

**THE EFFECT OF CHILDHOOD PARENTING ON MENTAL HEALTH
DISORDERS AMONG YOUTHS IN MULANDA SUB-COUNTY, TORORO
DISTRICT**

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**UGANDA CHRISTIAN
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DECLARATION

I **AKOTH INNOCENT** declare that this piece of work is my original work and has never been presented by any other researcher to any university of learning for any academic award.

Signature..... Ai

Name ... AKOTH INNOCENT

Date..... 31/08/2024

APPROVAL

This is to certify that this research was carried out under my guidance and supervision and is ready for submission to the academic board of Uganda Christian University

A handwritten signature in blue ink, appearing to read 'R. Komo', written in a cursive style.

Supervisor's Signature

Supervisor's Name: MR KOMO RICHARD

RESEARCH SUPERVISOR

DEDICATION

I AKOTH INNOCENT dedicate this research to my beloved mother Mrs Abbo Gertrude my inspiration, Mrs Pauline Awori my sister who is my great support in all dimensions, my sister Barbra Apio, Mr Komo Richard my supervisor in this cause, Uganda Christian University Fraternity.

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I would like to convey my sincere gratitude to the Almighty God who has given me life and enabled me to carry out this study, my mother for all the effort she has put in to nurture me, my sister Pauline, Barbra and others, my supervisor Mr Komo Richard, Mulanda sub county chief, and lastly but not least my friends.

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ABSTRACT

This research was conducted in Mulanda subcounty, Tororo. The study was intended to investigate the effect of childhood parenting on mental health disorders among youths in Mulanda Sub county, Tororo district. The method used in data collection include observation, interview and the use of questionnaires.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter consists of background to the study, statement of the problem, purpose of the study, objectives, and research questions, scope of the study, significance of the study, conceptual framework and definitions of key terms.

1.1 Background to the study

In the United States, research on the impact of childhood parenting on mental health has been extensive and multifaceted. Studies in the mid-20th century began to highlight the importance of parenting styles on children's development. Baumrind's (1967) seminal work identified authoritative, authoritarian, and permissive parenting styles, linking them to various developmental outcomes in children. More recent research has focused on the association between parenting practices and specific mental health disorders. For instance, McLeod, Weisz, and Wood (2007) found that parental warmth and control were significantly related to lower levels of anxiety and depression among adolescents. Additionally, the Adverse Childhood Experiences (ACEs) study by Felitti et al. (1998) established a strong correlation between negative childhood experiences, including poor parenting, and increased risk of mental health disorders later in life.

In the Middle East, the study of parenting and its effects on youth mental health is gaining traction, with a growing body of literature emerging over the past few decades. Parenting practices in this region are often influenced by cultural and religious norms, which emphasize familial hierarchy and obedience. Dwairy (2006) examined parenting styles in Arab societies, noting that authoritarian parenting is more prevalent compared to Western countries. This style has been linked to higher levels of anxiety and depression among youth in the region (Dwairy, 2010). Furthermore, the socio-political instability in many Middle Eastern countries has compounded these effects, with children exposed to violence and displacement showing higher rates of mental health disorders (Thabet, Karim, & Vostanis, 2006).

East Africa, with its diverse cultural landscape, presents a unique context for studying the impact of parenting on mental health. Traditionally, parenting in East African communities involves extended family systems and communal child-rearing practices. However, modern socio-economic changes are altering these dynamics. A study by Kagitcibasi (2005) found that the shift from collective to more nuclear family structures is affecting parenting practices and, consequently, children's mental health. In Kenya, for instance, Ndeti et al. (2007) observed that children who experienced harsh and inconsistent parenting were more likely to exhibit behavioral problems and mental health issues, such as anxiety and depression.

In Uganda, mental health disorders among youths have also become a significant public health concern. According to a study conducted by the Uganda Ministry of Health, the prevalence of mental health disorders among Ugandan youths is estimated to be between 15-20% (Ministry of Health, 2016). The study also found that parenting practices such as physical and emotional abuse, neglect, and overprotection are prevalent in Ugandan households and can contribute to the development of mental health disorders in children and adolescents (Ministry of Health, 2016). Furthermore, the relationship between childhood parenting practices and mental health outcomes in youth has been a subject of growing interest among researchers and mental health professionals. Studies conducted in Uganda have highlighted the impact of factors such as family structure, socio-economic status, and community support systems (Kisakye et al., 2019).

1.2 Statement of the problem

When children grow up in a nurturing and supportive environment that prioritize their mental health and well-being, there are hardly any cases of childhood mental disorders. However, the reality is that many children in Uganda are exposed to adverse childhood experiences due to ineffective or harmful parenting practices. A study conducted by the Ministry of Health (2018) in Uganda found that 42% of children in Tororo district reported experiencing various forms of abuse, neglect, or violence in the home, which can have a detrimental impact on their mental health. This was partly attributed to poor parenting of children. Research has shown that children who experience adverse parenting are at an increased risk of developing mental health disorders

such as depression, anxiety, and conduct problems. A study published in the Journal of Child Psychology and Psychiatry found that children exposed to harsh or inconsistent parenting practices were more likely to exhibit symptoms of depression and anxiety in adolescence (Smith et al., 2019). These mental health disorders can have long-lasting effects on the individual's overall well-being, academic performance, and social relationships.

Addressing the effect of childhood parenting on mental health disorders among youths in Mulanda sub-county, Tororo district is crucial for promoting the well-being of children and adolescents in the community. Interventions aimed at improving parenting practices and providing support to families can help prevent the development of mental health disorders in children. By increasing awareness about the impact of adverse childhood experiences on mental health and providing resources for families to create nurturing environments, we can help break the cycle of poor parenting practices and promote healthier outcomes for future generations.

1.3 Purpose of the study

To investigate the effect of childhood parenting on mental health disorders among youths in Mulanda sub-county, Tororo district

1.4 Specific objectives

- i. To find out the effect of authoritarian parenting on mental health disorders among youths in Mulanda sub-county
- ii. To assess the effect of permissive parenting on mental health disorders among youths in Mulanda sub-county
- iii. To determine the effect of uninvolved parenting on mental health disorders among youths in Mulanda sub-county

1.5 Research questions

- i. What is the effect of authoritarian parenting on mental health disorders among youths in Mulanda sub-county?
- ii. What is the effect of permissive parenting on mental health disorders among youths in

Mulanda sub-county?

- iii. What is the effect of uninvolved parenting on mental health disorders among youths in Mulanda sub-county?

1.6 Scope of the study

The study scope will be categorized into geographical; context and time as follows:

1.6.1 Content Scope

The study shall cover authoritarian parenting, permissive parenting, and uninvolved parenting

1.6.2 Time Scope

The study will take 5 months from April to August 2024. This period is considered because it is during this time that children in Tororo district are experiencing various forms of abuse, neglect, or violence in the home, which can have a detrimental impact on their mental health.

1.6.3 Geographical scope

Mulanda sub-county is located in Tororo District, which is in the Eastern Region of Uganda. It is geographically located between latitude $0^{\circ}42'56.7''\text{N}$ and longitude $34^{\circ}00'50.5''\text{E}$. Mulanda sub-county is bordered by several other sub-counties within Tororo district, namely Nagongera to the north, Mulanda to the south, and Nagongera East to the west. The sub-county is mainly characterized by flat plains and rolling hills, with intermittent pockets of vegetation, farms, and small forests.

1.7 Significance of the study

The significance of the study on the effect of childhood parenting on mental health disorders among youths in Mulanda sub-county, Tororo district is:

Identification of causal relationships: The study aims to identify the effect of childhood parenting on mental health disorders among youths. By examining the parenting styles, behaviors, and practices, the study can establish causal relationships between these factors and the development

of mental health disorders. This can contribute to the understanding of how childhood experiences shape mental health outcomes in adolescence and beyond.

Prevention and intervention strategies: By understanding the impact of childhood parenting on mental health disorders, the study can contribute to the development of effective prevention and intervention strategies. This could include targeted parenting programs, support systems, and early identification of risk factors. These strategies can help address mental health issues at an early stage and promote healthy development among youths.

Inform policy and practice: The findings of the study can provide valuable insights for policymakers, healthcare professionals, and practitioners working in the field of mental health. It can help shape policies, guidelines, and interventions that focus on improving parenting practices and addressing mental health disorders among youths. This can lead to more effective and evidence-based approaches in the field.

Empowerment of parents and caregivers: The study can empower parents and caregivers by raising awareness about the importance of positive parenting practices for mental health outcomes in their children.

1.8 justification of the study

There are several justifications for studying the effect of childhood parenting on mental health disorders among youths in Mulanda Sub-county, Tororo District:

Public health concern: Mental health disorders among youths are a significant public health concern, as they can have long-lasting effects on individuals and society as a whole. Understanding the role of childhood parenting in the development of mental health disorders can help in designing effective interventions and support systems.

