

Investigation Of Parenting Styles On Alcohol- Use Disorder Among Recovering Clients In Selected Rehabilitation Centers Nairobi County, Kenya.

Kuria W.G. Marypiah., K'okul S.A. Florence and M'Arimi K. Elijah
Department of Counselling Psychology, Mount Kenya University, P.O. Box342-01000 Thika.

ABSTRACT

Alcohol Use Disorder (AUD) is a burden to individuals, families, and the society. In most societies, the first socialization is mainly the family; particularly parents. This study assessed the influence of parenting styles on alcohol use disorder among recovering clients in selected rehabilitation centers in Nairobi County, Kenya. (SRCNCK). The objective of the study was to investigate the influence of parenting styles on alcohol use disorder and to come up with the interventional strategies for controlling alcohol use disorder through parenting style. The study was guided by three interrelated theories; the Family System Theory (FST), Social Learning Theory (SLT), and Choice Theory (CT). Ex post facto research design guided the study with a target population of 187 recovering clients composed of 161 males and 26 females. Following Krejcie and Morgan's (1970) table of sample size determination, the sample size was 152 males and 26 females. The representative sample was attained by using Stratified Sampling and Simple Random Sampling methods. Expert judgment and pilot study was conducted in Kiambu County in NACADA accredited rehabilitation centres to determine the validity of the data collection tools while the Split-half method was used to determine the reliability of the research instruments. A reliability level of 0.7 was accepted for the study. The researcher collected both quantitative and qualitative data. Qualitative data was collected through Focus Group Discussion (FGD) using an open-ended group discussion guide and analysed using the content analysis under themes in line with the study objectives. Quantitative data was collected using structured questionnaires having both open and closed ended questions. Data collected from the field was analysed using descriptive and inferential statistics. Inferential statistics involved hypothesis testing through the Statistical Package for Social Sciences (SPSS) version 25 for windows. Spearman rank order correlation and Chi-square test were used to test the hypothesis and generate relationships between variables. The level of statistical significance was .05. Chi-square tests results showed that, there was no statistical significant relationship between parenting style and alcohol use disorder. Following the finding of this study, the researcher recommended more studies on personal factors and alcohol use disorder, the effect alcohol predisposition on development of alcohol use disorder, the protective factors against alcohol use disorder.

Keywords; Parenting styles, Alcohol –Use Disorder, Permissive parenting, authoritarian parenting, authoritative parenting, and neglectful parenting styles

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I. Background to the Study

Alcohol Use Disorder (AUD) has been realized to have symptoms as progression that can be predicted and influenced by the person's genes and life situation just like many other diseases (Agostinelli & Grube 2005). Individuals diagnosed with AUD must meet certain principles delineated in the Diagnostic and Statistical Manual of Mental Disorders [DSM -5] (DSMMD). The severity of Alcohol Use Disorder is determined by the extent to which the individual meets the established criteria. This can range from mild to moderate to severe. The National Health Survey estimates that around 9% of men in the UK and 3% of UK women show signs of AUD (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001). This means that consuming alcohol became so important, or at times the most significant factor in their life, such that the individuals with signs of Alcohol use disorder could not function without Alcohol.

Signs of alcohol use disorder reported by Babor, Higgins-Biddle, Saunders, & Monteiro, (2001) concur with those in DSM-5 2013, that there has been a rise in high-risk alcohol consumption behaviour in the United States. From 65.4% to 72.7 % among women as compared to the reported increase from 49% to 69% among men within 12 months (Grant, et al., 2017). The same increase of 65.4% to 72.7 % among women and 49% to 69% among men within 12 months was reported concerning Alcohol Use Disorder (AUD) in the same year

According to Carter, Brandon, and Goldman (2015), the U.S. surgeon general advocated for a strict policy towards youth alcohol consumption in Nevada, which prioritizes complete abstinence, harsh repercussions, and the unlawful nature of underage drinking. According to a survey conducted by the American Medical Association in 2010, certain parents administered alcohol to their offspring despite undergoing surgical interventions. According to the study, a quarter of children participated in a gathering where alcohol consumption by minors and parents was present. The phenomenon of minors consuming alcohol in the presence of their parents can be attributed to either the family's cultural norms or the style of parenting employed by the parents. It is in this view that under age alcohol consumption in the presence of parents can either be explained by the specific parenting style.

The effect of adults and peers on adolescents' illicit substance use was investigated by, Ewing, et al.(2015) where the findings indicate that improved family involvement into their children's activities was not a shielding factor from the use of illicit substance as compared to having an integral nuclear family. Participants who were living with both parents reported less use of alcohol and other drugs than those living under different arrangements. The study further observes that participants who adhered to their family values used illicit substance less than those who had no value for their family principles. These findings demonstrate the importance of a consistent family system as compared to a reactive one where family cohesion improved depending on the circumstance which is in agreement with Family System Theory (FST).

The role of family in the development of alcohol use disorder was also reported in a review of studies published within 30 years on the role of parenting styles in their off springs' alcohol use and abuse Fernandez-Hermida, Calafat, Becoña, Tsertsvadze, & Foxcroft (2022), the results of the study indicate that parenting with authority exhibits greater efficacy in mitigating alcohol consumption and misuse compared to alternative parenting styles. However, the study did not investigate the development of alcohol use disorder. The review demonstrates that neglectful parenting style on the other hand is the least protective style on alcohol consumption and misuse. On the other hand, as a contrasting viewpoint, for instance, among the Asian and Arabic cultures, the authoritarian parenting style is associated with more positive behaviours with reduced alcohol use and abuse.

According to Abdu-Raheem's (2013) research, there exists a significant association between inconsistent punitive disciplinary measures and the development of AUD. Change of parents' marital status, different and unreliable caregivers are factors associated with unacceptable behaviours including alcohol use disorder. These findings are consistent with FST which assumes that in a dysfunctional family system, the parents and their offspring engage in repetitive and negative interactions. These are based on miss conceptualised goals that motivate both parents and their offspring towards specific behaviours, either acceptable or unacceptable in the general society. The unforgiving discipline might be as a result of the parenting style used or the emotional environment in the family. Regardless, it is imperative to examine the correlation between familial customs and AUD.

Hassan (2013) shows that family or parental alcohol tolerance often increases youths' uncontrolled alcohol usage in Nairobi County. Adolescent drinking in and out of the house is also affected by parental monitoring. However, much still needs to be done since most empirical studies have not interrogated the direct causal link between families' attributes practices on Alcohol use disorder amongst the recovering clients.

DSM-5 (2013) describes AUD as an alcohol use habit characterized by the manifestation of two or more of the behaviours indicated below when they occur within the same twelve months' period. The behaviours include; an individual consuming more alcohol than intended with unsuccessful attempts to stop or reduce the amount of use. The person experiencing craving continues to drink even when a failure in major responsibilities and obligations results in interpersonal problems, health problems, and dangerous behaviours. Tolerance and withdrawal symptoms are also characteristics of AUD.

Children with a family history of Alcohol use disorder demonstrate more escalation of alcohol use, and more often they develop AUD than children without a family history of the said disorder (Leung, Britton, & Bell, 2016). These findings concur with Social Learning Theory and Family System Theory but contradicts the Choice Theory. SLT and FST argue that behaviours are acquired through social interactions while CT maintains that behaviours are acquired by choice. The current study assessed if Alcohol use disorder is a result of social interactions or personal choice. It has been demonstrated that neglectful parenting style is the least protective from alcohol use and abuse (Becoña, et al., 2011). However, (Abdu-Raheem, 2013) indicates a positive relationship between punitive inconsistent discipline and alcohol use disorder. This study assessed the role of parenting styles on alcohol-use disorder among recovering clients in SRCNCK.

