnosis is often associated with better outcomes for children with dyslexia due to timely interventions. Future research should also examine how the timing of dyslexia diagnosis influences parental involvement and the strategies parents employ. Research in this area could explore whether parents of children who receive early diagnoses are more actively involved and if the early diagnosis makes a significant difference.

5.4. Closing Remarks

The study offered insights into the experiences of parents in Maseru, Lesotho, who are involved in supporting children with dyslexia. The study emphasised the emotional, functional, and institutional challenges faced by these parents in navigating their children's educational journey. The results indicate that parents are committed to supporting their children but often lack the necessary knowledge, resources, and formal support systems to effectively meet their children's educational needs. The study highlighted the importance of informal support systems, including family and spirituality, in alleviating emotional and practical challenges linked to raising a child with dyslexia. It is evident that these networks cannot substitute the necessity for comprehensive educational policies, professional resources, and specialised services to support children with dyslexia.

The experiences of these parents highlight the necessity for reform in Lesotho's education and healthcare systems. This reform is vital to ensure that dyslexic children are promptly diagnosed and suitable interventions are provided. It is crucial to implement teacher training, parental education, and community-based support programmes to develop a more inclusive educational environment. Additionally, increased cooperation among schools, families, and policymakers is essential for establishing a comprehensive support system. Furthermore, this study adds to the expanding knowledge base on dyslexia in disadvantaged settings and lays the groundwork for future research and policy efforts focused on enhancing outcomes for children with dyslexia and other learning disabilities. The results should serve as motivation for further research and advocacy initiatives to promote equal opportunities for success among children of all learning capabilities.

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APPENDICES

APPENDIX A: Letters of Approval



UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA - UNIVERSITEIT VAN KAAPSTAD
DEPARTMENT OF SOCIAL WORK AND SOCIAL DEVELOPMENT
FACULTY OF HUMANITIES

Administrative Access/Hi

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15 March 2024

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Supervisor:
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ACCEPTED

I am pleased to inform you that ethical clearance was given by an Ethics Review Committee of the Faculty of Humanities for your study. ***Exploring the experiences of parents' Involvement In*** supporting ch/fzfren w/tA cfyrfexAz. The reference number is SWK-REC-2024-SR005.

I wish you all the best for your study.

Yours sincerely
Dr Emma Campbell
Lecturer
Chair: Ethics Review Committee



MINISTRY OF EDUCATION AND TRAINING

28 March 2024

REF: ED/E/G1

The Head of Department
Department
of Social Development
University of
Cape Town

PERMISSION TO CARRY OUT A RESEARCH STUDY IN RESPECT OF NTSEPASE MAHAO

This serves to confirm that Ms Ntsepase t•taha, a student at the University of Cape Town, in the Department of Social Development, has been granted permission to collect data from Special Education Schools in pursuance of her research study titled: Exploring the experiences of parents' involvement in supporting children with dyslexia in Maseru, Lesotho,

Dyslexia, with its many dimensions, remains a hugely under researched area, and this poses a big challenge to the Ministry of Education and Training in putting in place effective interventions in support of teachers, parents and guardians. Accordingly, we are hopeful that the results of the study will provide much useful insights into this area.

Sincerely

PRINCIPAL SECRETARY

P.O BOX 47 MASERU LESOTHO; TEL: +266 22 323 956
Ratsiu.majara@gov.ls

APPENDIX B: Consent Form

Title of research project:

Exploring the experiences of parents' involvement in supporting children with dyslexia.

Names of principal researchers:

Nts'epase Mahao

Department/research group address:

UCT Faculty of
Humanities Room 110
Beattie Building
University Avenue South
Upper Campus, University of Cape Town
7701 Rondebosch

Telephone:

+266 63940188/ +266 56514829

Email:

MHXNTS002@myuct.ac.za

Name of participant:

Nature of the research:

You are being invited to participate in a research study that aims to explore the experiences of parents' involvement in supporting children with dyslexia. This consent form provides you with important information about the study. Please read it carefully and feel free to ask any questions before deciding whether or not to participate.