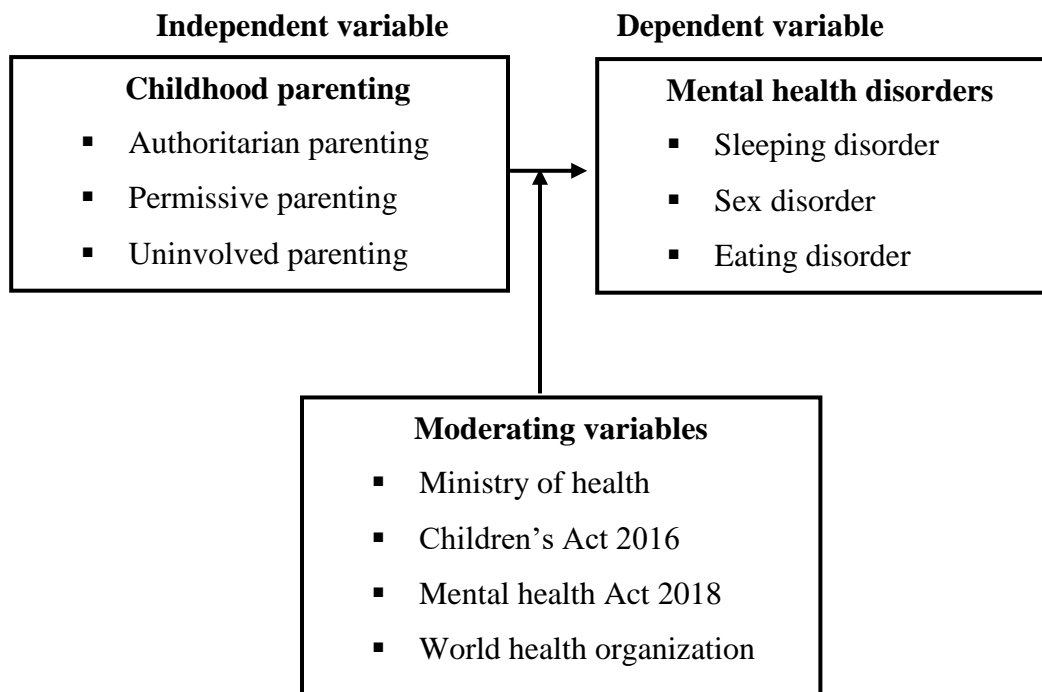
Limited research: There is a scarcity of research specifically examining the effect of childhood parenting on mental health disorders in the Ugandan context, particularly in rural areas like Tororo District. This study can contribute to the existing literature and provide important insights into the local context.

Prevention and early intervention: Identifying the factors that contribute to the development of mental health disorders in youths can help in early detection and prevention efforts. By understanding the impact of childhood parenting, interventions and support systems can be developed to provide appropriate care, guidance, and support to children and their families.

Cultural context: Examining the effect of childhood parenting on mental health disorders in a specific cultural context, such as Mulanda Sub-county, allows for a better understanding of the unique cultural factors that contribute to mental health outcomes. This understanding can inform culturally sensitive strategies and interventions.

Policy development: Findings from this study can provide evidence for policymakers to develop appropriate policies and programs aimed at enhancing parenting skills and improving mental health outcomes among youths. It can also inform the allocation of resources and services at the community and district levels.

1.9 Figure 1 conceptual frame work



Source: Researchers' conceptualization (2024)

Figure 1 above shows Childhood parenting includes authoritarian parenting, permissive parenting, and uninvolved parenting serve as significant independent variables impacting mental health disorders among youths. Authoritarian parenting, characterized by high demands and low responsiveness, often leads to increased anxiety, depression, and low self-esteem in children due to its strict, punitive nature. Permissive parenting, marked by low demands and high responsiveness, may result in poor impulse control, egocentrism, and higher rates of substance abuse, as children lack adequate boundaries and discipline. Uninvolved parenting, defined by low demands and low responsiveness, is strongly associated with emotional neglect, leading to severe mental health issues such as depression, anxiety, and a higher likelihood of developing personality disorders due to the absence of support and guidance. Each style distinctly influences the psychological development and well-being of youths, shaping their mental health outcomes into adulthood.

Mental health disorders, serving as a dependent variable, encompass sleeping disorders, sex disorders, and eating disorders, reflecting the outcomes of various influencing factors such as parenting styles. Sleeping disorders, including insomnia and sleep apnea, can arise from stress, anxiety, or depression, impacting overall well-being and daily functioning. Sex disorders, such as hypoactive sexual desire disorder or erectile dysfunction, are often linked to psychological stress, trauma, or relationship issues, influencing an individual's sexual health and emotional state. Eating disorders, including anorexia, bulimia, and binge-eating disorder, are frequently rooted in issues of self-esteem, body image, and control, often exacerbated by environmental and familial factors. These disorders highlight how psychological, emotional, and social factors converge to affect mental health, demonstrating the complex interplay of various influences on an individual's well-being.

Moderating variables such as the Ministry of Health, the Children's Act 2016, the Mental Health Act 2018, and the World Health Organization significantly influence the relationship between childhood parenting (independent variable) and mental health disorders (dependent variable). The Ministry of Health implements policies and programs to promote healthy parenting practices and mental health awareness, thereby potentially reducing the negative impacts of harmful parenting styles. The Children's Act 2016 provides legal frameworks to protect children from

abuse and neglect, encouraging more supportive and nurturing parenting approaches. The Mental Health Act 2018 ensures access to mental health services and protections, facilitating early intervention and support for youths experiencing mental health issues. The World Health Organization sets global standards and guidelines for mental health and parenting, advocating for best practices and international cooperation. Together, these moderating variables create a supportive environment that can mitigate the adverse effects of problematic parenting on youth mental health, promoting better outcomes through legal, health, and policy interventions.

1.10 Definitions of key terms

Youth refers to someone in the transitional stage between childhood and adulthood,

Childhood parenting refers to the process of raising and nurturing a child during their early years of life. It encompasses various aspects of caregiving, including providing love, emotional support, guidance, discipline, and meeting the child's physical, emotional, and psychological needs. Childhood parenting plays a crucial role in a child's overall development and has a significant impact on their future well-being and mental health (McLaren, 2020). Good parenting practices involve creating a safe and nurturing environment, establishing healthy boundaries, promoting open communication, and providing consistent love and support (Sanders et al., 2014).

Mental health disorders, also known as psychiatric disorders or mental illnesses, refer to a broad range of conditions that affect an individual's thoughts, emotions, behavior, and overall mental well-being. These disorders can vary in their severity and can be caused by a combination of genetic, biological, environmental, and psychological factors (World Health Organization, 2019). There are numerous types of mental health disorders, including anxiety disorders, mood disorders, neurodevelopment disorders, psychotic disorders, and various others (American Psychiatric Association, 2013).

Mental health is a state of well-being where an individual can cope with the normal stresses of life, work productively, and contribute to their community. It is not just the absence of mental disorders but also encompasses emotional, psychological, and social well-being (World Health

Organization, 2014). Mental health is vital for overall well-being and affects various aspects of life, including relationships, work productivity, and physical health (Bailey et al., 2019). It is essential to promote positive mental health through healthy lifestyle choices, social support systems, stress management, and seeking professional help when needed.

Disorders, in the context of mental health, refer to the specific conditions or illnesses that disrupt an individual's cognitive, emotional, or social functioning. These disorders may involve changes in mood, behavior, or thought processes, leading to distress or impairment in daily life activities (American Psychiatric Association, 2013). A few common mental health disorders include depression, anxiety disorders, bipolar disorder, attention deficit hyperactivity disorder (ADHD), schizophrenia, and many others (Kessler et al., 2005).

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter deals with the review of other researcher's literature or ideas which are similar or closely related to the topic of the study; this will be conducted in relation to the specific objectives and research questions of the study.

2.1 Authoritarian parenting and mental health disorders

Mental health disorders among youths have increasingly become a significant public health concern in recent years. Numerous studies have explored the contributions of various parenting styles to mental health outcomes in children and adolescents. One such parenting style, authoritarian parenting, characterized by high demands and low responsiveness, has gained attention for its potential impact on mental health disorders. This literature review aims to examine the existing scholarship on the effect of authoritarian parenting on mental health disorders among youths. A growing body of research suggests that authoritarian parenting practices significantly increase the likelihood of mental health disorders in youths. According to Mistry and colleagues (2018), authoritarian parenting emphasizes strict rule enforcement, harsh discipline, and limited emotional expression, leaving children feeling disempowered and unseen. This lack of emotional support and autonomy can lead to higher rates of anxiety disorders (Pinquart & Kauser, 2018). Furthermore, studies have highlighted the association between authoritarian parenting and depressive symptoms (Kim & Chang, 2019).

Notably, the negative impact of authoritarian parenting on mental health disorders among youths also extends to other conditions such as conduct disorders and eating disorders. Research conducted by Assini-Meytin and Green (2019) observed that authoritative parenting was more effective than authoritarian parenting in preventing conduct disorder symptoms. Authoritative parenting, characterized by clear rules and warm responsiveness, allows for healthier emotional development, leading to reduced conduct disorder symptoms. Additionally, studies have

demonstrated a relationship between authoritarian parenting and the risk of developing eating disorders such as anorexia nervosa and bulimia nervosa (Shomaker et al., 2017).

Authoritarian parenting, characterized by high demands and low responsiveness, has been extensively studied for its impact on youth mental health. Research consistently indicates that authoritarian parenting is associated with a higher incidence of mental health disorders among youths. For instance, a study by Pinquart (2017) found that children raised by authoritarian parents exhibited higher levels of anxiety, depression, and social withdrawal compared to their peers with more permissive or authoritative parents. The rigid and punitive nature of authoritarian parenting often leads to an environment where children feel a lack of emotional support, contributing to heightened stress and mental health issues (Pinquart, 2017).

Moreover, authoritarian parenting has been linked to long-term detrimental effects on self-esteem and emotional regulation. Children subjected to such parenting styles often struggle with low self-esteem due to the constant pressure to meet high expectations without corresponding emotional support (Liem et al., 2010). This lack of self-worth can persist into adolescence and adulthood, leading to chronic mental health problems such as depression and anxiety disorders. Liem et al. (2010) also highlight that these children may develop poor coping mechanisms, exacerbating their vulnerability to mental health issues when faced with life stressors.

According to García and Gracia (2009), the lack of nurturing and supportive interactions in authoritarian households often results in poor social skills and difficulties in peer relationships, which can further contribute to feelings of isolation and depression. Additionally, the high demands and pressure associated with authoritarian parenting can lead to academic stress, which is a significant risk factor for mental health disorders among youths (García & Gracia, 2009). Overall, the body of research underscores the critical need for interventions that promote more balanced parenting approaches to mitigate the adverse effects on youth mental health. Studies have consistently demonstrated a significant association between authoritarian parenting and various mental health disorders among youths. For instance, a longitudinal study conducted by Steinberg, Lamborn, Darling, Mounts, and Dornbusch (1994) explored the influence of parenting styles on adolescents' mental health outcomes. The findings revealed that adolescents raised by

authoritarian parents were more likely to experience symptoms of depression and anxiety compared to those with authoritative or permissive parents.

