

**DEMOGRAPHIC FACTORS, PARENTING STYLES AND SOCIAL
EMOTIONAL DEVELOPMENT; A CASE OF UGANDA SCHOOL
FOR THE DEAF, KAMPALA CAPITAL CITY UGANDA**

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**MASTER OF SCIENCE
(Counseling Psychology)**

SEPTEMBER, 2019

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A Thesis Submitted to the School of Graduate Studies in Partial Fulfilment of the
Requirements for the Degree of Masters of Science in Counseling Psychology of
Bugema University

SEPTEMBER, 2019

ACCEPTANCE SHEET

This thesis entitled “prepared and submitted by **NABACHWA BETTIE**, in partial fulfillment of the requirement of a **MASTER OF SCIENCE IN COUNSELLING PSYCHOLOGY** is hereby accepted.

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DECLARATION

I **NABACHWA BETTIE**, declare that I am the author of this thesis. It has not been submitted wholly or in parts for other awards or qualifications to any other University or Institute for higher learning. Where other people's work was cited, they have dully been acknowledged.

DEDICATION

This thesis is dedicated to my husband Mr. Kijjambu .Amos, thank you for educating me and the tireless support that you give me each day, to my children; Daniela, Darlene, Davina, Daniel and baby David thanks for all your prayers and enduring with my absence; to my family, classmates especially Edith Nakigudde thanks for all the encouragement but most of all I thank the almighty God for making me successful.

May you all benefit from this thesis thanks.

BIOGRAPHICAL SKETCH

NABACHWA BETTIE, A is the author of this book. She is born to Mr. Kiwanuka David and Mrs. Kiwanuka Teddie on 22 January 1983 at old Kampala suburb in Kampala capital city.

She studied primary one to seven at Kireka SDA primary school where she sat for her primary leaving examination. She joined Bugema Secondary School where she sat for her Uganda Certificate of Education and Uganda Advanced Certificate of Education. In 2002 she joined Bugema University where she attained a Bachelors of Social Work and Social Administration. She worked with Kids of Africa as a social Worker and Royal Finance Limited as a Loans officer.

In 2017 she joined Bugema University in the school of Graduate Studies and she is to graduate with a Master of Science in counseling psychology (MSC) in November 2019.

ACKNOWLEDGEMENT

I take this opportunity to thank my dear husband Mr. Kijjambu Amos for happily introducing me to this program and timely financing this master programme from the beginning to the end. I would like to also appreciate the graduate school management of Bugema University but most of all my lecturers who rendered all their support to me whenever I needed it they include the dean of graduate school Dr. Rossete Kabuye, Dr. Frank Pio Kiyingi, Dr. Kizza Stephen, Mrs. Obbo Jovent.K., Mrs. Matoya Ruth, Dr Mukasa Paul and Mr. Muwanga E.

May God bless you all.

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LIST OF ACRONYMS

SED	Social Emotional Development
WHO	World Health Organization
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic Health Survey
USD	Uganda School for the Deaf
PTA	Parents Teachers Association

ABSTRACT

NABACHWA BETTIE, School of Graduate studies, Bugema University, Kampala Uganda October 2019, **DEMOGRAPHIC FACTORS, PARENTING STYLES and SOCIAL EMOTIONAL DEVELOPMENT AMONG THE DEAF CHILDREN ATTENDING UGANDA SCHOOL FOR THE DEAF KAMPALA UGANDA.**

Advisor: **Frank Pio Kiyingi Ph.D.**

The aim was to determine the main demographic factor, parenting styles and social emotional development and objectives of the study was conducted to investigate the demographic factors, to the type of parenting styles, to determine the level of social emotional development and to establish the relationship of Demographic Factors, Parenting Styles and Social emotional Development among the deaf children attending Uganda School for the Deaf.

This study employed the following methods included a face to face questionnaire was used to carry out an interview towards the respondents and this lead to the quantitative data collection and the key informants were interviewed leading to qualitative data. The statistical package for social scientist was used to analyze data, chi square was used to find the relationship between demographic factors, parenting styles and social emotional development and the multi linear egression was used to find out the major causes of social emotional development among

The study employed a descriptive, and crosssectional design with a census of 74 pupils from primary 5-primary 7, data was collected using interview guide, key informants data was analyzed and presented in form of tables in frequencies, percentages, mean, standard deviation and p values and chi-square analysis.

The study found out that there were more females 66.2% and children above 12 years were 45.9%. The age of the child with p value 0.021, authoritative 0.035 and uninvolved 0.045 birth order had p value of 0.08 70.31, number of children 0.201 and authoritarian had a p value of 0.136. A high percentage of low social emotional development (63.5%) was found out among the deaf children attending Uganda School for the Deaf. The following variables were statistically significant child age $p=0.002$, birth order $p=0.025$ authoritative parenting style $p=0.008$, permissive parenting style $p=0.0338$ and uninvolved parenting style $p=0.019$.

CHAPTER ONE

INTRODUCTION

Background of the study

Social emotional development (SED) well-being is linked to a sense of self, feelings about relationship with others and feelings about treatment by other people. Hence it has the description of what is considered to be normal or unusual behavior. SED is, therefore, about the way people interact with other people.

It is during the early stages that a child develops socially and emotionally, the child experiences temper tantrums, mood swings. As the world around the child expands socially, children get to learn more about own feelings and other people's feelings. Having positive social and emotional skills is important throughout life and can have an impact on how one function at school, home, and community. When children have challenges in learners social emotions it may impact on their success in healthy relationships, school and life (Cherry, 2018).

SED consists of the skills that a child develops to interact with others. SED was described in the eight stages of Erik Erickson who believed that a person develops in a series of eight stages over a life time. In each stage one must overcome a psychological conflict which helps to form one's identity (Erikson, 1964; Gregory, 2017) and Cherry,(2018).

The problem of low SED is wide spread. It affects both highly developed countries and under developed countries and particularly affects children with hearing impairments (Mohamed, 2016; Felingeri 2009; VanEldik et al, 2004).

Felingeri (2009) states that the lack of hearing impaired children are more prone to poor psychosocial development. In Europe it is estimated that deaf children suffering

from social emotional problems are between 9.5-14.2% which has impacted the child's functioning development.

The problem is widely spread in Chinese for instance Chinese Ministry of Education in partnership with United Nations Children's Fund, launched and prioritized the first national childhood development programmes and since 2010 the Chinese government has increased the financial investments in order to build early social emotional development in children from 36.1 billion Yuan (5.3 billion dollars) to 90.3 billion Yuan (30.3 billion dollars).

Similarly a study in Southern Africa noted that deaf children in low and middle income countries are at risk for problems in the cognitive, social and behavioral development (Dowdall, 2007). In sub-Saharan Africa which includes Uganda the prevalence of hearing loss among children is 34 million (WHO, 2018)

A study in Uganda showed that 22 % cases of deaf children had psychological issues which are caused by poor social emotional development that were recognized by primary health workers (Ministry of health, 2017). Furthermore, the UDHS (2016) shows that 48.4% of the deaf children had social emotional problems. Similarly a study about participation levels of children with special needs found out that 57.5 % deaf children needed social and emotional development (Mwakwasa, 2018). This indicates a high percentage of low Social emotional development among deaf children in Uganda.

The Low SED situation is attributable to various factors .They include; relationship with adults; parenting styles, the environment around the deaf child ,lack of cognitive stimulation, severe and persistent aggression in early childhood, child neglect, abandonment and isolation (Fellingneri,2009; Dawdall,2007; Marschark,1997; Janice,2003; Mourns et al,2007 and Warren and Brady,2007).

The literature generally shows that demographic factors and parenting styles highly contribute to low SED among deaf children. The literature further shows that SED among deaf children is understudied (Nandege, 2014). Most of the literature on the relationship between demographic factors, parenting styles and SED was, however, quite out dated, gathered in settings quite different from the Ugandan setting, and some of it was theoretical. This rendered the existing literature inadequate to explain the relationship between demographic factors, parenting styles and SED among deaf children in the Ugandan setting. Yet systematically collected information was needed by different stakeholders to address the problem of SED among the deaf children in Uganda.

In view of the gaps identified in the in the existing literature on the relationship between demographic factors, parenting styles and SED, the researcher suggested a study on the relationship between demographic factors, parenting styles and SED to fill the identified gaps.

Statement of the Problem

There is a problem of low SED among children with hearing impairment (Uganda School for the deaf, 2018, Ministry of Health, 2017; UDHS, 2016; Mwakwasa, 2018).

The relationship between demographic factors, parenting styles and SED among the deaf children is adequately studied in Uganda (Felingeri,2009; Dawdall,2007; Janice,2009; Warren and Brand,2007 and Nandege,2014).

The study attempted to establish the relationship between demographic factors, parenting styles and SED a case of Uganda School for the deaf, Kampala capital city, Uganda.

The study will be useful to different stakeholders including; parents, special needs schools, the Ministry of Education and Sports, who may need such information for developing programmes and parenting practices that can improve SED among children with hearing impairment.

Research Questions

1. What are the main demographic factors among the deaf children attending Uganda School for the deaf?
2. What are the main types of parenting styles among the deaf children attending Uganda School for the deaf?
3. What is the level of social emotional development among the deaf children attending Uganda School for the deaf?
4. Is there a significant relationship between demographic factors, parenting styles and social emotional development among the deaf children attending Uganda School for the deaf?

General Objective of the Study

To determine the main demographic factors, parenting styles and social emotional development among the deaf children at Uganda School for the deaf.

Specific Objectives of the Study

1. To investigate the main demographic factors among the deaf children attending Uganda the deaf.
2. To investigate the main type of parenting styles among the deaf children attending Uganda School for the deaf.
3. To determine the level of social and emotional development among the deaf children attending Uganda school for the deaf.

4. To establish the relationship between demographic factors, parenting styles and the social emotional development among the deaf children attending Uganda School for the deaf.

Hypothesis

The researcher tested the following hypothesis:

There is no significant relationship between demographic factors, parenting styles and social emotional development among the deaf children attending Uganda School for the deaf.

