

# **Family Involvement in the Social Interaction of Deaf Trainees in Vocational Schools for the Deaf: A Case of St. Angela Mumias Vocational School, Kenya**

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## **Abstract**

Family relationships are important for a child's social wellbeing. However, little is known about family relationships among the deaf, especially those in inclusive vocational settings. Deaf trainees need to be shown love and support as they move into their teenage years, just as they were younger. The purpose of the study was to identify different ways in which families support Deaf trainees in their social interactions. The study focused on St. Angela Mumias Vocational School for the Deaf and was anchored on the Theory of Mind by David Premack (1978). A case study design was adopted. The target population was 103, including 95 deaf trainees, one principal, and 7 trainers. Purposive sampling technique was employed to select 3 trainers and the principal, while simple random sampling was used to select 39 deaf trainees. This study adopted a mixed-methods data collection approach. Questionnaires and semi-structured interview schedules were used to collect data. Quantitative data was coded and analyzed using Statistical Package for Social Sciences (SPSS version 21). Descriptive data were presented in form of mean, median, mode, frequency distribution tables, graphs, pie charts, and percentages. Qualitative data were coded systematically by hand, analyzed thematically and presented in narrative form. The findings established that 61% of the trainees receive emotional, physical and moral support from their family members. Also, 58% agreed to freely communicate with their family members though this is mostly affected by communication barriers and stigmatisation. Based on the findings, the study recommends that existing school policies need to promote a sense of community and participatory culture where more emphasis is put on the family environment and their roles in improving the social interaction of deaf trainees.

**Keywords:** Deaf trainees, family support, social interaction

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## **I. INTRODUCTION**

Social interaction refers to the dynamic, changing sequence of social actions between individuals (or groups) who modify their actions and reactions due to the actions of their interaction partner(s), (Okutoyi, Edwards, & Mbagaya, 2016). However, with appropriate support from various people like family members, this can be reduced. A close relationship between family members and deaf trainees is essential for stimulating positive social interactions between the trainees and their peers. Children must be shown love and support when they enter their teens, just as they were young (Healthy Families, 2014). This is no exception for deaf students.

In Japan, Ali Yavar Jung National Institute for the Hearing Handicapped (2018) considers the family as the primary agency for survival across different cultures since time immemorial, and therefore parents, parent surrogates and the extended family are assured with the transmission of social competencies as required by the society. These include an effort to show and share improvements in leisure environment and activities, self-personality, love, compassion, passionate emotions, friendships, and interpersonal relationships to expand the sense of having a place for all relatives. Deaf trainees are introduced to their family structures and their roles. The father is the financial provider, the mother the primary caregiver and the extended family as valued intergenerational connection (KIncaid, 2019) and therefore a need for strong family bonds. This is because, the

trainees experience depression and end up spending most of their time with their peers compared to their families (Rostami, Bahmani, Bakhtyari, & Movallali, 2014). At this stage, most of the youths between ages 13 and 19 don't leave their homes because of their parents' perceptions and societal attitudes (Jozuka, 2016). As such, the hearing impaired (HI) abandon their interests and activities, which have an impact on the quality of their lives and later results in isolation, anxiety or depression (Ahmadi, Daramadi, Asadi-Samani, Givtaj, & Sani, 2017).

In East Africa, Tanzania, trainees with Hearing Impairment in vocational schools usually feel uncomfortable in the classroom when concentrating on their hearing problem because they want to be like their hearing peers, making them opt not to be part of the class and out of class activities (Weber, 2016). In 2004, the National Policy on Disability was enacted and social protection, non-discrimination, equality of opportunity, and recognition of the HI were some of the tenets (Tungaraza, 2018). These made families with deaf trainees to ensure inclusion and take care of them just like any other child and provide the required care while interacting with the deaf trainees. Within families, parents (biological parents, primary caregivers, grandparents, aunts, uncles and older siblings) mould their children's abilities and behaviours as a primary mode of social interaction (Wamoyi, Wight, & Remes, 2015).