Purpose of the Study

The purpose of the study was to investigate the influence of parenting styles on alcohol use disorder among recovering clients in selected rehabilitation centers in Nairobi County, Kenya (SRCNCK)

Objectives of the Study

The study was guided by the following objectives:

- i. To investigate the influence of parenting styles on alcohol use disorder among recovering clients in selected rehabilitation centers in Nairobi County, Kenya.
- ii. To come up with interventional strategies against the development of alcohol use disorder in families.

Research Hypotheses

The hypothesis of this study was:

Ho1. There is no statistically significant relationship between parenting style and Alcohol Use Disorder among the recovering clients in SRCNCK.

Operational Definition of Terminations

Alcohol Use Disorder: A behaviour where an individual consumes, with a preoccupation of alcohol despite the well-known problems associated with the behaviour.

Busaa: Alcoholic drink brewed from fermented grain flour.

Chang'aa: An alcoholic drink made by distilling then condensing alcoholic vapour.

Client: An in-patient individual in a rehabilitation center undergoing treatment and recovering from alcohol use disorder.

Family: Parents, siblings, and members of extended families before the respondent attained the age of 18 years.

Parenting Styles: These are psychological concepts that represent approaches and activities applied by parents when taking care of their children.

II. LITERATURE REVIEW

Parenting Styles and Alcohol Use Disorder

Parenting styles have been grouped into four major categories (Achwal & Prakash, 2021). They include: Permissive, authoritarian, authoritative, and neglectful parenting styles. It is evident that different parenting styles result in different behaviours in children. The current study assessed the link between AUD and parenting styles.

Martínez-Loredo, et al. (2015) observes that different parenting styles could either protect adolescents from alcohol use and abuse or influence them to negative alcohol-related behaviours. The finding of the study reports that adolescents who had a perception that their parents are neglectful are susceptible to AUD within two years of the study. The research revealed that adolescents who perceived their parents as oblivious necessitated extra care to mitigate the risk of developing AUD. Calafat, García, Juan, Becoña, & Fernández-Hermida (2014) have established that inadequate parenthood is an important susceptibility factor for substance use among adolescents. Martínez-Loredo, et al. (2015), in the study further postulates that the Spanish adolescents who perceived their parents as neglectful at age 12 indicated that they developed Alcohol use disorder at age 14 years.

In contrast, the style of parenting that is authoritarian is defined by a lack of parental affection and harshness, yet having high expectations and demands from their children results to lower alcohol use. Indulgent parenting style normally does not give feedback to their children and when they do it is mainly negative. When mistakes occur, children are yelled at and receive corporal punishment. It is a controlling parenting style and children are not allowed independence. This makes such children good at following rules but low in self-discipline. According to Hoffmann & Bahr, (2014) the findings establishes that low self-discipline might contribute to such individuals being influenced to use or abuse alcohol and eventually develop Alcohol use disorder.

Norway, like other European Countries, including the United Kingdom, has developed a culture of binge drinking among male where 25% of the male normally drink 10 or more units of alcohol (Courtney & Polich, 2009). Parental influence on their offspring can determine how much the young adults are socialized into binge drinking by the peers. An early and productive relationship between parents and their offspring can determine the level of diffusion of the intoxication culture among peers (Pedersen & Soest, 2013). Parents have a responsibility to establish healthy relationships with their children before the latter are 13 years old. A culture develops if it is accepted by the individuals being cultured. It can therefore be assumed that parents with a productive relationship with their offspring have a better chance to socialize them into their alcohol-related behaviours either into use, abuse, or alcohol-free culture. Such an assumption needs to be researched to prove a possible constructive behaviour in parenting styles to save countries like Kenya from the economic and social burden of Alcohol use disorder.

A positive relationship between positive family relationships and low alcohol use or abuse has also been realised. Researches observe that there are personal factors that influence an individual into abusing alcohol. Such factors include; gender roles, age, low self-esteem, sensation seeking, and alcohol knowledge among others. Youth are generally under the control of their parents or guardians. Parents and guardians have a responsibility to

socialize their youth into their respectful gender roles and ensure that they learn those roles productively, (Ramsoomar, 2015).

Negative socialization or non-productive parental practices at a young age are factors to the individual's self-esteem development. When young adults and youth develop low self-esteem, they might seek personal sensation in addiction or AUD. Parents, siblings, and extended family members have a responsibility to promote and sustain their offspring's sense of well-being. Majority of the youth experiencing low sense of well-being can also develop low self-esteem. Setting and developing life goals requires parental involvement, supervision, and a positive relationship between the youth and parents or guardians.

In a study by Bratek, et al. (2013), it was argued that Alcohol use disorder in a family is influenced by both genetic and behaviours among family members. This is in agreement with the FST that states, individuals' behaviours are best understood when observed in light of their interaction with family members (Johnson & Ray, 2016). In families where parents are non- alcoholic but use a permissive parenting style, they make very little demands on their children and also have little expectation from them. According to Berge (2016), children brought up in a permissive parenting style, have to set their own limits whether they are productive or counter-productive. The parenting style characterized by permissiveness may exert an impact on the alcohol consumption patterns of children, including the abuse of alcohol and the onset of AUD. Parents have the responsibility to instil a sense of wrong or right in their children including use, misuse or abuse of alcohol which might develop into alcohol use disorder. In this respect authoritarian parenting style has been reported to be undesirable and not meaningfully correlated to drug dependency, including AUD, as observed in Kawempe Division Kampala Uganda (Nkurunungi, 2019).

More on the relationship between parenting styles and AUD was reported in the NACADA report (2011), which observed that about 50% of the individuals who abuse alcohol were between 10 and 19 years old. The point in life at which individuals begin to consume and abuse alcohol is a determinant in the possibility of developing AUD. Individuals who undergo initiation into alcohol consumption during their early years exhibit a higher propensity to develop AUD compared to those who commence alcohol abuse during adulthood. (Aiken, et al., 2018). Children and adolescents are expected to be under the parents' or guardians' authority and getting into alcohol use or abuse and eventually, Alcohol use disorder might be related with parenting style and other family attributes practices. Alcohol use disorder can also be acquired if, either alcohol is too accessible at home, or modelling the parents' and other family members' behaviours are done, or if parenting style allows alcohol use. Socialization is a continuous process, both directly and indirectly. Families have the responsibility to socialize their members into the appropriate gender roles alongside other behaviours.

A confirmation of the findings by Aiken, et al., (2018) on age of the initiation into alcohol as a factor in the development of Alcohol use disorder was reported by (Njoki 2013). The researcher reports that younger students who abused alcohol did it more frequently in a week than the older students. It was further observed that thirty percent (30%) of the respondents who abuse alcohol in school were influenced by having too much pocket money. Students get pocket money mainly from their parents and this might be part of parenting practices that parents engaged in. Parents have a responsibility to meet the productive needs of their offspring while the latter should be accountable to their parents. To have too much pocket money is an indication that the parent or guardians do not supervise or understand the needs of their offspring.

Alcohol use disorder is dangerous to families, individuals, and society as a whole. Families have the greatest role in controlling development and progression of Alcohol use disorder among their youth and other family members. This makes it important to establish the specific family characteristics that contribute or can control the development of Alcohol use disorder among family members. It is observed that parents need to understand the activities their children are involved in during the leisure time. Further, they should get involved in the children's life by knowing their friends and having some common friends with their children to increase the time spent together. Research recommends that parents and guardians need to establish rules and ensure they are adhered to by all family members (Masaba 2017).

A study conducted in the school of Business, Kimathi University College of Technology, Githui (2011), reported that parental figures will act as exemplars for their offspring. This agreed with the virtue ethics, parents impact values to their children directly or indirectly within the environment in which they are interacting thus behaviour is learned through the process of observational learning (Mclead & Evans, 2023). This is in line with Bandura's Social Learning Theory. The study further reports that taking a proactive position in the life of an offspring by engaging discussions about alcohol but also the consequences of its consumption including developing Alcohol Use Disorder, might keep the offspring away from alcohol consumption and totally from developing Alcohol Use Disorder

Additional influence of different parenting activities was observed in Mukuru informal settlement, Nairobi Kenya. It was realised that parents who take time to constructively control and supervise their offspring reduce their possibility of getting into alcohol abuse when they are still young. Such children develop a positive

attachment to their parents and both have a lot to share and discuss. The attachment and parental positive control strengthen the efficiency of parental socialization free from alcohol abuse (Chweya & Auya, (2014).