Significance of the Study

To the government; the findings of the study may inform Government (Ministry of Gender and Labor and Social Development and Ministry of Education and Sports) about the factors related SED, especially among the deaf children, who are a vulnerable group

To parents, community members care providers and special needs education schools; the study findings will help them to improve the parenting styles particularly affecting deaf children as social emotional development is created at an early age..

To the academia and researchers this research will will act as basine information for future research in the area of demographic factors, parenting styles and social emotional development among deaf children.

Scope of the Study

The study was about the SED of deaf children attending primary at Uganda School it investigated demographic factors, parenting styles and social emotional development with focus on both the male and female students in primary five, six and

seven. Geographically the scope of the study was Uganda School for the deaf which was found in the urban town known as Ntinda and it is 5 kilometers from Kampala city.

Locale of the study

The researchers choose Uganda School for the deaf because it was the model school for the deaf children in Uganda, owned by the community and that is funded by the government. Geographically the scope of the study was Uganda School for the deaf which was found in the urban town known as Ntinda and it is 5 kilometers from Kampala city.

Limitations of the Study

During study the researcher used the cross sectional design whereby data was collected among deaf children at a given time, therefore cannot be so much reliable in future due to other factors that can affect that child at that very moment like mood swings, however the design was able to collect much data about the study at that time by using multiple methods namely questionnaire survey, Interview and observation

The instrument used like the questionnaire only capture socially acceptable behaviors therefore the researcher included the other instruments of interview guides in order to limit the gaps in the findings.

The study focused on the primary five, primary six and primary seven deaf children with social emotional development yet there are children who are hard of hearing with social emotional development.

Theoretical Framework

Attachment Theory

The study was guided by two theories the attachment theory which has been proven useful in understanding family functioning associated with having and nurturing of children with or without physical disabilities, chronic illness and other disabilities (Kazak, 1989). This theory states that strong emotional relationship between two people, characterized by mutual affection and a desire to maintain proximity. It highlights the need of children to form attachments to several adults during the early months and years and suggests that failure to do so may have a long life effect on the healthy social and emotional development. For example children who are securely attached as infants tend to develop stronger self -esteem and better resilience. These children also tend to be more independent, perform better in school, and have successful social relationships and experience less depression and anxiety

Diana Baumrind's Theory of Parenting Styles

This study was mainly guided by the pillar theory developed by Diana Baumrind (1961-1971) after observing the children's behaviors and concluded that there were three major parenting styles. The parenting styles included authoritative, authoritarian and permissive styles. Theory helps us to understand the relationship between basic parenting styles and the behaviors of the children. Some children get secure attachment and others insecure attachment towards the parents and guardians. Later Maccoby and Martin (1983) expanded the pillar theory in two different types using a two dimension framework and the fourth style of parenting was added to the pillar theory which is uninvolved parenting style.

David (2010) states that the way children behave reflects the parenting styles that were used by the parents or guardians, for example children with authoritative parents turned out to be independent, have a good self-esteem due to the parent's being warm and responsiveness towards the child. The authoritarian parenting style turns the child to be insecure, less independent, low self-esteem, behavioral challenges among others due to the parent's being unresponsive, so demanding even where it was not necessary.

Some deaf children turn out to be unruly, have problematic relationships and social interactions among others due to the permissiveness of the parents. Lastly other deaf children end up having behavioral problems, law breakers, sad and depressed because parents are indifferent from the children and may suffer from mental illness (Barnowet, 2002).

Attachment theory was based on the attachment of the child to the parents where by the child feels secure when in good touch with the parents hence grows up to make own decisions and when the child is detached from the parents insecurity becomes the outcome hence the child cannot make own decisions while the pillar theory is based on the parenting style and they both lead to the behavioral outcomes which determine the social emotional development of the child.

Conceptual Framework

The conceptual frame work was based on attachment theory and Pillar theory which shows the importance of close, good relationships between the child and adult people. The conceptual framework diagrammatically elaborates the relationship between the independent variables which are demographic factors and parenting styles and the dependent variable which is social emotional development among the deaf pupils of Uganda School for the deaf.

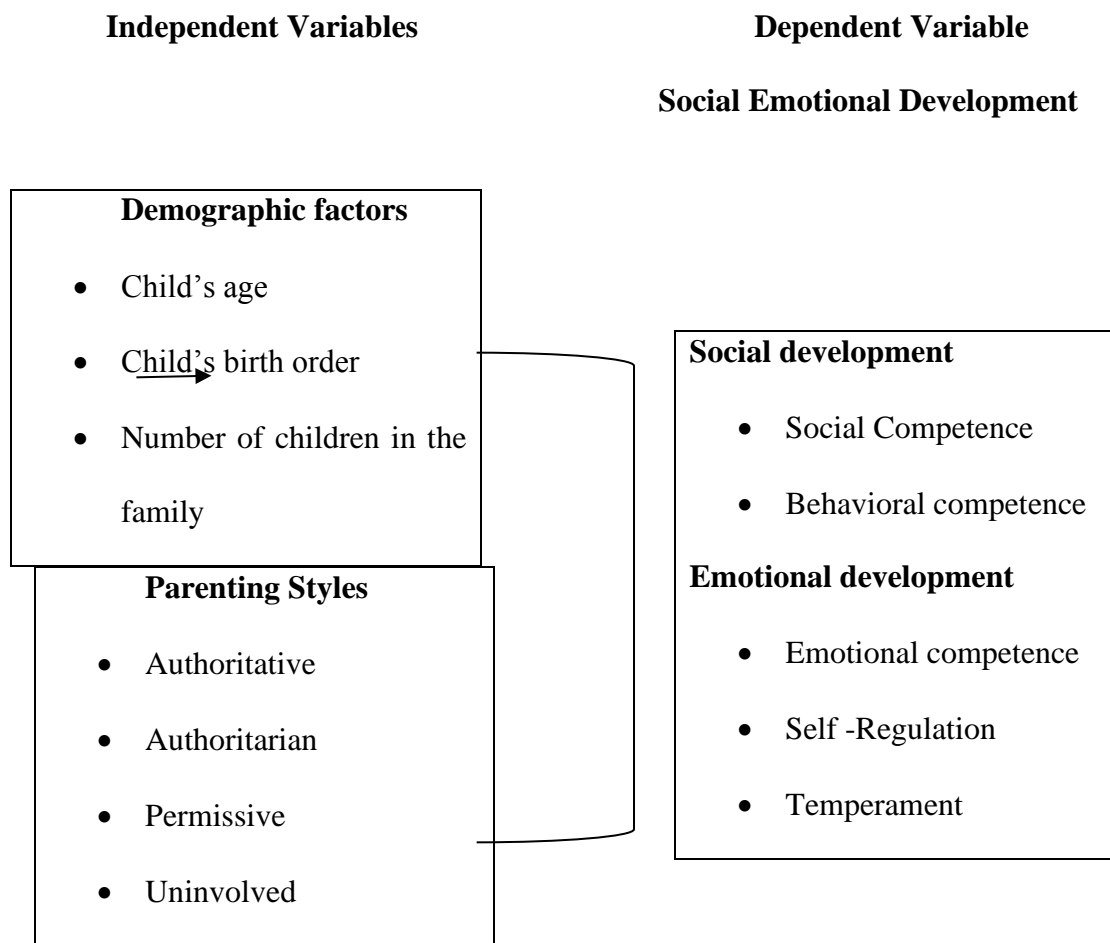


Figure 1: Conceptual Framework

Operational Definition of Terms

Parenting styles: In the context of the study refers to; authoritative parenting style, authoritarian parenting style, permissive parenting style and uninvolved parenting style.

Authoritative Parenting Style

This refers to the style of parenting where by the parents help the child to understand the impact of behavior by encouraging the child to discuss about the results

of their actions/behaviors. Parents here use positive disciplining actions. For example, my parents make reasonable demands in every activity, parents express warmth and affection in everyday life. It was measured by the four likert scale. 1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree.

Authoritarian Parenting Style

In this kind of style the parent just doesn't listen to the child especially when the child has done something unpleasant, he just explodes slap abuse the child therefore he is verbally hostile and physically abusive. Parents make the rules. For example I am always self-controlled and I resist disruptive acts and I value my life .It was measured by the four likert scale.1 = strongly disagree, 2 = disagree, 3 = agree 4 = strongly agree.

Permissive Parenting Style

It refers to the kind of parent who doesn't care whether the child does something wrong or correct it's like he didn't see anything so the child does all that it feels he wants to do. Parents here behave more like friends to their children than parents. For example, my parents accept whatever children do, children eat and sleep any time, are uncontrolled. It was measured by the four point likertscale.1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree.

Uninvolved Parenting Style

This style of parenting involves parents who do not spend time with her child. For example, my parents have little time to spare for their children, have little interest in their children's life at school, have little commitment to care for their children. It was measured by the four point Likert scale. 1=strongly disagree, 2 = disagree, 3=agree, 4=strongly agree.

Social Emotional Development

Social emotional development well-being is linked to a sense of self, feelings about relationship with others and feelings about treatment by other people and hence it has the description of what is considered to be normal or unusual behavior. In the context of the study it refers to; behavioural competence, social competence, emotional competence, self-regulation and temperament.

Social Competence

The degree in which children are effective in their social interactions with others, including making and sustaining social connections, having cooperative skills and flexibility .It was measured by the four point Likertscale.1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree and observation for example seeing how a child plays with others.

Emotional Competence

This is the ability to understand the emotions of self and others, read emotions and know how to react to other people's emotions as well as regulate his own emotions and lastly has got to understand his emotions. It was measured by the binary nominal scale.

Self -Regulation

Self -regulation could also be called self-control and it refers to the ability of the child to focus attention, manage emotions and control behaviors. It was measured by the binary nominal scale.

Behavioral Competence

This refers to the behaviors of the child which are unusual to other people. It was measured by the binary nominal scale.

Child Age

This refers to the years that the child has and it was measured using interval scale for example, how old are you? 9- 11,12- 14, 14 above.

Child Birth Order

This refers to the position of the child among the siblings. It was measured using the nominal scale. First born, Middle born, last born and only child.

Number of Children in the Family

This refers to the number of children in the family. It was measured by the interval scale. For example, 2-4, 5-7, 8+ children.

