

**PARENTS' ROLE IN PROVIDING SEXUALITY EDUCATION TO DEAF
ADOLESCENTS IN MAFUBIRA SUB - COUNTY, JINJA
DISTRICT UGANDA**

BY

**KATUMBA ASNANCIE
15/U/15955/GMSN/PE**

**A RESEARCH REPORT SUBMITTED TO GRADUATE SCHOOL IN
FULFILMENT OF THE REQUIREMENTS FOR THE AWARD
OF A MASTER OF SPECIAL NEEDS DEGREE
IN THE FACULTY OF SPECIAL NEEDS
AND REHABILITATION OF KYAMBOGO UNIVERSITY**

NOVEMBER 2018

DECLARATION

This research report is my original work and has not been presented to any university for any award. Any citation, therein, has duly been acknowledged.

Name: KATUMBA ASNANCIE

Reg. No: 15/U/15955/GMSN/PE

Signature *Katumba*

Date..... *04/12/2018*

!!

Signature.....
 4/19/12

Supervisor 2: Dr. Wil Bagwema

Signature.....

Supervisor 1: Dr. Omugwa Julius Patrick

university supervisors.

We confirm that this dissertation was carried out by the candidate under our supervision as

APPROVAL

DEDICATION

I dedicate this study to my amazing deaf nieces and nephews: Flavia Nantairo, Sarah Najjemba, Rebecca Wanyana, Peter Muwanga and Robert Nkwangu.

Your deafness is a calling for me to touch lives.

ACKNOWLEDGEMENT

It has been a long journey but God has guided me throughout. I sincerely thank the Norwegian Government for the scholarship offered to me through the NORHED programme and Kyambogo University.

My sincere appreciations go to my supervisors, namely: Dr Omugur Julius Patrick and Dr Ayub Ali Baguwemu, whose guidance and wise counsel shaped this work.

Special thanks to my mentors: Dr Patrick Ojok, Dr Odeke Nato Joseph and Mr Godfrey Mugote, for their continuous support throughout the study.

To the eight parents who participated in this study. Thank you for sharing your experiences, knowledge and perspectives. It was an interesting experience for me as well.

Last, but not least, I recognise the invaluable contributions of the Mirembe Family. You are my pillars! You have taught me, inspired me and challenged me to become my best self.

Lastly, I thank my husband and daughters, for your patience and encouragement, particularly, for recognising and valuing me with such generosity as a wife, mother and a professional.

May God bless you all!

TABLE OF CONTENT

CONTENT	PAGE
DECLARATION	i
APPROVAL	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
TABLE OF CONTENT	v
LIST OF ACRONYMS	vii
ABSTRACT.....	viii
CHAPTER ONE	1
INTRODUCTION.....	1
1.1 Background to the Study.....	1
1.1.1 Adolescence	2
1.1.2 Sexuality Education	4
1.2 Statement of the Problem.....	5
1.3 Purpose of the Study	5
1.4 Objectives of the Study.....	5
1.5 Research Questions.....	6
1.6 Scope of the study.....	6
1.6.1 Geographical scope	6
1.6.2 Content scope.....	6
1.6.3 Time scope	7
1.7 Significance of the Study	7
1.8 Delimitations and Limitations of the Study.....	8
1.9 Theoretical and Conceptual Frameworks	9
CONCEPTUAL FRAMEWORK.....	17
CHAPTER TWO	18
LITERATURE REVIEW	18
2.1 Introduction.....	18
2.2 Parental Communication on Sexuality.....	18
2.3 Parental Knowledge on Sexuality.....	20
2.4 Support Systems parents provide in supporting deaf adolescents to acquire knowledge on sexuality	27
2.5 Summary of Literature	29
CHAPTER THREE	30
RESEARCH METHODOLOGY	30
3.1 Introduction.....	30
3.2 Research Approach	30
3.3 Location of the Study.....	33
3.4 Target Population.....	33
3.5 Sample Size.....	34
3.6 Sampling Procedure and Criteria	34
3.7 Instruments.....	34
3.7.1 Interviews.....	34

3.7.2 Focus Group Discussion.....	36
3.8 Procedures of Data Collection	39
3.9 Pilot Study	39
3.10 Data Analysis.....	40
3.11 Trustworthiness.....	40
3.12 Ethical Considerations.....	41
CHAPTER FOUR	43
FINDINGS, INTERPRETATIONS AND DISCUSSION.....	43
4.1 Introduction.....	43
4.3 Participants' Characteristics	43
4.3.1 Findings on objective one.....	44
4.4 Presentation of the Findings and interpretation	44
4.4.1 Objective one: To find out the way parents communicate with deaf adolescents on sexuality.....	45
4.4.3 Objective three: Identify the support systems parents provide in supporting deaf adolescents to acquire knowledge on sexuality	53
CHAPTER FIVE	56
SUMMARY, CONCLUSION AND RECOMMENDATION.....	56
5.1 Introduction.....	56
5.2 Summary.....	56
5.3 Conclusion	57
5.4 Recommendations	59
REFERENCES.....	61
Appendix I.....	67
Approval for Data Collection	67
Appendix II: Introductory Letter	68
Appendix III: Consent Form for Parents of Deaf Adolescents to Participate in the Study	69
Appendix IV	70
Interview Guide for Parents.....	70
Appendix V.....	71
Focus Group Discussion for Parents (Guiding Questions)	71
Appendix VI	73
A Map of Jinja District Showing the Location of Study.....	73
Appendix VII: Photographs Showing Data Collection Process	74

LIST OF ACRONYMS

HIV	Human Immune Deficiency
AIDS	Acquired Immune Deficiency Syndrome
UNFPA	United Nations Fund for Population
IDEA	Individuals with Disabilities Education Act
STIs	Sexually Transmitted Infections
SRH	Sexual Reproductive Health
MRC	Medical Research Council
ANPPCAN	African Network on the Protection and Prevention of Child Abuse and Neglect
UNOCINI	Understanding the Needs Of children in Northern Ireland
UNICEF	United Nations International Children's Fund
USL	Uganda Sign Language
NORHED	Norwegian Programme for Capacity Development in Higher Education and Research for Development

ABSTRACT

The research aimed at finding out whether parents provide sexuality education to their deaf adolescents. Focus was on the challenges they faced, the coping strategies they employed to overcome the challenges and to find out support systems in place where they could seek support. The study was guided by a qualitative research paradigm (approach) as well as a phenomenological research design. The study population consisted of male (N=4) (N=4) parents of deaf adolescents. The study sample was drawn using purposive technique. Data collection was done by means of interview guide, as well as focus group discussions (FGD). The findings indicate that parents agree that they are a vital source of information on issues of sexuality. It is also found that parents feel shy to talk about sexuality education. Another finding indicates that some parents are ignorant of the subject of sexuality education due to have inadequate information concerning sexuality as a whole. One other finding reveals that many parents do not understand sexuality well enough to be comfortable to talk about it. A good number of parents were not sure if their strategies would bear fruit save for the one who could communicate to his deaf adolescent. They also reported limited support systems in providing sexuality education to their deaf adolescents. This called for recommendations to train parents not only in basic sign language but also signs that are channeled to sexuality education. To engage the expertise of knowledgeable and experienced people who are fluent signers to impart sexuality education to deaf adolescents using deaf friendly methods. This may be a tool for a firm foundation of instilling confidence in parents who lack the skill.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Parents have many responsibilities in nurturing their children; one of which is to provide sexuality education during puberty. This is because sexuality encompasses all that makes us who we are; it is shaped by culture, history, values, education and experience, our sexuality influences our views of individuality, family, parenthood, and community (Kaykeaw, 2017). The success or failure encountered by children in their sexual development significantly contributes to the potential success or failure of their adaption to adulthood. A common myth among parents and society about adolescents with chronic illness or disabilities is that they are asexual, suppress their sexual needs because of their disability, are not subject to sexual abuse and do not need any type of sexual education. Parents and clinicians must be educated that this myth is not true; all people whether healthy, disabled or not are sexual beings from birth to death. (Greydanus, Rimza, Newhouse, 2002). This study therefore aims at finding out the role of parents in providing sexuality education to their deaf adolescents.

The right to sexuality education is grounded in universal human rights; including the right to education and to health as established in numerous international agreements, such as the Convention on the Rights of the Child; the International Covenant on Economic, Social and Cultural Rights; the International Covenant on Civil and Political Rights; the Convention on the Elimination of All Forms of Discrimination against Women; and the Convention on the Rights of Persons with Disabilities, (UNFPA, 2014).

Deafness is failure to comprehend spoken language due to an inability to hear. The Individuals with Disabilities Education Act (IDEA) defines deafness as: A hearing

impairment so severe that an individual is impaired in processing linguistic information through hearing, with or without amplification Fennel, Gilchrist, Katz, Kirkpatrick, Makofsky, (2018). Deafness crosses barriers of gender, ethnicity, age, economic status, and certain groups are at further risk for marginalization. A group of special concern is deaf adolescents who face unique challenges accessing web-based health information including questions about body image, physical activity and nutrition, puberty, and relationships, (Kuenburg, Fellingner, Fellingner, 2016).

1.1.1 Adolescence

The precise nature of the definition of adolescence is likely to vary from culture to culture. It is the stage in a person's life between childhood and adulthood. This is the period following the onset of puberty during which a young person develops from a child into an adult. It's when the physiological and anatomical changes which influence the individual's personality occur, (Achille *et al.* 2017). It is a period of human development during which a young person must move from dependency to independency, autonomy to maturity. The young person moves from being part of a family group to being part of a peer group and to standing alone as an adult, (Gerald & Gerald, 2005).

It is a time when individuals are faced with the task of figuring out who they are and how they fit into the world as they go through many physical, cognitive, social and emotional changes. These changes are often punctuated by conflict with parents, mood disruptions and risky behaviour. They always cause individuals to be self-conscious or sensitive as they compare themselves to others around them within social environments. It can be a time of confusion, where they start to notice differences between themselves and others, making them particularly susceptible to social and cultural pressures which they must adapt to basing on developing skills, needs and acclimate to growing environmental

pressures. If this transition is trying for a typical teenager, what if the teenager has the additional challenge of being deaf in a hearing world? (Brice & Strauss, 2016).

Deaf adolescents are often faced with the additional challenge of managing these adaptations in a hearing world, where communication and access to information, especially about their social world, are incomplete at best and non-existent at worst. (Brice & Strauss, 2016).

Hearing parents of deaf children are faced with decisions that families with typically hearing children do not experience. Among them is the mode of communication to be used with their children. They face a number of unique challenges that lead to elevated stress. In spite of all the above, they need to provide sexuality education which is very vital in the development of their deaf adolescents.

It's important to remember that deaf adolescents possess normal intelligence. They are not deficient or deviant in their cognitive abilities; they simply cannot hear as well as other children. As they develop, they have different background experiences, communication histories and knowledge. They may therefore need specialised instruction to reach the same developmental milestones as their hearing counterparts (Kirk *et al.* 2006). Adolescence is one of the crucial periods one must pass through in life. The way every individual passes through it with the help of people around them determines how better the person's youth and adult periods will look like. Therefore there is a need for parents to help deaf adolescents to understand this stage.

Communication between parents and young people on sexuality has been identified as a positive influence on young people's sexual behavior. Adolescents who have talked about sex and preventive measures with their parents appear less likely to engage in risky behavior, and

this association has prompted implementation of sexual health interventions that explicitly encourage such dialogue Jaccard, Dodge & Dittus (2002).

1.1.2 Sexuality Education

Sexuality can be defined as a complex phenomenon involving intricate interactions between biologic sex, core identity (sense of maleness or femaleness), Gender identity (sense of femininity or masculinity), and gender role behaviour (non sexual as well as sexual). Sexuality continues to be a basic and profound component of identity for which humans need others (Greydanus, Rimza, Newhouse 2002). Sexuality education is instruction on issues relating to human sexuality, including emotional relations and responsibilities, growth, the anatomy and physiology of the human reproductive system and changes which occur from youth all through stages of adulthood; age of consent, reproductive health, reproductive rights, safe sex, birth control and sexual abstinence (Kaykeaw, 2017). It is the acquisition of knowledge that deals with human sexuality. It consists of instruction on the development of an understanding of the physical, mental, emotional, social, economic and psychological phases of human relations as they are affected by sex. In other words, sex education involves providing children with knowledge and concept that will enable them make informed and responsible decisions about sexual behaviors at all stages of their lives (Esere, 2008).

The National Sexuality education Framework defines sexuality education as a lifelong process of acquiring information and forming attitudes, beliefs and values about vital issues such as sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles. It addresses the social cultural, biological, psychological and spiritual dimensions of sexuality by providing information, exploring feelings value and attitudes; and developing communication skills, decision making and critical thinking skills in accordance with the law and policies of Uganda (Ministry of Education and Sports, 2018).

1.2 Statement of the Problem

The right to sexuality education is grounded in universal human rights. Sexuality education is an important aspect in an individual's life. Parents are considered key people in providing sexuality education. They are seen as individuals that are able, not just to educate their children about sexual subjects, but to compliment and maintain the culture within the family preparing children for adult life. Deaf adolescents are vulnerable due to the special communication mode; (sign language) acquiring sexuality education therefore may be difficult. This study was designed to explore the role of parents in the provision of sexuality education to deaf adolescents who are coping with puberty before they experience this milestone in life.

1.3 Purpose of the Study

The purpose of the study was to find out the way parents communicate with deaf adolescents on sexuality, the knowledge parents have and the support systems parents provide in supporting deaf adolescents to acquire knowledge on sexuality.

1.4 Objectives of the Study

The study was guided by the following objectives:

1. To find out the way parents communicate with deaf adolescents on sexuality.
2. To assessment the type of knowledge parents have, which they share with deaf adolescents on sexuality
3. Identify the support systems parents provide in supporting deaf adolescents to acquire knowledge on sexuality.

1.5 Research Questions

This study was guided by the following research questions in obtaining information from participants:

- (i) How do parents communicate to deaf adolescents when providing sexuality education?
- (ii) What kind of knowledge parents share with deaf adolescents on sexuality?
- (iii) What support systems parents provide to deaf adolescents on sexuality?