In Kenya, Article 45 of the Kenyan Constitution (2010) states that the family is a natural and fundamental unit of society and a necessary foundation of social order. In addition, the Kenya Curriculum Development Institute (KICD) Facilitator Training Manual (2017) provides hearing-impaired parents with the opportunity to acquire skills that help support their children in their academic and social activities. Although society is ready to support the education of these trainees, most families are not ready to take them to school, guide them and involve them in various activities because of societal norms and beliefs (Anderson, 2015).

### **1.1 Problem Statement**

Several studies reveal that family members of deaf trainees do not know their roles and responsibilities concerning the social interactive growth of the trainee. This has a direct impact on how deaf trainees socially interact with other people in any given setting. On the contrary, many families with deaf trainees face stigma, and this creates more evident problems such as anxiety, fear, depression, low self-esteem, incomplete schooling, and poor transition to schooling and society (Batten, Oakes, & Alexander, 2014). There is limited research and knowledge on deaf trainees and the types of support they receive from their families hence the need for this study. Information on this will be key to various stakeholders including researchers, practitioners, and policymakers, to make evidence-based choices that will enhance the deaf trainees' support.

### **1.2 Objective of the Study**

Specifically, the study sought to identify different ways in which families support Deaf trainees in their social interaction in St. Angela Mumias Vocational School for the Deaf, Kakamega county, Kenya.

### **1.3 Theoretical Review**

The Theory of Mind was figured out by David Premack in 1978. Thompson hints at the Theory of Mind (ToM) as a unique ability to understand that others have thoughts and feelings other than their own, and underlies the child's chances of social interaction with others (Thompson, 2017). Deaf trainees start to ascribe convictions, goals and recollections to other people and begin to make expectations about their general surroundings and this is why the family has a relation to a trainee's social maturation in which environmental factors have little influence.

In the family context, deaf trainees have little social intentions compared to emotional intentions and this enables them to think about their thoughts which influence certain situations that are from their family experiences and could have effect on their attitudes, beliefs and perceptions. When parents provide emotional psychological support and encouragement, the trainees have a greater understanding and knowledge of self-acceptance, a sense of perspective and reduced anxiety. Therefore, the theory suggests that the family plays a major role in supporting the social interactive nature of a deaf trainee and it has a great influence on the overall achievement of the trainee.

## **II. EMPIRICAL STUDIES AND KNOWLEDGE GAPS**

One of the studies done by Cross, Taylor & Chatters on ethnic and gender differences in family social support among black adolescents reported that there is minimal knowledge about how important family members are to deaf adolescents and how the deaf trainees are to the family members regardless of gender (Cross, Taylor, & Chatters, 2018). However, deaf trainees need financial support, emotional assistance and practical support, including supervision from different family members that can promote their individual adjustment and improvement when well understood. Because what the family does to the hearing-impaired

trainee is more important to the trainee's success than the social level of the parents or what the family generally earns.

Ali Yavar Jung National Institute for the deaf recommends that family members, especially parents need to help deaf trainees acquire language and speech so that they can communicate with others at any given point (Ali Yavar Jung National Institute for the Hearing Handicapped, 2018). They need to give their teen children moral support to develop their full potential. This will also assist in strengthening the deaf trainees' level of self-awareness (Shogren et al., 2015) that will encourage the trainees to learn how to know their social interaction strengths and work on their weaknesses and the importance of building their support network with peers, mentors, and adults.

The Australian Parenting network further suggests that for a deaf trainee to have healthy social interaction, the family members should act as role models in terms of positive relationships and ways of dealing with emotions and moods, being an active listener to the deaf trainees' needs and feelings, getting to know the deaf trainees' friends, talking about relationships, sex and sexuality and the family members being open about individual feelings (AustralianParentingNetwork, 2020), so that it can create positive methods of relating to other people, yet most family members are not ready to do this because they don't consider deaf trainees equal to their hearing counterparts and express signs of shyness and discomfort when sharing information (Eichengreen & Zaidman-Zait, 2020).