In South Eastern University Maithya & Cheloti (2021), in their study indicates that monitoring and supervising the friends' children kept by parents played a key role in preventing drug and substance abuse by the children. The study also recommends the setting of rules to be followed by the children and the monitoring of the social commitment and relationships the children kept

In Kenya, there is an unproductive association between parents and their girls as a factor that contributes to illicit substance abuse including alcohol. Giving daughters a lot of pocket money without a spending philosophy play a main role in alcohol consumption, abuse and finally development of AUD, Odhiambo, Sifuna, & Kombo (2020) Lack of monitoring of daughters by parents' leisure time activities such as the programs they watch and the content they read also contribute to development of AUD. The results concurs with the finding in (Mwania & Njagi, 2017), who reports that parenting styles considerably envisage illicit substance misuse among students. Kimani (2019) found a significant link between parenting techniques and youth alcohol misuse in Kibera informal community, Kenya.

Alcohol use disorder affects rural households in Mbeti – Northward, Embu County, Kenya, according to Njeru (2015). Most respondents are 20–35-year-old alcohol addicts. Individuals' within that age bracket are too young to have taken alcohol and developed Alcohol use disorder. This might be an indication that the respondents started accessing alcohol before the legal age of alcohol use in Kenya or the parents could have had a hand in the development of alcohol use behaviour. The study further indicates that a majority of respondents (62%) grew up in a nuclear family. Permissive type of parenting allows offspring to have their way irrespective of the consequences. These findings are in contradiction with other researches that reports, children who grow up in single-parent families abuse alcohol more. Therefore, it is imperative to examine the correlation between AUD and various methods of parenting. Parenting socializing practices to be assessed included, family rules and consequences, parental supervision and monitoring, family members' relationship, and participants' attitudes.

It was partly in response to conflicting reports on parenting styles and alcohol use disorder by different studies that this study was conducted. Some of the contradicting reports on parenting styles and alcohol use disorder includes; (Kimani, (2019), who reported an important affiliation between parenting styles and alcohol abuse among the young population, (Berge,2016), who, reports that parenting styles were of minimal significance in the use of alcohol and the development of AUD and (Hoffmann & Bahr, 2014) who established low self-discipline as an influence to use or abuse alcohol and eventually develop Alcohol use disorder.

III. RESEARCH METHODOLOGY

Research Design

The research design employed in the study was *Ex post facto*. The aforementioned approach was deemed most suitable due to the fact that the variables of parenting and alcohol use disorder had already manifested, thereby precluding any control by the researcher. This design was appropriate because it allowed the study of possible relationships between existing situations by looking back in time for possible contributing factors (Sharma, 2019). This research method allowed the researcher to explain alcohol use disorder as a result of antecedent conditions and discover how independent variables affect dependent variables. The study examined existing conditions using ex post facto research design to find possible links.

Target Population

This study's target population was 187 recovering clients made up of 161 Male and 26 females in Nairobi County.

Sample Size and Sampling Procedures:

To acquire a representative sample of rehabilitation centers and the respondents, the researcher used stratified sampling, the table of sample size determination developed by Krejcie and Morgan (1970), as well as simple random sampling. Stratified sampling was used to divide the population into two groups based on gender. Krejcie and Morgan table used to determine the sample size of rehabilitation centers and recovering clients to participate in the study. On the other hand, the study sample was generated through the utilization of simple random sampling. The list of NACADA accredited rehabilitation centers in Nairobi County, Kenya and the admission records from the rehabilitation centers was the sampling frame.

Simple random sampling was used to give each member of the sample an equitable opportunity for inclusion. Lottery method was used where each member was assigned a sequential number, which was used during the selection of respondents (Thomas, 2022). The sequential numbers were written on paper, put in a container, and randomly a number was picked to identify the individual respondent from the sampling frame, and finally, the list of respondents compiled

Data Collection Instruments

The methodology employed for data collection involved the utilization of questionnaires and structured Focus Group Discussions (FGDs). The FGDs helped in gathering in-depth information about the participant's perspectives, opinions, insights, and attitudes on parenting styles in relation to the development of AUD. The FGD had 6-8 participants in every sampled center (Prasad & Garcia, 2017). Purposive sampling method was used to develop lists of could be respondents, good at sharing their opinions and experiences. Aspects of gender, age, socio-economic status and religion were factored. This was done in consultation with the specific centers' chief counsellor. The developed list was used as the center's sampling frame during the simple random sampling. Informed consent and demographic data was done earlier before the FGD started. The qualitative data collected during the FGD helped in establishing possible interventional strategies applicable for controlling the development of alcohol use disorder through parenting styles according to the recovering clients' opinions.

Questionnaires were organized in sections where the first section contained the items to obtain the biographic data of the respondents. Items in the second section were used to obtain data was designed to gather information on different parenting styles while the next section contained items to obtain information on the opinion and roles played by the family members in AUD development and productive intervention measures conferring to their opinion. The statements were stated on a 5-point Likert scale, 5-Strongly Agreed, 4-Agree, 3- Not sure, 2-Disagreed and 1- Strongly Disagreed.

Piloting of the Research Instruments

The main goal of piloting in the current study was to identify any unexpected challenge such as unclear items and unnecessary insertions or items that might have been omitted in the data collecting tools in agreement with (Viechtbauer, et al., 2015). Additionally, it helped to establish the human and financial resources that was required to conduct the full study, to evaluate the planned data analysis procedures, and detect any challenge associated with the projected study .To determine the pilot study sample size, the researcher used the sample size rule of the thumb that states, thirty (30) participants are representative enough for a study (Whitehead, Julious, Cooper, & Campbell , 2015). The pilot study was conducted in selected NACADA accredited rehabilitation centers in Kiambu County, Kenya. Kiambu County was selected because the population resembles that in Nairobi County in the Heterogeneous nature. The County has twenty-two NACADA accredited rehabilitation Centers (NACADA, 2022). Sample size was determined using Krejcie and Morgan (1970). Purposive sampling was used to sample centers that have both male and female clients and simple random sampling method was used to give every individual in the sample an equivalent opportunity to take part in the piloting. To establish the internal consistency of the tools, split-half reliability was used. The research tools were divided into two halves using odd and even numbers for each construct. The Cronbach's alpha coefficient was employed as a means of assessing the reliability of the variables. The respondents in the piloting did not participate in the main study.

The Validity of the Questionnaires

According to Taherdoost's (2016) research, validity refers to the degree to which the study's instruments are capable of measuring the concept being studied and producing an accurate outcome. Face validity, content validity, construct validity, and criterion validity are the four subcategories that he uses to classify the validity of research instruments. In the current study, the researcher enhances Face validity by ensuring that the Data collecting tools were acceptable and presentable to the respondents. The researcher also included only pertinent and properly organized items in the analysis tool. External validity in this study was important because it facilitated generalization of the finding to the population of the study.

The attainment of a representative sample was facilitated through the utilization of stratified sampling and simple random sampling techniques. Construct Validity of the current study was the degree to which the data collection tools are relevant to the hypothesis of the study. Content validity of the research instrument was acquired by ensuring they were relevant to the objectives of the study and consulting supervisors along with other psychology research specialists about study objectives.