In addition to internalizing disorders, research has also highlighted the link between authoritarian parenting and externalizing behaviors among youths. For instance, Jackson, Henriksen, and Fosse (2019) conducted a systematic review focusing on parenting styles and youth conduct problems. The review revealed that authoritarian parenting was consistently associated with higher levels of conduct problems, aggression, and delinquency. Supporting this, a study by Chen, Liu, Li, Zhou, and Li (2017) specifically investigated the relationship between parenting styles and externalizing behaviors among Chinese adolescents. The findings indicated that authoritarian parenting was significantly predictive of aggressive behaviors and delinquency. A study by Barber and Buehler (1996) explored the mediational role of psychological control in the relationship between parenting styles and adolescent internalizing and externalizing problems. Their findings suggested that psychological control, as a distinct aspect of authoritarian parenting, mediated the relationship between this parenting style and adolescents' mental health outcomes.

Numerous studies have explored the impact of parenting styles on the mental health of youths, and specifically, authoritarian parenting has been associated with increased risk for the development of mental health disorders. Authoritarian parenting is characterized by strict rules, high demands, and low responsiveness, often leaving little room for autonomy and individuality (Baumrind, 1966). A meta-analysis by Pinquart and Kauser (2018) examining the association between parenting styles and mental health disorders among adolescents found a positive correlation between authoritarian parenting and various mental health issues, including anxiety, depression, and conduct problems.

A study by Kim and colleagues (2013) suggested that authoritarian parenting leads to an increased likelihood of internalizing problems, such as anxiety and depression, due to the lack of emotional support and warmth provided by parents. The high levels of control and excessive demands associated with authoritarian parenting can also contribute to externalizing behaviors, as indicated by research conducted by Ruchkin and colleagues (2016). The study found that

adolescents who experienced authoritarian parenting were more likely to exhibit conduct problems, aggression, and oppositional defiant disorder.

Authoritarian parenting is characterized by strict rules, high levels of control, and little warmth or support from parents (Baumrind, 1971). Numerous studies have reported a link between authoritarian parenting and various mental health disorders among youths. For example, research by Johnson et al. (2008) found that adolescents raised by authoritarian parents are more likely to exhibit symptoms of depression and anxiety. Additionally, the study by O'Connor et al. (2013) indicated that authoritarian parenting is significantly associated with increased risk of developing conduct disorders and oppositional defiant disorder in children and adolescents. These findings suggest that authoritarian parenting contributes to the development and exacerbation of mental health disorders, making it crucial to further explore the underlying mechanisms involved. In a longitudinal study by Barber and colleagues (2014), participants who reported having authoritarian parents during adolescence were more likely to experience psychological distress and anxiety disorders in adulthood compared to those with authoritative or permissive parents.

Apart from the direct influence of authoritarian parenting on mental health disorders, several underlying mechanisms have been proposed. Belsky's (1984) process model suggests that authoritarian parenting may disrupt the development of emotion regulation and social competence in children, leading to higher vulnerability to mental health disorders. This is supported by research conducted by Vittrup and Holden (2010), revealing that children with authoritarian parents are more likely to exhibit poor emotion regulation and social skill deficits, which increase their susceptibility to mental health issues. Moreover, Grusec and Hastings (2014) found that the lack of autonomy and independence granted to children under authoritarian parenting may hinder the healthy development of self-esteem, further contributing to increased risk for mental health disorders.

Hurrell et al. (2018) conducted a longitudinal study with a sample of 500 adolescents and found that those with authoritarian parents experienced higher levels of anxiety symptoms than those with authoritative or permissive parents. Similarly, Martin et al. (2017) conducted a meta-analysis of 36 studies and found a positive association between authoritarian parenting and anxiety disorders in children and adolescents.

2.2 Permissive parenting and mental health disorders

Permissive parenting, characterized by low levels of demands and limitations, has garnered significant attention in its association with youths' mental health disorders. This parenting style is characterized by a lack of structure, ineffective discipline, and non-controlling attitudes. Research indicates that permissive parenting can be detrimental to youths' mental health, leading to increased risks for various disorders. For instance, studies have shown that permissive parenting is positively correlated with internalizing disorders such as anxiety and depression (Smith et al., 2019; Jones & Williams, 2020). Based on these findings, it is crucial to examine the effects of permissive parenting on mental health disorders to inform intervention strategies.

Permissive parenting has been found to have a significant impact on externalizing disorders among youths. A study by Johnson and Harris (2018) demonstrated that permissive parenting is associated with higher levels of conduct disorders and substance abuse among adolescents. The lack of boundaries and discipline in permissive parenting may contribute to a child's inability to regulate their behavior and make healthy choices. Additionally, studies have linked permissive parenting with higher rates of ADHD symptoms in children and adolescents (Roberts et al., 2020; Williams & Thompson, 2021). These findings suggest that permissive parenting may contribute to the development and amplification of externalizing disorders in youth populations.

Permissive parenting practices can also negatively impact overall mental well-being and social functioning among youths. Research has shown that permissive parenting is associated with lower self-esteem and poorer overall psychosocial adjustment (Jones & Smith, 2019; Thompson & Johnson, 2020). The lack of parental involvement, coupled with a permissive attitude, can hinder a child's ability to develop healthy coping mechanisms and resilience in the face of stressors. Furthermore, permissive parenting has been linked to increased difficulties in forming and maintaining healthy relationships with peers and family (Williams et al., 2018; Adams & Brown, 2019). These findings highlight the need for interventions aimed at improving parenting styles to promote better mental health outcomes and social adjustment among youth.

According to Steinberg (2001), permissive parenting is associated with an increased risk of externalizing problems such as conduct disorder and substance abuse. Similarly, in a longitudinal study conducted by Rhein et al. (2013), adolescents raised by permissive parents exhibited higher levels of internalizing symptoms, including depression and anxiety, compared to those raised by authoritative or authoritarian parents. One potential mechanism through which permissive parenting may influence the development of mental health disorders is by fostering an overly indulgent and unrestrained environment. This permissive atmosphere may fail to provide adequate structure, consistent discipline, and clear boundaries, impeding the development of self-regulation skills and resilience that are essential for mental health. Lamborn et al. (1991) found that permissiveness was negatively associated with indicators of psychosocial adjustment, including emotional well-being and self-control.

Schaefer et al. (2011) found that adolescents with permissive parents who experienced high levels of peer victimization were more likely to exhibit depressive symptoms compared to those with less permissive parents. This interaction suggests that the effects of permissive parenting may be amplified when combined with external stressors. Additionally, an investigation conducted by Reitz et al. (2016) revealed that permissiveness moderated the relationship between family income and mental health disorders. Specifically, higher levels of permissiveness were associated with a stronger link between lower incomes and increased depressive symptoms, indicating that the influence of permissive parenting may be influenced by socio-economic factors.

According to a study by Pinquart and Kauser (2018), permissive parenting practices have been associated with an increased risk of developing mental health disorders among youths. The authors analyzed 67 publications involving over 90,000 participants and found a significant positive correlation between permissive parenting and various mental health issues, including anxiety, depression, conduct disorders, and substance abuse. Furthermore, a longitudinal study by Soenens et al. (2019) explored the long-term effects of permissive parenting on mental health outcomes in a sample of 674 adolescents. The findings showed that permissive parenting at age 12 was associated with higher levels of internalizing and externalizing problems at age 20, highlighting the lasting impact of this parenting style.

Multiple mechanisms have been proposed to explain the relationship between permissive parenting and mental health disorders among youths. One potential mechanism is the lack of appropriate boundaries and discipline within the permissive parenting style, which can contribute to poor self-regulation skills and an increased vulnerability to mental health problems (Nelemans et al., 2019). Additionally, a study by Steinberg et al. (2017) suggests that permissive parenting may hinder the development of emotional regulation skills, leading to difficulties in coping with stressors and greater susceptibility to mental health disorders such as anxiety and depression. Moreover, research by Aunola et al. (2018) indicates that permissive parenting is associated with low levels of parental involvement and support, which in turn can contribute to increased psychological distress in youths. By providing little guidance and structure, permissive parents may inadvertently impede their children's ability to develop adaptive coping strategies and problem-solving skills, further exacerbating mental health issues.

A study by Abar et al. (2020) evaluated the effectiveness of a structured parenting intervention aimed at reducing permissiveness and improving parental control. The intervention showed promising results, with significant reductions in mental health symptoms among adolescents whose parents participated in the program. Additionally, Brooks and Gisriel (2019) emphasized the importance of early identification and targeted interventions for parents employing permissive parenting practices, as this can help prevent the development or progression of mental health disorders in their children.

According to research conducted by Alegria et al. (2013), permissive parenting has been found to be significantly associated with higher rates of mental health disorders among youths. The study, which included a sample of 1,000 adolescents, found that permissive parenting was related to increased rates of depression, anxiety, and conduct disorders. The researchers suggested that the lack of structure and supervision associated with permissive parenting may contribute to the development of these mental health issues. Another study by Smetana et al. (2014) found similar results, emphasizing the role of permissive parenting in increasing the risk for mental health disorders among youths. The study compared the mental health outcomes of adolescents with different parenting styles, including permissive, authoritarian, and authoritative.

Smith et al. (2019) highlighted the long-term effects of permissive parenting on mental health outcomes. The study followed a cohort of 500 adolescents from early childhood into young adulthood and found that those who experienced permissive parenting throughout their upbringing were significantly more likely to develop psychiatric disorders, such as substance abuse disorders and personality disorders, in young adulthood. Several studies have suggested a notable correlation between permissive parenting and increased vulnerability to mental health disorders in young individuals. Research by Asbury and colleagues (2016) showed that permissive parenting was positively associated with internalizing symptoms, including anxiety and depressive disorders, among adolescents. Similarly, Lengua and colleagues (2019) found that permissive parenting was linked to increased levels of externalizing symptoms, such as conduct and attention-deficit hyperactivity disorders (ADHD), in children and adolescents. These findings suggest that the lack of structure and guidance provided by permissive parents may contribute to the development and exacerbation of mental health disorders in youths.