Temperament

This refers to a person's nature which permanently affects the person's behavior. For example I have strong sense of what is fair. It was measured by using binary nominal scale. 1=yes and 2=No.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter presents related literature review on demographic factors, parenting styles and social emotional development among deaf children. It explains the demographic factors and styles of parenting and how they influence the social emotional development of deaf children attending Uganda School for the deaf.

This chapter is composed basing on available information got from journals, internet, and research. It is in this very chapter that the related literature was analyzed and gaps were identified which gave a cause to carry out this research.

Social Emotional Development

Social emotional development is the way children feel about themselves and how they relate to others like their friends parents and grandparents among others. It involves self-regulation and children learn behaviors from the immediate people that are close to them like parents caregivers among others. If children have good social emotional development they can easily manage their feelings. If not these children cannot learn and they get problems that interfere with relationships with other people (Lucille, 2018).

It is easy to see that our children are developing physically but what about socially and emotionally which needs to be developed just like the physical development (Cherry, 2018). According to Linda (2018), healthy social and emotional development is the key to a successful life but there are challenges to this goal when it comes to deaf children and families, schools and the environment surrounding the deaf child are very instrumental in promoting healthy social and emotional development.

Understanding social situations and emotional experiences may depend on conversations within the family and beyond (Gregory, 2017).

Cherry (2018), Linda (2018) and Gregory (2017) presented children's emotional needs as essential component in social emotional development but did not show the connection between SED and demographic factors and parenting styles among the deaf which left a gap that the study seeks to address. Having positive social and emotional skills is important throughout life and can have an impact on how they function at home, school and community. When young children are faced with social, emotional or behavioral challenges it can impact the chances for school success and healthy relationship.

According to the Uganda integrated early childhood development policy (2013), Uganda recognizes that early childhood development is a vital period for ensuring proper physiological growth since Uganda has the second youngest population in the world with 48,7% of the population under 15 years of age and about 55.3% below 18 years .Children with social emotional difficulties are who for a long period of time show behavioral problems of a particular age and this definitely affects the child's growth or the lives of others and their characteristics include the following. Child cannot maintain interpersonal relationship, child has different behaviors or feelings, child fears interacting with other peers, and child has a bad mood or depression (Kisitu, 2011).

Child's Birth Order and Social Emotional Development

The first born deaf child of recently young married parents is in a very different position to a child with the same kind of special need born to older parents who already have several other children. The young couple is likely to experience higher levels of stress and have more difficulties in coping than the more established family (Williams, 1988). Additionally, Bell (2004) found out that a young family with a hearing impaired

child experience higher levels of stress and have more difficulties in coping than the larger and more established family.

A study from the British Social Attitudes Survey, on public perception of Disabled people stated that the older the person the more likely they are to report comfort with children who suffer from impairments (Staniland, 2009). In addition Forer (1999) stated that young parents are usually more tense and anxious when the first child is born than they are when other children are born. This was because they are uncertain of their ability to care for a child, but as they grow older and gain experience they overcome the uncertainty.

Williams(1988), Bell(2004), Staniland (2009) and Forer (1999) all agree that the deaf child's birth order can cause stress and anxiety in young couples especially when the deaf child is the first born than in older couples hence this causes social emotional development among the deaf child due to lack of experience in child nurturing . William (1988), Bell (2004) Staniland (2009) and Forer (1999) compared the parent's age, child's birth order and social emotional development among the deaf children which left a gap of not addressing demographic factors and parenting styles that contribute towards SED of the deaf children.

Number of Children in the Family and Social Emotional Development

Cancian, Slack &Yang (2010) states that the higher the number of children in a family, the higher the need for stabilized financial economy and yet economic hardships adversely impact the physical psychological well-being of both children and parents. additionally, economic hardships also cause child abuse (Cancian, Slack &Yang, 2010). Usually children with hearing impairment are often considered a tragedy and economically unfair to give equal state of resources more so family support is vital to the outcome for children who are hearing impaired. This is because children rely upon

the parents and sibling's guidance through proper child growth and development (Cancian et al, 2010). Further still according to Muderedz (2006), the birth of a child with special needs is often considered a tragedy. The child with special needs usually needs more care and may not be considered to have the potential for self-support let alone the older generation in the future. Canician (2010) and Muderedz (2006) agree that children with hearing impairment require additional supportive efforts ensuring the needs of the child are met and the needs of the entire family. This became a big challenge where the family is large which leads to social emotional development this creates a gap because Canician (2010) and Muderedz (2006) studied that the number of children could lead to social emotional development without considering the parenting style that was being used and the demographic factors researcher intends to find out the main parenting styles that are used by the deaf children's parents.

In communities that are in developing countries, children with special needs may be excluded even further, where there are limited resources are seen parents become economically irresponsible to give an equal share of resources to a child with special needs who is perceived as unlikely to be able to provide for the family in the future (Jahoda & Warren, 1966).

In other cases children with special needs often get last access to food and other basic resources. When children with special needs get ill, they are often not given treatment but left to the "hand of God". The deaf children are less likely to be sent to school for fear that they will not cope (Cancian et al, 2010). Additionally Maina (2007) studied problems facing learners with special needs in accessing education", stated that it is relatively a hard task for parents with low income to support their families and provide for the expenses required by children with special needs. Most parents still believe that children with special needs cannot learn like „normal“ children and

therefore educating them is a waste of resources. Since Jahoda (1966), Maina (2007) and Cancian (2010) compared the number of children in the family, economic status and social emotional development, a gap was created because the study never considered the parental styles and social emotional development towards children with hearing impairment.

Child's Age and Social Emotional Development

According to Sickkids (2011), during the school age that a child continues to grow socially and emotionally. Since social emotional development was the ability to express, manage and control feelings, then we as adults need to monitor every age of our children especially when they are approaching adolescence. It was during this time that peer friendship becomes important, the deaf child developed a growing sense of independence hence confidence therefore if not guided then social emotional development could be lost. Further still Lucille (2018) stated that a child starts to develop socially and emotionally right from birth onwards. Sickkids (2011) and Lucille (2018) studied that relationship between social emotional development and the age of the child which left a gap of not studying about parental styles which the current researcher found necessary to be addressed.

Types of Parenting Styles and SED

Parenting Styles

These are categorized based on two dimensions; the first is demandingness whereby it refers to the extent which parents control the children's behavior and secondly responsiveness which refers to the degree parents accept and be sensitive the children's emotional and social developmental needs.

Authoritarian Parenting Style

This was the kind of parenting style that the parent tends to have his own rules and the children just follow the parents' rules/demands, parents do not consider the feelings of the children and the children cannot make their own choices (Army, 2019). More so in the authoritarian parenting style obedience and respect are demanded, and punishments are endorsed while verbal interactions are not encouraged. According to Dinwiddie (1995) parents with authoritarian parenting style show little or no affection towards their children. Further still (Maryann, 2009) agrees that there was no parent child relationship in the authoritarian parenting style hence the parent relays mostly on punishments which caused low self-esteem, therefore children in this style of parenting usually misbehave when not in the presence of the parents. Maryann (2009) and Amy (2019) did not show how authoritarian parenting styles relate with children's social emotional development hence leave a gap which the researcher intended to study.

Again due to lack of attachment children of authoritarian parents are at a higher risk of developmental self-esteem problems rather than thinking of how to overcome a problem they focus on own anger towards the parents hence they become good liars which was a behavioral problem (Amy,2019). This child that had experienced authoritarian style tends to develop behavioral problems as mentioned above which could lead to being someone who does not keep law and order hence lacks social competence and has behavioral problems(Maryann, 2009). The researcher above studied about parenting styles with social emotional problems and in this study the researcher studied the social emotional development of the deaf children not hearing children as the researcher did above.

Adding to the above statement clearly showed that children of authoritarian parent are at a risk of developing self-esteem problems because the opinions are not valued not only that children may become aggressive hence had a negative effect on

the social and emotional development therefore the child's confidence was tempered with comparing the deaf children there language was not known by everyone therefore some people think that the deaf children do not make decisions hence do not value the opinions which lead to losing the confidence (Amy,2018). More so according to Dewar (2017) authoritarian parenting style was all about being strict and all it requires was that a child should be obedient, good behaved without questioning the parent therefore the child does not bond with the parents hence growing up in a stressful environment. According to the Army (2018) and Dewar (2017) the studies compared communication and social emotional development and study about the relationship between demographic factors a, parenting styles and social emotional development .Parents are a key factor in socialization of children but unfortunately 90% of the deaf children are born to hearing parents and are the very first people that the child communicates to at an early age.

As known that exclusion from communication can have a significant impact on everyday life, causing feelings of loneliness, isolation and frustration (WHO, 2018). This lead to behavioral problems, social incompetence among others hence lack of social emotional development. Therefore according to WHO (2018) relationships are formed organized and collaborated through interactions between an attachment figure and the child. The parent –child codetermination process establishes the relationship in infancy stage which expands to preschool and yet the researcher intends to study the relationship of demographic factors, parental styles and social emotional development not the parent – child process.

Authoritative Parenting

In this style of parenting the parent keeps on explaining his rules at the same time hence showing the children that parents are in charge of the situations that

surround the home and, they value the children's opinions, feelings and use positive discipline strategies (Army, 2019). More so Mensah and Kuranchie (2013) state that authoritative parenting provides a positive emotional climate for the children to promote autonomy, support, assertiveness and individuality. The researchers above looked at only the parents and the environment around the child how it led to social emotional development. More so Ingersoll (1989) noted that authoritative parents created a home that has a loving environment.

Further still according to Bianca (2013) agrees with the above scholar that authoritative parenting was the style that parents need to use for normal children although argues that there is not one style of parenting that parents use in order to parent the children, all children who had gone through such parenting style had turned out to being responsible citizens who can express themselves clearly and make good decisions and can easily evaluate the risks in life. Army (2019), Menshan (2013) and Bianca (2013) agree that the parents here create a good environment for the children hence making good future citizens. This leaves a gap because the study left out demographic factors that surround the child.