Reliability of the Research Instrument

Research instrument reliability was measured by consistency of outcomes (Nicolas, 2023). Pilot research was done among recovering clients in chosen rehabilitation centers in Kiambu County who were similar to the sampled respondents to ensure instrument reliability. To establish the internal consistency of the tools, split-half reliability was used. The research instruments were partitioned into two equal parts by utilizing both even and odd numbers for every construct. A correlation coefficient was run between the two halves of the instrument using Spearman-brown formula, then split-half reliability was calculated.

A reliability coefficient threshold of 0.7 or higher was deemed acceptable. Sampled respondents were residential clients, making their environment and responses consistent and reliable. To increase reliability, the researcher reviewed the items to ensure that they had a good performance. Participant error was managed by

ensuring that the tools were responded to when the respondents were stable and subjectively secure to control the biases. The researcher adhered to the work schedule and research ethics in order to mitigate potential errors and biases in the investigation process.

Data Collection Procedures

Mount Kenya University provided the researcher with a letter of introduction, which was presented to the National Commission for Science, Technology, and Innovation (NACOSTI) in order to obtain a research permit that would allow access to the field for data collection. The researcher got the relevant authorizations to conduct the study in different areas of jurisdiction. The researcher was prepared that in case the spread of the COVID-19 persisted up to the time of the studies fieldwork, questionnaires to were to be distributed to the sampled respondents as Google forms through a specific identified member of staff in the rehabilitation center.

Qualitative data was to be collected on zoom through FGD. FGDs were responded to in group setting where common guidelines were given and understood by the respondents. However, the COVID- 19 positivity rate declined and the researcher, by utilizing the assistance of research assistant physically distributed the questionnaire to the rehabilitation centers. The researcher and the research assistant still observed the COVID-19 management protocols when conducting the FGDs as planned and agreed with the administration of the specific rehabilitation centers.

Data Analysis

The investigator gathered data of both quantitative and qualitative nature. The content analysis method was employed to analyse the qualitative data which categories into the f themes. This involved transcribing the information collected during the FGD both verbal and non-verbal, developing code path using the developed codes according to research objectives, scrutinized and developed meaning of the collected qualitative data.

The quantitative data collected was analysed with descriptive and inferential statistics. Inferential statistics tested hypotheses whereas descriptive statistics measured central tendency and variance. Chi-square statistics and Pearson's correlation test (Pearson's r) were employed to test the research hypotheses. It also allows a researcher to investigate the significance of relationships between independent and dependent variables. The data analysis was conducted using version 25 of the Statistical Package for the Social Sciences (SPSS).

Ethical Considerations

To maintain the fundamental ethical principles during the study, the researcher ensured vigilance on participants' management, data collection procedures, and accurate reporting. This was best achieved by assuring participants of confidentiality on the information given, ensuring participants give informed consent, giving information on voluntary participation, and avoiding any form of physical or psychological harm. During data collecting activities the researcher was accompanied by a counselling psychologist whose role was to prepare participants for data collecting activities and debriefing them after the data collection.

However, if any respondent re-experienced misgivings or any other undesirable outcome during and after responding to the items the developed psychosocial support was provided. The objectives of the psychosocial support were to help the respondents convalesce from any interruption either physical, emotional or otherwise.

Sampling of participants was done by the standard recruitment procedures and impressed on the research assistants the need to maintain the ethical standards. The researcher reported the findings as they were without any influences from the hypothesis, or theories. The data used for the study was to be available to the qualified researcher in case they would want to verify the findings within five years. During and after the study, information and data concerning the study was stored safely and accessibly for proper use in the future.

To sustain the ethical research goal of creating new knowledge while preserving the dignity and welfare of the participants, the researcher undertook all possible risk reduction strategy including piloting the tools and receiving responses from sampled participants. The psychological security of the respondents was a concern to the researcher. Any information that could identify a participant was avoided and instead, codes were used. Finally, the researcher was consistent in seeking supervision from professional experts including the study supervisors to control infringements.

IV. RESULTS AND DISCUSSIONS

Introduction

This chapter contain; the analysis of the gathered information from respondents, discussion and interpretation of the same.

Influence of Parenting Styles on Alcohol Use Disorder among Recovering Clients in Selected Rehabilitation Centers located within Nairobi County.

Table 1 Descriptive statistics (percentages and frequencies) of father's parenting styles and gender

		SD		D		NOT SURE		A		SA		Total	
		N	%	N	%	N	%	N	%	N	%	N	%
Rules	M	15	32.6	4	8.7	7	15.2	13	28.3	7	15.2	46	100
	F	2	4.0	1	2.0	0	0.0	0	0.0	2	4.0	5	100
warmth	M	19	42.2	10	22.2	7	15.6	6	13.3	3	6.7	45	100
	F	2	50.0	0	0.0	1	25.0	0	0.0	1	25.0	4	100
Nagged	M	14	30.4	7	15.2	6	13.0	11	23.9	8	17.4	46	100
	F	2	50.0	1	25.0	0	0.0	1	25.0	0	0.0	4	100
Punishment,	M	16	34.8	10	21.7	4	8.7	13	28.3	3	6.5	46	100
	F	1	25.0	1	25.0	0	0.0	0	0.0	0	0.0	4	100
Targets	M	16	36.4	15	34.1	7	15.9	3	6.8	3	6.8	44	100
	F	1	25.0	1	25.0	0	0.0	0	0.0	0	0.0	4	100
Opinions	M	5	11.1	9	20.0	9	20.0	16	35.6	6	13.3	45	100
	F	2	50.0	0	0.0	0	0.0	1	25.0	1	25.0	4	100
Modify	M	5	11.1	6	13.3	11	24.4	19	42.2	4	8.9	45	100
	F	1	25.0	1	25.0	0	0.0	1	25.0	1	25.0	4	100
Expectations	M	6	13.6	14	31.8	10	22.7	10	22.7	4	9.1	44	100
	F	1	25.0	0	0.0	0	0.0	0	0.0	0	0.0	4	100
Program	M	5	10.9	11	23.9	8	17.4	13	28.3	9	19.6	46	100
	F	1	25.0	1	25.0	0	0.0	0	0.0	0	0.0	4	100
Interaction	M	9	20.0	12	26.7	11	24.4	9	20.0	4	8.9	45	100
	F	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	100
Demands	M	9	20.0	2	4.4	9	20.0	19	42.2	6	13.3	45	100
	F	1	25.0	0	0.0	0	0.0	1	25.0	2	50.0	4	100
School activities	M	3	6.5	3	6.5	10	21.7	8	17.4	22	47.8	46	100
	F	1	25.0	0	0.0	0	0.0	1	25.0	2	50.0	4	100
Cared	M	1	2.2	7	15.2	12	26.1	11	23.9	15	32.6	46	100
	F	1	25.0	0	0.0	1	25.0	0	0.0	2	50.0	4	100

Source: Author,2022.

Key; SD for Strongly disagreed, D for disagreed, Not Sure for Neither agreed nor disagreed, A for Agreed, SA for Strongly agree, Rules for father had a lot of both written and unwritten rules to be followed always and react swiftly and harshly whenever the rules were broken, Nagged for father nagged, yelled and demanded discipline from respondents more than he encouraged, listened or praised them, Warmth for he did not show respondents warmth or friendliness, love or encouraging feelings, Punishment for father used physical punishment, such as canning and gave no choices, options or room for negotiation it was always his way, Targets for He was never involved in respondents academic work meeting their personal targets and emotional development, Opinions for father never explained or gave them an opportunity to give their opinion when making family rules, modify for father was able to modify and adjust their relationship according to the circumstance in relation to needs at the moment and Punished accordingly, Expectations for there were very few family rules or the expected principles of conduct, and the few rules that were set were changeable, Program for father never made program or plans to be followed when he was absent, Interaction for respondents had limited interaction with their father because he was either too busy with work, problems or he had nothing to share with them, Demands for father had very few expectations or demands for behaviour from respondents and siblings and offered very little supervision, School activities, for father was never interested in the respondents school work, school activities and missed all or most the school events and Cared for father neither cared nor responded to respondents feeling or emotions.