1.6 Scope of the study

This study covered the geographical, content and time scope that was used in the study as elaborated in the consequent subsections.

1.6.1 Geographical scope

The study was carried out in Mafubira Sub- County in Jinja district which is 80.8 km from Kampala on the Eastern highway. Jinja District is bordered by Kamuli District to the north, Luuka District to the east, Mayuge District to the south-east, Buvuma District to the south, Buikwe District to the west, and Kayunga District to the north-west.

1.6.2 Content scope

The study focused on three objectives:

To find out the challenges parents face in providing sexuality education to deaf adolescents.

To establish the coping strategies parents employ to overcome challenges when providing sexuality education to deaf adolescents.

To identify the support systems in place where parents seek support when providing sexuality education to deaf adolescents.

1.6.3 Time scope

The study began with proposal writing in the month of March; data collection and analysis was done between June and November 2018. This study was limited to parents' perspectives and experiences regarding provision of sexuality education. Due to time and space constraints, other important elements which could have been beneficial to the study (such as interviews of other care givers at family level) were not included.

With regards to provision of sexuality education; while the researcher would consider it an expansive notion that applies to all parents of adolescents, this study focuses only on parents of deaf adolescents.

Mafubira sub- County in Jinja district was chosen as a result of an interaction between the researcher and parents of deaf adolescents during a baseline survey carried out in 2014 where the researcher worked as a sign language interpreter.

Parents in this area live within a multi-cultural setting with people who have deep rooted cultural practices and notions about deafness; fueled by other factors such as the community's perceptions and beliefs on the definition of deafness which adversely impact on the deaf adolescents' lifestyle and subsequently limit opportunities to realize their full potential, (ANPPCAN, 2013, p. 49).

1.7 Significance of the Study

The findings of the study may be useful in the following ways:

Review both strengths and weaknesses among parents of deaf adolescents concerning their role in providing sexuality education to deaf adolescents.

Parents of deaf adolescents (both male and female) may change their attitudes and realize its importance of providing sexuality education to their deaf children.

Encourage or stimulate further studies into parental involvement in the provision of sexuality education and deaf adolescents' acquisition of the same during puberty.

The study may offer invaluable information to institutions, organisations and policy makers; who respectively train, advocate and develop policies that avail information on sexuality education specifically designed for deaf adolescents.

1.8 Delimitations and Limitations of the Study

The study was carried out in Mafubira sub-county. The researcher had in the past interacted with parents of deaf children in this area and had noted that they face challenges fueled by community perceptions and beliefs about deafness. Only those parents whose children were in the transition period (puberty) were chosen and first-hand information was gathered regarding the study. The researcher's fluency in the local language of the area (Lusoga) enabled direct communication with the parents.

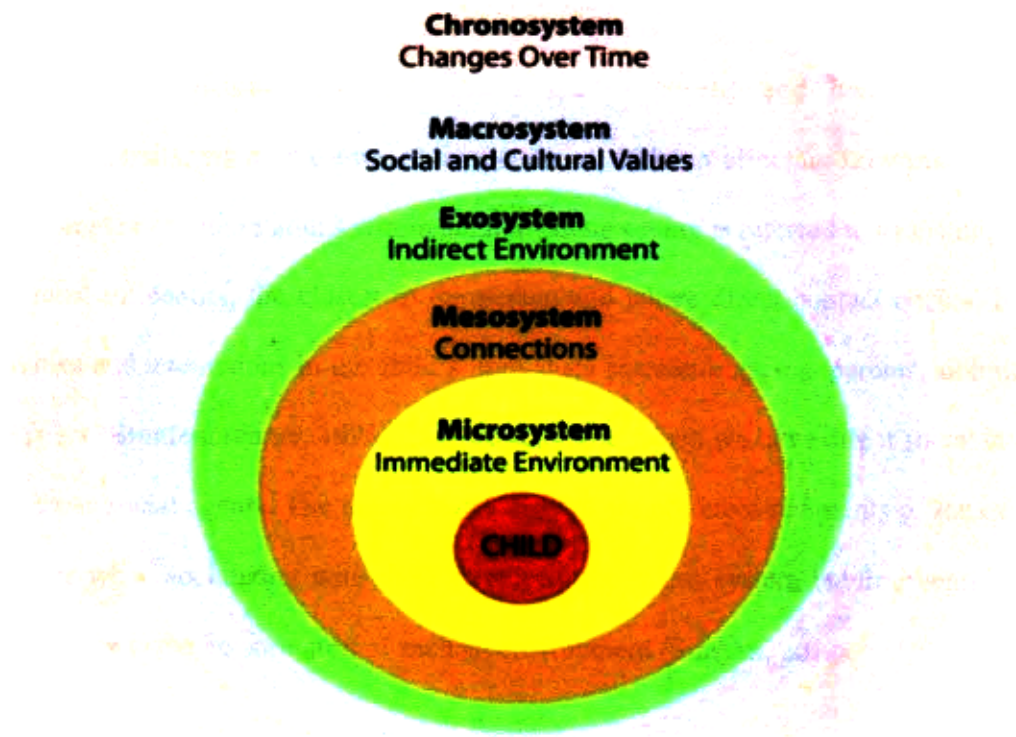
Some of the limitations the researcher faced are that issues of sexuality in most Ugandan cultures are considered as taboo or a no go area therefore the researcher found some difficulties while gathering information when participants felt shy to reveal information on topics surrounding sexuality education. The researcher encouraged the shy participants to be confident. The researcher would have interviewed the deaf adolescents too to get their views but could not do that because it would involve use of sign language interpreters, video recordings and extra finances which was not planned for in advance. Such a study also needs to stand on its own.

The study was restricted in one sub-county of the district which led to fewer participants whereas parents of deaf children were scattered both in the urban and rural. The generalisability of the results therefore was severely limited because there was no comparison of information from other areas.

1.9 Theoretical and Conceptual Frameworks

This study is informed by Urie Bronfenbrenner's Ecological System Theory which has been renamed recently as the 'Bioecological System's Theory'. The ecological environment is conceived as a set of nested structures, each inside the next. At the innermost level is the immediate setting containing the developing individual (Bronfenbrenner, 1996). The theory is divided into five different levels and all these impact the individual in the center (See diagram below)

Bronfenbrenner's Ecological Systems Theory



Source: Bronfenbrenner (1917-2005)

In this section, the relevant explanations of the key components of the theoretical framework (model) is provided.

The Microsystem

It is the small, immediate environment the child lives in. Children's microsystems will include any immediate relationships or organizations they interact with, such as their immediate family or caregivers and their school or daycare. How these groups or organizations interact with the child will have an effect on how the child grows; the more encouraging and nurturing these relationships and places are, the better the child will be able

to grow. Furthermore, how a child acts or reacts to these people in the micro system will affect how they treat her in return.

Oswalt (2008) affirms that each child's special genetic and biologically influenced personality traits, what is known as temperament, ends up affecting how others treat them. This complex of interrelations within the immediate setting is referred to as the micro system. The most influential, the closest to the person and where direct contact occurs. It involves activities and interactions in the child's immediate surroundings e.g. parents, siblings, school and peers (Bronfenbrenner, 1996). It is the setting in which we have direct social interactions with these social agents. The theory states that we are not mere recipients of the experiences we have when socializing with these people in the micro system environment, but we are contributing to the construction of such an environment (Sincero, 2012).

The Mesosystem

This involves the relationships between the micro systems in one's life. This means that one's family experience may be related to the school experience. For example, if a child is neglected by his parents, he may have a low chance of developing positive attitude towards his teachers. Also, this child may feel awkward in the presence of peers and may resort to withdrawal from a group of classmates (Darling, 2007).

It is established at a point when the developing person first enters a new setting. When this occurs, we also have an instance called ecological transition; in this instance a transition from one setting to another (Bronfenbrenner, 1996). It involves the relationships between the microsystems in one's life. This means that your family experience may be related to your school experience. For example, if a child is neglected by his parents, he may have a low chance of developing positive attitude towards his teachers. Also, this child may feel

awkward in the presence of peers and may resort to withdrawal from a group of classmates (Sincero, 2012).

Human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving bio psychological human organism and the persons, objects, and symbols in its immediate external environment. To be effective, the interaction must occur on a fairly regular basis over extended periods of time. Such enduring forms of interaction in the immediate environment are referred to as proximal processes (Turge *et al.* 2009).

The Mesosystem is enhanced by the relationship among the entities involved in an individual's microsystem e.g. parents and school, parents and peers and how that relationship impacts the individual. For example if a deaf adolescent is not enrolled in school, they will miss out learning about the deaf culture. Parental involvement in a deaf adolescent's school progress, their friends, promoting good behaviour and rebuking bad behaviour, will most likely have a positive impact on the individual.

The Exosystem

This level includes the other people and places that the child herself may not interact with often but that still have a large effect on her, such as parents' workplaces, extended family members, the neighborhood, etc. For example, if a child's parent gets laid off from work, that may have negative Effects on the child if her parents are unable to pay school dues, rent or to buy groceries; however, if her parent receives a promotion and a raise at work, this may have a positive effect on the child because her parents will be better able to give her physical needs. Unlike the micro system and Mesosystem, the Exosystem influences the individual indirectly as it trickles down through other individuals that have influence on the child's life. Institutions which affect children indirectly e.g. the parents' work settings and policies,

extended family systems, social media, community resources; for example some deaf adolescents are orphaned, others come from very poor backgrounds, societies' negative attitudes also affect deaf adolescents' self-esteem, while others are over protected by their parents. All this has an impact on their development (Oswalt, 2015).

The Macrosystem

This is the most remote set of people and things to a child but which still has a great influence over the child. It is composed of the child's cultural patterns and values, specifically the child's dominant beliefs and ideas, as well as political and economic systems. For example children in war-torn areas, for example, will experience a different kind of development than children in communities where peace reigns. These things affect a child either positively or negatively (Oswalt, 2015).

In the case of deaf adolescents there are many cultural beliefs on deafness that may influence their development e.g. they are believed to be a curse in the family. They are also tagged as 'stupid' in regard to the different names they address them as, by different cultures. This has a negative impact on deaf adolescents.

This system encompasses the dimension of time as it relates to a child's environments. Changes which occur during a child's life both personally, like the birth of a sibling and socially e.g. life styles, socio-historical events can be either external, such as the timing of a parent's death, or internal, such as the physiological changes that occur with the aging of a child. As children get older, they may react differently to environmental changes and may be more able to determine how that change will influence them (Paquette & Ryan, 2001).

In the case of deaf adolescents, it's a time when they need lots of information about the changes in their bodies; but do they access it? The theory throws light on the development of a child, with the virtue of the system of relationship context, which forms their environment. This theory further suggests that different complex environmental layers mold them up. This theory has made great efforts to explain the different layers, which directly influence a child's development. There are certain factors that are responsible for steering the development of the child. These include the child's maturing biological factors, their abrupt change in the family/ community background, and the societal environment. Any change or conflict in one layer could seriously affect the other (Paquette & Ryan, 2001).

Focus of the study

This study focuses on the Micro system, the layer which is closest to the deaf adolescent during development. This layer includes all those structures the child is in direct contact with. It also includes all the relationships and interactions they have with their surroundings; family, school and neighborhood. The relationships they develop or receive may have two types of impact on them: A child's belief may be altered by the parents' belief and vice versa; basing on the premise that the development and behaviours of individuals can be fully understood only in the context of the environments in which they live. This is very common in families of deaf adolescents whereby if a parent fails to communicate with their child they may be influenced in giving them too much freedom that they abandon their families to the deaf community.

The Microsystem is the most influential, has the closest relationship to the person, and is the one where direct contact occurs. Bronfenbrenner's ecological systems theory focuses on the quality and context of the child's environment. He states that as a child develops,

the interaction within these environments becomes more complex. This complexity can arise as the child's physical and cognitive structures grow and mature. So, given that nature continues on a given path, how does the world that surrounds the child help or hinder continued development? This is the question answered by Bronfenbrenner's theory. Also of concern to Bronfenbrenner is the deficit model used to determine the level of support granted by the public to struggling families. Parents must declare themselves deficient in some way in order to qualify for help in solving problems that may come about because of our cultural value of independence.

A larger degree of failure means a larger amount of support. By working from this deficit model, we expect families to hold their hands up from deep inside a hole of helplessness. Then, we expect them to have the psychological strength to climb up the thin rope thrown down,(Paquette & Ryan, (2001). This implies that many parents are in a cocoon of fear to communicate sex education matters to deaf adolescents due to several factors like communication mode, societal/ cultural influences for example shame. Bronfenbrenner sees the instability and unpredictability of family life we've let our economy create as the most destructive force to a child's development, (Addison, 1992). Children do not have the constant mutual interaction with important adults that is necessary for development. According to the ecological theory, if the relationships in the immediate micro system break down, the child will not have the tools to explore other parts of his environment.