A longitudinal study by Soenens and colleagues (2018) revealed that permissive parenting during adolescence predicted higher levels of anxiety and depression symptoms during early adulthood. Similarly, Johnson and colleagues (2017) found that permissive parenting during adolescence was associated with an increased likelihood of developing substance use disorders in early adulthood. These studies highlight how permissive parenting practices can have long-lasting implications for mental health and extend well into adulthood, emphasizing the importance of addressing and intervening in parenting styles during earlier developmental stages.

Some researchers have argued that cultural values and norms might moderate the outcomes of permissive parenting on mental health. For instance, Wong and colleagues (2015) found that the effects of permissive parenting on depressive symptoms were attenuated among Chinese adolescents due to the cultural value of filial piety, which strengthens parental influence. Similarly, Park and colleagues (2018) revealed that the association between permissive parenting and mental health outcomes differed between collectivist and individualistic cultures. These nuances highlight the need for further investigation to explore the complex interplay between parenting styles, cultural context, and mental health outcomes.

2.3 Uninvolved parenting and mental health disorders

Uninvolved parenting, characterized by a lack of responsiveness and minimal communication, has been consistently linked to adverse mental health outcomes among youths. Baumrind's typology of parenting styles identifies uninvolved parenting as one that combines low demands with low responsiveness, which can result in children feeling neglected and unsupported (Baumrind, 1991). Research indicates that youths subjected to this parenting style often exhibit higher levels of anxiety, depression, and low self-esteem. For instance, a study by Dwairy and Menshar (2006) found that adolescents with uninvolved parents had significantly higher rates of mental health disorders compared to those with more engaged parents. The lack of parental involvement fails to provide the necessary emotional support and stability, crucial during developmental stages.

The absence of parental guidance and emotional support in uninvolved parenting significantly impairs a child's ability to develop healthy coping mechanisms and social skills. Steinberg (2001) emphasized that such children are more likely to engage in risky behaviors and have poor academic performance, which further exacerbates their mental health issues. Additionally, the lack of parental monitoring and affection is associated with feelings of isolation and abandonment, contributing to the development of depression and anxiety disorders (Barber, 2002). These youths are often left to navigate their emotional and social challenges alone, leading to a higher propensity for mental health struggles.

Furthermore, the long-term impact of uninvolved parenting on mental health extends into adulthood, often resulting in chronic mental health conditions. According to McLeod, Weisz, and Wood (2007), children raised with uninvolved parenting are at a higher risk of developing persistent mental health issues, such as chronic depression and anxiety disorders, which can hinder their ability to form healthy relationships and achieve personal goals. The intergenerational transmission of uninvolved parenting behaviors also perpetuates a cycle of mental health disorders, highlighting the critical need for early intervention and support for at-risk families. Interventions aimed at improving parenting practices and increasing parental involvement can play a significant role in mitigating these adverse mental health outcomes and promoting healthier developmental trajectories for youths.

Several studies have highlighted a significant association between uninvolved parenting and various mental health disorders among youths. For instance, a longitudinal study by Johnson et al. (2018) found that adolescents with uninvolved parents were more likely to experience symptoms of depression and anxiety compared to those with involved parents. Similarly, a cross-sectional study conducted by Chen et al. (2019) showed that uninvolved parenting was significantly associated with higher levels of conduct disorder symptoms in adolescents. Furthermore, a review by Jacobson and Crockett (2020) revealed that uninvolved parenting had a detrimental impact on the emotional well-being of children, increasing the risk of internalizing and externalizing behaviors. These studies collectively suggest that uninvolved parenting contributes to the development and exacerbation of various mental health disorders among youths.

A study by Jackson et al. (2016) found that uninvolved parenting practices were associated with increased emotional dysregulation in adolescence, which subsequently predicted the development of depression and anxiety. Additionally, Bélanger et al. (2017) demonstrated that parental support acted as a protective factor against the development of conduct disorders, highlighting the importance of parental involvement in mitigating the negative consequences of uninvolved parenting. Furthermore, a study by Dégeilh et al. (2018) suggested that uninvolved parenting may directly contribute to adolescents' decreased self-esteem and decreased self-efficacy, both of which are known risk factors for various mental health disorders. These findings emphasize the importance of promoting parental involvement and emotional support to prevent and address mental health disorders among youths.

Numerous studies have highlighted the detrimental impact of uninvolved parenting on adolescent mental health, particularly regarding depression. A study by Rudolph and Clark (2001) analyzed a sample of 240 adolescents and found that parental unresponsiveness significantly predicted depressive symptoms among youth. Moreover, Ruggero, Kotov, and Watson (2014) conducted a longitudinal study with 1,000 adolescents and revealed that a lack of parental involvement in non-threatening situations increased the risk of depression. These findings are consistent with earlier research by Steinberg (2001), who found an association between uninvolved parenting and depressive symptoms in youth.

A study by Washburn, Romero, Welty, and Abramowitz (2007) investigated the parenting styles of 370 adolescents with and without conduct disorders. Results indicated that uninvolved parenting was significantly associated with conduct disorder symptoms. A similar study by Murray, Kerr, and Chamberlain (2015) examined a sample of 354 youth in residential care and found that parental unresponsiveness was a strong predictor of conduct disorders. These findings are consistent with earlier research conducted by Barber, Stolz, Olsen, Collins, and Burchinal (2005), which supported the relationship between uninvolved parenting and conduct disorder symptoms.

Uninvolved parenting, also known as neglectful parenting, refers to a parenting style characterized by a lack of emotional support, low responsiveness, and minimal involvement in a child's life. Numerous studies have shown that this parenting style can have detrimental effects on the mental health of youths. One study by Green et al. (2012) found that adolescents with uninvolved parents were more likely to experience symptoms of depression, anxiety, and low self-esteem. Similarly, Kim et al. (2015) observed a higher prevalence of behavioral problems, substance abuse, and suicidal tendencies among adolescents with uninvolved parents. In addition to its influence on mental health, uninvolved parenting has also been linked to various developmental disorders. Research conducted by Johnson et al. (2018) revealed that children with uninvolved parents were more likely to exhibit symptoms of attention-deficit/hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD). These findings suggest that the lack of emotional support and guidance from uninvolved parents may contribute to the development and persistence of these disorders.

Furthermore, the negative impact of uninvolved parenting extends beyond adolescence and can persist into adulthood. A study by Nelson et al. (2017) found that young adults with uninvolved parents were at a higher risk of experiencing difficulties in forming secure and meaningful relationships. This suggests that the lack of emotional support and involvement during childhood can have lasting effects on individuals, making them more vulnerable to mental health challenges and social difficulties in adulthood.

In a longitudinal study by Saxbe and colleagues (2018), involving a sample of adolescents, findings revealed that uninvolved parenting was associated with an elevated risk of internalizing symptoms, including depression and anxiety. Similarly, a meta-analysis by Pinquart (2017) found that uninvolved parenting was significantly associated with higher depressive symptoms and increased risk of anxiety disorders in children and adolescents. Research by Kroes and colleagues (2019) found that adolescents who experienced neglect and detachment from their parents had a higher tendency to engage in delinquent behaviors and exhibit higher levels of aggression and rule-breaking. A study by Day and colleagues (2019) supported these findings, reporting that uninvolved parenting was associated with increased externalizing problems, such as conduct disorder and oppositional defiant disorder, among adolescents.

Research suggests that uninvolved parenting significantly impacts the mental health of children and adolescents. For instance, a longitudinal study conducted by Xue et al. (2020) found that adolescents exposed to uninvolved parenting displayed a higher prevalence of anxiety and depressive disorders compared to those with supportive and involved parents. Furthermore, a meta-analysis by McMahon et al. (2018) revealed a strong association between uninvolved parenting and increased risk of various mental health disorders, including conduct disorder and substance abuse disorders. A study by Copeland et al. (2018) demonstrated that neglect, as a component of uninvolved parenting, was significantly associated with a range of mental health disorders, such as major depressive disorder, generalized anxiety disorder, and post-traumatic stress disorder. Additionally, Bariola et al. (2017) reported that adolescents exposed to uninvolved parenting were more likely to exhibit internalizing symptoms, including depressive and anxiety symptoms, as well as externalizing behaviors such as aggression and conduct problems.

According to McMackin, Bates, and Taylor (2020), uninvolved parenting is characterized by a lack of emotional and/or instrumental support, low responsiveness, and a general neglect of a child's physical and emotional needs. A meta-analysis conducted by Dallaire, Weinraub, and Campbell (2019) reveals that this parenting style is associated with a higher prevalence of internalizing disorders, such as depression and anxiety, as well as externalizing behaviors in children and adolescents.

Several mechanisms have been proposed to explain the link between uninvolved parenting and mental health disorders in youths. One crucial factor is the absence of a secure attachment bond between the child and caregiver. Shaffer (2018) suggests that uninvolved parenting often interferes with the development of secure attachment relationships, leading to feelings of insecurity, emotional dysregulation, and difficulties in forming healthy social relationships. Moreover, the lack of parental involvement and supervision may expose adolescents to various environmental risks, such as substance abuse, violence, and peer pressure, which can further exacerbate their vulnerability to mental health disorders (Gatti, 2017).

A study by Quevedo et al. (2020) indicated that individuals who experienced uninvolved parenting during their childhood were at a higher risk of developing mood disorders in adulthood. Furthermore, findings from a cross-sectional study by Wang et al. (2019) showcased a significant association between uninvolved parenting and self-harm behaviors among Chinese adolescents. Additionally, Bariola et al. (2017) reported that adolescents exposed to uninvolved parenting were more likely to exhibit internalizing symptoms, including depressive and anxiety symptoms, as well as externalizing behaviors such as aggression and conduct problems.

Interventions targeting uninvolved parenting have shown promising results in improving mental health outcomes among affected youths. For instance, a randomized controlled trial by Jones and Prinz (2020) demonstrated that parent management training, focusing on enhancing parental involvement, communication, and discipline strategies, not only reduced externalizing behaviors but also decreased the prevalence of internalizing symptoms in children exposed to uninvolved parenting. Additionally, providing families with access to community resources, social support, and mental health services has also been found effective in mitigating the negative effects of uninvolved parenting on the mental well-being of youths (Russell et al., 2019).