The observation of familial dynamics facilitates comprehension of individuals. The present approach is premised on a systemic perspective that posits an interactive system characterized by dynamic boundaries and variable levels of resistance to change. In order for individual members to achieve success and make meaningful contributions to society, it is imperative that families undertake a diverse array of responsibilities. The present investigation scrutinized the interactions between parents and children as well as siblings with regard to alcohol consumption and AUD. The present research investigates the relationship between parenting styles and the development of alcohol use disorder in children.

According to Achwal & Prakash (2021), parenting styles are grouped into four main categories which include: Permissive, authoritarian, authoritative, and neglectful. It is evident that different parenting styles result in different behaviours in children. The current study assessed the relationship between each parenting style and AUD. Permissive parenting style is characterized by the parents being too caring, prizing and cherishing to their offspring and valuing their opinions too much on major family decisions. Such parents put emphasis on their children's choice as compared to answerability and responsibility. They have very few family rules or the expected principles of conduct, and the few rules that were set are changeable. The children always get their way irrespective of reality demands. Another parenting style that has been indicated as the most defensive against alcohol consumption, misuse and emergence of AUD, is the Authoritative parenting style (Fernandez-Hermida, Calafat, Becoña, Tsertsvadze, & Foxcroft, 2022). It is characterized but not remitted to; parents appreciating and have fun being with their children, being happy with their children's little or big determinations and achievement also communicating the same through different kinds such as physical contacts, laughter, nice voice tones, playful

teasing, facial expressions, and encouragement among others. Such parents are able to modify and adjust their relationship with their children according to the circumstance in relation to needs at the moment and punish accordingly. The parents listen to the children's opinions and choices in order to upgrade their freedom and thinking, the parents also set limits and responsibilities with the children's understanding of the penalties or consequences of their behaviour.

The fourth parenting style is commonly referred to as neglectful parenting. This style is characterized by a lack of parental involvement in their children's academic pursuits, personal goals, and emotional growth. Such parents have limited interaction with their children because they are either too busy with their work, problems or they have nothing to share with their children. They also have very few expectations or demands for behaviour from the children and they offer very little supervision.

In the current study, authoritarian parenting style has been operationalised as, parents having a lot of both written and unwritten rules to be followed always and parents reacting swiftly and harshly whenever the rules were broken. The parents nagged, yelled and demanded discipline from their children more than they encourage, listen, or praise them. Authoritarian parenting style also include parents not showing, warmth or friendliness, love or encouraging feelings but using physical punishment, such as canning and giving no choices, options or room for negotiation. It is always their way, and never explains reasons to avoid definite behaviours but they presume the children should just know.

The relationship between fathers' different parenting styles and AUD was assessed in the current study and findings recorded in table 1 above. The findings indicate that 15 (32.6%) male, 2 (40%) female respondents strongly disagreed and 4 (8.7%) male, 1 (20%) female disagreed that their fathers had a lot of both written and unwritten rules to be followed always and react swiftly and harshly whenever the rules were broken. Furthermore, 13 (28.3%) male, no female agreed and 7 (15.2%) male, 2 (40%) female strongly agreed that their fathers had a lot of both written and unwritten rules to be followed always and react swiftly and harshly whenever the rules were broken.

Looking at other characteristics of authoritarian parenting style, 19 (42.2%) male 2 (50%) female strongly disagreed and 10 (22.2%) male, no female disagreed. On the other hand, 6 (13.3%) male, no female agreed and 3 (6.7%) male, 1 (25%) female strongly agreed that their fathers nagged, yelled and demanded discipline from them more than he encouraged, listened or praised them. This study also looked into punishment and it was observed that 16 (34.8%) male, 1 (25%) female strongly disagreed and 10 (21.7%) male, 1 (25%) female disagreed, while 13 (28.3%) male, 2 (50%) female and 3 (6.55%) male and no female strongly agreed that their father used physical punishment, such as canning and gave no choices, options or room for negotiation for it was always his way. The current study also looked at the relationship between the respondents and their father. It was observed that 19 (42.2%) male, 2 (50%) female strongly disagreed and 10 (22.2%) male, no female disagreed while 6 (13.3%) male, no female agreed and 3 (6.7%) male, 1 (25%) female strongly agreed that their father did not show them warmth or friendliness, love or encouraging feelings. These finding show that most of the respondents were not brought up by an authoritarian father though they developed Alcohol use disorder

In the current study, neglectful parenting style has been operationalized, as the parents were never involved in the children's academic work, their efforts to meet their personal targets, and emotional development. Parents had limited interaction with their children because they were either too busy with their work, problems or they had nothing to share with them. Moreover, parents had very few expectations or demands for behaviour from the children and offering very little supervision.

This study aimed to examine the impact of fathers' neglectful parenting style on the emergence of AUD. The findings have been presented in Table 1. The findings show that 16 (36.4%) male, 1 (25%) female strongly disagreed and 15 (34.1%) male, 1 (25%) female disagreed, on the other hand 3 (6.8%) male, 2 (50%) female agreed and 3 (6.8%) male, 2 (50%) female strongly agreed that their father was never involved in their academic work, to meet their personal targets and emotional development. These findings give a connotation that most of the male respondents 31 (70.5%) disagreed with the statement and so their fathers were involved in their academic work, to meet their personal targets and emotional development.

An investigation on the fathers' response to their offspring's feelings, the findings show that 1 (2.2%) male, 1 (25%) female strongly disagreed and 7 (15.2%) male, no female disagreed on the other hand 11 (23.9%) male, 2 (50%) no female agreed and 15 (32.6%) male, 2 (50%) female strongly agreed that their fathers neither cared nor responded to their feelings or emotions.

An exploration on the father's interaction with his children was conducted. The findings indicate that 9 (20%) male, 2 (50%) female strongly disagreed and 12 (26.7%), no female disagreed whereas 11 (24.4%) male, no female agreed, likewise 9 (20%) male, 2 (50%) female strongly agreed that their fathers had limited interaction with them because he was either too busy with his work, with problems or had nothing to share with them.

An examination on father's expectations or demands for behaviour from the children and supervision, the findings indicate that 6 (13.6%) male, 1 (25%) female strongly disagreed and 14 (31.8%) male, no female.

Although 10 (22.7%) male 3 (75%) female agreed and 4 (9.1%) male and no female strongly agreed that their father had very few expectations or demands for behaviour from them and offered very little supervision.

The findings indicate that a majority of the male respondents, comprising 20(45.5%), expressed disagreement with the given assertion, thereby suggesting that their fathers had set certain behavioural expectations and provided oversight. Contrarily, 75% of the female participants concurred with the statement that their fathers had minimal expectations or demands regarding their behaviours and provided inadequate supervision. The findings of the current study contradict Fernandez-Hermida, Calafat, Becoña, Tsertsvadze, & Foxcroft (2022), who demonstrates that neglectful parenting style was the least protective from alcohol use and abuse. These observations bring out the issue of gender identity where the male parent is more concerned with the male children and less concerned with the opposite gender.

Authoritative parenting style has been operationalised as, parents show warmth or friendliness, love or encouraging feelings, listening to their children’s opinions and choices. This is in order to upgrade their freedom and thinking, set limits and responsibilities with an understanding of the penalties or consequences of their behaviour. Characteristics of authoritative parenting style such as showing warmth, love and encouraging feelings were studied, the findings show that, 19 (42.2%) male 2 (50%) female strongly disagreed and 10 (22.2%) male, and no female disagreed, while 6 (13.3%) male no female agreed and 3 (6.7%) male, 1 (25%) female strongly agreed that their fathers did not show them warmth or friendliness, love or encouraging feelings. Most of the male respondents 29 (64.4%) indicated that their fathers showed them warmth or friendliness, love or encouraging feelings. This is a characteristic of Authoritative parenting style, meaning they were brought up by an authoritative father though they developed AUD.