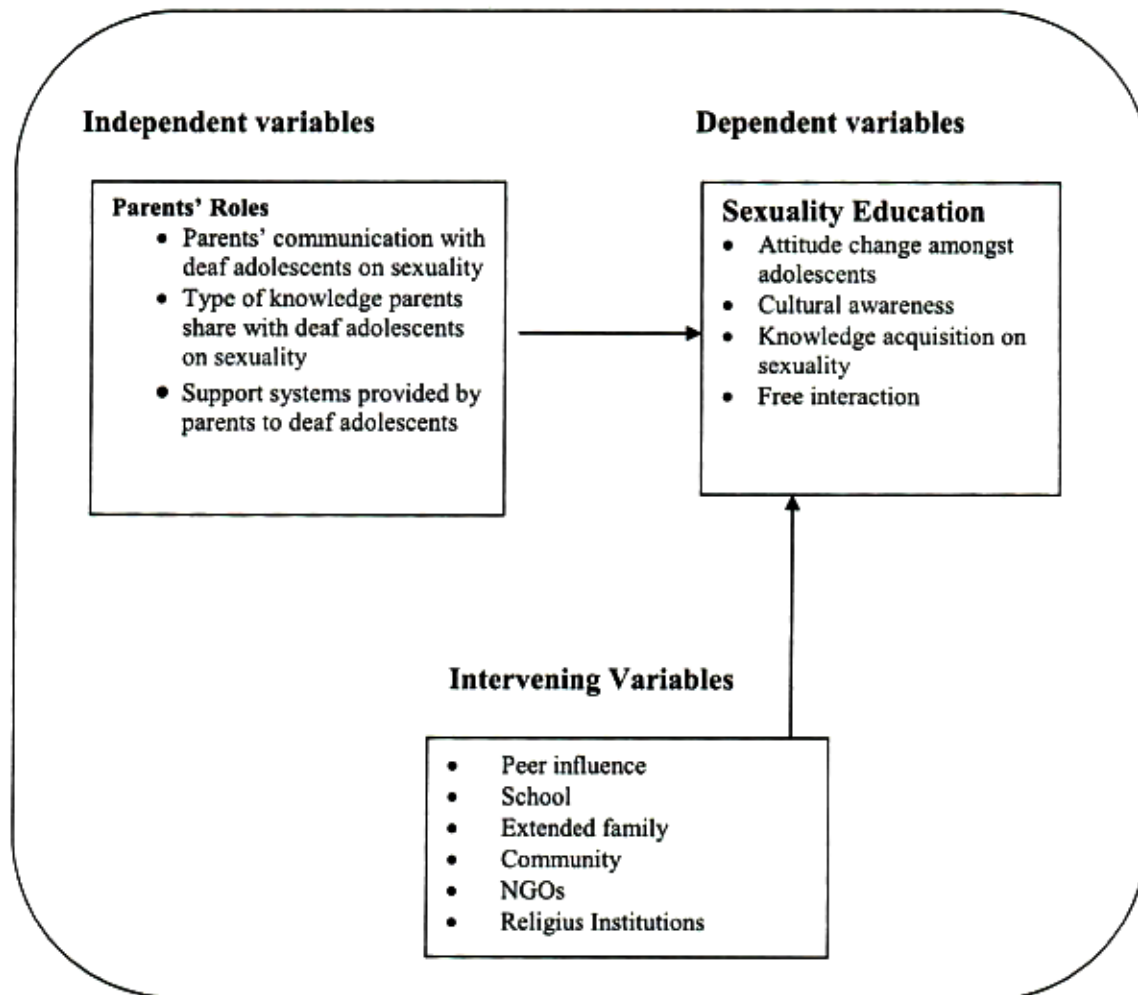
Children looking for the affirmations that should be present in the child/parent (or child/other important adult) relationship always look for attention in inappropriate places. These deficiencies show themselves especially in adolescence as anti-social behavior, lack of self-discipline, and inability to provide self-direction (Bronfenbrenner, (1990).

This theory has dire implications for the practice of teaching. Knowing about the breakdown occurring within children's homes, is it possible for our educational system to make up for these deficiencies? It seems now that it is necessary for schools and teachers to provide stable, long-term relationships. Yet, Bronfenbrenner believes that the primary relationship needs to be with someone who can provide a sense of caring that is meant to last a lifetime. This relationship must be fostered by a person or people within the immediate sphere of the child's influence; who is most likely to be the parent. Schools and teachers fulfill an important secondary role, but cannot provide the complexity of interaction that can be provided by primary adults. For the educational community to attempt a primary role is to help our society continue its denial of the real issue. It is in the best interest of our entire society to lobby for political and economic policies that support the importance of parent's roles in their children's development.

Bronfenbrenner would also agree that we should foster societal attitudes that value work done on behalf of children at all levels: parents, teachers, extended family, mentors, work supervisors, legislators,(Henderson, 1995). An ecological model is based on assessing the needs of children focuses on using a holistic approach. In this case the main aspects to be considered are as follows; the child themselves, their parents and family, friends, neighbors, the community and wider society, (UNOCINI, 2014).

CONCEPTUAL FRAMEWORK

Parents' Role in the Provision of Sexuality Education to Deaf Adolescents



Source: Self constructed

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents the literature review of the study. Literature was reviewed according to the objectives of the study focusing on the way parents communicate with deaf adolescents on sexuality. The type of knowledge parents have which is shared with the deaf adolescents and the support systems parents provide in supporting deaf adolescents to acquire sexuality education.

2.2 Parental Communication on Sexuality

From a young age, everyone is exposed to sexual imagery and language in the environment, human bodies experience and develop sexual responsiveness therefore curiosity is inevitable and the answers given should clarify, not confuse, the issue of sexuality. Bringing up adolescents is a challenge for parents. Every mother and father will sometimes struggle to know what to do for the best (Raws, 2016). While as a society we increasingly recognize the importance of parenting when children are in their early years, there is little acknowledgement of the vital role that parents and caregivers play in supporting their children through the long and sometimes difficult transition from childhood to adulthood. Research by The Children's society for over twenty years has often pointed to poor care by parents as the background context for teenagers who have problems, (Raws, 2016).

The atmosphere in which the child grows up is a strong indicator of the child's self-esteem (Gentzel, 2007). In regards to the deaf child, this atmosphere can be one of either

acceptance or rejection; no matter how capable parents feel in dealing with deafness, all parents have to adjust to the disability, and most hearing parents have a hard time coping. In addition, many hearing parents who discover their child is deaf go through an initial period of denial and bewilderment. Once this period has passed, the parents may either decide to accept the fact that the child is deaf and make deafness a part of their family, or may (however unknowingly) reject deafness which results into rejecting the child's Deaf identity (Genzel, 2007).

The chasm between hearing parents and their deaf adolescents results not only from missed conversations, but also by the parental attitude towards the deaf adolescent. While many parents underestimate the influence they have on their child's self-esteem, the way they react to the adolescent's deafness actually has a large impact on his/her self-esteem and psychological development. Additionally, this influence on the child's self-esteem does not begin in adolescence, but rather in early childhood (Genzel, 2007). It is common to find people who are deaf being born to families of hearing parents. From parents' perspective, deafness (anacusia) is the most complex sensory loss which faces parents with constant stress and anxiety (Falakolaflaki & Hormozi, 2015).

Parent-child communication is defined as how often adolescents communicate with their parents about a variety of topics, such as drugs and alcohol, sex and/or birth control, and personal problems or concerns. High quality parent-adolescent communication is important because it is associated with positive adolescent outcomes; therefore, establishing an environment that promotes productive parent-child communication is important because it can serve as a protective factor for adolescent problem behavior. Adolescents who talked to their mothers about a problem behavior were engaged in lower levels of risk behaviors.

Parents may also delay conversations about sexuality because they are afraid of putting ideas into their child's head before they are ready or because they equate talking about sexuality with giving tacit permission to explore sexual behaviors (Ashcraft & Murray, 2017). In fact, sex education and parent-child communication about sexuality are associated with delayed sexual activity and more consistent contraceptive use. Conversations with parents have the potential to become the benchmarks against which teens measure other information about sexuality and serve as a buffer against early sexual activity. Unfortunately, in many instances, "sex talks" between parents and their children are less than optimal. Parents tend to exclude positive topics associated with sexuality, such as pleasure, love, and healthy relationships, in favor of negative topics and warnings. These conversations lacking positive topics associated with sexuality, pregnancy, sexually transmitted infections (STIs), abuse and exploitation tend to scare adolescents. Parental guidance is needed as adolescents develop, but parents need to have accurate and complete information from medically accurate resources to share with their teens (Ashcraft & Murray, 2016).

2.3 Parental Knowledge on Sexuality

Most parents are uneasy talking with young people about issues relating to sexuality. They want to be involved in educating children about sex but they do not know how to go about it. Much of the discomfort comes from inadequate information. Parents feel that they themselves do not understand sexuality well enough to be comfortable talking about it. They often lack facts about anatomy, physiology, menstruation, puberty, wet dreams, conception, and contraceptive use and other reproductive health issues (Bruess & Greenberg, 2004). Some parents do not discuss sexuality with their children because they believe that too much information leads to experimentation. Some think that if they ignore

the topic, it will be forgotten. Others use myths and scare tactics to discourage their children from early sexual experiences (Miller, 2001).

Contributing to this anxiety are cultural taboos, traditional beliefs, values, attitudes, fears and mis-information. Nabimanya, (2017) confirms this in the New Vision that a team leader for Reach a hand Uganda notes that:

Parents and guardians are not knowledgeable enough to help pass on information on how young people can make informed decisions, not to contract HIV because HIV talk rotates around sex most of the time, which is a taboo topic for discussion in most communities across Uganda, (p.27).

The importance of parents, guardians, and other caregivers in all aspects of adolescent development cannot be overstated, but their role in the provision of sexuality education is crucial. Parents are the single largest influence on their adolescents' decisions about sex, but they (parents) underestimate the impact they have on their decisions. For most parents and their children, the prospect of talking about topics related to sexuality creates anxiety and apprehension, and this may lead to avoidance of discussions.

Parental monitoring refers to parents' efforts to gain knowledge of children's and adolescents' behavior. Communication about sexuality matters between parents and adolescents is probably the single parenting dimension for which the effects on adolescent sexual risk-taking remain unsettled due to methodological difficulties related to the temporal ordering of exposure and outcome variables. The expectation is that frequent and positive parent- child communication on such matters will lower the probability of sexual risk taking by promoting more responsible adolescent behavior. A recent review of studies of the effects of parent child communication about sexuality and reproductive health matters on gender differences in children's sexual behavior in sub-Saharan Africa has yielded conflicting results, although parent- child sexuality communication tended to be associated with reduction in adolescent risk-taking behavior. For instance, communication with parents on sex-related matters was

significantly associated with increased likelihood of sexual activity among adolescent males in Malawi and adolescent females in Uganda, (Sidze & Defo, 2013).

Monitoring is one of the most consistent predictors of both positive child development and the avoidance of problem behavior, (Darling, 2007). For deaf adolescents, decreased parental monitoring and involvement makes it a risk period for the development and maintenance of problem behaviors such as promiscuity, substance use, aggression, and violence in an individual. This is confirmed by a study carried out by UNICEF (2013: 5-6) in Guyana where it is states that:

Adolescents with disabilities and 10- 14 year olds who were out of school were found to be especially redundant. There was mixed feedback on teachers and parents; some parents were adapting their parenting style to meet the needs of their adolescent children, while some did not speak to their children about sexuality health issues.

Research shows that sex is one of the most salient topics for adolescents to discuss with their parents. The results from one study indicate that parents provide more discussions of sex with their daughters than their sons. Overall, research established that a supportive environment where parent-child communication is valued and practiced is associated with adolescents who are successful during adolescence, (Hoskins, 2014).

Promoting parental-child communication about sex in the domestic context has been identified as an important measure to prevent HIV and AIDS among boys and girls. Although there is some information on school based sexual education in Namibia, there is little information on family based sex education and there is a distinct lack of studies on what parents and their offspring say to each other on sexual issues (Nambambi & Mufune, 2011). Parental avoidance of sex education with their children is related to such factors as embarrassment, lack of awareness of what to talk about, lack of confidence, poor communication skills and a lack of tradition whereby parents talk to children on such

issues. This is largely because of the cultural construction of sexuality as an adult affair and as belonging to the realm of the private. In many parts of the world “sex” is culturally framed as a taboo.

There are many reasons why parents are considered key people in sex education. They include the fact that they are seen as individuals that are able, not just to educate their children about sexual subjects, but to compliment and maintain the culture and those present within the family. They support the emotional and physical aspects of their children’s health and assist them in preparing for adult life. Parents of deaf adolescents are not excluded in this responsibility; and bearing their disability, deaf adolescents need sexuality education just like their hearing counterparts. This study was carried out to investigate the role of parents in providing sexuality education to deaf adolescents. The focus was on the challenges they face, the strategies laid to cope with the challenges and to find out whether there are support systems in place for the parents to turn to when providing sexuality education to deaf adolescents.

Bronfenbrenner’s theory suggests that family environments constitute the basic ecology where children’s behavior is manifested, learned, encouraged, and suppressed. Parents’ roles in the family environment have primarily been to prepare children for adulthood through rules and discipline. During adolescence, however, the influence of peers also serves as an important socialization agent. Despite this new sphere of influence, research has clearly demonstrated that parenting accounts for more variance in externalizing behaviors in adolescence than any other one factor. The period of adolescence can be difficult for parents therefore, understanding the importance of maintaining high quality parenting is particularly essential. The influence of parenting during adolescence continues to affect behaviors into adulthood, (Hoskins, 2014).

Adolescence is like a forgotten age, its problems largely ignored in the clamor for attention to competing societal concerns. Perhaps that is because adolescents are so often perceived as troubled kids or troublemakers, unlike younger children for whom it is easy to get a sympathetic hearing. Teenagers are often touchy, obsessed with the approval of their peers, and seemingly indifferent or downright hostile to the views and values of adults which, is often a worry to their parents.

Even within the United Nations, acknowledgment of or protection for adolescents with disability, is frequently overlooked. For example, in the United Nations General Assembly's Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993), which sets global standards for inclusion, an opportunity for underscoring the needs of adolescents is missed when groups of disabled individuals at particular risk are enumerated.

In the African setting, sex and sexuality issues are rarely discussed. A study in Tanzania and South Africa indicated that nearly half of HIV-infected adolescents had never talked about sexuality with their parents or adult family members. Poor parent child communication may be associated with risky sexual behavior. A survey in Uganda found that counseling for HIV-positive adolescents focused entirely on abstinence even though 33% reported being sexually active and 86% of those who had not yet had sex were planning to do so, (Van Nuil *et al.* 2014)

In a qualitative study of Rwandan adolescents' views on sex and HIV by Van Nuil *et al.* (2014) an adolescent is quoted to have said:

We, adolescents, should also welcome advice provided by parents; we should - understand that their advice aims to prepare us for a good future

This indicates that adolescents are eager to acquire sexuality education from their parents but most parents do not initiate such conversation. For the deaf adolescents it is even more difficult because of the different communication mode.

Deafness is called an invisible disability because the limitations are less obvious but the barrier becomes every bit as real. Parents of deaf adolescents need to understand that just like their hearing counterparts, deaf adolescents face many challenges during Puberty; but theirs are augmented by their disability. The biological transition into adolescence is perhaps the most salient sign that adolescence has begun. It is punctuated by physical growth and sexual changes; improved motor skills and strength, need for more sleep, body changes and sensory issues.