According to Guralnick (2011), offered a developmental systems approach to describe the role of early parent child relationship which was in line with authoritative parenting style. Guralnick stated that developmental support take place in the everyday activities of normal family life and if a child is interacted during that time, develops problems then the success of parental encouragement depends on the ability of parents to accommodate the child's unique special needs. Hence this style of parenting helps the child to get affection which leads to positive social emotional development.

More still Katherine (2018) Bianca (2013) and Guralnic (2011) agreed that authoritative parenting was the best option because according to Katherine (2018),

Diana Baumrid (1967) wrote a ground breaking paper based on parenting styles and stated that this kind of approach leads to the best outcomes in children which include better emotional health, social skills, resiliency, which are developed due to the parents responsive, warm and listening character towards their children. Therefore Katherine (2018) and Guralnic (2011) studied that authoritative parents are warm and they are responsive to the children hence authoritative was the best but this leaves a gap of finding out the major or main parenting styles that are among deaf children and the demographic factors that led to social emotional development hence leaving a gap.

Permissive Parenting Style

If a parent rarely interferes in the child's life and does not enforce the home rules and does not give consequences to the child's behaviors then the parent is lenient. The parents in this style of parenting behave more friendly than being parents towards the children, if the child was given punishments and the child begs to be forgiven then the parent forgave the child, the parents did not guide the children in making choices (Amy, 2018). It was to this very cause that the deaf children failed to master social emotional development since they cannot overcome the psychological problems at that particular age which affects the future success.

In support to the above statement, Erikson (1964) also believed and stated that if an individual fails to achieve a balance during each stage, their self-concept can be affected later in life therefore social interactions acquired throughout childhood help shape a child's identity which is important because a competent sense of self is critical to developing appropriate skills that underlie a person's behavior as well as their achievement in life.

Therefore Erikson (1964) and Army (2018) studied that permissive parenting style does not promote healthy social and emotional behavioral adjustment among the

deaf children hence a low social and emotional development amongst the little ones which affects the deaf children in the future because the child end up losing trust (Campbell,1998).The two authors above agree that problematic behavior may be considered as inappropriate behaviors that children adopt these can include social withdrawals, anxiety, roughness among others yet such behaviors demonstrate the lack of social emotional development. This leaves a gap to study the demographic factors that cause social emotional development among deaf children.

Uninvolved Parenting Style

Army (2019) states that this style of parenting involves parents who do not spend time with her child, she doesn't know whether her child has homework, and even if the child spends five hours missing from home, hence there was little guidance from parent and nurturing is poor. Children develop low self-esteem, are not happy, frequent behavioral problems because parents were never involved in their lives. According to Bianca (2013) Uninvolved parenting style was the favorite style for children because the child had freedom yet it has long term damaging effects like poor social skills insecurity, self-centeredness. Such children in this kind of family are most likely to have many behavioral problems like not following rules and regulations of a particular place, low self-esteem and may have sadness or depression.

The parents here combine low levels of warmth and control, little interest in being a parent and since they are not demanding yet these young ones are highly dependent on parents (Barnowet et al., 2002). Then this emphasizes that the children are most likely to get depressed and develop other behavioral problems.

In addition Barnow et al., (2002) further describes uninvolved parents as parents that are indifferent to the children , tend to have depression, mentally ill, and are portraying childhood memories hence hurting own children which leads to the loss of

affection, friendship and humor among others. Such kind of parents hinder social competencies that reflect children's social skills and ability which includes the ability to treat others equally, interact with peer positively, listen and initiate conversations. At this stage the child should engage in social problem solving and also understand other people as well but all this is got after the child was nurtured by his parents/guardian.

Behavioral Competence

In behavioral competence of the deaf children would have reacted in similar ways of the hearing children but the deaf child limits communication and focus due to the language barrier with the people around hence causing the people to label the child rebellious (Meerum,2004). Rieffie (2004) additionally stated that when there is inadequate communication and low self esteem this causes long term effects among the deaf children. Behavior and low self esteem go hand in hand and lead to low social emotional development. Theunissen et al., (2014) concluded that the children in special needs showed more behavioral problems than the children in main stream education. Meerum and Riefee (2004), Theunissen et al, (2014) studied about behavioral competence comparing it to communication, the different types of education respectively which left a gap of not studying demographic factors ,parenting styles that lead to social emotional development.

Temperament

Thomas (1990) referred temperament as a quality that is biological among individuals, it does not change as the individual grows. If parents observe and determine their child having high activity levels then the child would be considered as having a difficult temperament this affects the social emotional development (Koester &Meadow-Orlaans,1990). Thus temperaments are two types which are determined by observation. Thomas (1990) and Koester (1990) studied about temperament of a deaf

child and the parent this leaves a gap of not studying demographic factors and parenting styles that lead to social emotional development.

Social Competence

A study comparing social competence and language was carried out and found out that younger deaf children displayed lower levels of social competence than young hearing children of the same age category. Gesham & Elliot (1990) state that social competence includes one being able to express emotions and be self controlled. Further still Xie YH et al (2014) carried out a study of inclusive education between the deaf children and hearing children found out that deaf children had difficulties in communicating and maintaining interactions with the hearing children which affected their social competence. Gesham & Elliot (1990) and Xie YH (2014) compared social competence with language development and inclusive education which left a gap of studying social competence, demographic factors and parenting styles

Emotional Competence

For an individual to interact with others properly, there is need to control the emotions .further still a study carried out by Liezt et al., (2013) revealed that deaf children found it difficult to know how to control emotions. Additionally Rieffe (2012) compared the deaf and hearing children's understanding of their own emotions and later found out that deaf children's emotions were less effective than those of hearing children. Leizt et al., (2013) and Rieffe (2012) studied emotions and how to understand own emotions which leaves a gap for the researcher to study about emotions, demographic factors and social emotional development.

Self Regulation

Self regulation is an important factor for success in studies at school but due to other reasons it is compromised in children who are deaf (Nelson, 2016). According to

Diamond (2011) states that individuals who are effectively self regulating utilize executive functions.

Summary of Reviewed Literature and Identified Gaps

In the literature reviewed there are knowledge gaps about the influence of parenting styles on the social emotional development among the deaf children.

Theoretically the pillar theory (1971) or Burmird theory talked about three parental styles which include authoritarian style, authoritative style and permissive style which was later modified by Mckobie (1983) who addressed by giving the uninvolved parenting style all of which left a gap of not connecting to social emotional development of the deaf child.

Geographically the past researchers the unit of analysis was in developed countries one and now the researcher's unit of analysis is in developing country Uganda which compromises the situations which fall under the study that was done. In Southern Africa noted that children in low and middle income countries are at risk for problems in the cognitive, social and behavioral development factors such as lack of cognitive stimulation, harsh parenting practices and severe, persistent aggression in early childhood are central to the genesis of the problem (Dowdall, 2007).

Methodologically the past researchers used longitudinal designs for the studies about social emotional development Gregory (2017) and Cherry (2018)

Although widely spread little data had been set aside about the deaf people regarding social emotional development. Furthermore all studies which have been carried out on social emotional development none of them studied demographic factors, parenting styles and social emotional development among the deaf children at Uganda school for the deaf.

CHAPTER THREE

METHODOLOGY

The chapter focuses on the research design the researcher used, the location of the study, population, sample size and sampling procedures. It explains the development of research instruments, how these would be tested and used, the reliability and the validity. It also gives an account to of data collection researcher.

Research Design

The study design was a case study design because it was a study of real life situation and it used both qualitative and quantitative research approaches. The quantitative approach was used to analyze the deaf children responses in a questionnaire with the help of an interpreter while qualitative approach was used for key informants' interview responses of the teachers.. The major strength was that it used multiple sources of data and data collection techniques. This helped the researcher to triangulate data in order to strengthen the findings. It used chi square and descriptive design because the researcher wanted to find out the relationship between the variables. Therefore, the researcher used the following data tools were questionnaire, interview guide and observation checklist.

Locale of the Study

The study was carried out at Uganda school for the deaf which was found in the town of Ntinda and its located in the Ntinda parish, Nakawa sub county Kampala capital city. It was a government funded boarding school for the deaf and deaf blind children. It has a good road network and the school provides vocational studies for the children who are deaf the school also includes vocational studies like carpentry, tailoring, home science. The researcher chose Uganda school for the deaf because it

was one of the oldest model school for the deaf children in Uganda and it had deaf children from Uganda (school annual report 2018) pointed that, over 65% of deaf children experience social emotional problems.

Study Population

The researcher's study population was total population is 207 children (as by the Uganda school of the deaf term one report 2019). This is the total population of the deaf children found at Uganda school for the deaf.

Target Population

The target population of the study was comprised of the deaf children in primary 5 (26), primary 6 (25) primary 7 (23) at Uganda School for the deaf and the parents, teachers, headmaster, school nurse and matrons of the school because of their experience and knowledge about deaf children. The target population was 74 pupils (children) and thirteen categories of key informants (Uganda School for the Deaf registration List 2019).

Sample Size

The sample size was comprised of 74 deaf children from primary 5 (26), Primary 6 (25) and Primary 7 (23) who were the primary targets from Uganda School for the deaf. The target people were special in relation to the study and could express themselves well through sign language and the secondary target were the 3 parents, 3 teachers, the headmaster, school nurse, 1 volunteer and 2 non teaching staff. The key informants were chosen because of their knowledge and experience of working among deaf children using purposive sampling basing on Creswell, (1998) who stated that 5-25 people can reach the circulation.

Sampling Procedure

The study used Census sampling to select the 74 deaf children attending Uganda School for the deaf. This is because the entire target population is less than 100 children. This was done by getting the total number of children from primary 5-primary 7 because the children in these upper classes could express themselves better. The purposive sampling was used to identify 10 key informants these included:- the head master, 3 teachers, school nurse,3 parents, 1 volunteer and 2 non teaching staff.

Data Collection Methods

The researcher carried out the study for five months and used the following methods for the study survey questionnaire, interview and observation.