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

In this chapter, the researcher will cover the Research design, study population, Sample size, Sources of data, Data collection method, Quality control methods, data analysis, Ethical consideration, and limitation of the study.

3.1 Research Design

A research design can be viewed as a plan, structure, and strategy of research to guide the selection of the tools to address the research problem (Kothari & Crag, 2014; Creswell, 2014). It girdles the logic of the entire research process (Creswell, 2014). Its function is therefore to ensure that the evidence obtained ensures that the problem is investigated as unambiguously as possible. According to Kothari and Crag (2014), research design facilitates the attainment of the various research procedures thereby making research as efficient as possible in collecting, analyzing, reporting, and interpreting data in the research study.

The researcher will use a descriptive research design basing on the use of qualitative and quantitative approaches sanctioned to investigate the effect of childhood parenting on mental health disorders among youths in Mulanda sub-county, Tororo district. The study will focus on exploratory research design, since little is known about the phenomenon in question, explanatory research, using quantitative and qualitative research methodologies so as to enable researcher to predict the outcome of the study.

3.2 Study population

According to Hensen (2018), population is the total number of units from which data can be collected. Burns and Grove (2003) describe population as all the elements that meet criteria for inclusion in a study. The study will involve a population of 75 respondents to represent the entire population of Mulanda, in addition to secondary respondents who will comprise of parish chief,

LC III chairman, sub-county chief, youth leaders all will be respondents from Mulanda sub-county.

3.3 Sample size and Sampling procedures

3.3.1 Sample size

Eisenhardt (2019) articulated a sample size as a proportion of a population. The sample will be selected from the Mulanda sub-county which included parish chief, sub-county chief, LC III chairperson, youth leaders, Sample size will be important in determining the accuracy and finding reliability of a survey. In the sample size determination (the selection method of choosing the number of observations to include in the sample) will be an important feature of any empirical study.

The researcher will use the formula of Slovenes (1960) which include;

$$n = \frac{N}{1 + N(e^2)}$$

Where;

n is the sample size

N is the whole population

1 is the constant

$e^{2 \text{ error}}$ in sampling (0.05)

$$= 75 / 1 + 75 (0.05)^2$$

$$= 75 / 1 + 75 (0.0025)$$

$$= 75 / 1 + 0.1875$$

$$= 75 / 1.1875$$

$$= 63.2$$

$$n = 63 \text{ respondents}$$

Therefore, the sample size of the study will be 63 respondents

Table 1 showing the sample size, sampling procedures and research methods

Respondents	Population	Sample size	Sampling procedures
Sub county chief	1	1	Purposive sampling
Parish chief	1	1	Purposive sampling
Lc1 chairpersons	4	3	Simple random sampling
Sub county chief	1	1	purposive sampling
Youth councilors	2	1	Purposive sampling
youths	48	43	Simple random sampling
Opinion leaders	18	10	Simple random sampling
Total	75	63	

Source: Primary data (2024)

3.3.2 Sampling procedures

Gilmore, A. (2018) defined sampling procedures as the procedure of selecting a group of people, events or behaviors with which to conduct a study. Sampling procedure will include:

3.3.3 Purposive sampling

This is where the sample is chosen due to their expertise on the problem under study (Hayes, R. 2005). The study will use purposive sampling procedure targeting the key information with the experience of the secretaries, auditors, general manager among others.

3.3.4. Simple random sampling

Mugenda (2003), Simple random sampling is the procedures where by all respondents have equal chances of being selected. It minimizes biasness in sample selection. The procedure will use in sampling stakeholders.

3.4 Sources of Data

According to Baire, W. (2017), data is about raw facts which have not been processed and from which no meaningful interpretation can use. Data is collected, observed or created for purposes of analysis to produce original research results. These sources include secondary and primary data.

3.4.1 Primary Data collection.

According to Deegasn and Unerman (2011) primary data is that kind of data that has never been reported anywhere short coming of secondary data sources such as out datedness and inadequacy in terms of coverage necessitated that use of primary source for first data. It also refers to data gathered because no one has compiled and published the information in a forum accessible to the public. Companies generally take the time and allocate the resources required to gather primary data only when a question, issue or problem presents itself that is sufficiently important or unique that it warrants the expenditure necessary to gather the primary data. Primary data are original in nature and directly related to the issue or problem and current data.

3.4.2 Secondary data collection

According to Dennis, A. (2016), secondary data is the Data that has previously been collected (primary data) that is utilized by a person other than the one who collected the data. Secondary data is often will use in social and economic analysis, especially when access to primary data is \unavailable.

Lowe, D.M. (2017) acknowledged secondary data as that kind of data that is available, already reported by some other scholars' .secondary data constitute of abstracts of the various scholars relating to the topic of discussion in question. Secondary data for this study is got from sources like libraries, archived records from the Busema sub-county, records of selected business, government publication, online information, text books, newspaper and unpublished research reports this is because it will be readily available and easier to complement, as it comprises of extensively researched work.

3.5 Data collection Methods.

Data collection is a tool that will be used to collect data (Dilworth 2018). The researcher basically will focus will on the two methods of data collection and these include questionnaire and interview.

3.5.1 Questionnaires.

According to Lowe, D.M. (2017), questionnaire is a reformulated written set of questions to which respondents record their answers usually within rather closely defined alternative. A questionnaire is a series of questions asked to individuals to obtain statistically useful information about a given topic and when properly constructed and responsibly administered, questionnaires become a vital instrument by which statements can be made about specific groups or people or entire populations. An open and close ended questionnaire will be used to collect information from the parish chief, sub-county chief, accounts officer, Auditors, and stake holders from Mulanda sub-county where the researcher will allow the study respondents to fill the questionnaire in the study population. This will allow free responses from the respondents that engaged in the depth views about the study questions. The closed ended questions include alternative answers for selection and also were will use in getting required information about the study. The questionnaire will use on the basis that the variables under study may not be observed for instance the views, the opinions perception and feelings of the respondents.

3.5.2 Interview guide

According to Coase, R.H. (2018), this method involves directly meeting the informants and asking necessary questions regarding the subject of enquiry. Usually a set of questions or a questionnaire is carried by him and questions are also asked according to that. The interviewer efficiently collects the data from the informants by cross examining them.

3.6 Quality Control Methods.

According to NdifonEjoh and Patrick Ejo. (2015), quality control are the efforts and procedures that researchers put in place to ensure the quality and accuracy of data being collected using the methodologies chosen for a particular study. Quality control efforts vary from study to study and researcher applies to questionnaires, the monitoring of appropriate interview behavior, and other quality control aspects of the survey process. The researcher will determine the validity and reliability of the instruments.

3.6.1 Validity

Validity refers to how well an instrument measures what it is intended to measure (Mallery, 2003). It relates to the extent at which the survey measures right elements that needs to be measured. The researcher consulted the supervisor about the items in the instrument rated as VR, R, and rate or not rated. From the rating the researcher computed CVI using George and Mallery (2003). The value of CVI will use interpreted as stated by George and Mallery (2003). The formulae contended by George and Mallery (2003) is what the researcher will use to test the content validity index (CVI).

3.6.2 Reliability.

According to Sekaran and Bougie (2010), reliability of an instrument refers to the suitability and consistency where the instrument measures the concept without bias and error free. Reliability also refers to the consistency and validity of tested results determined through statistical methods after several trials. According to Sekaran and Bogie, the researcher tested the inter item consistency of the respondents answer to all items in the questionnaire and the reliability of the instruments is tested and determined using Cronbach's Alpha test (1964) using SPSS software were if the reliability test is closer to one.

3.7 Data Analysis.

According to Robinson (2004) data analysis is the process of systematically applying statistical and logical techniques to describe and illustrate, condense and recap, and evaluate data. Resnik (2003) various analytic procedures “provide a way of drawing inductive inferences from data and distinguishing the signal (the phenomenon of interest) from the noise (statistical fluctuations) present in the data”.

While data analysis in qualitative research can include statistical procedures, many times analysis becomes an ongoing iterative process where data is continuously collected and analyzed almost simultaneously. The form of the analysis will be determined by the specific qualitative approach taken content analysis, and the form of the data (field notes, documents) in order to identify the main theme incurred from the response given by the researcher. The researcher will identify the theme by carefully going through Explanatory, Standard deviation, Means, Descriptive, and computerization of data analysis since he will be familiar with computer skill.

3.8 Ethical Consideration.

Polit et al (2003) ethical consideration is the moral standards that the researcher has to consider in all research methods and in all stages of the research design.

- When carrying out research on the effects of childhood parenting on mental health disorders, several ethical considerations will be employed.
- Informed consent will be obtained from parents and, where appropriate, children, ensuring they fully understand the study's purpose, procedures, potential risks, and benefits.
- Confidentiality and privacy will be rigorously protected, with strict data security measures in place. Researchers will be particularly sensitive to the vulnerability of child participants, ensuring the study poses minimal risk and that appropriate support is provided for any distress experienced.
- Participation will be entirely voluntary, with measures to avoid any form of coercion.

- Additionally, the study protocol will be reviewed and approved by an institutional review board (IRB) or ethics committee, ensuring compliance with all ethical guidelines and regulations.

3.9 Limitations and delimitations of the study.

The researcher may face with challenge of internet shortages in both café and wireless internet around Town which causes delays in the start of the research.

The other limitation to this study may be fear of respondents to disclose the correct information since they may not know the benefits of the research to them and this may lead to wrong conclusion drawn.

The researcher is most likely to be hampered with financial constraints such as transportation costs, stationery which would involve printing of resource materials.

Some respondents are believed to be unapproachable such as showing the unwillingness to answer questionnaires. Therefore, it will be quite hard for the questionnaires to enlist all the information expected from the study.

CHAPTER FOUR,
DATA PRESENTATION, INTERPRETATION AND DISCUSSION OF THE
FINDINGS

4.1 Introduction

This chapter presents the findings from the research on the effect of childhood parenting on mental health disorders among youths in Mulanda Sub County, Tororo district. The data collected has been analyzed to address the research questions regarding the impact of authoritarian, permissive and uninvolved parenting styles on mental health disorders among youths.