Cognitive challenges come with intolerance and abstract thinking while psychological challenges are commonly seen in an increased desire for autonomy and independence. Adolescence wants to have more say in decision on daily activities (eating, dressing, leisure) There is a desire to broaden horizons, take risks, increased interests in new experiences, new people, new places and new experiences related to growth and to expanded environment. There is also an increased need for privacy. Social challenges come with a need of making friends outside the family. Parents need to educate deaf adolescents about the expected changes during this time so they embrace this period with understanding.

Parenting may take on a variety of forms depending on culture, community, context and constellation of the family. Many hearing parents find it difficult to talk to their hearing children about the changes expected during adolescence (Dishon & Kavangah 2003). In some cultures, it is the responsibility of the paternal aunt to take children through this stage (especially girls). The boys in most cases are seldom talked to about puberty. As children mature, there is a natural tension that leads to increasing levels of independence

and autonomy. Parents with children who are in early adolescence may be prone to cracking under the pressure, relinquishing their role as the familial executive and failing to set appropriate limits and boundaries.

The frustration, humiliation, futility, and rage, which may be experienced by the parent, can affect the parent's sense of competence and self-esteem, which may in turn be disruptive to the pre-teen's developing sense of self. If a parent can understand this stage of their child's development better they may be able to respond more effectively, empathise with their pre-teen, and set appropriate limits while not reacting emotionally or having their authority overthrown. Although parenting in early and middle childhood sets the stage, continued parental support and positive family management can help reduce the risk and provide protection during transition into adolescence (Dishon & Kavangah, 2003).

Many parents did not have sex education when they were young and this contributes to their lack of confidence on the subject. Many parents fear that sex education would lead to experimentation and the corruption of their children. Research indicates that starting sex education in the early years is beneficial because parents find it easier to talk to children about sex when they are younger. It may even lead to reduce teenage pregnancy. Poor parental communication and lack of skills and confidence is linked to poor sexual health among teenagers. The more educated the mother the easier she finds it to discuss sexual matters with her daughters and the less likely the daughters end up experiencing teenage pregnancy (Nambambi & Mufune, 2011).

2.4 Support Systems parents provide in supporting deaf adolescents to acquire knowledge on sexuality

Families of deaf children may experience a sense of grief or loss without an increase in parenting stress. As the child gets older and the impact of the hearing loss becomes more apparent, parenting stress may increase. The full impact of deafness is felt by parents only in the school years when the communication gap between children who are deaf and those who are hearing becomes more evident, (Lederberg & Tolbach 2002). This is when parents need support the most.

Sexuality is a topic that may be neglected by parents in adolescents with disabilities, despite evidence that their needs are often similar to or greater than those of their typically developing peers. Numerous studies have demonstrated the lack of adequate sexuality education provided to adolescents and adults with disabilities (Hall & Quint, 2017).

The traditional sexuality education curriculum provided to adolescents in the United States is heterogeneous at best; the quality and quantity of information provided and variable information may be narrowly focused on sexual behaviors and their negative consequences, content is often based on a hetero-normative framework and promotes gender stereotypes. Available information demonstrates the lack of policies and programs that specifically address the educational needs of disabled girls. Proving that the unique needs of the adolescent with a physical, sensory or intellectual disability are unlikely to be met (Rousso, 2003).

In sub Saharan Africa traditionally, adolescents were not given information on sexual matters, with the discussion of these issues being considered taboo. A study in Ghana indicated that adolescents show high levels of connectedness to family, adults, friends, school and religious groups. High levels of adult monitoring are also observed, but

communication with family about sex-related matters was not as high as with non-family members, (Kyereme *et al.* 2007). In other cultures, such instruction was traditionally left to a child's parents, and often this was put off until just before a child's marriage.

Generally in the western society, movement through adolescence from childhood to adulthood involves much more than a linear progression of change. It is multi-dimensional involving a gradual transformation or metamorphosis of the person as a child into a new person as an adult. It is important to note however that required changes in a young person during adolescence differ with culture. In some African cultures, some of the roles played by children and adults are similar. Children may be expected to perform work-like tasks for the welfare of the family while quite young. Also in some cultures the number of years spent in being educated before working is short. In such cultures the transition from childhood into adulthood is likely to be less challenging, (Gerald & Gerald, 2005).

The findings of Nakajubi and Busingye (2017: 22) on the status of HIV/AIDS in Uganda indicate that:

There are a lot of contradicting messages and approaches in the way we talk about sexuality and HIV/AIDS to young people in schools and equally out of school. Parents and guardians are also not knowledgeable enough to help pass on information on how young people can make informed decisions not to contract HIV. This is because HIV talks rotate around sex most of the time, which is a taboo topic for discussion in most communities across Uganda.

Mbabaali (2017:2) in a headline: 41% deaf people are not aware of HIV. cites Serwadda's statement:

While national studies have been conducted to sample the entire population on HIV prevalence, little attention is given to people with disabilities.

The above statements confirm that support systems for sexuality education among deaf adolescents are almost nonexistent.

2.5 Summary of Literature

Provision of sexuality education to adolescents according to literature is a taboo area for parents especially in Africa. This is not only influenced by cultural aspects but many parents themselves cannot bring themselves to discuss such sensitive issues with children due to ignorance and shame. The family in general and parents are recognized by many disciplines as most influential in affecting a given child's behaviour including sexual identity. To this end psychological theories (e.g. learning theory, social learning theory, psychoanalytic theory and cognitive development) as well as sociological approaches all emphasize family as the most important factor in sexual identity and behaviour. The absence of the link between social support (especially family support) and safe sex largely explains why socially isolated young people have poor sexual health. Engaging parents in sex education matters therefore and has a definite impact of the sexual health of the young.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This study aimed at investigating the role of parents in providing sexuality education to deaf adolescents; focus was on finding out how they cope with challenges that come with provision of sexuality education, strategies employed to overcome the same and support systems engaged in relation to provision of sexuality education to deaf adolescents.

This chapter presents the research design and approach, the population, sample participants and sampling procedures. It also explains the data collection methods and instruments used; the procedures of data collection, analysis and the ethical considerations.

3.2 Research Approach

The study applied the qualitative approach because it focused on exploring a problem. It uses verbal and textual data (Porter 2007). It began with assumptions and the use of interpretive/ theoretical frameworks that inform the study of the research problem. The researcher considered a substantive area of investigation in relation to real life experiences, reviewed the literature about the topic globally and at an African Ugandan level and affirmed that the problem existed and needed to be studied (Creswell, 2007). The researcher then employed rigorous data collection procedures, making sense of data in terms of the participants' definitions of the situation, noting patterns, themes, categories and regularities (Cohen *et al.* 2011). This was because understanding a phenomenon, situation or event comes from exploring the totality of a situation.

The independent variable in the study was the parents' role while the dependent variable is the sexuality education. This means that when parents carry out their role to provide sexuality

education to deaf adolescents; they deaf adolescents will find it easy to cope with the challenges that come with puberty; but when parents relinquish that responsibility the deaf adolescents are very likely to experience poor sexual health which is punctuated by early pregnancy, STI, HIV and AIDS and many other problems.

Qualitative research is naturalistic in that the research process is undertaken in a natural setting. It focused on processes and structural characteristics of settings and tried to capture reality in interaction through intense contact. It offered thick descriptions and presented the information gathered verbally in a detailed and complete form. This qualitative research aimed at understanding people and not measuring them. It operated within communication of which it is a part and employs value added inquiry, (Sarantakos, 2005).

Qualitative approach was also used to uncover trends in thought and opinions. The study took on a descriptive design which was conducted because the type of problem is not yet clearly defined. It provided insights into the problem and helped to develop ideas or hypotheses for potential qualitative research, (Enayet & Supinit, 2016). Qualitative design also provided textual descriptions of how people experienced a given research study and how they provided information as individual human beings i.e. the contradictory behaviours, beliefs, opinions, emotions and relationships of individuals. Qualitative methods were also effective in identifying intangible factors such as social norms, social economic status, gender roles, ethnicity and religion whose role in the research issue may not have been readily apparent.

Rooted in the interpretive paradigm of social constructivism, this study was posited on the assumption that knowledge is socially constructed as individuals seek to make meaning of the world in which they live The study was, therefore, informed by the epistemological position that individuals constructed knowledge and understanding through their

experiences and the meanings they derived from and brought to those experiences. As such, those meanings were multiple and varied. The qualitative approach was used to explore behaviour, perspectives, experiences and feelings of people and emphasised the understanding of these elements (Creswell, 2013).

Using the qualitative method, knowledge was constructed from the meanings and responses obtained from the interviews and discussions with the participants. Thus, it was believed that a qualitative approach provided the thick description that brought out a deeper understanding of the role of parents in providing sexuality education to deaf adolescents during puberty.

Creswell (2007) defined the phenomenological design as that which describes a common meaning of several individuals of their lived experiences of a concept or a phenomenon. It looked for those who have had experiences relating to the phenomenon to be researched. It described the meaning of several individuals and their lived experience. It attempted to identify shared experiences among various individuals experiencing shared phenomena.

The researcher assumed that a phenomenological research design was appropriate for the study because the defining features of a phenomenological study included: emphasis on a phenomenon to be explored in this case parents' provision of sexuality education to deaf adolescents. In addition the exploration of this phenomenon was with a group of individuals who have experienced the phenomenon; parents of deaf adolescents who had the experience of parenting deaf children. A discussion about the basic ideas rotating around the lived experiences of something in common with other people; in this case a discussion with parents of deaf adolescents and how they play the role of providing sexuality education to their deaf adolescents (Creswell, 2013).

Data analysis involved organising, accounting for and explaining the data. The final written report included the description and interpretation of the problem and its contributions to the literature or call for change (Creswell, 2007). The researcher collected data in a natural setting in the participant's home environment this indicated researcher's sensitivity to the participants in the study. The research began with assumptions and the use of interpretive/ theoretical frameworks that informed the study of research problems that addressed the meaning individuals or groups ascribe to a social or human problem.

The researcher believed that parents experiencing this phenomenon have different and varied experiences and as such there would be multiple realities. The study therefore was conducted with the intent of understanding and reporting these multiple realities. To achieve this, data was gathered by engaging participants in face to face, open-ended dialogue since this gave them the opportunity to bring out a more comprehensive description of their experiences (Rampersad, 2011).

3.3 Location of the Study

The study was carried out in Mafubira Sub- County, Jinja district in the Eastern region of Uganda. The District is bordered by Kamuli District to the north, Luuka District to the east, Mayuge District to the south-east, Buvuma District to the south, Buikwe District to the west, and Kayunga District to the north-west.

3.4 Target Population

The target population of the study was parents of deaf adolescents. Parents are key people in bringing up children and their importance cannot be overstated. Their role in the provision of sexuality education is crucial and has a great influence to adolescents during puberty.

3.5 Sample Size

The total sample size was eight participants. Participants comprised of parents of deaf adolescents; four male and four female. The parents were selected because they were either the biological parents to deaf adolescents and were responsible to provide sexuality education. They were all residents of Mafubira sub- County in Jinja district.

3.6 Sampling Procedure and Criteria

Purposive sampling procedure was used in this study. This began by purposive selection of a homogeneous sample of individuals (Creswell, 2013). The researcher used connections with the chairman of the parent support group from Mafubira sub-county who connected to other parents of deaf adolescents in the area. They were carefully selected to vary the age of parents and their deaf adolescents. This was important because sexuality education varies from age to age on the side of the adolescents while the parents' age is also important because it could determine the vigilance one possesses in providing sexuality education. The sample was ultimate because it enabled the researcher to gather adequate information for the study. The sample enhances reliability and it was an important criterion for judging the merits of the study (Cohen *et al.* 2011).

3.7 Instruments

Data was collected using interviews and focus group discussions. Methods of data collection were aligned to the objectives of the study in order to generate the information needed (Bell, 2005).

3.7.1 Interviews

This study used semi structured interviews because of their flexibility in generating more data. Interviews focused on the centrality of human interaction for knowledge production.

Cohen *et al.* (2011) remarked that an interview was an interchange of views between two or more people on a topic of mutual interest. They enabled multi- sensory channels to be used; verbal, non- verbal, spoken and signed. Interviews enabled both literate and illiterate participants to participate in the study. They were particularly useful for getting the story behind a participant's experiences. They enabled participants to discuss their interpretations of the world they lived in and to express how they regarded situations from their own point of view. In this sense the interview was not simply concerned with collecting data about life; it was part of life itself. Its human embeddedness was inescapable. (Cohen *et al.* 2011).

The semi-structured interview guide was divided into two parts, demographic characteristics and the actual questions of the study based on the themes presented in the research questions. The items were focused on the bio-data of participants and any other necessary information. The outcomes and opinions on the Parents' role in the provision of sexuality education to deaf adolescents during puberty were from participants. The items of the interview were open ended questions which measured the subjective responses tailored towards finding out participants' strengths of feelings on the various aspects of a parents' role in the provision of sexuality education to deaf adolescents during puberty.

An interview guide was prepared which followed topics and questions that the interviewer would ask in different ways for different participants. They sought to obtain the life world of the interviewee with respect to interpreting the meaning of the described phenomena (Brinkmann & Kvale, 2015). This method was used because it helped to probe participants in a bid to find their views in regard to the phenomena and provided the researcher with an opportunity to modify the questions that aren't clear to them (Gall *et al.* 2007).

Furthermore interviews were carried out like a normal dialogue in the local language. The choice of the interview was based on the fact that interviews are simple instruments for data collection which enabled the researcher to obtain first hand information of the social world by listening to the participants (Creswell, 2013).

The interview was key in gathering information from participants about the role of parents in providing sexuality education to deaf adolescents during puberty. In order to obtain data through interviews, the researcher developed an interview guide.

3.7.2 Focus Group Discussion

Another method used to collect data was focus group discussion (FGD). This is a form of group interview, though not in the sense of backwards and forwards between interviewer and group. Rather the reliance is on the interaction within the group who discuss a topic supplied by the researcher yielding a collective rather than individual view, (Bryman, 2016; Cohen *et al.* 2011). Hence the participants interact with each other rather than with the interviewer, such that the views of the participants can emerge; the participants rather than the researcher's agenda can predominate.