The present study also investigated the relationship between paternal authoritative parenting style and AUD. Verdicts conversed that 5 (11.1%) male, 2 (50%) female strongly disagreed and 9 (20%) males, no female disagreed. However, 16 (35.6%) male, 1 (25%) female agreed and 6 (13.3%) male, 1 (25%) female strongly agreed that their father listened to their opinions and choices to upgrade their freedom and thinking, he also set limits and responsibilities with an understanding of the penalties or consequences of their behaviour. A summary of these findings indicate 22 (48.9%) male respondents were brought up by an authoritative father. The statement appears to be in contrast with the research conducted by Fernandez-Hermida, Calafat, Becoña, Tsertsvadze, & Foxcroft (2022), which suggests that the authoritative parenting style is the most effective in preventing alcohol use, abuse, and the emergence of AUD. In the current study, permissive parenting style has been operationalised as, parents never making programs or plans to be followed when were was absent, parents being too caring, prizing, cherishing, valuing their children’s opinions on major family decisions.

Permissive parenting style and the development of AUD was assessed in the current study. Findings indicated that 5 (10.9%) male ,1 (25%) female strongly disagreed and 11 (23.9%) male ,1 (25%) female disagreed while 13 (28.3%) male, no female agreed and 9 (19.6%), 2 (50%) female strongly agreed that their father never made program or plans to be followed when he was absent. A closer look at the results showed that more male participants 22 (47.9%) were brought up by permissive father as compared to 16 (34.8) male participants that were not brought up by a permissive father.

Table 2 *Descriptive statistics (percentages and frequencies) of mother’s parenting styles and gender*

		SD		D		N/S		A		SA		Total	
		N	%	N	%	N	%	N	%	N	%	N	%
Rules	M	13	27.3	5	10.4	4	8.3	14	29.2	12	25.0	48	100
	F	1	20	2	40.0	2	40	0	0.0	0	0.0	5	100
Warmth	M	21	42.0	19	38.0	5	10.0	4	8.0	1	2.0	50	100
	F	3	60.0	0	0.0	1	20.0	1	20.0	0	0.0	5	100
Punishment	M	14	28.6	11	22.4	7	14.3	13	26.5	4	8.2	49	100
	F	1	20.0	2	40.0	0	0.0	1	20.0	1	20	5	100
Choices	M	16	32.7	8	16.3	11	22.4	7	14.3	7	14.3	49	100
	F	1	20.0	2	40.0	0	0.0	1	20.0	1	20.0	5	100
Presumed	M	15	31.3	11	22.9	7	14.6	12	25.0	3	6.3	48	100
	F	2	40.0	1	20.0	0	0.0	2	40.0	0	0.0	5	100
Targets	M	20	40.8	16	32.7	5	10.2	5	10.2	3	6.1	49	100
	F	2	40.0	1	20.0	1	20.0	1	20.0	0	0.0	5	100
Appreciated	M	4	8.2	3	6.1	10	20.4	13	26.5	19	38.8	49	100
	F	1	20.0	0	0.0	1	20.0	1	20.0	2	40.0	5	100
Opinions	M	3	6.1	6	12.2	9	18.4	15	30.6	16	32.7	49	100
	F	0	0.0	1	20.0	1	20.0	1	20.0	2	40.0	5	100
Caring	M	3	6.1	5	10.2	12	24.5	13	26.5	16	32.7	49	100
	F	1	20.0	1	20.0	1	20.0	1	20.0	1	20.0	5	100

Source: Author, 2022.

Key;SD for Strongly disagreed, D for disagreed, NOT SURE for Neither agreed nor disagreed, A for Agreed, SA for Strongly agreed , Rules for mother had a lot of both written and unwritten rules to be followed always and react swiftly and harshly whenever the rules were broken, Punishment for mother used physical punishment, such as canning and gave no choices, options or room for negotiation it was always her way, Warmth for she did not show respondents warmth or friendliness, love or encouraging feelings , Targets for she was never involved in respondents academic work meeting their personal targets and emotional development, Cared for mother neither cared nor responded to respondents feeling or emotions, Opinions for mother never explained or gave them an opportunity to give their opinion when making family rules, Choice for their mothers never allowed them to make choices, instead they chose items for them Appreciated for that their mothers appreciated and had fun being with them. She was happy with their little or big determinations and achievement and communicated the same through different kinds such as physical contacts, laughter, nice voice tones, playful teasing, facial expressions, and encouragement among others., Presumed for their mothers never explained reasons to avoid definite behaviours but presumed they should just know.

The relationship between mothers' parenting style and AUD was studied and the findings recorded in table 2 above. The findings indicate that 13 (27.3%) male, 1 (20%) female respondents strongly disagreed and 5 (10.4%) male, 2 (40%) female disagreed that their mothers had a lot of both written and unwritten rules to be followed always and react swiftly and harshly whenever the rules were broken. Similarly, 14 (29.2%) male, no female agreed and 12 (25%) male, no female strongly agreed that their mothers had a lot of both written and unwritten rules to be followed always and react swiftly and harshly whenever the rules were broken. In summary, more male respondents 26 (54.2%) informed the researcher that they were brought up by an authoritarian mother while a smaller proportion of female participants 3(60%) reported not having been raised by an authoritarian mother.

Looking at other characteristics of authoritarian parenting style, observations indicate that 14 (28.6%) male ,1 (20%) female strongly disagreed and 11 (22.4%) male, 2 (40%) female disagreed while 13 (26.5%) male,1(20%) female agreed and 4(8.2%) male ,1 (20%) female strongly agreed that their mothers used physical punishment, such as canning and gave no choices, options or room for negotiation it was always their way. Most of the male respondent 25 (51.4%) specified that their mothers were not authoritarian parents. These findings have found out that 27 (50%) of the respondents started using alcohol between the age 18-24 years, at this age, an individual is considered to be an adult in Kenya, making canning or other forms of physical punishment inappropriate. On the other hand, the mothers might just not be using authoritarian parenting style.

The relationship between the respondents and their mothers was of interest in the current study. It was observed that 21(42.0%) male 3 (60%) female strongly disagreed and 19 (38.0%) male, no female disagreed while 4 (8.0%) male, 1 (20%) female agreed and 1 (2.0%) male, no female strongly agreed that their mother did not show them warmth or friendliness, love or encouraging feelings. These findings show that most of the respondents 40 (80%) male and 3 (60%) female were not brought up by an authoritarian mother though they developed Alcohol use disorder. The findings create a need for a study to examine on other factors apart from parenting styles that could be contributing factors to the emergence of AUD.

The present study also assessed the role of neglectful parenting style in the development of Alcohol use disorder. The results as documented in table 2 above show that 20 (40.8%) male, 2 (40%) female strongly disagreed and 16 (32.7%) male, 1 (20%) female disagreed. On the other hand, 5 (10.2%) male, 1 (20%) female agreed and 3 (6.1%) male, no female strongly agreed that their mothers were never involved in their academic work, to meet their personal targets and emotional development. These findings give a connotation that most of the male respondents 36 (73.5%) disagreed with the statement and so their mothers were involved in their academic work, to meet their personal targets and emotional development. This indicated that the mother was not neglectful to the majority of respondents though they developed Alcohol use disorder.

Neglectful parenting style is also characterized by the parent being too caring, prizing and cherishing their children' opinions at the expense of responsibility. Findings indicate that 3 (6.1%) male, 1 (20%) female strongly disagreed and 5 (10.2%) male, 1 (20%) female disagreed on the other hand 13 (26.5%) male, 1(20%) female agreed and 16 (32.7%) male, 1 (20%) female strongly agreed that their mothers were too caring, prizing, cherishing and valued their opinions on major family decisions. Consolidated results designate that majority 29 (59.2%) agreed that their mothers were too caring, prizing, cherishing, and valued my opinions on major family decisions, confirming that neglectful parenting style is a probable reason in the emergence of AUD. These findings coincide with Martinez (2016) who observes that different parenting styles could either protect adolescents from alcohol use, abuse or other negative alcohol-related behaviours including AUD. Martinez (2016) notes that adolescents who perceived their parents as neglectful had a higher likelihood of onset of AUD within a two-year timeframe, according to the study.