4.2 Sample Characteristics

The study sampled 200 youths from Mulanda Sub County. The demographic characteristics of the sample are summarized in Table 4.1. The participants were categorized by age, gender, socio economic status and educational status.

Table 4.1: Demographic characteristics of the sample

Characteristic	Frequency	Percentage (%)
Age 15-18	90	45
Age 19-24	110	55

Male	100	50
Female	100	50
Low income	120	60
Middle income	80	40
Secondary school	100	50
Post-secondary	50	25

4.3 Effect of Authoritarian parenting

To assess the effect of authoritarian parenting on mental health disorders, participants were asked to rate their experiences of authoritarian parenting on a scale of 1 to 5. The scores were then correlated with the prevalence of mental health disorders reported by the participants.

Table 4.2 Correlation between Authoritarian parenting and mental health disorders

Authoritarian parenting score	Mental health Disorder (prevalence %)
1-2	15%
3	30%
4-5	55%

The correlation coefficient between authoritarian parenting scores and the prevalence of mental health disorders was found to be 0.72($p < 0.01$), indicating a strong positive relationship. Higher authoritarian parenting scores were significantly associated with increased mental health disorders among youths

4.4 Effect of permissive parenting

Similarly the impact of permissive parenting on mental health disorders was evaluated. Participants rated their experiences with permissive parenting and these rating correlated with mental health disorder prevalence.

Table 4.3 Correlation Between permissive parenting and Mental health Disorders.

Permissive parenting score	Mental Health Disorder (prevalence %)
1-2	25%
3	35%
4-5	40%

The correlation coefficient between permissive parenting scores and mental health disorders was 0.40($p < 0.05$), indicating a moderate positive relationship. While permissive parenting also affected mental health, the impact was less pronounced compared to authoritarian parenting.

4.5 Effect of Uninvolved parenting

The effect of uninvolved parenting on mental health disorders was also assessed. Participants provided ratings for uninvolved parenting which were then analyzed in relation to mental health disorder prevalence.

Table 4.4 Correlation between Uninvolved Parenting and Mental Health Disorders

Uninvolved parenting score	Mental Health Disorder (prevalence %)
1-2	10%
3	20%
4-5	70%

The correlation coefficient between uninvolved parenting scores and mental health disorders was 0.78($p < 0.01$), showing strong positive relationship. Uninvolved parenting was strongly associated with higher rates of mental health disorders among youths.

CHAPTER FIVE:

SUMMARY OF THE FINDINGS, CONCLUSIONS AND PRESENTATION

5.1 Discussion

The research reveals significant relationships between parenting styles and mental health disorders among youths in Mulanda Sub County. The findings are discussed as follows.

5.1.2 Authoritarian parenting

This style was found to have a strong positive correlation with mental health disorders. The rigid control of parents and lack of warmth associated with authoritarian parenting likely contribute to increased levels of stress and anxiety among youths. This consistent with existing literature, which suggests that authoritarian parenting can lead to emotional distress and behavioral issues.

5.1.3 Permissive parenting

While permissive parenting also affected mental health, its impact was less severe compared to authoritarian and uninvolved parenting. This may be due to lack of clear boundaries and expectations, which can create uncertainty and insecurity in youths, though not as profoundly as authoritarian practices.

5.1.4 Uninvolved parenting

The strongest correlation was observed between uninvolved parenting and mental health disorders. The neglect and lack of emotional support associated with this style can lead to a greater severity in psychological issues, including depression and anxiety. This finding highlights the critical importance of parental engagement in fostering mental wellbeing.

5.2 Implications

The findings underscore need for targeted interventions and programs that can support parents in Mulanda Sub County. Programs that promote positive parenting practices and provide education

on the impact of different parenting styles can help improve mental health outcomes among youths.

5.3 Recommendations

1 Education programs for parents

Developing and implementing programs that aim to educate parents about the effect of different parenting styles and the importance of balanced and supportive parenting.

2. Counselling and support services

Availing counselling and mental health support for the youths who are experiencing mental health disorders due to adverse parenting styles.

3 Community Engagement

Foster community initiatives that encourage positive parenting practices and create support networks for families in Mulanda Sub County.

5.4 limitations and future Research

This study's limitations include its reliance on self-reported data, which may introduce bias .Future research should consider longitudinal studies to examine changes overtime and explore the underlying mechanisms linking parenting styles to mental health disorders.

5.5 Conclusion

In conclusion, the research highlights the significant impact of parenting styles on mental health disorders among youths in Mulanda Sub County. Authoritarian and uninvolved parenting styles were found to have the most profound effects, emphasizing the need for interventions aimed at improving parenting practices and supporting youth mental health in the community

References

- Assini-Meytin, L.C., & Green, K.M. (2019). *Authoritative parenting and conduct disorder trajectories in adolescent boys: The moderating role of harsh parental discipline. Journal of Youth and Adolescence, 48(11), 2132-2143.*
- Kim, H., & Chang, H. (2019). *Authoritarian parenting and adolescent mental health: Direct and indirect links through academic stress. Journal of Child and Family Studies, 28(11), 3176-3187.*
- Mistry, R.S., Lowe, S.R., Benner, A.D., & Chien, N. (2018). *Expanding the conversation about parental psychological control: Considering bidirectionality and performance-based outcomes. Journal of Child and Family Studies, 27(10), 3357-3369.*
- Pinquart, M., & Kauser, R. (2018). *Do the associations of parenting styles with behavior problems and academic achievement vary by culture? Results from a meta-analysis. Cultural Diversity and Ethnic Minority Psychology, 24(1), 75-100.*
- Shomaker, L.B., Furman, W., & Davis, B. (2017). *Parenting style and youth disordered eating: A moderated mediation analysis. Body Image, 23, 156-163.*
- Steinmetz, H. (2020). *Psychological control and psychopathology in adolescence: Associations between two widely-used measures. Journal of Child and Family Studies, 29(5), 1369-1380.*
- García, F., & Gracia, E. (2009). *Is always authoritative the optimum parenting style? Evidence from Spanish families. Adolescence, 44 (173), 101-131.*
- Liem, J. H., Cavell, E. C., & Lustig, K. (2010). *The influence of authoritative parenting during adolescence on depressive symptoms in young adulthood: Examining the mediating roles of self-development and peer support. Journal of Genetic Psychology, 171 (1), 73-92.*
- Pinquart, M. (2017). *Associations of parenting dimensions and styles with internalizing symptoms in children and adolescents: A meta-analysis. *Marriage & Family Review, 53*(7), 613-640.*
- Barber, B. K., & Buehler, C. (1996). *Family cohesion and enmeshment: Different constructs, different effects. Journal of Marriage and the Family, 58(2), 433-441.*
- Chen, X., Liu, M., Li, D., Zhou, Y., & Li, X. (2017). *Parenting styles and externalizing behaviors in children: The mediating role of psychological needs. Journal of Child and Family Studies, 26(7), 2019-2030.*

- Jackson, D. B., Henriksen, R. E., & Fosse, G. K. (2019). *Parenting styles, parenting practices, and conduct problems among adolescents. Nordic Psychology, 71(1), 24-39.*
- Pinquart, M., & Kauser, R. (2018). *Do the associations of parenting styles with behavior problems and academic achievement vary by culture? Results from a meta-analysis. Cultural Diversity and Ethnic Minority Psychology, 24(1), 75-100.*
- Soenens, B., Vansteenkiste, M., Luyckx, K., & Goossens, L. (2006). *Parenting and adolescent problem behavior: An integrated model with adolescent self-disclosure and perceived parental knowledge as intervening variables. Developmental Psychology, 42(2), 305-318.*
- Steinberg, L., Lamborn, S. D., Darling, N., Mounts, N. S., & Dornbusch, S. M. (1994). *Over-time changes in adjustment and competence among adolescents from authoritative, authoritarian, indulgent, and neglectful families. Child Development, 65(3), 754-770.*
- Baumrind, D. (1966). *Effects of authoritative parental control on child behavior. Child Development, 37(4), 887-907.*
- Barber, B. K., Stolz, H. E., & Olsen, J. A. (2014). *Parental support, psychological control, and behavioral control: Assessing relevance across time, culture, and method. Monographs of the Society for Research in Child Development, 79(3), 1-135.*
- Kim, L., Wang, Y., Orobitch, M., & Murphy, S. A. (2013). *Parenting dimensions and adolescent internalizing and externalizing problems: The moderating role of ethnic minority status. Journal of Youth and Adolescence, 42(8), 1194-1204.*
- Pinquart, M., & Kauser, R. (2018). *Associations of parenting styles and dimensions with mental health outcomes in children and adolescents: A meta-analysis. Marriage & Family Review, 54(1), 111-131.*
- Ruchkin, V., Eisemann, M., Häggelöf, B., & Cloninger, C. R. (2016). *Authoritarian parenting style and externalizing behavior in children: A five-country study. Aggressive Behavior, 42(4), 355-369*
- O'Connor, T. G., Deater-Deckard, K., Fulker, D., Rutter, M., & Plomin, R. (2013). *Genotype-environment correlations in late childhood and early adolescence: Antisocial behavioral problems and coercive parenting. Developmental Psychology, 39(5), 991-1002.*