Parents of deaf trainees are supposed to transfer the hearing loss to the trainees to improve self-advocacy and empowerment within the trainees as they join a vocational school (Sexton, 2017). Instead, they become overprotective limiting the trainees to become independent. This makes the children risk-averse, overcautious, irresponsible and unable to control their social sphere (Lythcott-Haims, 2015). Family members can relate with deaf trainees in several ways, but the quality of these relationships matters; a sensitive relationship is important to ensure a secure bond and attachment so that they can be able to manage their feelings. But, as they grow up in different environments like school the majority of them are unable to sustain and maintain relationships (Lavis, 2016). Nevertheless, most deaf trainees experience social isolation because their peers feel they are unwelcoming and express difficulties in maintaining small talks due to a lack of proper communication skills with their hearing peers (Szarkowski & Brice, 2016).

### **III. METHODOLOGY**

#### **3.1 Research Design and Target Population**

The study adopted a case study design, because it allows the researcher to conduct an in-depth study of a phenomenon. It also used key informant interviews that allowed the informant (teachers of deaf trainees) to speak freely and confidently (A. Orodho, 2012). Survey research was used in studies in which an individual is viewed as a unit of analysis. It involves some individuals who must serve as respondents or informers (Tuzunturk, 2019). Descriptive survey designs were used since it tends to be utilized when gathering data about individual convictions (Orodho, 2009).

The target population comprised 95 deaf trainees, the school head and 7 trainers in the vocational unit, making it a total of 103.

#### **3.2 Sampling Techniques and Sample Size**

(Pandey, 2015) suggest that a sample of between 20 and 50 percent is reliable and sufficient for generalization. As a result, the researcher sought 40% for trainees and trainers. The researcher used proportional allocation for this study as shown below

$$ni = n * \frac{Ni}{N}$$

Where "ni" is the sample size in the i<sup>th</sup> group, N is the total sample size, n is the sample size and "Ni" is the group size.

Therefore, 3 out of 7 trainers were selected depending on how long the trainer has been within the institution. For the trainees, simple random sampling was employed because the population within the vocational unit is adequate. Thirty-nine girls were randomly selected from the class attendance lists, which is above a third of the total population.

#### **3.3 Research Instruments**

The survey utilized questionnaires and interview schedules to gather data from the respondents. Questionnaires were utilized in gathering data from the deaf trainees and school principal and interview schedules for their trainers.

### 3.4 Pilot Study

The pilot study was done before the real study for ensuring that all items in the instruments were clear and to prevent vagueness of the items. It was conducted in St. Angela Mumias vocational school where 2 trainers and 10 deaf trainees participated. This is because they were in the same environment and had characteristics similar to those who will be involved in the study. The 12 participants selected did not take part in the real survey, as this was done by the researcher herself with the aid of class trainers. Piloting was done to check the validity and reliability of research instruments. The tools were assessed for content validity which is the range to which the form insides such as the use of correct language, verdict structures and whether requests are the equal of the envisioned respondent. The researcher used certified tools to discourse the aims of the study. Reliability was established using the test-retest method applying the Spearman rank-order formula. A correlation coefficient of 0.87 was established which was more than recommended 0.7.

### 3.5 Data collection Procedures, Analysis and Presentation

Before data collection, the researcher asked for permission from National Commission for Science Technology and Innovation (NACOSTI). During the data gathering process, the scholar visited the schools and made arrangements for gathering data. Questionnaires were self-administered to the respondents and later interview sessions for social workers were arranged on the agreed date convenient to her. Quantitative data is collected and recorded through questionnaires; then the edited, coded, and tabulated data is analyzed using 24th edition of the Statistical Software Package for Social Sciences (SPSS). The percentages and statistical frequencies described are used for closed-ended questions. Data usage frequency, table and bar graph representation.