As such, the focus group contained elements of two methods; the group discussion in which several people discussed a number of topics. Within the focus group discussion, there was a discussion in which discussants focused on a particular situation because they were known to have been involved in it and were asked about their experience, (Bryman 2016). A focus group discussion was a good way to gather people from similar backgrounds or experiences to discuss specific topics of interest.

Focus group discussions were suitable for this study because the technique allowed the researcher to develop an understanding about why people feel the way they do. In individual interviews, participants were often asked about their reasons for holding a

particular view, but the focus group approach offered the opportunity of allowing people to probe each other's reasons for holding a certain view. This could be interesting in that an individual could give their view but as they listen to others' views, they would choose to modify theirs. An individual would also voice agreement to something that he or she probably would not have thought of had they not heard it from others. Such possibilities mean that focus groups were very helpful in eliciting a variety of views in relation to a particular issue.

In a focus group, individuals would challenge each other's views. This meant that the researcher ended up with more realistic accounts of what people thought about because they were forced to think about and possibly revised their views. They were punctuated by lively collective interactions which brought forth more spontaneous expressive and emotional views in individuals. In the case of sensitive taboo topics, the group interaction facilitated expression of viewpoints that are usually not accessible (Brinkmann & Kvale, 2015). These focus groups were conducted in Lusoga, the local language of the participants.

Two focus group discussions were conducted for the purpose of data collection; one for female parents and another for male. This was so because issues of sexuality are considered taboo in the culture of the area therefore separation helped to generate more information from each group as participants freely discussed issues of sexuality in a single sex setting. The researcher carefully selected the participants and made sure that the location and time of the FGD were clear and convenient to all participants. Consideration of the location's proximity to public transport was also taken into account. The researcher also made sure that the setting does not bias the information needed and that the place was as comfortable and convenient for participants as possible, (Prashad & Garcia, 2017).

During the discussion, the researcher employed probe questions which introduced participants to the discussion topic and made them feel more comfortable sharing their opinion with the group. Follow-up questions were also good for they dug into the discussion topic and the participants' opinions; while exit questions checked and ensured that nothing was missed. While moderating, the researcher ensured that all participants were comfortable and engaged in the discussion, and that their opinions were heard. Neutrality was vital in that everyone felt comfortable and expressed their opinions by nodding, head shaking, eyebrow raising, agreeing or disagreeing with comments, praising or criticizing participants was avoided.

The researcher endeavored to elicit more information from shy participants by using encouragers like:

Can you tell me more about that?, Help me understand what you mean? or Can you give an example?

It was also important to note dominant participants and acknowledge their opinion while soliciting other opinions by using phrases like:

Thank you. What do other people think?

These probes were very helpful. The researcher paraphrased long, unclear comments by participants which indicated to the participants that the moderator actively listened to their responses. It also helped the researcher to ensure understanding of a participant's statement; acting spontaneously where necessary. If the conversation went in an unexpected, but productive direction the researcher went with it and asked questions that were not on the initial plan. Probed deeper into new topics and ideas as long as the information gained was valuable (Prasad & Garcia, 2017). Other important things were the use of a good audio with good battery life. The researcher transcribed the FGD soon after it was completed, so that the nuances of the dialogue were not lost in the annals of time.

The researcher also took notes in the midst of the dialogue and after the episode with the participants because such reflective notes made for robust qualitative data.

3.8 Procedures of Data Collection

Prior to data collection, the researcher sought approval of the research proposal and data collection instruments from the research supervisors, obtained an introductory letter from Kyambogo University which introduced the researcher to places where the study was carried out. The researcher then paid preliminary visits to the district and sought permission from district officials, local authorities and the participants themselves and made appointments for data collection. The researcher made phone calls to agree on which days to meet for the interviews and focus group discussions. Most mothers were met in the comfort of their homes save from the fathers who the researcher met in their work places. The researcher and participants agreed to use Lusoga the indigenous language of the area which fortunately the researcher is fluent in. Data was collected from participants after they signed consent forms. The focus group discussions were held in the afternoons of two days, first with the mothers and then the fathers on the second day. Proceedings for both the interviews and the focus group discussions were recorded using a voice recorder.

3.9 Pilot Study

A pilot study is a preliminary study conducted in order to evaluate feasibility, time, cost, adverse events and improve on the study design prior to the research project. A pre-test was carried out prior to the data collection. The pilot study was carried out for purposes of reliability, validity and practicability of both the instrument and the sampling procedures (Cohen *et al.* 2011). Some questions from the interview guide were rephrased because they elicited the same answers. Uganda school for the Deaf in Ntinda was chosen because it is located close to the researcher's work place. The school holds sign language classes

for parents every Wednesday so the researcher carried out a survey prior to the pilot study and identified two parents (1 male and 1 female) who had adolescents of age 19 and 11 respectively who always attend the sign language class. An appointment for the interviews was made. During the interview, parents were informed about the purpose of the study. This was done at school after their sign language class and their responses were audio recorded. There was no focus group discussion at this level due to lack of funds.

3.10 Data Analysis

Data collected from interviews was analysed through the use of thematic analysis based on organisation of field data in which the raw data mainly came from parents of deaf adolescents. Data transcription involved writing detailed notes from the raw data in accordance to the objectives of the study as noted from the organisation of field data above. It involved quoting of statements from some participants. The coding process involved attaching labels to the category of data in relationship to the set objectives of the study. The pseudonyms given to participants helped in identifying the specific responses to each objective. Data from themes and sub-themes was developed. It involved sorting and classifying results according to the set objectives. It was descriptively analysed following themes and sub- themes developed from the interviews and focus group discussions.

3.11 Trustworthiness

Basing on parental experience, the researcher presumed it easy to find parents from whom data was collected. Creswell (2013) emphasised that in phenomenological studies, the participants must be located in the same vicinity although they need not be; but most importantly they must be individuals who experienced the phenomenon being explored and

articulated their lived experiences. All the participants in this study were from the same sub-county and were all parents of deaf adolescents.

To overcome cultural blindness, the researcher avoided bias by focusing on the purpose of the study and minimised other interferences which came in the course of data collection. Cultural blindness is a situation whereby the researcher may become blind to everyday experiences among communities where data is being collected, (Brock-Utne, 1996). The researcher also used personal experience of once parenting a deaf adolescent which enriched the research findings but not as a basis for interpreting the responses.

3.12 Ethical Considerations

Ethical issues were followed when conducting research, since results of the study related directly to the integrity of the study and the people involved. In this study, ethical issues served to protect the participants' privacy and work relationship with the researcher. Ethical considerations helped to increase the credibility of the study (Hoyle, Harris & Judd, 2002). The research procedures were systematically followed. They included: entry into the district, sub-county and families of the participants; their consent, confidentiality and power relations as well as cultural issues.

During the study, the researcher guarded against any unethical practices that arose during and after the study. The following ethical considerations were made: Demographic data was collected from participants; a short consent form that takes a short time to complete was designed to be administered before the interview/ focus group discussion started. The researcher sought permission from the participants to take and use some photographs from the study and all information discussed was to be kept confidential.

Permission was also sought from the department of Special Needs Studies (SNS) and graduate school by way of granting the researcher permission to proceed for data collection after the proposal was approved.

CHAPTER FOUR

FINDINGS, INTERPRETATIONS AND DISCUSSION

4.1 Introduction

In this chapter before presenting study findings which are based on the objectives, a presentation of the demographic data is provided. This is necessary in that the manner in which respondents provided information could be directly or indirectly attributed to their respective status and experiences. The said demographic data is as provided in the following section:

The biographic data indicates that of the eight parents who participated in the study, four were male in the age bracket of 41-53 while four were female in the age range of 34-53. For the sake of anonymity, the parents' names were omitted and they were instead referred to as FP1, FP2, FP3 and FP4 for the female parents. The male parents were referred to as MP1, MP2, MP3, and MP4.

4.3 Participants' Characteristics

FP1 is 36 years, a house wife and mother to a 14 year old deaf adolescent girl who is her first born. She is semi illiterate. FP2 is a 40 year old married lady who dropped out of school in P.3 She is mother to a 13 year old deaf adolescent. She is a lady who believes very much in her culture. FP 3 is 53, a single mother to a 16 year old adolescent boy. She is an O level drop out and works as a matron to deaf children in a primary school unit. While FP4 is a 34 stay home married mum who dropped out of school after her O level. She has a 17 year old deaf adolescent boy.

MP1 is 41, he is married and a degree holder running a Community Based Organisation (CBO) for parents of deaf children. He is father to a deaf adolescent boy. He is an advocate for children with disabilities and has a passion for their wellbeing.

MP2 is 42, father to a deaf adolescent boy. He is a diploma holder and a head teacher of a primary school. He is married. MP3 is Age 46 a licensed teacher working in a primary school. He is married and is a father to a deaf adolescent girl whose mother he separated from. MP4 is a 53 married businessman. He did not disclose his level of education. He is father to a deaf adolescent girl who is out of school. Having noted what the biographic data reveals, in the next section the full study findings are presented. This is based on the study objectives.

4.3.1 Findings on objective one

Objective one aimed at finding out the way parents communicate with deaf adolescents on sexuality

The findings on this objective vary

The researcher sought to find out the way parents communicate with deaf adolescents on sexuality, to assess the knowledge parents have on sexuality, which is shared with deaf adolescents and to identify the support systems parents provide in supporting deaf adolescents to acquire knowledge on sexuality. Data was obtained from interviews and focus group discussions of parents of deaf adolescents. It was presented thematically in regards to the research questions raised to guide the study. In order to check validity and reliability issues arising; data was obtained from parents of deaf adolescents themselves. It was interpreted, discussed and reported.

4.4 Presentation of the Findings and interpretation

The findings from the study indicated that most parents communicated to deaf adolescents about hygiene, issues of menstruation, peer pressure. Some did not communicate these things directly to the deaf adolescents while some especially those who had boys admitted saying nothing.

4.4.1 Objective one: To find out the way parents communicate with deaf adolescents on sexuality

Table 1: Parental communication with deaf adolescents on sexuality

Item	Parents' Views	Supporting Data
What parents communicate with deaf adolescents on sexuality	Cleanliness, menstruation	I tell her about being clean and the experience of menstruation
	No knowledge on what to tell the deaf adolescent	Aha! He is a boy and i dont even know what to tell him about sex but i tell him to be clean
	Warn about influence of bad company	I warn him about bad groups and being clean
	Information on growing up, ensure privacy, and good hygiene	I share with my boy about issues of growing up, the body changes, to respect privacy and to ensure good hygiene
	Difficult to talk about sexuality with children	I cannot say these things directly to my girl, the matron at school does.
	Not father's responsibility	Thats her mother's responsibility
Explanation on how sexuality education is communicated	Use of gestures	...laughter... we have our way of communicating; we try to understand each other
	Barred by culture, no sign language	You know these things of sexuality cannot be articulated by mothers besides my sign language is poor
	Failure to communicate using sign language	I use gestures my sign language lacks a lot
	Use of real life situations	Ho! I must say its very difficult, sometimes i use real life situations by showing him boys of bad groups
	Use of sign language, and real life situations, pictures	I use of sign language, real life situations, pictures to explain what is happening to him, what he should do and what to avoid. Our interaction has improved my sign language
	No direct communication	For me i dont sign, i left ot all to the school matron. She knows what to do
	Communication through deaf role model	For me i dont communicate directly. There is a deaf role model in the community who tells him. They are friends and he seems to be a good man.
Such communication on sexuality is not for parents	Issues of sexuality are not for parents especially me as a father, its taboo to say such to my daughters	
Effectiveness of communication on sexuality	Not very effective	Well, I cannot say that it's very effective because on many occasions my deaf daughter has many questions which I don't understand.
	For now, it's effective, however, I worry about the future	For now it's effective, but as she grows, she needs more information from a responsible adult. Her sibilings will be her peers and may mislead each other.
	It's not effective, they need to learn much more than we parents tell them	It is not very effective because the deaf adolescent needs to learn a lot more that what I tell him.
	Effective as long as she is understood	At times when he asks for explanations I get stuck and I am embarrassed.
	Effective strategy	It has also become a learning experience for me; whenever I get stuck, he gives me new signs, so far so good
	School matron is doing a good job	I trust the school matron is doing a good job because my adolescent is clean and i have no complaint
	Good strategy using deaf role model but it has implications	I have noticed indicators that my deaf adolescent has become detached from the family and spends more time with the deaf peers, which worries me because I do not know what tehey discuss.
	Her mother knows better	It's her mother is business.

What parents communicate with deaf adolescents on sexuality

When parents were asked about what they communicate with deaf adolescents on sexuality, below were the responses:

" Mmmh! I tell her about being clean like a girl, i also tell her about menstruation. "FP1

"Her siblings are the ones who tell her about the cultural issues, menstruation and cleanliness." FP2

"Aha! He is a boy..... well i dont even know what to tell him about sexuality but i emphasise good hygiene. FP3

"I warn him about bad groups, good behaviour and good hygiene" FP4

These being female parents, there seems to be a tendency of communicating menstruation and hygiene to girls. The boys are not told anything about how their bodies change during puberty; even the girls are not given explanations of body changes. Both boys and girls are not communicated to the consequences of engaging into sexual activity and the repercussions. The boys instead are warned about bad groups but still are not explained to what influence such groups could have on them.

The male parents had these responses:

"I share with my boy about issues of growing up, the body changes, to respect privacy and to ensure good hygiene" MP1

"I cannot say these things directly to my girl, the matron at school does" MP2

" The deaf role model communicates somethigs to the adolescent" MP3

"Thats her mother's bussiness" MP4

In regards to the responses above, fathers tend to relinquish their role of communicating to deaf adolescents. Many leave the responsibility to school matrons., deaf role models and

mothers but one father felt free to communicate to his deaf adolescent son on issues of sexuality.