Questionnaire Survey

The researcher used the survey questionnaire as one of the methods for collecting quantitative data and according to Mugenda & Mugenda, (1999) questionnaires collect detailed data to complex questions, the questionnaires are relatively easy and cost effective. Here the researcher according to Sekaran, (2013) pre formulates a set of questions. This kind of method covers a wide area compared to any other method which reduces the interview bias as data can easily be collected and analyzed (Ole & Katharina, 2005). The researcher used this method because the respondents were school going children and the method collected a lot of data from a wide area.

Interview

The interview was used as a method to collect qualitative data. The questions used were open ended questions and interview was semi structured with the purpose of respondents to respond to what really matters to them. Bryan (2008) argues that

interview can reveal issues that may be only found in questioning which gives participants the opportunity to express themselves. The key informants were the head master, three teachers, six parents, two school matrons and school nurse the interview was face to face and the purpose was to get detailed information for social and emotional development and the end results. The researcher used this method in order to get more information about the deaf child and social emotional development from people with experience.

Instruments of Data Collection

These are the tools that the researcher used to collect data of the study, they include the following.

Questionnaire

This instrument was used to collect quantitative data and was a directly administered questionnaire with closed ended questions were given to the deaf children. The questionnaire had section A – Demographic factors, section B – Authoritative parenting style, , section C- Authoritarian parenting style, Section D-Permissive parenting style, Section E- Uninvolved parenting style. The four likert scale was used that is 1=strongly disagree (SD), 2=Disagree (D), 3= Agree A), 4= strongly Agree (SA). It was interpreted as Strongly agree: 3.25-4.00, agree: 2.50-3.24, disagree 1.75-2.49, strongly Disagree: 1.00-1.74.

Interview Schedule

Since the researcher used interview and focus group as a method then the interview guide was used as an instrument because it yields high cooperation, high response quality, it also combines questioning or the cross examination probing technique(Owens 2002). The researcher interviewed the key respondents face to face.

Observation Checklist

More still the researcher used an observation check list to physically collect data on the social emotional development of the deaf child the researcher used it to document the Social emotional Development among the deaf children attending Uganda School for the Deaf. It had a scale of yes and no.

Validity and Reliability

Validity

Validity refers to the extent to which a research instrument correctly measures what the researcher wants to measure ETYANG, (2018).

The questionnaires and interview guide was interpreted in the language that is best understood by the deaf child. Then the face validity will be having right font type and clear printing of the questionnaire and interview guide. All styles of parenting will be presented in the questionnaire and it will be first pretested on people who are better in sign language and then to the sampling area which will determine where it should be modified.

To ensure validity of the instrument, items were used by the supervisor to find the content Validity Index and it shall be calculated using the following formula.

$$\text{CVI} = \frac{\text{No of relevant Items agreed}}{\text{Total Item of the items in the questionnaire}}$$

$$21/27 = 0.77$$

Since the CVI was equal or less than 0.6 the instrument was good and therefore relevant for the study.

Reliability of the Instrument

Reliability is the measure of the degree to which a research instrument yields consistent results after repeated trails (Mugenda & Mugenda, 1999). The researcher

ensured the reliability of consistency by carrying out a pre-test study where data of 15 questionnaires was administered in a similar school (Mulago School For the Deaf) which is not part of the study in order to clarify the study and get ready for the field since this was a standard instrument it was already reliable and adopted from SECQ by stages and ages and PSDQ by Robinson, Mandleco, Olsen, & Hart, 2001 parenting questionnaire

Data Collection Procedure

The researcher got an introductory letter from the dean of graduate school, Bugema University, an approval from the institution Review Board, which the researcher presented to the management at Uganda school for the deaf, the researcher was given an acceptance letter that introduced her to the teaching and non-teaching staff at Uganda school for the deaf. For each child participating in the study the head teacher or designated teacher was required to ascent and sign for the respondent's informed consent before administering the questionnaire. The researcher sought consent from the parents of the children and teachers including the headmaster, school nurse, matrons and researcher was able to train research assistants who were monitored strategically in order to get valued information.

The research assistants interviewed respondents by using sign language and filled in on behalf of the respondents. Confidentiality was highly considered. The researcher explained the purpose of the research was base the research on integrity to the research questions, hypothesis, methods procedures and being honest. The researcher was given appropriate time for carrying out interview guide and questionnaires since this was a school and other activities were going on.

Data Analysis

Data from the study was edited for completeness and consistency, cleaned and entered in the computer and used statistical package for social sciences (SPSS) version 20 for windows. Different statistical methods were used namely descriptive and inferential statistics.

The analysis and interpretation of data was guided by the research objectives.

Objective 1, 2 and 3 was analyzed using descriptive statistic to generate frequency, mean and standard deviation. Objective 4 was analyzed using chi square that measures the strength of association between two variables and objective 4 was in order to show the direction of the relationship the researcher used chi square analysis by collapsing the data from the dependent variable which were presented categorically. Qualitative data was analyzed by transcribing data into textual form and organized into tables using SPSS and lastly coded.

Hypothesis was tested and analyzed by the researcher using p-value and significance level of 0.05 was used to decide whether to accept it or reject it. If there are 5% less chances that there was no significant relationship between demographic factors parental styles and social emotional development the null alternative was accepted and if there are 5% more chances then null hypothesis would not be rejected and reject the alternative hypothesis. Where $p = 0.05$ the null hypothesis would be rejected the four significant and the alternative hypothesis not rejected.

CHAPTER FOUR

RESULTS AND DISCUSSION

This chapter presents the findings on the study of social emotional development among the deaf children found at Uganda school for the deaf. It is in this chapter that we find the descriptive and narrative expressions of the results, interpretation and discussions of the data that was collected .The main objective was to determine the main demographic factors, parenting styles and social emotional development among the deaf children at Uganda School for the deaf. the Specific Objectives of the Study were to investigate the demographic factors among the deaf children attending Uganda School for the deaf, to investigate the type of parenting styles among the deaf children attending Uganda School for the deaf, to determine the level of social and emotional development among the deaf children attending Uganda school for the deaf and to establish the relationship of demographic factors, parenting styles and the social emotional development among the deaf children attending Uganda School for the deaf. The sample size was 74 respondents and 13 key informants. After collecting data the researcher was able to collect all questionnaires representing 100% and interviewed all the key informants hence no margin of error.

Demographic Factors of Respondents

In this study to investigate the main demographic factors among the deaf children attending Uganda School for the deaf, the researcher investigated the three main demographic factors which the researcher believed to have great impact on the findings of the study which included age category, birth order and the number of children in the family. The data was analyzed using descriptive statistics to generate

(frequency, percentages, mean and standard deviation), the findings are summarized in the table 2 below.

Table 1: Demographic Characteristics of the Deaf Children attending USD

Variable	Frequency (n = 74)	Percent
Age category		
9 – 11years	29	39.2
12 – 14 years	34	45.9
14 + years	11	14.9
Birth Order		
First born	28	37.8
Middle born	32	43.2
Last born	14	18.9
Number of children in their family		
2 - 4 Children	34	45.9
5 - 7 Children	31	41.9
8 + Children	9	12.2

Child Age

In Table 1 a very substantive number of respondents was in the 12-14 34(45.9%) age category and very few were above 14 years due to the fact that the researcher involved upper primary classes in addition the research targeted deaf children who normally enroll in school late due to the physical condition, which explains the higher number of respondents whose age is slightly above the primary school going age. Hence the study was dominated by the deaf children whose age was 12 years and above. Lucille (2018) suggests that a child whether deaf or hearing start to develop socially and emotionally right from birth onwards.

Birth Order

In Table 1 the respondents were substantively spread in all the birth circle categories though the middle borns had the highest number 32(43.2%). The finding implies that the respondents are dominated by the middle born and very few were last borns which is in agreement with the birth certificates in the school register that the upper class is dominated by the middle born but in disagreement with Forer (1999) who

stated that young parents are usually are usually more tensed and anxious when the first child is born than when a second or last child is born. This is due to lack of experience hence causing poor parenting styles.

Number of Children in the Family

Further still in Table 1 it clearly shows that the respondents were broadly spread in all categories of number of children in the family though the category of 2-4 had the highest number 34(45.9%). The findings mean that it will be dominated by deaf children who come from families having 2-4 children. This is probably because once the parents realize that the child is deaf then fear, stress can be part of daily life which leads to having few children. This is in agreement with Muderedz (2006) stated that children with hearing impairment require additional supportive efforts ensuring the needs of the child are met and the needs of the entire family. This became a big challenge where the family is large which leads to social emotional development this creates a gap because Canician (2010).

Parenting Styles among the Deaf

Objective 2 of the study was to investigate the main types of parenting styles among the deaf children attending Uganda School for the Deaf. The types of parenting included authoritative, authoritarian, permissive and uninvolved parenting styles. The objective was analyzed using descriptive statistics to generate mean and standard deviation. The sample mean portrays the average occurrence of the responses and standard deviation portrays the extent to which the scores deviate from the mean as shown in Table 2.

Table 2: Types of Parenting Styles among the Deaf Children Attending Uganda School for the Deaf

Parenting Style	Mean	Std.	Interpretation
Authoritative Parenting Style			
Parents make reasonable demands	2.65	0.82	High
Parents always set limits	2.59	0.87	High
Parents express warmth and affection	3.03	0.79	High
Parents listen patiently to my point of view	2.43	0.87	High
Parents deal with issues democratically	2.51	0.91	High
Aggregate mean and Std.	2.64	0.85	High
Authoritarian Parenting Style			
I am always lively and happy in taking new task	3.16	0.66	High
I am always self controlled	2.97	0.79	High
I value my life	3.24	0.79	High
Aggregate mean and Std.	3.12	0.75	High
Permissive Parenting Style			
Parents accept whatever I do	2.49	1.01	Low
Parents don't impose demands on me	2.47	1.02	Low
Parents don't control whatever I do	2.35	0.89	Low
Parents let me make my own decision	2.12	0.76	Low
I can eat and sleep anytime feel like	2.31	0.81	Low
I don't need to follow a given routine	2.03	0.89	Low
Parents feel that am uncontrollable	1.96	0.93	Low
Sometimes I find it difficult to control my emotions	2.54	1.01	Low
Aggregate mean and Std.	2.28	0.92	Low
Uninvolved Parenting Style			
Parents Unresponsive And Un-demanding	2.12	0.44	Low
Parents shows little commitment to care for me	2.28	0.71	Low
Parents have little time for me	2.04	0.89	Low
Parents do what they can for me	3.07	0.76	High
Parents do responds to my demands	3.12	0.76	High
Relationships with parents shows low warmth and control	2.80	0.96	High
Parents take little interest in my life at school	2.64	1.05	High
Aggregate mean and Std.	2.58	0.79	High
Grand mean and Std.	2.56	0.84	High

Legend: 3.25 - 4.00 (*very high*), 2.50 – 3.24 (*high*), 1.75 – 2.49 (*low*), 1.00 – 1.74 (*very Low*).