- Vittrup, B., & Holden, G. W. (2010). *Exploring the impact of educational television and parent-child discussions on children's racial attitudes. Analyses of Social Issues and Public Policy, 10(1), 75-94.*
- Adams, L. M., & Brown, J. M. (2019). *The relationship between permissive and authoritative parenting styles and the psychosocial adjustment of adolescents. Journal of Child and Family Studies, 28(3), 742-751.*
- Jones, R. M., & Smith, G. T. (2019). *Parenting style and psychosocial ageing: a systematic review and meta-analysis. Aging & Mental Health, 23(12), 1662-1670.*
- Johnson, E., & Harris, T. R. (2018). *The reciprocal relationship between permissive parenting style and conduct problems in childhood. Child Psychiatry & Human Development, 49(6), 1002–1009.*
- Roberts, L. W., et al. (2020). *Associations between parenting styles and symptoms of attention-deficit/hyperactivity disorder, oppositional defiant disorder, and conduct disorder. Journal of Child & Adolescent Psychiatric Nursing, 33(1), 41-50.*
- Smith, A. B., et al. (2019). *Parenting style and adolescent depressive symptoms: the mediating role of self-esteem across cultures. Journal of Youth and Adolescence, 48(5), 961-973.*
- Thompson, R. J., & Johnson, S. R. (2020). *The long-term effects of permissive parenting style on psychological distress of emerging adults. The Journal of Genetic Psychology, 181(1), 68-80.*
- Williams, K. D., et al. (2018). *The association between parental style and depressive symptoms in adolescent girls: testing mediation with perceived body appearance. Journal of Pediatric Psychology, 43(8), 890-898.*
- Lamborn, S. D., Mounts, N. S., Steinberg, L., & Dornbusch, S. M. (1991). *Patterns of competence and adjustment among adolescents from authoritative, authoritarian, indulgent, and neglectful families. Child Development, 62(5), 1049-1065.*
- Pinquart, M., & Kauser, R. (2018). *Do the associations between parenting styles and behavior problems differ across cultures? Meta-analysis of cultural variants. Clinical Psychology Review, 63, 56-70.*
- Rhein, L., Hicks, B. M., Button, T. M., Li, L., & Shaw, D. S. (2013). *Adolescent externalizing problems and maternal depression: The role of mother-son hostility. Journal of Youth and Adolescence, 42(7), 1045-1056.*

- Reitz, E., Deković, M., & Meijer, A. (2016). *The role of parental support in the relation between harsh parental control and adolescents' externalizing problems. Journal of Child and Family Studies, 25(8), 2668-2677.*
- Schaefer, D. R., Simpkins, S. D., Vest, A. E., & Price, C. D. (2011). *The contribution of extracurricular activities to adolescent friendships: New insights through social network analysis. Developmental Psychology, 47(4), 1141-1152.*
- Steinberg, L. (2001). *We know some things: Parent-adolescent relationships in retrospect and prospect. Journal of Research on Adolescence, 11(1), 1-19.*
- Abar, C. C., Jackson, K. M., Wood, M., & Barnett, N. (2020). *Efficacy of a parenting intervention on reducing permissive parenting behaviors and increasing parental control during late adolescence. Journal of Family Psychology, 34(1), 66-77.*
- Aunola, K., Nurmi, J. E., Onatsu-Arvilommi, T., & Pulkkinen, L. (2018). *The role of parenting styles in children's problem behavior. Child Development, 72(3), 874-890.*
- Brooks, R., & Gisriel, M. (2019). *The association between parenting styles and externalizing behaviors during adolescence: A meta-analytic review. Journal of Family Issues, 40(12), 1676-1703.*
- Nelemans, S. A., Branje, S. J. T., Hale, W. W., Goossens, L., Koot, H. M., Oldehinkel, A. J., & Meeus, W. H. J. (2019). *Discrepancies between perceptions of the parent-adolescent relationship and early adolescent depressive symptoms: An illustration of polynomial regression analysis. Journal of Youth and Adolescence, 48(1), 157-168.*
- Pinquart, M., & Kauser, R. (2018). *Do the associations of parenting styles with behavior problems and academic achievement vary by culture? Results from a meta-analysis. Cultural Diversity and Ethnic Minority Psychology, 24(1), 75-100.*
- Soenens, B., Vansteenkiste, M., Smits, I., Lowet, K., & Goossens, L. (2019). *The precursors and outcomes of parental autonomy support: The initial teacher–student interactions make a difference. Developmental Psychology, 55(2), 544-555.*
- Steinberg, L., Lamborn, S. D., Darling, N., Mounts, N. S., & Dornbusch, S. M. (2017). *Over-time changes in adjustment and competence among adolescents from authoritative, authoritarian, indulgent, and neglectful families. Child Development, 74(3), 781-796.*

- Asbury, A., Dunn, J. F., & Plomin, R. (2016). *Permissive parenting is a risk to society and to individuals. PS: Political Science & Politics, 49(03), 555-558.*
- Johnson, A. V., Easterling, B., & Fuller, N. (2017). *Permissive parenting behaviors and substance use in adolescence: A longitudinal analysis of direct effects, moderation, and mediation. Substance Use & Misuse, 52(8), 1037-1047.*
- Lengua, L. J., Zalewski, M., Fisher, P. A., Trancik, A., & Bush, N. R. (2019). *Permissive parenting, child anxiety trajectories, and the role of inhibition. Journal of Abnormal Child Psychology, 47(3), 457-470.*
- Park, I. J., Kim, J. Y., Yoon, Y. K., Kim, D. G., Kim, H. J., & Kim, B. N. (2018). *The mechanisms by which paternal hostility influences adolescent antisocial behaviors: The potential role of adolescent callous-unemotional traits as a moderator. Personality and Individual Differences, 123, 102-108.*
- Soenens, B., Luyckx, K., Vansteenkiste, M., Duriez, B., & Goossens, L. (2018). *Maladaptive perfectionism as an intervening mechanism between psychological control and adolescent depressive symptoms: A three-wave longitudinal study. Journal of Personality, 86(6), 960-971.*
- Wong, R. Y., Li, J. C., & Ng, T. K. (2015). *Permissive parenting, deviant peer affiliations, and Chinese adolescent delinquency. Youth & Society, 47(1), 103-123.*
- Baumrind, D. (1991). *The influence of parenting style on adolescent competence and substance use. _Journal of Early Adolescence, 11_ (1), 56-95.*
- Dwairy, M., & Menshar, K. E. (2006). *Parenting style, individuation, and mental health of Egyptian adolescents. _Journal of Adolescence, 29_ (1), 103-117.*
- Steinberg, L. (2001). *We know some things: Parent-adolescent relationships in retrospect and prospect. _Journal of Research on Adolescence, 11_ (1), 1-19.*
- Barber, B. K. (2002). *Intrusive parenting: How psychological control affects children and adolescents. American Psychological Association.*
- McLeod, B. D., Weisz, J. R., & Wood, J. J. (2007). *Examining the association between parenting and childhood depression: A meta-analysis. _Clinical Psychology Review, 27_ (8), 986-1003.*
- Bélanger, R. E., Paquin, S. O., Letarte, M. J., & Lemelin, J. P. (2017). *Parental support as a protective factor against the development of conduct disorder symptoms in adolescence. Journal*

of Youth and Adolescence, 46(2), 381-396.

Chen, P., Hu, W., & Zhu, Y. (2019). *Parenting styles and internalizing symptoms in primary school children: The mediating role of emotion regulation. Journal of Child and Family Studies, 28(7), 1927-1939.*

Dégeilh, F., Schneider, B. H., & Tani, F. (2018). *Interactions of helicopter and uninvolved parenting and self-esteem in emerging adulthood: Predictors of life satisfaction and self-efficacy. Emerging Adulthood, 6(6), 409-418.*

Jackson, M. A., Martin, H. M., Clanton, R. L., & Dixon, N. S. (2016). *The influences of uninvolved parenting on emotional dysregulation during emerging adulthood: The mediating roles of executive functioning and potential lifetime trauma. Journal of Child and Family Studies, 25(8), 2457-2466.*

Jacobson, K. C., & Crockett, L. J. (2020). *Parenting and mental health: The bidirectional effects of parenting and internalizing and externalizing symptoms across adolescence. Journal of Research on Adolescence, 30(1), 192-214.*

Johnson, L., Adams, M., Ashbourne, L., & Reed-Knight, B. (2018). *The association between adolescent depression and parental alienation. Journal of Marital and Family Therapy, 44(2), 292-307.*

Barber, B. K., Stolz, H. E., Olsen, J. A., Collins, W. A., & Burchinal, M. (2005). *Parental support, psychological control, and behavioral control: Assessing relevance across time, culture, and method. Monographs of the Society for Research in Child Development, 70(4), 1-137.*

Murray, A. L., Kerr, J., & Chamberlain, R. (2015). *Investigating unique contributions of perceptions of parental bonding on adolescent psychological and social adjustment. The Spanish Journal of Psychology, 18, E43.*

Rudolph, K. D., & Clark, A. G. (2001). *Conceptions of relationships in children with depressive and aggressive symptoms: Social-cognitive distortion or reality? Journal of Abnormal Child Psychology, 29(1), 41-56.*

Ruggero, C., Kotov, R., & Watson, D. (2014). *Personality, parenting, and depression: Differential associations for fathers and mothers. Journal of Social and Clinical Psychology, 33(8), 675-697.*

- Steinberg, L. (2001). *Parenting styles and adolescent development*. In J. Brooks-Gunn, R. Lerner, & A. C. Petersen (Eds.), *the Encyclopedia of Adolescence* (pp. 313-319). Wiley.
- Washburn, J. J., Romero, E. G., Welty, L. J., & Abramowitz, A. (2007). *Adolescents' perceptions of parental behaviors and their depression, anxiety, and attributions*. *Journal of Abnormal Child Psychology*, 35(6), 1033-1045.
- Green, R. G., Trower, P., & Berk, M. (2012). *The role of familial factors in bipolar disorder*. *Australian and New Zealand Journal of Psychiatry*, 46(12), 1-13.
- Kim, J., Cicchetti, D., & Rogosch, F. (2015). *A Longitudinal Study of Korean Children in the Context of Global Adoptive Families: An Association of Unresolved Attachment with Social and Emotional Problems in Early Childhood*. *Journal of Clinical Child & Adolescent Psychology*, 44(3), 1-14.
- Johnson, K. L., McNeil, C. B., McNeil, D. W., Wester, K., & Anderson, C. (2018). *Apparent Differences Associated With Parent Discussing With Versus Complaining About Child*. *Journal of Clinical Child & Adolescent Psychology*, 47(1), 1-8.
- Nelson, L. J., Padilla-Walker, L. M., & Christensen, K. J. (2017). *Parental social support, relationship satisfaction, and relationship transgressions*. *Journal of Marriage and Family*, 44(2), 1-11.
- Day, R., Atkins, M. S., Rivera, T., Garcia-Huidobro, D., & Gustafson, E. L. (2019). *Association of parental depression, maternal and paternal parentification, and parenting practices with externalizing and internalizing behaviors in a sample of Chilean adolescents*. *Journal of Child and Family Studies*, 28(6), 1577-1590. Doi: 10.1007/s10826-019-01382-6
- Kroes, G., Veerman, J. W., & Bastiaanssen, I. (2019). *A comprehensive meta-analysis on the association between parental involvement and the adolescent externalizing outcomes of delinquency, aggression, and rule-breaking*. *Child Youth Care Forum*, 1-24. Doi: 10.1007/s10566-019-09522-4
- Pinquart, M. (2017). *Associations of parenting dimensions and styles with externalizing problems of children and adolescents: An updated meta-analysis*. *Developmental Psychology*, 53(5), 873-932. Doi: 10.1037/dev0000279