Explanation on how sexuality education is communicated to deaf adolescents

The issue of how this communication on sexuality is done to deaf adolescents, respondents had this to say:

"...laughter... we have our way of communicating; we try to understand each other" FP1

"You know these things of sexuality cannot be articulated by mothers besides my sign language is poor" FP2

"In my culture, mothers do not tell children such issues, it is the senga's role" FP2

"I use gestures my sign language lacks a lot" FP3

*"Ho! I must say its very difficult, sometimes i use real life situations by showing him boys of bad groups"*FP4

According to the responses the issue of communication is a big challenge to parents of deaf adolescents. Many mothers' non verbal communication indicated shame because they would hold arms in the face. Utterances like *"Ho!"* indicate something overwhelming.

Responses from fathers varied. One father who felt confident about communicating sexuality issues to his deaf adolescent had this to say:

"I use of sign language, real life situations, pictures to explain what is happening to him, what he should do and what to avoid. Our interaction has improved my sign language" MP1

"For me i dont sign, i left ot all to the school matron. She knows what to do" MP2

"I dont communicate directly. There is a deaf role model in the community who tells him. They are friends and he seems to be a good man." MP3

"Issues of sexuality are not for parents especially me as a father, its taboo to say such to my daughters" MP4

This is clear that of the four male respondents, only one does communicate sexuality issues with the deaf adolescent. The rest assign the responsibility to others

Effectiveness of communication to deaf adolescents on sexuality Education

The researcher asked this question to find out whether the communication given to deaf adolescents on sexuality education is effective. Below are the responses:

“ Well... mmh, i cannot say that it's very effective because on many occasions my deaf daughter has many questions which i do not understand and therefore do not answer” FP1

There was one mother who entrusted the responsibility to the siblings she said:

“ For now it's effective, but as she grows, she needs more information from a responsible adult. Her siblings will be her peers and may mislead each other” FP2

“ It is not very effective because the deaf adolescent needs to learn a lot more than what I tell him” FP3

“ At times when he asks for explanations I get stuck and I am embarrassed” FP4

All the four female respondents agreed that their communication is not effective. This was felt or noted by the researcher in the respondents' tone of voice and the look on the different faces as they responded to this question.

The male participants' responses did not differ much from the previous responses apart from one who had this to say:

“ It is very effective and has also become a learning experience for me; whenever I get stuck, he gives me new signs, so far so good” MP1

“ I trust the school matron is doing a good job because my adolescent is clean and i have no complaint” MP2

“I have realised that the deaf adolescent has become detached from the family and spends more time with the deaf peers, which worries me because I do not know what tehey discuss” MP3

“ Like i said earlier, her mother takes care of such issues”

Regarding the effectiveness of the communication to deaf adolescents on sexuality education, information gathered revealed that a sizable number of participants were not sure whether it was effective as most of them embarrassed during the process. Nabimanya

(2017)'s article states that some parents do not discuss sexuality with their adolescents because they believe that too much information leads to experimentation. Some think that if ignored, the subject will be forgotten (Miller, 2001).

MP2 trusts the school matron to be doing a good job and he is comfortable because his deaf adolescent is clean, yet sexuality education is not about hygiene alone. No wonder many deaf adolescents become pregnant in their early teenage period as a result of having not been availed with the necessary information. This requires various stakeholders like parents support groups to aid each other with the essential knowledge and counseling skills to give courage to those who feel uncomfortable to have the capacity of talking to their deaf adolescents about matters to do with sexuality.

Gerald and Gerald (2005) support MP3's statement saying that as children mature, there is a natural tension that leads to increasing levels of independence and autonomy. MP1's statement is supported by Ashcraft and Murray, (2016) who confirm that conversations with parents have the potential to become the benchmarks against which teens measure other information about sexuality and serve as a buffer against early sexual activity.

In regard to the scholars above, parents of deaf adolescents in Mafubira Sub County hardly discuss issues of sexuality with their deaf adolescents. They assign the responsibility to the deaf role models (peers) or to school authorities and mothers.

4.4.2 Objective two: To assess the knowledge parents have on sexuality, which is shared with deaf adolescents

Table 2: Parental knowledge on sexuality which is shared with deaf adolescents

Item	Parents' Views	Supporting Data
Understanding sexuality education	The information and guidance we need to know as we grow into men and women	The things we should know as we grow into men and women.
	Talking about menstruation, abstinence and pregnancy	It is talking about periods, abstinence and pregnancy.
	It is information concerning growing up	It is the knowledge one is equipped with concerning sexuality e.g. transition from childhood to adulthood, body changes and sexual reproduction.
	It means teaching a child about sex, stages of development and body changes	Teaching a child how their life will change in relation to sexuality.
	It is the education given to girls about body changes and menstruation	It is a time when girls are educated about menstruation and body changes.
Source of knowledge	From family members that is; mother, paternal aunt, grandmother and mostly from my education and peers too	I grew up as an orphan so my paternal grandmother was my guardian. She told me much about sexuality but i also received much from my teachers and peers.

Understanding sexuality education

In regard to understanding of the concept sexuality education, below are the responses:

*"The things we should know as we grow into men and women."*FP1

*"It is talking about periods, abstinence and pregnancy"*FP2

*"It is the knowledge one is equipped with concerning sexuality e.g. transition from childhood to adulthood, body changes and sexual reproduction"*FP3

*"Teaching a child how their life will change in relation to sexuality"*FP4

The male respondents on the other hand said this:

*"It is the knowledge one is equipped with concerning sexuality that is: transition, body changes and sexual reproduction"*MP1

MP 2 and MP 3 were of the view that sexuality education is to teach a child about sex, the stages of development and body changes while MP 4 thought it was the education given to girls about body changes and menstruation. This implies that male participants are more knowledgeable as opposed to their female counterparts on the concept of sexuality education which calls for action to enlighten the ladies on the concept sexuality education.

One respondent equated sexuality education to femininity. This participant said that:

"It is a time when girls are educated about menstruation and body changes" MP4

This was in agreement with Hoskins' (2014) research findings that sex is one of the most salient topics for adolescents to discuss with their parents. However, the results from one study indicate that parents provide more discussions of sex with their daughters than their sons. The study observed that in spite of the different explanations made in regards to understanding sexuality education, it all bent towards femininity. Nothing was mentioned on the masculine side for example the kind of changes that boys experienced and the need to communicate such changes to deaf adolescents. This is in line with Dishon and Kavangah (2003) who state that in some cultures, it is the girls especially that are talked to about sexuality. The boys in most cases are seldom talked to. The parents of deaf adolescents in Mafubira too were inclined on thinking that sexuality education is for girls save for one father who freely communicates to his adolescent boy

Source of knowledge

Findings indicated that three of the female participants had acquired knowledge on sexuality from their family i.e. mother and paternal aunt. Most male participants had acquired it from their education and peers. One male participant's grandmother had imparted the knowledge

but he also supplemented it with information from teachers and peers and the acquired education. He said:

*"I grew up as an orphan; my paternal grandmother was my guardian. She told me much about sexuality but i also received a lot from my teachers and peers."*MP1

The other three male participants unanimously agreed that they acquired knowledge on sexuality education mostly from their peers and partly education. This was a fifty- fifty experience but explains that sexuality education is mostly acquired through peer interaction and education and the family does less. Dishon and Kavangah (2003) support the above by stating that in some cultures, it is the responsibility of paternal aunties to take children through this stage.

Bronfenbrenner's ecological systems theory proves that the microsystem (the family) is the most influential and closest relationship where direct contact and caring occurs. It is the child's immediate surroundings e.g. parents and siblings. Caring in this setting is meant to last a lifetime and how these groups or organizations interact with the child will have an effect on how the child grows; the more encouraging and nurturing these relationships and places are, the better the child will be able to grow. This is proof that imparting sexuality education to children as they grow is a family responsibility. Nambambu and Mufune (2011). Also emphasise that the family and parents in general are recognized by many disciplines as the most influential in affecting adolescents' behaviour including sexual identity. This calls for the need to equip parents of deaf adolescents in Mafubira sub county with more knowledge on sexuality education so that a sizeable number of deaf adolescents with little or no awareness on sexuality education can be reached.

4.4.3 Objective three: Identify the support systems parents provide in supporting deaf adolescents to acquire knowledge on sexuality

Table 3: Support systems provided in supporting deaf adolescents to acquire knowledge on sexuality

Item	Parents' Response	Supporting Data
The kind of support system provided in supporting deaf adolescents to acquire knowledge on sexuality	The school matron supplements	My deaf adolescent tells me that the school matron tells them about menstruation
	Parental support and siblings	My fellow parent who lives in the neighbourhood our daughters are age-mates, so we support each other. I also seek support from her siblings because they know sign language better than me.
	Not sought support	I have not sought any support, i suspect he learns from his friends
	None	I have not sought support, i just try my best
	Thinks that class teacher at school tells the adolescent	I have not sought direct support from anyone because i try my best but i think the class teacher at school tells them because he says so
	The School Matron engages her in all	I assigned this responsibility to the School Matron.
	The deaf role model	The deaf role model has been supporting but i would like to know what they discuss.
The effectiveness of the support system in providing sexuality education to deaf adolescents	It is the mother's responsibility	Her Mother knows how to handle that.
	May be lacking in some areas	Well.... i cannot say it is very effective because on many occasions my deaf adolescent has many questions which cannot be answered
	For now it is effective but i worry about the future	It is still effective but as she grows, she needs more information rom a responsible adult her siblings are her peers you see....they may mislead each other
	Not good	It is not good because the deaf adolescent needs to learn a lot more from responsible sdults than peers. At times he asks for explanations and i get embarassed
	Effective	It is good when i interact with him. It has also become a learning experience for me, whenever i get stuck, he gives me new signs, so far it is good
	It is effective so far	The school matron is doing a good job
	Fairly effective	It is a good to use a deaf role model but there are implications too
It is not my responsibility	Her mother knows better	

In regard to the support system parents provide in supporting deaf adolescents acquire knowledge on sexuality education, Responses were as follows:

"My deaf adolescent tells me that the school matron tells them about menstruation" FP1

"My fellow parent who lives in the neighbourhood our daughters are age-mates, so we support each other. I also seek support from her siblings because they know sign language better than me. FP2

"I have not sought any support, i suspect he learns from his friends" FP3

"I have not sought support, i just try my best"FP4

"I have not sought direct support from anyone because i try my best but i think the class teacher at school tells them because he says so" MP1

"I assigned this responsibility to the School Matron." MP2

"The deaf role model has been supporting but i would like to know what they discuss." MP3

"Her Mother knows how to handle that" MP4

The study revealed that majority of the participants sought support from fellow parents, school matrons, but one parent sought no support saying:

"I have not sought direct support from anyone because i try my best but i think the class teacher at school tells them because he says so" MP1

This is an indicator that parents are a vital source of information on issues of sexuality to deaf adolescents and should be encouraged to do a lot more to impart such knowledge to their deaf adolescents bearing that they seem to understand them better than anybody. One participant said: *My fellow parent lives in the neighbourhood and our daughters are age-mates, so we support each other.* This support may not be as beneficial because (Nabimanya 2017)'s findings indicated that male participants seem to be more knowledgeable on issues concerning sexuality education as opposed to their female counterparts.

Parents in Mafubira sub county therefore must be equipped with knowledge on sexuality education or they must have support systems in place to help provide sexuality education to deaf adolescents.

When asked about the effectiveness of the support system parents provide in supporting deaf adolescents acquire knowledge on sexuality education.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

In this chapter, lessons drawn from the findings of this study and those from literature review on other similar studies will be presented. The methods of data collection that have given rise to the findings will also be presented. Conclusion to the research problem will be provided and the Recommendations towards the study and for further research in the same area will be made.

5.2 Summary

This study intended to find out parents' role in the provision of sexuality education to deaf adolescents in Mafubira sub-county in Jinja municipality. The literature reviewed brought out the challenges, coping strategies and support systems as parents provide sexuality education to their deaf adolescents. The methods used for data collection were interviews and focus group discussions. Findings from participants on the objectives of the topic under study were presented, interpreted and analysed. Specifically, the study addressed the following objectives: the challenges parents face in providing sexuality education to deaf adolescents; coping strategies parents employ when providing sexuality education to deaf adolescents; and identifying the support systems in place where parents seek support when providing sexuality education to deaf adolescents.

In summary, parents accept their responsibility but communication and cultural factors bar them from exercising their role of providing sexuality education to their deaf adolescents. Yet many deaf adolescents come from hearing families and miss a lot of information on sexuality education compared to their hearing counterparts. As a result, they face challenges during

puberty without prior information and often depend on what is provided by peers which in many cases may be misleading. There is a great need for parents to communicate to deaf adolescents about puberty before they experience this great milestone in life.

School and family share the responsibility of educating children with the purpose of helping them attain sexual health and general wellbeing for the duration of their lives. In many rather than few countries around the world, schools have a very limited impact on children in this respect, and formal sexuality education is still difficult to access. Thus, it is families (parents as primary education agents) who are considered to bear most of the responsibility of providing adequate sexuality education to their children. This task often proves to be a difficult one and there is data indicating that parents express the need to be helped in facilitating and organizing the development of sexuality-related competencies of children.

The above therefore confirms that despite the fact that they have a responsibility to communicate issues of sexuality to their deaf adolescents; parents need help from other organisations and institutions to stand in the gap and provide sexuality education to deaf adolescents.

5.3 Conclusion

Parenting practices are an influential factor for a wide range of behaviors including sexual behaviors among young people. Parents are viewed as influential for adolescents' development and health outcomes. Such practices include among others sexual communication between parents and adolescents and have been associated with one's sexual behaviors. Traditionally, sexual lives of persons with disabilities have been actively disregarded and socially stigmatized. Many deaf adolescents come from hearing families and miss a lot of information on sexuality education compared to their hearing counterparts. As a

result, they face challenges during puberty without prior information and often depend on what is provided by peers which in many cases may be misleading.

Poor parental communication, lack of skills and confidence is linked to why most parents are not providing sexuality education to deaf adolescents. It was confirmed that male parents were more knowledgeable on issues concerning sexuality education as opposed to their female counterparts but it is natural that mothers are always closer to adolescents as they grow; it is therefore important to train female parents not only in communication but to provide content on sexuality education so they can pass it on to their deaf adolescents.

When providing sexuality education to their deaf adolescents, parents used gestures, written communication and application of the minimal sign language skills. All were not very effective as the issue of sexuality requires a lot more than simple explanations. School matrons/ authorities and deaf role models were also relied on, but such are temporary people in the adolescents' lives.