## IV. RESULTS AND DISCUSSIONS

### 4.1 Age of respondents

The respondents were inquired to indicate their age. The results were tabulated in Table 1

**Table 1: Age of Respondents**

Age group (years)	Deaf trainees	
	f	%
13- 15 years	12	33.3
16-19 years	18	50.0
20-25 years	6	16.7
Total	36	100%

As indicated by the outcomes in Table 1, 50.0% of the deaf trainees in this research were aged between 16-19 years, 16.7% between 20-25 years and 33.3% between 13-15 years. The results revealed that the majority of the deaf trainees who took part in this study were aged between 13 and 19 years.

### 4.1.2 Level of Education of Deaf Trainers

The level of education achieved by deaf trainers shows the extent of training that impacts on the delivery and performance of deaf trainees in their courses. Trainers for the most part need to acquire a few showing experiences before applying to attempt a Diploma/Certificate course in teaching deaf trainees. Notwithstanding, any experience acquired with deaf trainees, for example, deliberate work, will uphold the application. The outcomes are presented in Table 1.

**Table 1: Highest Professional Qualifications of Deaf Trainers**

From one of the questionnaires, the study sought to establish the highest training level of deaf trainees in the vocational section.

Qualifications	Deaf trainers	
	f	%
Diploma holders	3	12.5%
Higher diploma holders	7	29.2%
Degree	12	50%
Master	2	8.3%
Total	24	100%

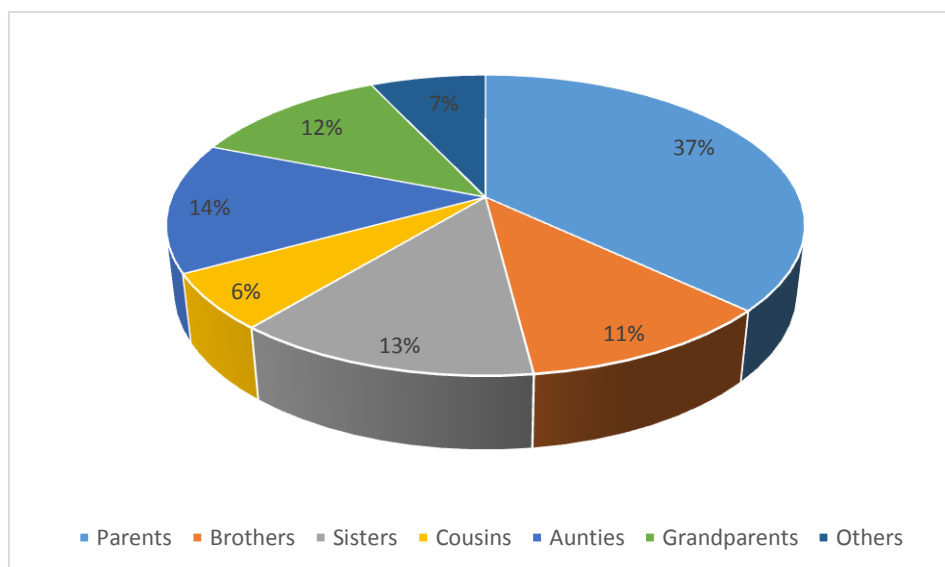
The findings from Table 2 show that half of the deaf trainers have attained a bachelor's degree, 29.2% hold a higher diploma, 12.5% hold diploma and 8.3% hold masters. This means that most of the trainers in the vocational section have acquired the required knowledge and skills professionally needed to perform their duties and tasks in such a setting. These results are consistent with the results of Pakata (2015), who believed that hearing-impaired educators should have; exclusive demands and respect for all deaf students as human beings, a fair and educated spirit for the range of communication approaches used in deaf students' education, recognition of the unique needs of deaf students and their families, social and an uplifting perspective for cooperation with all the partners and individuals involved, as well as the ethnic foundation.