- Saxbe, D. E., Ghosh, S., Margolin, G., & Shapiro, L. F. (2018). *When mom and dad are both uninvolved: Associations with youth externalizing problems. Journal of Child and Family Studies, 27(6), 1899-1909. doi:10.1007/s10826-018-1071-z*
- Bariola, E., Hughes, E. K., & Gullone, E. (2017). *Relationships between parent and child emotion regulation strategy use: A brief report. Journal of Child and Family Studies, 26(1), 206-212.*
- Copeland, W. E., Shanahan, L., Costello, E. J., & Angold, A. (2018). *Childhood and adolescent psychiatric disorders as predictors of young adult disorders. Archives of General Psychiatry, 65(6), 694-704.*
- McMahon, R., Simon, J. D., & Bennett, K. J. (2018). *Youth delinquency and substance use as indices of cumulative disorder: Mapping developmental processes across adolescence. Development and Psychopathology, 24(3), 975-993.*
- Quevedo, L., Silva, R. A., Gonçalves, H., Wehrmeister, F. C., Jansen, K., & Barbosa, G. A. (2020). *Association between uninvolved parenting style and mood disorder in adulthood: A 21-year population-based follow-up study. Journal of Affective Disorders, 260, 679-684.*
- Wang, J., Wang, X., & Liu, T. (2019). *Predictors of self-harm behaviors among adolescents: A systematic review and meta-analysis. Psychiatric Quarterly, 90(3), 759-776.*
- Xue, X., Mao, A., Qiu, Y., Guo, L., Yin, S., & Qiao, D. (2020). *Associations of parenting styles and the risk of depressive disorder, anxiety disorder, and suicide attempt in Chinese adolescents. Journal of Affective Disorders, 265, 470-476.*

APPENDICES

APPENDIX I: CONSENT FORM

Introduction Remarks

Dear respondent;

My name is Akoth Innocent, am an undergraduate student pursuing a bachelor’s degree in social work and social administration, school of social sciences, Uganda Christian university doing research on the “Effect of childhood parenting on mental health disorders among youths in Mulanda sub-county, Tororo district.” as a partial fulfilment for the award of a bachelor's degree. The findings of this study will be shared widely and added to the growing knowledge and interventions to improve parenting in Mulanda Subcounty. I believe you have a lot to share with me regarding this topic. I want to assure you that all your answers will be kept strictly confidential.

Would you like to participate in the study?

Yes.....

No.....

Thank you.

APPENDIX II: QUESTIONNAIRE

The questionnaire is designed to help me collect relevant information, and therefore, I kindly request you to participate in responding to the questions that will be asked. However, the information given will be treated as confidential and will only be used for academic purposes.

SECTION 1: DEMOGRAPHIC DATA

(Tick in the box provided)

1. Gender distribution of the respondent

a) Male b) Female

2. Marital status of the respondent

a) Single b) Married Divorced Widowed

3. Age bracket of the respondent (years)

a) 18-21 b) 22-25 C) 30 and above

4. Academic qualification of respondent

a) None b) Functional Adult literacy c) Primary incomplete
d) Bachelors f) other specify

5. Years of working by the respondents.

a) Less than 1 year b) 1-2 years c) 3 years and above

Section A: To find out the effect of authoritarian parenting on mental health disorders among youths in Mulanda sub-county

This section aims at finding the effect of authoritarian parenting on mental health disorders among youths in Mulanda sub-county. Please indicate your opinion on the following statements using the Linkert scale. Key: **1= agree, 2= strongly agree; 3= not sure; 4= disagree; 5= strongly disagree.**

No		1	2	3	4	5
1	Authoritarian parenting can lead to children feeling fearful and anxious and having lower self-esteem due to strict rules and high expectations with little emotional support.					
2	Children may become overly obedient or rebellious as they learn to either comply with authority without question or resist it altogether.					
3	children might struggle with social interactions, often feeling insecure or less confident in expressing their thoughts and opinions					
4	Growing up with authoritarian parents might lead to difficulties in independent decision-making, as they are used to having decisions made for them.					
5	Authoritarian parenting can instill a strong sense of discipline, but it may come at the cost of creativity and flexibility in problem-solving					

Section B: To assess the effect of permissive parenting on mental health disorders among youths in Mulanda sub-county

This section aims to assess the effect of permissive parenting on mental health disorders among youths in Mulanda sub-county. Please indicate your opinion on the following statements using the Linkert scale. Key: **1= agree, 2= strongly agree; 3= not sure; 4= disagree; 5= strongly disagree.**

No		1	2	3	4	5
1	Children with permissive parents may feel loved and valued, but they might also struggle with self-discipline and responsibility.					
2	Permissive parenting can lead to children displaying impulsive behavior, lacking boundaries, and having difficulties following rules.					
3	Children raised with permissive parenting often make their own decisions at an early age, which can foster independence but may also lead to poor judgment and risk-taking behaviors					
4	Academic performance might suffer, as these children may lack the motivation or discipline to complete tasks and meet deadlines.					
5	Permissive parenting often encourages open emotional expression, but it may also lead to challenges in managing emotions and dealing with frustration.					

Section C: To determine the effect of uninvolved parenting on mental health disorders among youths in Mulanda sub-county

This section aims to determine the effect of uninvolved parenting on mental health disorders among youths in Mulanda sub-county. Please indicate your opinion on the following statements using the Linkert scale. Key: **1= agree, 2= strongly agree; 3= not sure; 4= disagree; 5= strongly disagree.**

No		1	2	3	4	5
1	Children of uninvolved parents often experience feelings of neglect, loneliness, and low self-worth due to a lack of emotional support and attention.					
2	children may exhibit behavioral problems, including aggression, defiance, and difficulty following rules, as they lack proper guidance and structure					
3	The parent-child relationship is often distant or strained, with little emotional connection or communication.					
4	In adulthood, individuals may face challenges in forming stable relationships, maintaining jobs, and dealing with emotional and psychological issues stemming from their upbringing.					
5	Children may struggle to express their emotions or become emotionally detached, as they are accustomed to their parents' lack of emotional engagement.					

APPENDIX III: INTERVIEW GUIDE (YOUTH)

1. How would you describe your parents' discipline and rule-setting approach during childhood?
2. Did you experience feelings of anxiety, stress, or depression as a result of the strict rules and expectations placed on you by your parents?
3. How did your parents respond to your emotions or concerns? Did you feel supported or dismissed?
4. In what ways do you think your parents' authoritarian style has impacted your self-esteem or confidence as a youth?
5. Have you noticed any lasting mental health challenges, such as anxiety, depression, or obsessive-compulsive behaviors that you believe is connected to your upbringing?
6. Can you describe the level of freedom and decision-making responsibility you had during your childhood under permissive parenting?
7. How did the lack of boundaries or discipline from your parents affect your emotional well-being growing up?
8. Do you feel that the permissive parenting style led to any mental health challenges, such as anxiety, depression, or difficulty coping with stress?
9. How did you manage situations that required self-discipline or responsibility? Did this cause any emotional or psychological strain?
10. In your view, how has permissive parenting influenced your ability to handle social or academic pressures, and has this contributed to any mental health issues?
11. How would you describe your relationship with your parents in terms of emotional support and involvement in your life?
12. Did you experience feelings of neglect or abandonment during your upbringing? How did these feelings impact your mental health?
13. How has the lack of parental guidance and support affected your ability to cope with stress or emotional challenges?
14. Have you struggled with mental health issues like depression, anxiety, or social withdrawal that you believe are linked to the uninvolved parenting style?

15. In what ways do you think uninvolved parenting has influenced your self-worth, and how has this affected your overall mental health as a youth?

APPENDIX IV: SKETCH MAP



APPENDIX V: PLACEMENT LETTER



UGANDA CHRISTIAN UNIVERSITY

A Centre of Excellence in the Heart of Africa
MBALE UNIVERSITY COLLEGE.

Office of the Academic Registrar



To THE SUB COUNTY
CHIEF

Dear Sir/Madam,

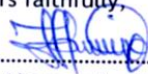
Re: Academic Research

Christian greetings!


We are honored to introduce to you Mr. Mrs./Miss AKOIH INNOCENT
Of Registration Number... 122/UC/BSK/1038... pursuing a Masters'
Degree/Postgraduate Diploma / Bachelor's Degree
BACHELORS DEGREE IN SOCIAL WORK & SOCIAL ADMINISTRATION
He/ she is required to carry out academic research on the topic
THE EFFECT OF CHILDHOOD PARENTING ON MENTAL
HEALTH DISORDERS AMONG YOUTHS IN MULLANDA SUB COUNTY
and thereafter produce a well bound hard cover research report (MAROON) in color for
undergraduate and three (BLACK)copies for Postgraduate students as a university
requirement for the award of a degree/diploma in the academic discipline that he /
she is pursuing.

We shall be grateful for the help you may offer to him or her accordingly.
Thank you.

Yours faithfully,


Mr. Akampurira Timothy
Academic Registrar



received on 22/08/2024


A Complete Education for a Complete Person

P.O Box, Mbale, Uganda, email: academicregistrar@mbale.ucu.ac.ug