Authoritative Parenting Style

The findings in Table 2 above indicate a high aggregate (mean=2.26, SD = 0.85). The research findings suggest parents make reasonable demands, set limits, express warmth and affection while listening to the view of the child which shows democracy. However a high standard deviation (SD=0.85) this implies that more responses from respondents are spread from the aggregate (mean2.26) suggesting that

responses were largely dispersed. The researcher agrees that children with authoritative parents experience the warmth and care. More so Mensah and Kuranchie (2013) state that authoritative parenting provided a positive emotional climate for the children to promote autonomy, support, assertiveness and individuality. Army (2019) concluded that it was this style of parenting where the parent kept on explaining his rules at the same time hence showing the children that parents are in charge of the situations that surround the home and, they valued the children's opinions, feelings and use positive discipline strategies.

Authoritarian

Findings in Table 2 show a high aggregate (mean=3.12, SD=0.75). The findings suggest that deaf children who experience authoritarian parenting style are self controlled, value their lives sometimes and don't always live happy. However a high standard deviation (SD=0.75) implies that more responses from respondents are spread from the aggregate (mean = 3.12) suggesting that responses were largely dispersed. The researcher agrees that deaf children who experience authoritarian parenting style is sometimes lively and self controlled. Further still Maryann(2009) this child who has experienced authoritarian style tends to develop behavioral problems as mentioned above which could lead to being someone who does not keep law and order hence lacks social competence and has behavioral problems. More so according to Dewar (2017) authoritarian parenting style was all about being strict and all it requires was that a child should be obedient, good behaved without questioning the parent therefore the child does not bond with the parents hence growing up in a stressful environment.

Permissive Parenting Style

The findings in Table 2 show a high aggregate (mean=2.28,SD=0.92)the findings suggest that deaf children who experience permissive parenting style make own decisions, sleep and eat anytime, uncontrollable. However a high standard deviation (SD=0.92) implied that more responses from respondents were spread from the aggregate (mean=2.28) suggesting that responses were largely dispersed. The researcher agrees that due to the vulnerability of the deaf child the parents tend to be permissive towards the child which in future affects the deaf child. Additionally Erikson (1964) stated that if an individual fails to achieve a balance during each stage, their self-concept can be affected later in life therefore social interactions acquired throughout childhood help shape a child's identity which is important because a competent sense of self is critical to developing appropriate skills that underlie a person's behavior as well as their achievement in life. Lastly Campbell,(1998) agreed that children experiencing permissive parenting style attained problematic behavior may be considered as inappropriate behaviors these can include social withdrawals, anxiety, roughness among others yet such behaviors demonstrate the lack of social emotional development.

Uninvolved Parenting Style

Findings in Table 2 show a high aggregate (mean=2.58, SD=0.79) the findings suggest that deaf children who experience uninvolved parenting style are given little time by the parent, low warmth. However a high standard deviation (SD=0.79) implies that more responses were spread from the respondents and the aggregate (mean=2.58) suggests that the responses were largely dispersed. The researcher agrees that whenever a parent practices uninvolved parenting style it will cause little involvement within the deaf child's life. Barnowet (2002) states that the parents here combine low levels of

warmth and control, little interest in being a parent and since they are not demanding yet these young ones are highly dependent on parents

Further still Bianca (2013) stated that Uninvolved parenting style was the favorite style for children because the child had freedom yet it had long term damaging effects like poor social skills insecurity, self-centeredness.

In conclusion the main parenting style among the deaf children attending Uganda School for the deaf was authoritarian parenting style (mean=3.12 and standard deviation of 0.75) due to lack of attachment children of authoritarian parents are the deaf children are always given commands which is common due to the lack of communication between parent and child (Amy,2019)

Level of Social Emotional Development

Objective 3 of the study was to find the level of social emotional development among the deaf children attending Uganda School for the deaf. Behavioral competence, temperament, social competence, emotional competence and self regulation were the specific dimensions. The objective was analyzed using percentages and presented in tabulations.

The level of social emotional development among deaf children attending Uganda school for the deaf

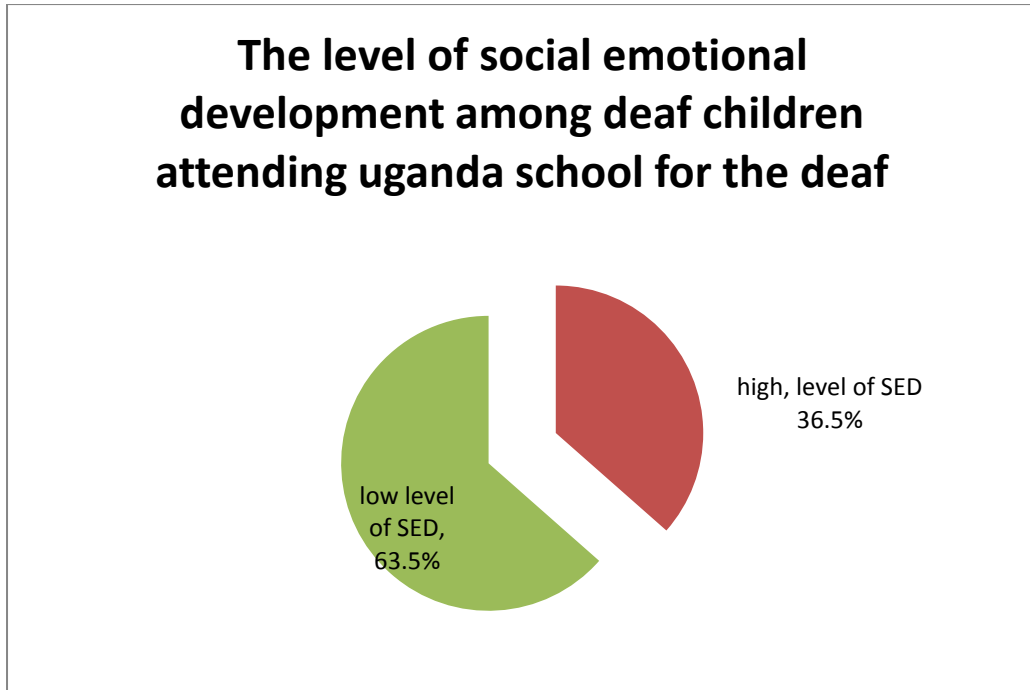


Figure 2: Level of Social Emotional Development among the Deaf

The study found out that out of 74 respondents 47 (63.5%) had low Social Development and 27 (36.5%) had a high level of Social emotional Development. This indicates that most deaf children attending Uganda School for the Deaf had low Social Emotional Development. The findings are in agreement with a key informant who stated that

Theme: Level of Social Emotional Development deaf children are linked with low levels of Social Emotional Development as supported by verbalism below:

Most of the deaf children are deaf due to medical conditions therefore this affects the child's ability in communication for example you may find that the child spent over a month in hospital and being on oxygen support this brings other effects like child being hyperactive, lack of concentration, nerve diseases among many other disabilities all of these conditions cause low self esteem because they put a gap between the hearing parent and deaf child. (KI 3 Parent at Uganda School for the Deaf, 2019)

Since most of the deaf children have medical conditions they have other disabilities that come along with this condition for example you might find when a child other than being deaf the child has some dyslexia, hypertension which was caused after getting sick al these contribute to the low social emotional development because all these condition create unrestlessness among the deaf child and people surrounding them.(KI 3 School Nurse)

Relationship between Demographic Factors, Parenting styles and Social Emotional Development of the Deaf in Uganda School for the Deaf

Objective 4 of the study was to find out the relationship between Demographic Factors, Parenting styles and Social Emotional Development of the Deaf in Uganda School for the Deaf data was analyzed using inferential statistics by running chi-square.

Data from likert scale was transformed into categorical data ,the purpose was to enable the chi-square analysis of the independent variables and dependent variable which is categorical in nature ,the independent variable that is Authoritative, Authoritarian ,permissive and uninvolved parenting styles were transformed into categorical data that is strongly disagree, disagree to low level of Social Emotional Development while Strongly agree and agree was transformed to high level of Social Emotional development. Chi analysis are presented in Table 3.

Table 3: Relationship between Demographic Factors, Parenting styles and Social Emotional Development of the Deaf in Uganda School for the Deaf

Variable	Level of SED		χ^2	Df	P value
	HIGH N (%)	LOW N (%)			
Child Age					
9-11 years	10(34.5)	19(65.5)	7.74	1	0.002**
12 and above	17(37.8)	28(62.2)			
Birth order					
First	10(34.7)	18(65.3)	9.88	1	0.025*
Middle born	12(37.5)	20(62.5)			
Last born	5(35.7)	9(64.3)			
No of children					
2-4	16(47.1)	18(52.9)	3.204	1	0.201
5-7	8(25.8)	23(74.2)			
8 and more	3(33.3)	6(66.7)			
Authoritative P.S					
Low	7(33.3)	14(66.7)	12.60	1	0.008**
High	20(37.7)	33(62.3)			
Authoritarian P.S					
Low	1(12.5)	7(87.5)	2.227	1	0.136
High	26(39.4)	40(60.6)			
Permissive P.S					
Low	11(44.0)	14(56.0)	9.200	1	0.0338*
High	16(32.7)	33(67.3)			
Uninvolved P.S					
Low	14(48.3)	15(51.70)	2.860	1	0.019*
High	13(28.9)	32(71.1)			

Child Age

Table 3 revealed that the level of SED was higher in children aged 12 years and above 17(37.8%) and lower in children aged 9 to 11 years and 10(34.5). This difference in the proportion of children demonstrating high levels of SED was statistically significant ($\chi^2 = 7.74$, $df = 1$, $p = 0.002$). This means that the child's age is significantly associated with the SED in the deaf child. This is agreed to by the researcher because it could be that during school age that a deaf child continues to grow socially and emotionally this implies that we as adults need to monitor every age of our children especially when they are approaching adolescence this will help them feel secure hence a high level of SED. Gregory (2017) carried out a study about SED among 3year old

deaf children and 4 years old deaf children and found out that over half of the 3 years old had temper tantrums compared to the 4 years old who had reduced the number of tantrums therefore was in agreement that the more a deaf child grows the more Social Emotional Development is gained. More so findings are in agreement with a key informant who stated that:

Theme: Child Age the deaf child's age is associated with low levels of Social Emotional Development as supported by verbalism below:-

“When the deaf child is younger there is lack of good communication between the child and people around him/her therefore the child cannot express himself/herself about what is bothering him this creates low self esteem in the deaf child due to the loneliness that the child faces. This causes the child to become rough with no empathy for other people around”.(KI 3 School nurse,2019).