#### **4.2 Different ways in which families support Deaf trainees**

The study aimed at determining the various ways in which families support deaf trainees. From which the researcher first wanted to better understand the concept of family support. This included the family members who stay with the deaf trainees.

##### **4.2.1 Concept of Family Support in Social Interaction**

Children need to be able to express their feelings. In some atmospheres, their brothers/sisters are definitely outstanding and treated more gracefully and suffering, and in some atmospheres, it is left behind. The study sought to determine relationship between deaf trainees and persons they stay with at home. The findings are presented in Figure 1.



**Figure 1:** Distribution of respondents by the person they are living with

The findings presented in figure 1 show that 37% of the participants stay with their parents, 14% with their aunties, 13% with their sisters, 12% with their grandparents, 11% with their brothers, 7% with others and 6% with their cousins. From the interview schedule, one of the trainers noted that;

“Most deaf trainees stay in extended families, a few live with their parents and a great percentage with their grandparents or aunties. Also, some are from refugee camps and basically don't belong to any specific family they are sponsored with different organizations” (Trainer II-KII)

Family involvement and family support are compelling variables for the social well-being of deaf learners. Building self-learning relationships is important for rationalizing sources of help at home and improving interactions between children, parents and schools as well. Parents or gatekeepers need to be aware of important and interesting aspects of hearing-impaired children and pay attention to important relationship aspects such as sibling communication, sibling comparison, and parental inequality. They should also effectively enhance interaction with deaf trainees to boost their development and motivation which are crucial for success. The findings concur with Cross, Taylor and Chatters (2018) who established that families form a crucial part of society, and deaf trainees are brought up in different family settings and environments. The social interplay among deaf trainees and their households is a direction of shared impact, improvement, and development of views and behavior credits. People listening to misfortune can reap the bulk of the errands engaged with social cohesiveness. All matters considered, positive sports would possibly be adjusted and strategies created to make up for the disability. Besides, human beings with a comparable disability don't certainly have comparable capacities and, subsequently, it will become essential to recognize their capacities whilst fostering the system. Each character is precise and therefore has to be accredited to check their capacities and restrictions. Learners

ought to be accredited to foster their very own method to accomplishing the undertakings anticipated in a few random placing with their relatives, mainly in the nuclear placing imparting advice, help and direction.

**4.2.2 Types of family support in social interaction**

The study sought to understand the different ways in which trainees receive support on social interaction from their family members.

During the interview schedule, one trainer notes that;

“Some parents are building strong support networks to help families learn support strategies and encourage more positive views on the future of hearing-impaired children. This support network includes extended families, other parents, teachers, hearing-impaired people, and role models. Parents with a strong support system can support the development of self-determination, gratitude, positive attitudes and quality friendships for hearing-impaired children...” (Trainer III-KII)

The findings are supported by the findings of Cross et. al (2018) and Shogren et. al (2015) who reported that there is minimal knowledge about how important family members are to deaf trainees and in turn how the deaf trainees are to the family members regardless of gender. deaf trainees need financial support, emotional assistance and practical support which includes supervision from different family members that when well understood can promote their individual adjustment and improvement. Also, family members need to support deaf trainees with moral support, emotional support and social support.

To further understand the different forms of family support, further information was sought by use of a Likert scale and the outcomes are displayed in Table 3.

**Table 2: Different ways in which families support Deaf trainees**

Statements	SA		A		U		D		SD		Mean
	F	%	F	%	F	%	F	%	F	%	
I have a cordial relationship with my family members	28	77.8	8	22.2	-	-	-	-	-	-	4.12
I have in-depth meaningful conversation with my family members	25	69.4	8	22.2	3	8.3	-	-	-	-	3.78
I freely communicate with my family members	21	58.3	15	41.7	-	-	-	-	-	-	4.06
My family members listen to me when I talk	23	63.9	13	36.1	-	-	-	-	-	-	3.94
I always feel anxious and afraid when with my family members	-	-	-	-	2	5.5	12	33.3	22	61.1	3.78
I participate in family meetings or get together	20	55.6	14	38.9	2	5.5	-	-	-	-	3.84

