KENYATTA UNIVERSITY
DEPARTMENT OF PSYCHOLOGY

RELATIONSHIP BETWEEN PARENT-CHILD COMMUNICATION ABOUT ALCOHOL AND ADOLESCENT'S USAGE AMONG HIGH SCHOOL STUDENTS IN NAIROBI COUNTY, KENYA.

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C50/13360/2009

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JUNE 2013
DECLARATION

This project is my original work and has not been presented for a degree in any other University or for any other award.

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DEDICATION

I dedicate this work to my family, without whom life would have been meaningless.
ABSTRACT

The study was occasioned by epidemiological data which shows that alcohol use is a rampant and present in the society mostly affecting the youth. The study explored the relationship of parent-child communication about alcohol and adolescent usage among high school students in Nairobi County. The objectives of the study were to: establish the proportion of parents who communicate to their children about alcohol; find out the nature (i.e. content, frequency, and timing) of parent-child communication about alcohol; establish the percentage of high school adolescents using alcohol; and establish the relationship between parental communication and adolescents’ use of alcohol. The study adopted a descriptive survey research design in which data was collected through a questionnaire administered in a group to test the variables being studied. A total population of 200 students between the ages of 16-18 years was sampled using simple random and multi-stage sampling techniques from the selected sample of nine secondary schools across Nairobi County. Data collected from the study was coded and analyzed using the statistical package for social sciences (SPSS). The study found that a higher proportion of adolescents that took part in the study were involved in alcohol use, taking different types of alcoholic drinks. The timing, content and frequency of communication from the parents to the children were found to influence the extent of alcohol use among adolescents. The parent-child communication was found to be beneficial in reducing the alcohol intake by the adolescents. The study notes that gender, type of the school, and availability of alcohol as being important factors affecting the use of alcohol by the adolescents. The head teachers at different schools, especially those segregated on gender basis need to put in place strict measures to address the issues of alcohol while parents should control the availability of alcoholic drinks in their homes.
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### OPERATIONAL DEFINITION OF TERMS

**Adolescent**: a young person who is no longer a child and not yet an adult, between the ages of about 13 and 18.

**Adolescent ‘storm and stress’**: the overwhelming changes and challenges during the adolescence stage of life.

**Alcohol**: any drink like beer, wine, spirits, illicit and traditional liquor that make people drunk.

**Alcohol use**: consumption of alcohol, including the first use.

**Binge drinking**: consumption of alcohol that is beyond one’s capacity/excess drinking.

**Chang’aa /kumi kumi**: an illegal alcoholic drink which is distilled from grains like maize and sorghum and sometimes adulterated with jet fuel, battery acid to accelerate fermentation and make it more potent.

**Parent-child communication**: for the purpose of this study, this will be taken to mean the content, timing, and frequency of the information, discussions, and/or messages that parents exchange with their children regarding alcohol use.

**Pervasive problem**: a prevailing situation where intensity of alcohol consumption is so great that it demands an immediate intervention.
CHAPTER ONE
INTRODUCTION

1.1 The Background to the Study

Globally, adolescent alcohol consumption has increased in recent decades, particularly in
developing countries (WHO, 2011) and alcohol use now ranks fifth among the leading
causes of death worldwide making alcohol the most widely used and abused substance
world over (Basangwa et al., 2006; WHO, 2011). Seventy six million Americans, about
43% of the US population are exposed to alcoholism in the family (US Department of
Health and Human Services, 2000). According to Jackson (2000), while 8.6% male and
2.3% percent of female full-time college students drink every day, a much larger
population have had five or more drinks in a row in the past two weeks (50.1 % of males
and 34.4% of females) with onset of alcohol rarely occurring after the age of 25.

Africa is not spared from the issue of alcohol use and abuse among adolescents. About
13.4% of secondary school students in South Western Nigeria abuse alcohol and other
drugs (Fatoye & Marakinyo, 2002) with initiation into substance use starting at a very
early age (under 14 years). In Uganda, a study noted among the youth 17.5% of the
secondary school students between the ages of 13-15 years had reported to have used
alcohol (Mpabulungi & Muula, 2004). In another study that was conducted in 28 schools
in Durban revealed that 45.4% of male and 25.5 percent of female students in grade 11
reported past year alcohol use (Taylor, 2007).