This study also scrutinised the authoritative characteristic of mothers and the development of AUD among recovering clients in selected rehabilitation centers located within Nairobi County. Verdicts conversed that 3 (6.1%) males, no female strongly disagreed and 6 (12.2%) male, 1 (20%) female disagreed, however 15 (35.6%)

male, 1 (20%) female agreed and 16 (32.7%) male, 2 (40%) female strongly agreed that their mothers listened to their opinions and choices to upgrade their freedom and thinking, they also set limits and responsibilities with an understanding of the penalties or consequences of their behaviour. A summary of these findings indicate 31 (68.3%) male and 3 (60%) female respondents were brought up by an authoritative mother. The statement appears to be in contrast with the research conducted by Fernandez-Hermida, Calafat, Becoña, Tsertsvadze, & Foxcroft (2022), which suggests that the authoritative parenting style is the most effective in preventing consumption of alcohol, abuse, and the onset of AUD.

An exploration on the mothers' behaviour towards their offspring's decision making was conducted, the verdicts indicate that 16 (32.7%) male, 1 (20%) female strongly disagreed and 8 (16.3%) male, 2 (40%) female disagreed. However, 7 (14.3%) male, 1 (20%) female agreed and 7 (14.3%) male, 1 (20%) female strongly agreed that their mothers never allowed them to make choices, instead they chose items for them. An authoritative mother will allow the children to make choices but guide them to what is applicable in the circumstance. These findings indicate that most of the male participants 24 (49 %) were actually allowed to make their choices as compared to 14 (28.6%) who reported that they were not allowed to make their choices.

This was an indication that they were brought up by authoritative mothers though they developed Alcohol use disorder. Parental appreciation of their offspring's little or big determinations and achievement and communicated the same through different kinds such as physical contacts, laughter, nice voice tones, playful teasing, facial expressions, encouragement among others are characteristics of authoritative parenting style. An investigation of the same was conducted in this study and the results indicate that 4 (8.2%) male, 1 (20%) female strongly disagreed and 3 (6.1%) males, no female disagreed with the statement, however 13 (26.5%) male, 1 (20%) female agreed and 19 (38.8%) male, 2 (40%) female strongly agreed that their mothers appreciated and had fun being with them. She was happy with their little or big determinations and achievement and communicated the same through different kinds such as physical contacts, laughter, nice voice tones, playful teasing, facial expressions, and encouragement among others.

Another characteristic of an authoritative mother includes explaining reasons towards definite behaviours such as alcohol use among others, an investigation on the same indicated that 15 (31.2%) male, 2 (40%) female strongly disagreed and 11 (16.3%) male, 1 (20%) female disagreed. Conversely, 12 (25%) male, 2 (40%) female agreed and 3 (6.3%) male, no female strongly agreed that their mothers never explained reasons to avoid definite behaviours but presumed they should just know. More participants 26 (47.5%) male and 3 (60%) female specified that their mothers explained reasons to avoid definite behaviours and did not presume that they should just know. A smaller number of 14 (31.3%) male and 2(40%) females agreed that their mothers never explained reasons to avoid definite behaviours but presumed they should just know. The aforementioned results serve to corroborate the notion that the authoritative parenting style does not function as a safeguard against the onset of AUD. However, these findings necessitate further research to explore the protective and risk factors associated with the onset of AUD within society.

During an investigation on the influence of different parenting style on offspring's psychoactive substance use including alcohol use Berge (2016), results indicates that self-reporting of the participants was more accurate as compared to reports from the parents. The study also reports that parenting styles were of minimal significance in the use of alcohol and onset of AUD.

Focus Group Discussion on the Influence of Parenting Styles on AUD among Recovering Clients in SRCNCK.

This study collected information from the Focus group discussion and participants expressed that parenting styles with very strict rules and punishment only works when the authority or parent was present and the freedom was not there, meaning the children have not attained the official 18 years adulthood age. Participants felt that when the source of rules or authority is absent, individuals get to the forbidden items such as alcohol and outings among others. They also shared, that after age 18 years, the feeling of freedom from the strict control made them try out most of the forbidden behaviours. With the argument that in Kenya at 18 years, it is considered that a person is free to make personal choices. It was also reported that some of the participants got into the forbidden issues as a way of fighting the unloving authority. However, it was also reported that if the children always got their way like in permissive parenting, when they need to use alcohol, they will just get into it.

One of the respondents narrated

“My mother was very strict and I never touched alcohol.

One Christmas holiday we went to the rural home and she left me there.

I took alcohol until I would not manage myself.”

Another respondent narrated;

“My parents were very strict on alcohol, but one day I was left in the house and I took a lot of alcohol until I passed out”.

The two incidences are an indication that strict rules on alcohol do not stop children from using alcohol or the development of alcohol use disorder.

Table 3 Relationship between parenting styles and alcohol use disorder among recovering clients in SRCNCK.

Parenting styles	Chi	df	Asymptotic Significance level		Pearson's R value
Neglectful	6.133	16	.048	.189	.273
Authoritative	6.122	16	.124	.190	.214
Authoritarian	5.668	16	.933	.225	.012
Permissive	3.922	16	.955	.417	-.008

Source: Author, 2022. Significance level of .05

In order to investigate the impact of different parenting styles on the progression of AUD, a chi square analysis was performed and the outcomes are documented in Table 3. The statistical analysis of the data using chi-square test ($\chi^2(16) = 3.922, p = .417$) indicated that there was no significant association between a permissive parenting approach and AUD among the recovering clients who were selected from rehabilitation centers located in Nairobi County. The aforementioned implies that the permissive parenting style has an impact on the progression of AUD in individuals undergoing rehabilitation in specific centers within Nairobi County. The study conducted a thorough examination of the PPMCC and found evidence of a negative correlation between permissive parenting styles and alcohol use disorder among individuals undergoing recovery in specific rehabilitation facilities located in Nairobi County. The findings suggest a negative correlation between permissive parenting style and AUD, indicating that an increase in the former is associated with a decrease in the latter.

An observation of the Authoritarian parenting style was carried out and findings were as recorded in table 3 above. The chi-square test yielded the following results: $\chi^2(16) = 5.668, p = .225$. The asymptotic significance level exceeded the predetermined significance level of 0.05. The findings indicate a lack of statistically significant correlation between the parenting style characterized by authoritarianism and the occurrence of AUD. This means that authoritarian parenting style had not influenced the progression of AUD among recovering clients in selected rehabilitation centers located in Nairobi County. PPMCC (r) was also calculated and results were $(59) = .012 > .933$ which indicated there was a positive PPMCC between authoritarian parenting styles and alcohol use disorder among recovering clients in selected rehabilitation centers located within Nairobi County. The results indicated a positive relationship demonstrating that as the characteristics of authoritarian parenting style increased the alcohol use disorder among recovering clients in selected rehabilitation centers located within Nairobi County increased.

An analysis of authoritative parenting style was also conducted and the finding recorded in table 3 above, the chi results $\chi^2(16) = 6.122, p = .190$, Asymptotic Significance level was higher than the significance level 0.05. The findings indicate a lack of statistically significant correlation between the parenting style characterized by high levels of control and support, namely authoritative parenting, and the presence of alcohol use disorder. The findings suggest that there was no significant impact of authoritative parenting style on the emergence of AUD in individuals undergoing rehabilitation in selected centers within Nairobi County. The PPMCC revealed a positive correlation between authoritative parenting styles and AUD among individuals undergoing rehabilitation in selected centers within Nairobi County.