In relation to support systems in place, findings revealed that majority of the participants sought support from fellow parents. This was so because they as parents shared a lot in common and therefore able to ably advise each other from an experience point of view; but some of these are the mothers who are illiterate and ignorant of content on sexuality and or the fathers who are equipped with the knowledge but are either always away or are barred by culture.

In spite of all the above, parents had suggestions on what can be done. Most parents suggested that knowledgeable adults who are fluent signers can stand in where sexuality issues are to be communicated to deaf adolescents. Although Bronfenbrenner theory believes that the primary relationship needs to be with someone who can provide a sense of caring that is meant to last a lifetime, a person or people within the immediate sphere of the child's

nfluence who is most likely to be the parent. It is still the same theory which states that parents must declare themselves deficient in some way in order to qualify for help in solving problems that may come about because of our cultural values.

This works for parents of deaf adolescents who need help in providing sexuality education to them. There was however one parent who communicated well with the deaf adolescent and urged parents to draw deaf adolescents close to them. It is true because starting early is the best way for parents to prepare for their child's adolescence; and that the ability to talk openly about problems is one of the most important aspects of the parent and child relationship. It is true because good parent- adolescent relationship is associated with effective communication about sexual topics; not only by making parents effective teachers but also encouraging adolescents to ask questions. It also makes parents friends that share life experiences with adolescents. With trust established, deaf adolescents can initiate communication about sexuality issues with their parents.

5.4 Recommendations

Following the findings of the study, the researcher puts the following recommendations forward to support the provision of sexuality education of deaf adolescents. The first recommendation is that it is important to train parents in Uganda sign language communication while focusing on signs that are based on sexuality. This is because most parents had the challenge of communication using Uganda sign language and some felt that the signs were vulgar but just as they speak to their hearing adolescents; so the need to use sign language with their deaf counterparts. Uganda sign language is a tool for a firm foundation of instilling confidence in parents who lacked the skill of signing.

Parents need support from organisations that specifically focus on adolescent guidance and counseling to help them where they get stuck but mostly to communicate to their deaf

adolescents about growing up and all that comes with it. Many parents are in a cocoon of fear to communicate sex education matters to deaf adolescents due to several factors like communication mode; societal/cultural influences for example shame. If there are specific organisations that talk to deaf adolescents it may definitely be of help as the parents also acquire the necessary skills to become hands on.

Parents need counselling to work together as procreators and not to abdicate from their role of parenting. This is because families of deaf children may experience a sense of grief or loss with an increase in parenting stress. Secondly, as the child gets older, the impact of deafness becomes more apparent, this is when they need counseling to accept the deaf adolescent as the rest of the children in the home. This will bring about acceptance and good parenting will be practiced.

Policy makers should develop and support policies that avail information on sexuality education specifically designed for deaf adolescents. This is because their mode of communication is different; they are visual. Therefore they require visual information in form of videos, pictures and other illustrations because written text may not enhance learning.

Furthermore, studies are important in this area of provision of sexuality education to deaf adolescents during puberty. For example it is important to have the deaf adolescents views on the issue of sexuality education.

REFERENCES

- Achille, O. A. A., Tonato, B. J. A., Salifou, K., Hounkponou, A. F., Hounkpatin, B. I. B., Sidi, R. I., Vodouhe, M., Mevo, G. A. and Perrin, R. X. (2017) "Parents' Perceptions and Practices as Regards Adolescents' Sex Education in the Home Environment in the City of Cote d'Ivoire, Benin in 2015", *Reproductive systems and sexual disorders: Current Research*, **6**, 2, .
- ANPPCAN (2013) *A Baseline Survey on the Situation of Deaf Children in Jinja, Iganga and Luuka Districts*, Kampala: ANPPCAN
- Ashcraft, A. M. and Murray, P. J. (2016) *Talking to Parents About Adolescent Sexuality*, London: Elsevier.
- Ausubel, D. P. (2002) *Theory and Problems of Adolescent Development* (3rd Edn), New York: Universe.
- Bancroft, A. (2009). *Human Sexuality and its problems*, (3rd Edn), London : Elsevier.
- Barr, M., Moore, M., Johnson, T., Forrest M. & Jordan, M. (2014) "New Evidence: Data Documenting Parental Support for Earlier Sexuality Education," *Journal of School Health*, **84**(1), pp. 10 – 17.
- Bastien, S., Kajula, L. J. and Muhwezi, W. W., (2011) "A review of studies of parent-child communication about sexuality and HIV/AIDS in sub-Saharan Africa", *Reproductive Health*, **11**, 8-25.
- Batten, G., Oekes P. M. & Alexander, T. (2013) "Factors Associated With Social Interactions Between Deaf Children and Their Hearing Peers: A Systematic Literature Review", *The Journal of Deaf Studies and Deaf Education* **19**, 3, 285-302.
- Brice, P. J. & Strauss, E. (2016) "Deaf adolescents in a hearing world: A Review of Factors Affecting Psychosocial Adaptation: Adolescent health, medicine and therapeutics", *Dove Press Journal*, **7**, 67- 76.
- Brinkmann, S. and Kvale, S. (2015) *Interviews: Learning The Craft of Qualitative Research Interviewing*, Los Angeles: SAGE.
- Brock-Utne, B. (1996) "Reliability and Validity in Qualitative Research within Education in Africa", *International Review of Education*, **42**, 6, 605-621.
- Bronfenbrenner, U. (1986) "Ecology of the family as a context for human development: Research perspectives", *Developmental Psychology*, **22**, 6, 723-742.
- Bruess, C. E. & Greenberg, J. S. (2004) *Sexuality Education: Theory and Practice*, London: Jones and Bartlett.
- Bryman, A. (2016). *Social Research Methods*, (5th Edn), New York: Oxford University Press.
- Christie, D. & Viner, R. (2005) 'Adolescent development', *British Medical Journal*, **330**, 7486, 301–304.

- Cohen, L, Manion L and Morrison K, (2011). *Research Methods in Education*, New York: Rutledge,.
- Cohen, L, Manion, L. and Morrison, K.. (2011) *Research Methods in Education*, (7th Edn), New York :Routledge.
- Colman, J. C. (2011). *The Nature of Adolescence*, (4th Edn), New York: Routledge.
- Creswell, J. (2013). *Qualitative Inquiry and Research Design, Choosing Among Five Approaches*, (3rd Edn), Los Angels: SAGE Publication.
- Darling, N, (2007) ,Ecological Systems Theory: The Person in the Center of the Circles', *Research in Human Development*, 3, 4, 203-17.
- Dishon, T. J. and Kavangah, K. (2003) *Intervening in Adolescent Problem Behavior A Family Centered Approach*, New York: Guilford Press.
- Enayet, M. & Supinit, V. (2016) 'Service Quality and Customer Satisfaction Relationship: A Research in the Ambassador Bangkok' *International Journal of Social Science and Humanities Research* ,4,1, 459.- 472.
- Esere, M. O. (2008) 'Effect of sex education programme on at-risk sexual behaviour of school-going adolescents in Ilorin, Nigeria' *African health sciences*, 8,2, 120-5.
- Falakolafaki, S. (2015) 'A Comparative Study of Identity Style in Deaf and Normal Adolescents', *Mediterranean Journal of Social Sciences*, 6, 2,1.
- Gentzel, H. (2007) *Deaf Adolescents, Finding a Place to Belong*, Ohio: University Press.
- Gerald, K. and Gerald, D. (2005) *Counselling Adolescents. The proactive approach*, Second edition, London: SAGE Publication.
- Greydanus, D. E., Rimsza, M. E. and Newhouse, P. A. (2002) 'Adolescent sexuality and disability:Adolescent Medicine', *Health Research Premium Collection*, 13, 223–247.
- Groce,N. E. (2003) *Adolescents and Youth with Disability Issues and Challenges*, Global Health Division.
- Hayward, C. (2003) Methodological concerns in puberty-related research. *Gender differences at puberty*, 1-14.Cambridge University Press.
- Henderson, Z. P. (1995). *Renewing our social fabric, Human Ecology*, 23 (1), pp. 16-19.
- Hintermair, M. (2000). The Need for Families with Hearing Impaired Children to Relate to Other Parents and to Hearing Impaired Adults. *American Annals of the Deaf* 145(1), 2000.
- Holland- Hall, C. & Quint, E. H. (2017). Sexuality and Disability in adolescents; *pediatric Clinics*. 64(2), pp. 435 - 449.
- Hoskins D. H. (2014). *Consequences of Parenting on Adolescent Outcomes: Open Access Societies*. Bridgewater. 4 pp.506-31.

http://www.floridahealth.gov/AlternateSites/CMS-Kids/providers/early_steps/training/documents/bronfenbrenners_ecological.pdf. 10th/Nov/ 2017 2:00pm.

<http://www.montana.edu/www4h/process.html>>

<http://www.montana.edu/www4h/process.html>>

<http://www.studymode.com/topic/Ecological-Systems-Theory> 9/Nov/2017 3:45pm.

<http://www.umsl.edu/~lindquists/sample.html> 5th/11/2017 11:55 am.

https://en.wikipedia.org/wiki/Jinja_District 6th/ 11/2017 6:00 pm.

https://en.wikipedia.org/wiki/Sex_education 1/11/2017 3:55 pm.

<https://medium.com/amplify/> 06/02/2018, 4:40 pm The Importance of Intensive Sexuality Education in Schools.

<https://rehabafterwork.pyramidhealthcarepa.com/what-adults-and-children-should-expect-during-the-adolescent-transition> 2015.

<https://www.dovepress.com/by> 196.43.144.16 25/ Oct/ 2017 Washington DC.

<https://www.slideshare.net/RalphBawalan/qualitative-research-phenomenology>.

<https://www.unicef.org/crc/> 12/12/2017 11:55 am.

Joseph, J. M., Sawyer, R. & Desmond, S. (1995). Sexual knowledge, behavior and sources of information among deaf and hard of hearing college students. *American Annals of the Deaf*, 140(4). pp 338 – 345.

Juma, M., Alaii, J., Askew, I., Bartholomew, L. K., & Van den Borne, B. (2015). Community perspectives on parental/caregiver communication on reproductive health and HIV with adolescent orphans and non-orphans in Western Kenya. *Journal of Child and Adolescent Behavior*, 3, 206. doi:10.4172/23754494.1000206.

Kandel, B. D. (1996) *The Parental and Peer Contexts of Adolescent Deviance: An Algebra of Interpersonal Influences*, 26(2) Abstract.

Kassa TA, Luck T, Bekele A, & Riedel-Heller SG (2016). Sexual and reproductive health of young people with disability in Ethiopia: a study on knowledge, attitude and practice: a cross-sectional study. *Global Health* 12 (5).

Kaykeaw, in the proceedings of ISER 58 International Conference Kobe, Japan, 6th June 2017 (Unpublished).

Kaykeaw, M. (2017). *The Effects of Sexuality Education Learning Activities on Outcomes and Attitude Towards Learning of Student Teachers*. Faculty of Education, Udon Thani Rajabhat.

- Kirk, S.A., Gallagher, J.J., Anastasiow, N.A., & Coleman, M.R. (2006). *Educating Exceptional Children* (11th edition.) New York: Houghton Mifflin Company.
- Kroger, J. (2007). *Identity Development: Adolescence through Adulthood*, 2nd Edition, SAGE.
- Kuenburg, A., Fellingner, P. & Fellingner, J. (2016). Health Care Access among Deaf People. *The Journal of Deaf Studies and Deaf Education*: 21 (1) pp. 1–10.
- Kumi-Kyereme, A., Awusabo-Asare, K., Biddlecom, A. & Tanle, A. (2007). Influence of social connectedness, communication and monitoring on adolescent sexual activity in Ghana. *Afr J Reprod Health*. 11(3): 133-49. 10.2307/25549736.
- Lerner, Easterbrooks and Ministry, (2003). *Handbook of Psychology: Developmental Psychology*, John Wiley & Sons, New Jersey.
- Lutalo-Kiingi, S. & De Clerck, G. (2017a). Perspectives on the sign language factor in Sub Saharan Africa: Challenges of sustainability. *American Annals of the Deaf*, 162(1), pp. 47.
- Mbabaali, D. (2017). 41% deaf people not aware of HIV- survey. *The Daily Monitor* November/ 17/ 2017 Pg. 2.
- Miller, S. (2001). Christian Family Life Education: A Guide for Teaching about Adolescent Sexuality and Reproductive Health. http://www.planned-parenthood.org/nyc/files/NYC/CFL_Guide—web.pdf.
- Ministry of Education and Sports, (2018). *The National Sexuality education Framework*.
- Morris, P. (2007). *The Bioecological Model of Human Development* New York, 4(1), 459-472 2016.
- Murphy, N. (2005). Sexuality in children and adolescents with disabilities. *Dev Med Child Neurol.*; 47(9):640–644.
- Muyinda, H., Nakuya, J., Whitworth, J. A. G. & Pool, R. (2004). *Community sex education among adolescents in rural Uganda: utilizing indigenous institutions*, *AIDS Care*, 16(1), pp. 69-79.
- Nakajubi, G., & Businge, C., (2017). HIV/AIDS makes deeper inroads in Uganda. *The New Vision* Nov/ 1/ 2017, Kampala Vision Publications, pp. 22- 27.
- Nambambi, N. M. & Mufune, P. (2011) What is talked about when parents discuss sex with children: family based sex education in Windhoek, Namibia. *African Journal of Reproductive Health*:15 (4), pp.120-9.
- Neufeld, J. A., Klingbeil, F., Bryen, D. N., Silverman, B. & Thomas, A. (2002). Adolescent sexuality and disability. *Phys Med Rehabil Clin N Am.*;13 (4):857–873.
- Niemann, S., Greenstein, D. & Darlena, D. (2004). *Helping Children who are Deaf*, Hesperian Foundation, USA.