The results from Table 3 reveal that 77.8% of the participants strongly agreed that they have a cordial relationship with their family members and 22.2% agreed with the statements. The deaf trainees require a vital relationship with their families as it contributes to their level of social interaction. The outcomes concur with the results of Anttila et al (2017) who suggested that, the happiness of a deaf trainee can be predicted by confidential family relationships and the amount of emotional support they receive from their family members since at this stage most of them are transiting from childhood to adulthood and are therefore not protected against feelings of social anxiety.

The results also established that 69.4% of the participants strongly agreed that they have in-depth meaningful conversations with their family members. Parents and other family members need to involve their deaf children in meaningful conversations that may have an impact on their present and future life. This is also suggested by the Australian Parenting network (2020), which revealed that for a deaf trainee to have healthy social interaction the family members should act as role models in terms of positive relationships and ways of dealing with emotions and moods, being an active listener to the deaf trainee’s needs and feelings, getting to know the deaf trainee’s friends, talking about relationships, sex and sexuality and the family members being open about individual feelings so that it can create positive methods of relating to other people.

Table 3 shows that 58.3% of the participants strongly agreed that they freely communicate with their family members. The difficulties encountered by hearing-impaired children in developing communication can be of great concern if their language skills are not properly achieved and they are in the same position as hearing-impaired children. If parents conclude that they want their hearing-impaired children to be taught verbally, these skills must be taught clearly, as opposed to the more natural and accidental language learning experienced by hearing-impaired children. These findings are consistent with the findings of the Ali Yavar Jung National Institute for the Hearing Handicapped (2018) who established that parents who are in standard contact

with the hearing impaired exhibit a more developed association consciousness, as opposed to parents who are not in contact with the hearing impaired.

Also, the outcomes in Table 3 reveal that 63.9% of the participants strongly agreed that their family members listen to them when they talk. Family members can relate with deaf trainees in several ways but the quality of these relationships matters; a sensitive relationship is important to ensure a secure bond and attachment so that they can be able to manage their feelings. But, as they grow up in different environments like school environments majority of them are unable to sustain and maintain relationships (Lavis, 2016).

The outcomes in Table 3 reveal that 61.1% of the participants strongly disagreed that they always feel anxious and afraid when with their family members. Parents often pay attention to the concerns of kin and these outcomes in the siblings feeling good to impart their necessities and disguising negative inclinations. These discoveries verify with the discoveries of (Leshtarova, 2017) who laid out that being a decent sister to their handicapped kin included portraying the kin as typical, making light of individual forfeits and obliging the gendered idea of sibling /family care.

Moreover, the results in Table 3 reveal that 55.6% of the participants strongly agreed that they participate in family meetings or get together. The creation of an inclusive society enabled the full and active participation of every member of the society in all aspects. The disabled and non-disabled people participate in the same activity. Through participation in family meetings and get together, children with hard of hearing gain courage hence can interact with fellow peers. Family interaction and support in school assume a critical part in the accomplishment of learners; in this manner, various procedures to connect with families in their youngster's schooling will likewise be tended to.

## V. CONCLUSIONS

Family plays a significant role in influencing the social interaction of a deaf trainee by enhancing the trainee's feeling of being recognized in the society and boosting their social interactive wellbeing. The happiness of a deaf trainee can be predicted by cordial and confidential family relationships and the amount of moral, social and emotional support they receive from their family members since at this stage most of them are transiting from childhood to adulthood and are therefore not protected against feelings of social anxiety. Families have different relationships with deaf trainees, and the quality of those relationships is very important. Sensitive relationships are important to ensure safe attachments so that they can be able to manage their interrelationships and social development feelings.

## VI. RECOMMENDATIONS

Existing school policies need to promote a sense of community and participatory culture where more emphasis is put on the family environment and roles in improving the social interaction of deaf trainees

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