Birth Order of the Respondents

According to the above findings in Table 3 the level of SED was high in middle borns 12(37.5) compared to first borns and last borns who had 10(34.7) and 5(35.7) respectively. This variation is proportion of children demonstrating high levels of SED is significant ($\chi^2=9.88$, $df=1$, $p=0.025$). The researcher agrees that when a child is a middle born then the parents have already gone through the experience of nurturing a child therefore high level of SED is developed. Therefore all parents should be prepared to care for the youngest members of the family in order to get high SED among deaf children. The findings are in agreement with a key informant who stated that.

Theme: Birth Order birth order is part of the issues that cause Social Emotional Development this happens mostly in families as supported by verbalism below:

The first borns are not given much attention due to the new experience of the parents and parents do not put enough attention to the

child due to lack the experience yet this creates danger to the baby which worsens when the child is SED. (KII Administrator USD, 2019)

Number of Children in the Family

According to table3 it indicated that there is no relationship between social emotional development and number of children in the family. It showed clearly that the number of children in the family is by minority 8 and above children that is frequency of 9(12.2%) and ($\chi^2=3.204,df=1,p=0.201$) indicating that findings contradict because the deaf child needs a lot of extra care which do not give chance to the parents for baring other children due to the high economic status that is needed to handle any deaf child and this is in agreement with Cancian, Slack &Yang (2010) who states that the higher the number of children in a family, the higher the need for stabilized financial economy and yet economic hardships adversely impact the physical psychological well-being of both children and parents. It is known that economic hardships also cause child abuse (Cancian, Slack &Yang, 2010). Usually children with hearing impairment are often considered a tragedy and economically unfair to give equal state of resources more so family support is vital to the outcome for children who are hearing impaired. This is because children rely upon their parents and sibling's guidance through proper child growth and development (Cancian et al, 2010).

Authoritative Parenting Style

In Uganda School for the deaf the level of SED is high among deaf children experiencing authoritative parenting style 20(37.7%) the researcher agreed with the above results because when parents provide a positive emotional climate for the children this promote autonomy, support, assertiveness and individuality and statistically significant ($\chi^2=12.60, df=1, p=0.008$) . The parents should guide their deaf children in making own guided decisions then in future this helps the child to have

better SED. Further still Mensah and Kuranchie (2013) state that authoritative parenting provided a positive emotional climate for the children to promote autonomy, support, assertiveness and individuality. More so Ingersoll (1989) noted that authoritative parents created a home that has a loving environment.

Authoritarian Parenting Style

Table 3 shows that authoritarian parenting style is not significant towards the Social Emotional Development of the deaf child ($\chi^2=2.227$, $df =1$, $p=0.136$). This reveals that the findings are contradicting towards what other researchers are stated. Dinwiddie (1995) parents with authoritarian parenting style show little or no affection towards their children. Again due to lack of attachment children of authoritarian parents are at a higher risk of developmental self-esteem problems rather than thinking of how to overcome a problem they focus on own anger towards the parents hence they become good liars which was a behavioral problem (Amy,2019). This child that had experienced authoritarian style tends to develop behavioral problems as mentioned above which could lead to being someone who does not keep law and order hence lacks social competence and has behavioral problems(Maryann, 2009).

Permissive Parenting Style

According to Table 3 the level of SED among the deaf children in Uganda school for the deaf experiencing permissive parenting style is low with 33(67.3).The researcher agrees that surely the child in this parenting style gets difficulties in making the right decisions and at the same time socially withdrawn) and this is statistically significant with ($\chi^2=9.200$, $df=1$, $p=0.0338$). Campbell, (1998) agreed that children experiencing permissive parenting style attained problematic behavior may be considered as inappropriate behaviors these can include social withdrawals, anxiety, roughness among others yet such behaviors demonstrate the lack of social emotional

development. The researcher through observation noticed that the deaf children who were experiencing permissive parenting style were rougher; easily get angry while socializing with other colleagues. A key informant stated that:

Theme Permissiveness some parents practice permissive parenting style which later causes problems for the deaf child as supported by verbatim below:

Due to lack of sign language by the parents they tend to leave the deaf child to do anything at own will, want without the parent's guidance and this is the child that will be uncontrollable in the future because the trust of the parents was lost at a tender age(KI 4 a parent at Uganda School For the Deaf)

Uninvolved Parenting Style

In Table 3 it revealed that deaf children attending USD 71% of the deaf children had parents that practiced high uninvolved parenting style had a low level of SED compared to only 52% of the children with a low uninvolved parenting style ($\chi^2=2.860, df=1, p=0.019$). According to Bianca (2013) Uninvolved parenting style was the favorite style for children because they have freedom yet it has long term damaging effects like poor social skills insecurity, self-centeredness. The researcher agrees that these are the children that become depressed and hence problematic in the public. More still according to the researcher's observation it was noted that the deaf children who were experiencing uninvolved parenting style had more disabilities than other deaf children. The findings are in agreement with the key informant who stated that :

Theme Uninvolved Parenting Style children who have multiple disorders usually experience uninvolved parenting style.

Besides being deaf some children have multiple disorders which have caused the parents to knowingly stay uninvolved in the deaf child's education in that some of the deaf children are brought to school by motorist (boda boda men) without anything like pocket money, or other requirements for the school, other parents do not pick their report cards

at school, forget visiting days and holidays but remember the day when the school starts.(KI2 teacher at USD,2019).

Hypothesis Testing

In this study the null hypothesis states that there is no relationship between demographic factors, parenting style and social Emotional Development the significance level was set at p value of <0.05 . The study results indicated number of children $p= 0.201$ and authoritarian parenting style had $p= 0.136$ these accepted the null hypothesis however child age $p=0.002$, birth order 0.025 , authoritative parenting style $p=0.008$, permissive parenting style 0.338 and uninvolved parenting style $p=0.019$ which were with p value of < 0.05 were statistically significant hence rejecting the null hypothesis and accepting the alternative hypothesis.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter covers the summary, conclusion and recommendations of the study findings which were to investigate the gaps and establish some facts on the demographic factors, parenting styles and social emotional development among the deaf children in Uganda School for the deaf.

Summary

The study was guided by four objectives and these were:- To investigate the demographic factors among the deaf children attending Uganda School for the deaf, Kampala capital city, to investigate the type of parenting styles among the deaf children attending Uganda School for the deaf ,Kampala capital city ,To determine the level of social emotional development among the deaf children attending Uganda school for the deaf, Kampala capital city and to establish the relationship of demographic factors, parenting styles and the social Emotional Development among the children attending Uganda school for the deaf ,Kampala capital city. The designs of the study were qualitative and quantitative approaches with descriptive and correlation design. Objective 1, 2, were analyzed using descriptive statistics of mean and standard deviation while objective 3 and 4 were analyzed using inferential statistics.

Key Findings

Key findings of the study on demographic factor revealed that 66.2% of the respondents were female, the highest age category of the respondents was 19-11 years (43.2%), majority of the respondents were middle borns who came from families with number of children which was between 2-4(45.9%).

The study found that out of the 74 respondents 47 (63.5%) had low Social Emotional Development and 27 (36.5%) had a high level of Social Emotional Development. This implied that most of the deaf children had a low Social Emotional Development. The study revealed that Social emotional Development had a significant relationship with child age ($\chi^2=7.74$ $p=0.002$), birth order ($\chi^2=9.88$ $p=0.025$), authoritative parenting Style ($\chi^2=12.60$, $p=0.008$), permissive Parenting style ($\chi^2=9.200$, $p=0.0338$) and uninvolved parenting style ($\chi^2=2.860$, $p=0.019$). The remaining factors were not significantly related these included number of children ($\chi^2=3.204$, $p=0.201$) and authoritarian parenting style ($\chi^2=2.227$, $p=0.136$).

Conclusion

According to the results it was concluded that:

1. The study found out that the deaf children were generally young, in terms of birth order they were middle born and these were the main demographic factors that were among the deaf children,
2. Findings show that Authoritative parenting style was highly practice, authoritative parenting style was highly practiced and permissive parenting style was practiced at a low level meaning that parents rarely practiced permissive parenting styles.
3. The level of Social Emotional Development and the study also found out to be majorly low with 63.5% meaning that SED remains a challenge among the deaf children.
4. Revealed that some variables were significantly associated with the level of social emotional development among the deaf children attending Uganda School for the deaf. There was relationship between age category, birth order, authoritative parenting style, permissive parenting style, uninvolved

parenting style and social emotional development. Therefore the null hypothesis was rejected meaning that there was a significant relationship between Demographic factors, parenting styles and social Emotional Development. In conclusion Child age, birth order Authoritative parenting style, permissive parenting style and uninvolved parenting style were important factors that impacted the SED of the deaf children attending Uganda School for the Deaf.

Recommendations

In regard to the study objectives and findings, the following recommendations were made in line with the empirical evidence from the findings of the study which implied that demographic factors, parenting styles affect the social emotional development of the deaf child attending Uganda School for the deaf.