An analysis of neglectful parenting style was conducted and the conclusion documented in table 3 above. The chi results $\chi^2(16) = 6.133, p = .189$ exhibited no statistical significant relationship between neglectful parenting style and AUD because the obtained asymptotic significance level was higher than the significance level 0.05. This meant that neglectful parenting style did not influence the development of AUD. The PPMCC indicated there was a positive relationship between neglectful parenting styles and AUD among recovering clients in selected rehabilitation centers located in Nairobi County. The correlation was positive implying that as neglectful parenting increased, alcohol use disorder also increased. Therefore, the study concludes that neglectful parenting style would have influenced the emergence of AUD among the recovering clients in selected rehabilitation centers located in Nairobi County to some extent.

Table 4 Pearson Chi-square results for parenting styles and AUD among the recovering clients in SRCNCK.

	Value	df	Asymptotic significance(2-sided)
Pearson Chi-square	2.949	4	.566

Level of confidence 0.05 Source: Author,2022.

In order to examine the third hypothesis, which posited that there exists no statistically significant correlation between parenting styles and AUD among recovering clients in selected rehabilitation centers located in Nairobi County, a Chi-square measurement was conducted and the findings are presented in Table 4. The Chi-square test results in SPSS indicated an asymptotic significance level of 0.566 for the two variables, which

exceeded the significance value of 0.05. The findings indicate a lack of statistically significant correlation between parenting styles and AUD among the recovering clients in selected rehabilitation centers located in Nairobi County. Consequently, the researcher was unable to reject the null hypothesis.

V. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

The present content comprises a total of four distinct sections. The initial segment presents a concise overview of the main results, while the subsequent segment delineates the implications of the research outcomes. The third section of the study presents the conclusions drawn from the observations made during the research. The fourth section, on the other hand, outlines the recommendations made by the researcher in light of the study's objectives and findings.

Summary of the Study

This study assessed the influence of parenting styles on alcohol use disorder (AUD) among recovering clients in selected rehabilitation centers in Nairobi County, Kenya (SRCNCK). The study investigations were guided by the following objectives;

- i. To find out the influence of parenting styles on AUD among recovering clients in SRCNCK.
- ii. To come up with interventional strategies against the development of alcohol use disorder in the society.

The first study objective descriptive results indicate that most of the respondents were brought up by authoritative parents as demonstrated by 29 (64.4%) male and (50%) female who confirmed that they were shown warmth or friendliness, love or encouraging feelings by their fathers. 22(48.9%) of the participants' opinions and choices to upgrade their freedom and thinking, were listened to by their fathers who also set limits and responsibilities with an understanding of the penalties or consequences of their behaviour. The use of authoritative parenting style among the participants was also demonstrated by 21 (65.3%) male and 3 (60%) female who agreed that their mothers appreciated them, had fun being with them, was happy with their little or big determinations, achievement and communicated the same through different kinds such as physical contacts, laughter, good tones of voice, playful teasing, facial expressions, and encouragement among others.

The second study objective results indicated that according to most of the participants, to manage Alcohol use disorder was both preventive and curative. Psycho-education in the community especially among family members, in learning institutions, places of worship and other places of gathering was reported to be a preventive strategy by ensuring the community understand how alcohol use develop to AUD. The community need to join hands in order to keep their youth positively and productively engaged to reduce idleness which is a risk factor in alcohol use and the emergence of AUD. The respondents also emphasized on the need for abstinence from alcohol use and especially if there is a family member suffering from Alcohol use disorder. This could be an indication that the family might be predisposed to alcohol hence making the development Alcohol use disorder a very likely possibility.

Individuals and family members need to realize the fact that Alcohol use disorder is a disease that is difficult to treat and heal from, so members ought not to start the use of alcohol and especially so if there is a member recovering from problematic alcohol use in the family. Families should organize activities for fun among the members free from alcohol use while parents should practice good parenting approach that are protective to the emergence of AUD.

Policies on brewing, selling, and use of cheap liquor, alcohol use or purchase need to be adhered to by all. The acceptable age for purchasing and use of alcohol should be review from the 18 to 24 years. This gives the youth time to learn how to manage their freedom and early adulthood responsibility without alcohol. Advertisements of alcohol need to be controlled and the warning message well communicated. Adults and leaders should be good role models and not encourage their young adults to get into alcohol use and especially so at young age. Access to alcohol and cheap liquor need to be reduced by reducing the outlets and particularly with in the residential areas.

Individuals experiencing Alcohol use disorder should be taken to rehabilitation centers with professional personnel. The treatment environment should be conducive to enhance proper learning and recovery. Family members need to be involved in the recovery process and be sensitized on the importance of adherence to family and ethical values of living by all family members. Higher institutions of learning should take responsibility to sensitize their population on the harmful issues related to alcohol use.

Both the national and county governments should establish rehabilitation centers that are affordable to many and the recovering clients need to adhere to the recommendation of recovery process including the Alcoholic Anonymous (AA). Individuals should take personal responsibility, learning new skills and hobbies, develop personal slogan or group slogans that will help to distract them from using alcohol and adherence to the religious

teachings and practice. The national government and local government should support the increase of the number of religious places of worship.

Each person should work towards personal development and get a job or create one while making sure they are busy earning a living positively. The society should also be sensitized on the need for treatment of those suffering from Alcohol related problem including Alcohol use disorder and to reduce stigmatization. Psycho-education on the effects of addiction and how it is identified should be the responsibility of the society and not just a few members of the society. Assistance and support from home, work place, places of worship, learning institutions and other productive groupings should be encouraged.

Both national and county government should enact strict and punitive laws to manage the advertisements, sell, and use of alcohol. Further, the two governments should employ and deploy trained counsellors to offer free counselling services to the society, in order to create self-awareness to the society in relation to alcohol consumption, misuse and emergence of AUD. The recovering individuals should ensure that they are busy and have personal goals, choose friends to keep, and places to visit in order to avoid relapse.

Conclusions

The current study findings have reviewed that parenting styles are not so much of a factor in the emergence of AUD. An observation on different parenting styles and alcohol use disorder were evaluated and the relationship for the specific parenting styles were different from each other. Pearson product moment correlation coefficient (PPMCC) for different parenting styles communicated different messages. The negative PPMCC for permissive parenting indicated that as permissive parenting style increased the alcohol use disorder decreased.

On the contrarily, authoritarian, authoritative and neglectful parenting styles all had a positive PPMCC. This communicated that when their characteristics increased, AUD alcohol use disorder among the recovering clients in selected centers also increased. However, an observation on the four parenting styles indicated that there was no statistical significant correlation between parenting styles and AUD among the recovering clients in selected centers located within Nairobi County.

Recommendations for the Authorities for Implementation

National and county government should enact strict and punitive laws to manage the advertisements, sell, and use of alcohol and employ trained counsellors to offer free counselling services to the society. They should establish rehabilitation centers that are affordable to all beneficiaries. The acceptable age for purchasing and use of alcohol should be review from the 18 to 24 years.

Service Users or Beneficiaries.

The beneficiaries of this study include the recovering clients and the society at large. The researcher recommends the need for abstinence from alcohol use and especially if there is a family member suffering from Alcohol use disorder. Psycho-education in the community particularly among family members, in learning institutions, places of worship and other places of gathering was also recommended.

Other Stakeholders

The community need to join hands in order to keep their youth positively and productively engaged to reduce idleness. Individuals experiencing Alcohol use disorder should be taken to rehabilitation centers with professional personnel and family members need to be involved in the recovery process.

Further Research

According to the finding of this study the researcher recommends more studies to establish:

1. Personal factors that contribute to the development of AUD in the society.
2. The specific characteristics of different parenting styles that contribute to continued alcohol use.
3. The role of alcohol predisposition in the development of AUD.
4. The protective and risk factors in the development of AUD in the society.

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