- Paquette, D., Ryan, J. (2001). *Bronfenbrenner's Ecological Systems Theory*, pp. 2-12.
- Ellickson, P. L., Lara, M. E. & Sherbourne, D. C. & Bonnie, Z. (1993). *Forgotten Ages, Forgotten Problems: Adolescents' Health*, 55 pp.
- Porter, S. (2007). Validity, trustworthiness and rigour: reasserting realism in qualitative research. *Journal of advanced nursing*, 60(1), 79-86.
- Prasad, M. & Garcia, C, (2017). *How to conduct a successful focus group discussion*.
- Purvis, C. P., Barnett, R. V. & Larry, F. (2014). Parental Involvement during Adolescence and Contraceptive Use in College. *Journal of Adolescent and Family Health*: 6(2)3.
- Raws, P. (2016). *Understanding Adolescent Neglect: Troubled Teens.A study between parents and adolescent neglect*. The Children's society.
- Rehab after Work, (2015). *What Adults and Children Should Expect During Transition from Childhood to Adolescence*.
- Riela, M. (2012). *Uncommon Sense for Parents with Teenagers* pg. 3 Ten Speed Press, New York.
- Rohleder, P. & Leslie, S. L. (2009). Providing sex education to persons with learning disabilities in the era of HIV/AIDS: Tensions between discourses of human rights and restriction. *Journal of Health Psychology*, 14: 601–10.
- Rousso, H. (2003). Education for All: a gender and disability perspective. *UNESCO*.
- Sarantakos, S. (2005). *Social Research*, 3rd Edition New York, Palgrave Macmillan.
- Shababath, M. (2016). *Does Sex Education Encourage Teens to have Sex?* Malaysia Kini News and views that matter.
- Sidze, E. M. & Kuate D. B. (2013). *Effects of parenting practices on sexual risk-taking among young people in Cameroon*: Open Access Article. 13- 616. BMC Public Health.
- Sincero, S. M. (2012). *Ecological Systems Theory*. Retrieved Mar 07, 2018 from Explorable.com: <https://explorable.com/ecological-systems-theory>.
- Smith, C. E., Massey-Stokes, M., & Lieberth, A. (2012). Health information needs of d/Deaf adolescent females: A call to action. *American Annals of the Deaf*, 157(1), 41-47.
- Stollak, G. E. (2008). *Child Caregiving and the Goals of Adult Life*, Michigan. Study.com 6/12/2017 5:00 pm.
- Strauss, G. H. & Yarhouse, M. A. (2002). Human Sexuality in a Sexually Polymorphous World, Part II. *Journal of Psychology and Theology; La Mirada* 30(3): pp. 183-184.
- Tudge, J. R., Mokrova, I., Hatfield, B. E., & Karnik, R. B. (2009). Uses and misuses of Bronfenbrenner's bioecological theory of human development. *Journal of Family Theory & Review*, 1(4), 198-210.

- Uganda Bureau of Statistics, (2006). *2002 Uganda Population and Housing Report*, Kampala.
- UNICEF, (2013). *Most at Risk Adolescent study: A Qualitative Research Study on HIV Vulnerability among Young Key Affected Populations in Guyana*.
- United Nations Population Fund (2014). UNFPA operational guidance for comprehensive sexuality education: A focus on human rights and gender. *United Nations Population Fund*; New York, NY:. Retrieved from <http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Operational%20Guidance%20for%20CSE%20-Final%20WEB%20Version.pdf>.
- UNOCINI, (2014). *Developmental psychology, Ecological Systems Theory, Psychology*.
- Van Nuil, J. I., Mutwa, P., Asiimwe-Kateera, Kestelyn, E., Vyankandondera, J., Pool, R. Ruhirimbura, Kanakuze, C., Reiss, P., Geelen, S. P. M., van de Wijgert, J. H. & Boer K. R. (2014). "Let's Talk about Sex": *A Qualitative Study of Rwandan Adolescents' Views on Sex and HIV*, 9(8) US National Library of Medicine, National Institutes of health.
- Wooden, C. L., & Anderson, F. R., (2012). Engaging parents in reproductive health education: lessons learned implementing a parent designed, peer-led educational model for parents of preteens. *American Journal of Sexuality Education*, 7 (4), 461-473.
- Yasui, M., Dorham, C. L., & Dishion, T. J. (2004). Ethnic identity and psychological adjustment: A validity analysis for European American and African American adolescents. *Journal of Adolescent Research*, 19(6), 807-825. doi:10.1177/0743558403260098.
- Yasui, M., LaRue Dorham C. & Dishion T. J. (2004). *Ethnic Identity and Psychological Adjustment: A Validity Analysis for European American and African American Adolescents*, 19(6), 1 - University of Oregon.
- Zarrett, N., & Eccles, J. (2006). The passage to adulthood: Challenges of late adolescence. *New Directions for Student Leadership*, (111), 13-28.

Appendix I

Approval for Data Collection



APPROVAL OF RESEARCH PROPOSALS:

This is to confirm the approval of the Research Proposal for
Ms KATUMBA ASNANCIE Registration No.
15/4/15955/GMSN/PE on the topic;
Coping with Puberty: Parents Role in
Providing Sexuality Education To Deaf
Adolescents in Mafubira Sub-county Jinja District.

The student can now proceed for data collection.

Dr. Omugur Julius Patrick
Signed: [Signature] Date: 20th June / 2018
PRINCIPAL SUPERVISOR

Dr. Ali Bagwanam
Date: 25 / July / 2018
SUPERVISOR II
[Signature]

Appendix II: Introductory Letter

KYAMBOGO UNIVERSITY

P. O. BOX 1, KAMPALA
FACULTY OF SPECIAL NEEDS & REHABILITATION
Tel: 0414-286237/286201/286202/286203
DEPARTMENT OF SPECIAL NEEDS STUDIES

15th January, 2018

The DEO/DIS/Head teacher/Teacher/In-charge/Principal/Leader/Chairman

THE DCDO
JINJA DISTRICT

Dear Sir/Madam,

RE: INTRODUCTION OF RESEARCH STUDENT ON DATA COLLECTION

This is to introduce the bearer Row/Dr. Okwaput Stackus REGISTRATION NO: 15/01/5955/GMS a valid student of Kyambogo University in the Faculty of Special Needs and Rehabilitation Department of Special Needs Studies. As partial fulfillment of the requirement for the Diploma/Degree, he/she is required to conduct fieldwork on the topic of the study.

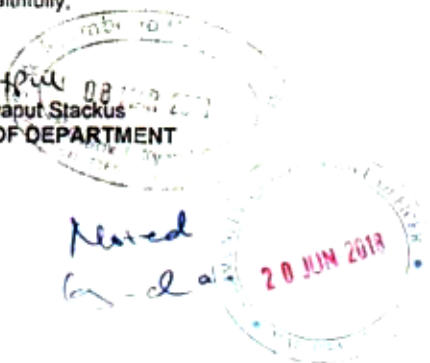
The purpose of this letter is to request you to allow the bearer to have access to your office, school or area of operation for the purpose of the study.

Kyambogo University will be grateful for any assistance rendered to the student.

Yours faithfully,

S/O
Dr. Okwaput Stackus
HEAD OF DEPARTMENT

OS/aj



CDO - Jinja District

Please Handle
DCDO
19/6/2018

Appendix III: Consent Form for Parents of Deaf Adolescents to Participate in the Study

Dear Participant,

The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that you are free to decide not to participate or to withdraw at any time.

The topic to be studied is: **Coping with Puberty: Parents' Role in Providing Sexuality Education to Deaf Adolescents.**

The purpose of the study is to explore the role played by parents in providing sexuality education to deaf adolescents.

The procedure of collecting data will include interviews and focus group discussions on the topic above in which you are requested to participate. I shall record your voice and take photographs of the proceedings.

Individuals involved in the data collection will be the researcher, an assistant and a technician where necessary.

Feel free to ask any questions about the study either before participating or during the time that you are participating. I shall be glad to share my findings with you after the research is completed. However, your name will not be associated with the research findings in anyway and only the researcher will know your identity as a participant.

Thank you.

Please sign the consent form with full knowledge of the nature and purpose of the procedures

I agree to take part in this study as described in the above information

Name of participant.....

Signature.....

Date.....

Appendix IV

Interview Guide for Parents

Greetings to you,

I am Katumba Asnancie pursuing a Masters degree of Special Needs Education at Kyambogo University. I am carrying out a study on the role of parents in the provision of sexuality education to deaf adolescents. You have been chosen for this study because you are a parent of a deaf adolescent. You are kindly requested to participate in this interview and i would like to assure you that all information offered will be kept confidential.

Thank you.

A. Demographic Characteristics

Sex: Male Female

Age: (25-30) (30-40) (40 and above)

Highest level of education

Marital Status: Married Single Separated

B. Parental communication with deaf adolescents on sexuality

1. Explain what you communicate with the deaf adolescent on sexuality
2. Explain how you communicate the above with the deaf adolescent
3. How effective is the communication?

C. Parental knowledge on sexuality which is shared with deaf adolescents

1. Explain what you understand by the concept sexuality education.
2. What is the source of your knowledge?

D. Support systems provided in supporting deaf adolescents to acquire knowledge on sexuality

1. What kind of support system is provided in supporting deaf adolescents acquire knowledge on sexuality?

2. Explain the effectiveness of the support system.

Appendix V

Focus Group Discussion for Parents (Guiding Questions)

Greetings to you,

I am Katumba Asnancie pursuing a Masters degree of Special Needs Education at Kyambogo University. I am carrying out a study on the role of parents in the provision of sexuality education to deaf adolescents. You have been chosen for this study because you are a parent of a deaf adolescent. You are kindly requested to participate in this focus group discussion and i would like to assure you that all information shared will be kept confidential.

Thank you.

A. Demographic Characteristics

Sex: Male Female

Age: (25-30) (30-40) (40 and above)

Highest level of education

Marital Status: Married Single Separated

B. Parental communication with deaf adolescents on sexuality

1. Explain what you communicate with the deaf adolescent on sexuality
2. Explain how you communicate the above with the deaf adolescent
3. How effective is the communication?

C. Parental knowledge on sexuality which is shared with deaf adolescents

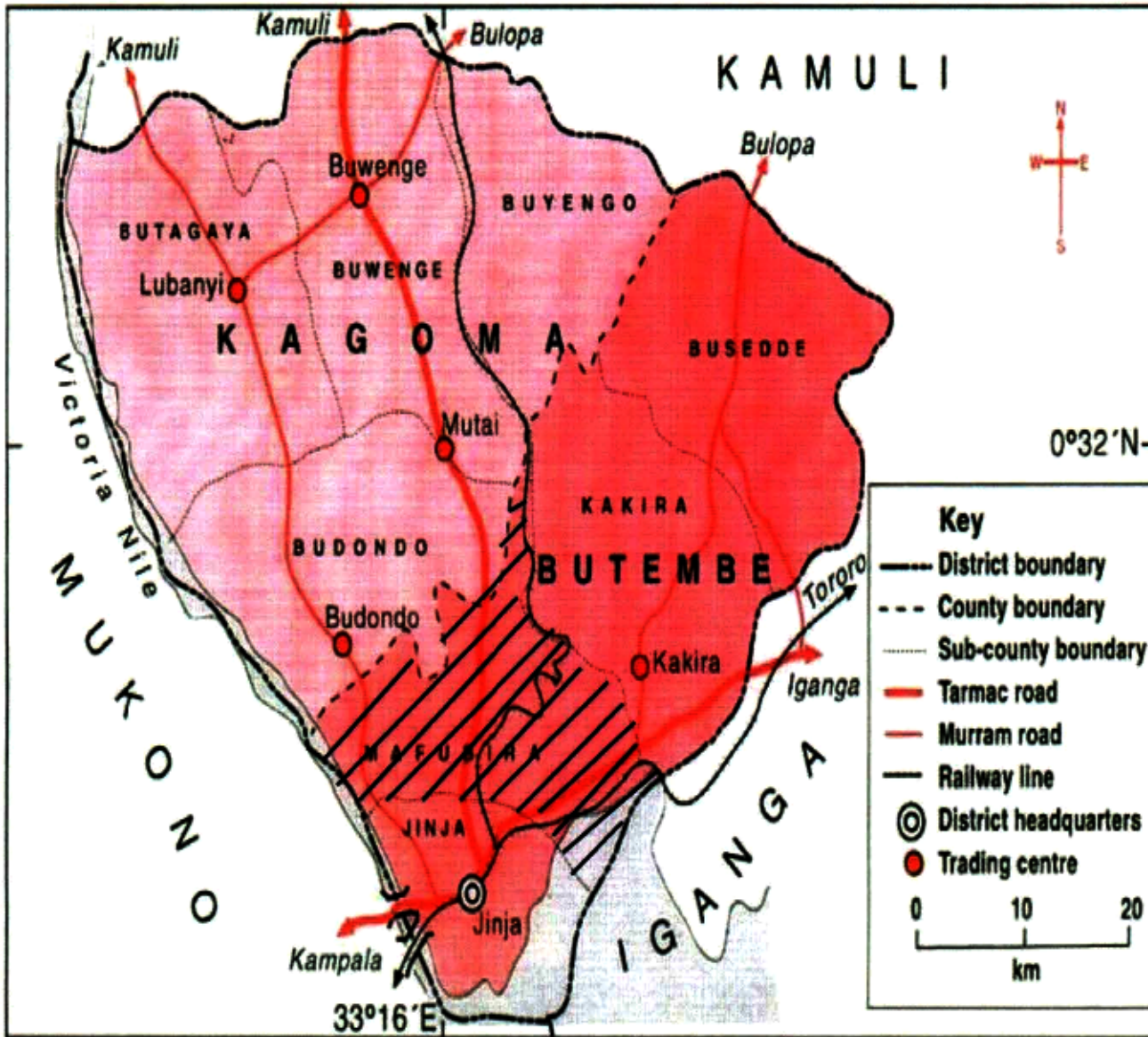
1. Explain what you understand by the concept sexuality education.
2. What is the source of your knowledge?

D. Support systems provided in supporting deaf adolescents to acquire knowledge on sexuality

1. What kind of support system is provided in supporting deaf adolescents acquire knowledge on sexuality?
2. Explain the effectiveness of the support system.

Appendix VI

A Map of Jinja District Showing the Location of Study



Key showing the area of study



Appendix VII: Photographs Showing Data Collection Process

Photograph 1: Focus group discussion in progress



Photograph 2: Interview with one of the male parents