An assessment study by Mwenesi (1995) indicates an increasing trend in alcohol and
drug abuse in Kenya. The study points out that the alcohol and drug abuse problem has
permeated all levels of society, with young people being the most affected group. Recent community studies (NACADA, 2009, 2011) indicate significant alcohol consumption in Kenya. The NACADA (2009) countrywide survey indicated a current usage in alcohol (i.e. consumption in the last days) among persons aged 15-65 years to be 14.2% with male consumption being 22.9% and female 5.9%. Recent fact-findings (NACADA, 2009) found out that alcohol use begins as early as 10 years of age with the highest use among those aged 15-25 years. According to findings by NACADA (2009), over half the students took alcohol before the age of 14.

Adolescent alcohol use remains a pervasive problem. Globally, up to 263000 people are estimated to die annually due to consumption of illegal drugs (World Drug Report, 2011), while alcohol is estimated to cause 1.8 million fatalities every year. Accumulating evidence suggests that alcohol use and in particular, binge drinking is associated with adverse consequences including motor vehicle injury, suicide, neurodevelopmental impairment and increased risk for alcohol dependence later in life (Grant and Dawson, 1997; Squeglia et al., 2009). Beyond mortality, adolescent alcohol use increases the risk of low academic achievement, early sexual initiation, teenage pregnancy, and involvement in delinquent activities (Hoffinan, Mee-hee, & Arrowood, 1993; The World Bank, 2006).

Alcohol use among young people has led to many deaths in Kenya. In this year (2012) alone, the cases of large number of young people dying out of a single episode of drinking poisonous illicit liquor have occurred in Murang’a, Gatundu, Ruiru and Nairobi. Other cases include the use of *kumi kumi* among young people in poor Nairobi
neighborhoods that has resulted in deaths and loss of sight among some users. Researches by scholars like Khamisi & Mutia (2007) indicate that irresponsible behaviors among the youth could be caused by the influences and drives of alcohol and abused substances.

According to Khamisi & Mutia (2007), the unrest in learning institutions has also been attributed to drugs and alcohol intake. This shows an urgent need for preventing and controlling alcohol abuse among Kenyan youth, which however, would only be possible if such efforts were backed by scientific evidence.

The family plays an important and powerful role in the alcohol use socialization of children and adolescents. The information and messages that are (or are not) communicated between parents and children have the potential to shape their alcohol-use decision-making during adolescence (Bronte-Tinkew et al. as cited in Njonjo, 2010). According to Brody, Flor, Hollett-Wright, & McCoy (1998) the frequency and openness of parent-child communication about alcohol use is associated frequent parent-child communication about substance with less probability of use. This, as argued by Wambua and Khamisi (2004) and Anampiu & Michuki (2010) will help create positive attitudes towards accepting that alcohol indeed has untold adverse effects on the consumers.

A positive relationship with an attachment figure promotes and reflects the individual’s adoption of conventional norms and values (Bell et al; 2000). Hence, it is believed that with an increased level of parent-child communication, the adolescent will internalize pro-social values and develop behavioral self-regulation. This developmental competency allows the adolescent to experiment safely and sample alternatives, but avoid excessive and problematic involvement in risk behaviors, including alcohol involvement (Bell et al;
Thus, the quality of parent-child communication about alcohol will facilitate or hinder the development of risk factors associated with adolescent alcohol use.

Research by Ennett, Bauman, Foshee, Pemberton, and Hicks (2001) indicated that parent-child communication about alcohol has an extensive impact on other variables that are related to adolescent substance use, including adolescents' self-control, confidence, and peer affiliations. Through their conversations, it is believed that parents serve as antidrug socialization agents by communicating their normative disapproval of substance use to children. Lack of parental support and communication has been significantly related to frequency of drinking, heavy drinking, and drunkenness among adolescents in Kenya (Ngesu et al., 2008).