To stake holders: The ministry of Health through school administrators needs to offer counseling services for the children attending Uganda School for the deaf.

To the Government: The ministry of Gender and Labor through Uganda Counseling Association should put seminars of parenting especially to parents with vulnerable children.

To the Parents: The school management through the parents and teacher association should put seminars for parents to teach them how to care ,parent these children like they do to other children who are not vulnerable so that they become better citizens and to be patient with their children because social emotional development keeps on improving as the child grows.

Suggested Area for Further Study

Researchers should continue to research more about authoritative parenting style in other deaf schools so that this helps to improve Social Emotional Development of the deaf children.

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APPENDICES

Appendix I: Participant Recruitment Script

I have learned of a potential opportunity for you to participate in a research study that is being conducted by a master's student in the counseling psychology program at Bugema University. Her name is Nabachwa Bettie. A and she asked that I let you know that she will be here (specify date) to talk more about the purpose of the study and answer any questions you may have. She also wants you to know that participation in this study is completely and fully voluntary and choosing not to participate in this study will not impact any services you receive from our agency. Do not feel obligated to participate, but if you are interested in participating please be present that day.

Appendix 2: Consent form

Title of the study: Demographic factors, Parenting style and social emotional development: case study at Uganda School for the deaf Kampala capital city, Uganda.

Investigator: Nabachwa Bettie A

Institution identified: Bugema University

Objectives of study

1. To investigate the demographic factors among the deaf children attending Uganda school for the deaf
2. To investigate the parenting styles related to the social and emotional development among deaf children attending Uganda School for the deaf.
3. To determine the level of social and emotional development among the deaf children attending Uganda school for the deaf.
4. To establish the relationship between demographic factors, parenting styles and the social emotional development among the deaf children attending Uganda School for the deaf.

Risk and how to minimize them

This will be a cross sectional study there will be no tests and the questionnaires will be structured

Benefits: to improve the parenting styles especially those with deaf children.

Alternatives: The client has a choose either to fill or not to fill the questionnaire

This study will not cause you any harm

The study will not have any monetary award.

Contact number for the researcher: 08782324605 Nabachwa Bettie, A

Contact number for Chairman TASO REC; Dr. Bogere Daniel
256776872858

Voluntary consent: You are free not to participate in this study and you have a right to refuse to answer any question that makes you to feel uncomfortable

By signing below, you indicate that you have understood the information presented to you concerning this study and you voluntarily give your consent to participate,

Name and signature.....

Thumb print.....

Appendix 3: Assent for the children

Dear respondent I am Nabachwa Bettie .A, a student at Bugema University pursuing a master’s degree of science in counseling psychology. I am conducting a study about **demographic factors, parenting styles, and social- emotional development among the deaf children in Uganda School for the deaf in Kampala City**. The findings will be purposely used to improve the parenting styles of the parents of deaf children and your responses will be treated with outmost confidentiality.

Instructions: Please answer the question as truthfully as possible. There are set of choices to choose from select what you think is best or most appropriate.

Name and signature.....

Appendix 4:

The study is about the Social Emotional Development among deaf children

at Uganda School for the Deaf: Self-Administered Questionnaire

Kindly tick the most appropriate answer the scale is strongly disagree (SD) =1, Disagree (D) =2 Agree (A)=3, Strongly Agree (SA)=4

Demographic data (To be answered by only pupils)

i) Indicate your gender Male Female

ii) What is your age bracket?

9-11

12-

14 above

iii) What is your birth order?

First born

Middle born

Last born

iv) How many children are in your family?

2-4 children

5-7 children

8+ children

Parenting styles (To be answered by only pupils)

No.	Items	SD	D	A	SA
	AUTHORITATIVE PARENTING STYLE				
1.	My parents make reasonable demands in every day activity				

2.	My parents express warmth and affection towards me in everyday life.				
3.	My parents listen patiently to my points of view and involve me in making decisions.				
4.	My parents deal with issues affecting our family democratically.				
5.	I am always lively, happy in taking new tasks that come my way.				
	AUTHORITARIAN PARENTING STYLE				
6.	My parents always set limits in all that I do and insist on obedience.				
7.	I am always self-controlled and I resist disruptive acts				
8.	I value my life				
	PERMISSIVE PARENTING STYLE				
9.	My parents accept whatever I do.				
10.	My parents don't impose demands on me				
11.	My parents don't control whatever I do though they encourage me				
12.	My parents let me to make my own decisions				
13.	I can eat and sleep at any time I feel like				
14.	I don't need to follow a given routine				
15.	My parents feel that am uncontrollable				
16.	Sometimes I find it difficult to control my emotions				
	UNINVOLVED PARENTING STYLE				
17.	I find my parents unresponsive and un demanding				
18.	My parents show little commitment to care for me				
19.	My parents have little time to spare for me				
20.	My parents do what they can for me to avoid inconvenience				
21.	My parents do respond to my demands for easy accessible objects				
22.	My relationship with my parents shows low warmth and control				
23.	My parents take little interest in my life at school and usually don't know where I am				

Appendix 7: Observation Check List

	EMOTIONAL DEVELOPMENT	yes	no
1	Child is able to maintain eye contact		
2	Child responds to touch		
3	Child smiles /acknowledges presence of caregiver		
4	Child moves towards care giver		
5	Child cries when angry		
6	Child yells when angry		
7	Child bites when angry		
8	Child grabs hair when angry		
9	Child is able to sooth self when angry		
10	Child is able to be soothed by others when angry		
11	Child can symbolically communicate feelings of happy		

12	Child symbolically communicate feelings of sadness		
13	Child symbolically communicates feelings of anger		
14	Child's moods are stable across the better part of the day		

Appendix 8: Research Letters

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P.O. Box 6529 KAMPALA - (U)

SCHOOL OF GRADUATE STUDIES

June, 18th, 2019

To Whom It May Concern

RE: DATA COLLECTION

This is to certify that **Nabachwa Bettie** registration No **17/MSC/BU/G/1005** is a student of Bugema University pursuing a Masters degree in Counseling Psychology.

The purpose of this letter is to request you permit her carry out data collection for her research entitled **"DEMOGRAPHIC FACTORS, PARENTING STYLES AND SOCIAL EMOTIONAL DEVELOPMENT; A CASE OF NTINDA SCHOOL FOR THE DEAF, KAMPALA CAPITAL CITY, UGANDA"**.

The research will be based on utmost ethical considerations and the findings will be for academic purposes and of benefit to the Community.

Any assistance extended to her is highly appreciated.

Sincerely,

Rosette Kabuye, PhD
Dean, School of Graduate Studies



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MISSION: "To offer an excellent and distinctive holistic Christian education designed to prepare our students through training, research and scholarship for productive lives of useful service to God and to Society with uncompromising integrity, honesty and loyalty."



UGANDA SCHOOL FOR THE DEAF - NTINDA



17th July 2019

Date:.....

The Dean, School of Graduate Studies
Main Campus
P.O.Box 6529
KAMPALA-UGANDA

REF: DATA COLLECTION

Name of student: **NABACHWA BETTIE**

Course: **MASTERS DEGREE IN COUNSELING PSYCHOLOGY**

Registration No: **17/MSC/BU/G/1005**

The above named student pursuing a Bachelor of Arts Degree in Social Work and Social Administration at Master's degree in Counselling Psychology has been accepted to carry out Data Collection for her research entitled "DEMOGRAPHIC FACTORS PARENTING STYLES AND SOCIAL EMOTIONAL DEVELOPMENT; A CASE OF NTINDA SCHOOL FOR THE DEAF, KAMPALA CAPITAL CITY, UGANDA". She will be accorded all the necessary support, guidance and supervision where necessary during her stay with us.

Thank you.

Yours sincerely,

.....
Jackson Mbuusi
HEADTEACHER



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5th July, 2019

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**DISCRETE PROJECTS
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TASO-KARAMOJA PROJECT
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Tel: 0752 744 792
Fax: 0454 445 334
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Email: hub@tasouganda.org

Our Ref: TASOREC/042/19-UG-REC-009

Nabachwa Bettie
Bugema University
nabachwabettie@gmail.com

Dear Bettie,

RE: RESEARCH APPROVAL "DEMOGRAPHIC FACTORS, PARENTING STYLES AND SOCIAL EMOTIONAL DEVELOPMENT; A CASE OF NTINDA SCHOOL FOR THE DEAF."

Thank you for submitting an initial ethics review application of the above-referenced research.

I am pleased to inform you that your correspondence dated 5th July, 2019 with the responses to initial review comments of the meeting on 21st June, 2019 met the requirements for approval.

TASO REC, gave a favorable ethical opinion of the research, and annual approval has been granted, effective 5th July 2019, valid until 4th July 2020.

Documents reviewed and approved:

Document Type	Date	Version
1. The Study Protocol.	02/07/2019	2.0
2. Informed Consent Form.	02/07/2019	2.0
3. Data Collection Tools.	18/06/2019	1.0
4. TASO REC Research Review Application and DOC of Interest.	19/06/2019	1.0
5. Introductory Letter, Bugema University.	18/06/2019	

Amendments: All proposed amendments to the study (including personnel, procedures, or documents) must be approved by the REC in advance before implementation.

Adverse Events/Unanticipated Problems: Please keep in mind that it is your responsibility to inform the REC of any adverse consequences to participants that occur in the course of the study.

Site Monitoring Visits: shall be undertaken to verify that only approved procedures are being implemented, to ensure that the rights and welfare of participants are being protected.

Study Reports: It is a requirement by the REC that you submit timely progress reports.

Renewal of the study approval. This should be through submission of the Annual Report and a Continuing Review Application, at least 60 days prior to expiration date.

Protocol documents which contain the REC-stamp (if applicable), must be utilized during recruitment of participants, obtaining informed consent and data collection processes.

We recommend that you proceed with the registration and final clearance of your study by the Uganda National Council of Science and Technology (UNCST) before commencement.

Yours sincerely,

Approved, Valid Until:.....

Dr. Kagimu David,
Vice-Chairperson, TASO RESEARCH ETHICS COMMITTEE (REC)
CC: Executive Director, TASO (U) Limited
CC: Uganda National Council for Science & Technology (UNCST)