Purpose of the Study: The primary purpose of this research is to gain insight into the unique experiences of parents who have children with dyslexia. We aim to understand the challenges, successes, and strategies that parents employ in supporting their children with dyslexia.

Participation Criteria: To participate in this study, you must meet the following criteria:

You must be a parent of a child (aged 8-18) diagnosed with dyslexia.

You must be at 30-50 years old.

Participant's involvement

What's involved: Participation in this study will involve:

1. Completing a face to face interview that will take approximately 40-60 minutes to complete. This interview will gather information about your child's diagnosis, your involvement in their education, and your experiences.
2. The interviewer would like to record the interview to be sure that all your words are captured accurately. However, if you do not want to be recorded simply tell the interviewer, who will then take handwritten notes.

Risks: Participants may experience distress during face-to-face interviews when discussing their challenges and struggles related to supporting a child with dyslexia. Revisiting difficult experiences might trigger feelings of guilt, frustration, sadness insecurity and hopelessness.

Benefits: By sharing your experiences, you may benefit from the opportunity to reflect on your experiences as a parent of a child with dyslexia. Additionally, Resnik (2018) argues that research can be beneficial to society by advancing human knowledge, which can then be used to improve our understanding of human biology, psychology, culture, and social interactions as well as to develop medical treatments and public health practices and interventions.

Costs: Due to the sensitive nature of the topic, participants may require support or debriefing after their involvement to address any emotional or psychological distress that might arise. Additionally, parents participating in the study will need to invest time in interviews. This can be a significant commitment, as sharing their experiences and insights may take 40-60 minutes of their time.

- I agree to participate in this research project.
- I have read this consent form and the information it contains and had the opportunity to ask questions about them.
- I agree to my responses being used for education and research on condition my privacy is respected, subject to the following:
 - I understand that my personal details may be included in the research / will be used in aggregate form only, so that I will not be personally identifiable (*delete as applicable.*)
 - I understand that I am under no obligation to take part in this project.
 - I understand I have the right to withdraw from this project at any stage.
 - I understand that this research might be published in a research journal or book. In the case of dissertation research, the document will be available to readers in a university library in printed form, and possibly in electronic form as well.

Name of Participant: _____

Signature of person who sought consent: _____

Name of person who sought consent: _____

Signatures of principal researchers: _____

Date: _____

APPENDIX C: Interview Schedule

Demographic information

- How old are you?
- What is your marital status?
- What is your educational level?
- Gender?

Introduction

- Can you please tell me a bit about yourself and your child with dyslexia?

Understanding Dyslexia:

- Have you heard of the term dyslexia?
- Can you describe any challenges you faced in understanding your child's difficulties and how it affects your child's learning?

Emotional Effects:

- Please share your emotions related to supporting your child? Can you describe any specific challenges or situations that have had a significant impact on you and your child?

Support System:

- What kind of support have you received from family, friends, or support groups in relation to your child's learning difficulties?

Dealing with Challenges:

- What resources or information have you found most helpful when facing challenges related to your child's dyslexia?

Personal Growth:

- How has your journey as a parent of a child with dyslexia influenced your personal growth or perspectives?

Future Hopes:

- What are your hopes and aspirations for your child's future, both academically and personally?

APPENDIX D: Language Editor's Certificate

THE NATIONAL UNIVERSITY OF LESOTHO

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PACVE. OP BDVCATIOR

27 October 2024

The Supervisor
Department of Social Development
Faculty of Humanities
University of Cape Town

Dear Supervisor

Re: proof of language editing

This letter proves that I read and edited Nt'sepase Mahao's dissertation titled: Exploring the Experiences of Parents' Involvement in Supporting Children with Dyslexia in Maseru, Lesotho.

Sincerely,

Mahao Mahao (PhD)
Department of Language and Social Education
Faculty of Education,
National University of Lesotho
Cell no: +266 58730927
Email: mahaomahao05@gmail.com