However, according to Hawkins, Conrad, Flay and Hill (1992), there may be variations in what exactly parents talk about with their children. Discussions could range from generally talking about negative consequences of alcohol use, to helping children recognize social or media pressures to use, to working through how to handle situations where alcohol is present, to encouraging children not to drink, to laying down explicit family rules. A study by Ennett et al; (2001) found out that parents discussed the negative consequences for use, strategies for resisting peer pressure to use, encouragement of non-use, and rules about use most frequently of the content areas.

Studies by Miller (1998) and DeWitt (2000) suggest that early parent-child communication- before initiation of substance use – may be more beneficial than parent-child communication once adolescents have tried alcohol use. Adolescents do listen to their parents when it comes to issues such as drinking and smoking, particularly if the
messages are conveyed consistently and with authority (Jackson, 2002). According to Jackson (2002), only 19 percent of teens feel that parents should have a say in the music they listen to, and 26 percent believe that parents should influence what clothing they wear. However, the majority -around 80 percent- feel that parents should have a say in whether they drink alcohol. Those who do not think that their parents have authority over those issues are four times likely to have plans to drink if they have not already started (Jackson, 2002). According to Foley et al (2004), regardless of parenting styles, adolescents who are aware that their parents would be upset with them if they drink are less likely to do so, highlighting the importance of communication between parents and teens as a protective measure against underage alcohol use.

1.2 Statement of the Problem

In a large part of contemporary research, adolescence is seen as a period in which young people are happy to try out new things. During this period, experimenting with alcohol is very common among adolescents (Kaminer, 1999; Sartor & Youniss, 2002; Ngesu, Nduku and Masese, 2008). For instance, between 75% - 90% of high school students drink alcohol and more than half report heavy or binge drinking (Kuria, 1996; Al-Wiswasi, 2003). According to findings by NACADA (2009), over half the students took alcohol before the age of 14.

Adolescent alcohol involvement (use/abuse) affects not only the individual but can also influence the family, community, and society. According to The World Bank (2006); Squeglia et al. (2009) and Kalichman (2010), alcohol abuse during this stage of life cycle impairs the adolescent’s ability to develop as an independent identity, consequently
leaving the adolescent with a confused sense of self, sexuality, goals and delayed maturity.

There is consistent evidence that amongst middle- and high school aged adolescents, parental practices of monitoring and communication are protective measures against alcohol and drug use (Beck, Boyle & Boekeloo, 2003). Parents may influence their children's behavior regarding alcohol use via communication about expectancies, setting limits, and the transmission of values with variation in the nature and substance of the parent-child communication about alcohol (Kafka and Perry, 1991; Anampiu & Michuki, 2010; Njonjo, 2010).

While adolescents have been subjected to various risk prevention interventions, the need to offer parent-child communication about alcohol remains an urgent priority. However, parent-child communication has received limited research attention and there is lack of adequate data on parental monitoring, supervision and parent-child communication on drugs and substance abuse (Ennett et al., 2001; NACADA, 2011; Ngesu, Nduku and Masese, 2008), yet alcohol use and abuse by youth still remain a pervasive dilemma in Kenya. More so, the few studies that have examined links between alcohol-specific communication and adolescent alcohol use have shown inconsistent results.

Therefore, the current study was conducted to explore the relationship of parent-child communication about alcohol on adolescent alcohol use. The intent of the study was to determine whether components of parent-child communication, specifically the content, timing and frequency of discussions have any relationship with adolescent alcohol involvement.
1.3 Purpose of the Study

The purpose of this study was to explore the relationship of parent-child communication about alcohol on adolescents’ usage among high school students in Nairobi County.

1.4 Objectives of the Study

The following objectives guided the study:

1. To establish the percentage of high school adolescents using alcohol.
2. To establish the proportion of parents who communicate to their children about alcohol.
3. To find out the timing of parent-child communication about alcohol in adolescent’s lifespan.
4. To find out the content of parent-child communication about alcohol.
5. To ascertain the frequency of the discussions about alcohol taking place between the parent and their adolescents.
6. To establish the relationship between parent-child communication about alcohol and adolescents’ usage.

1.5 Research questions

1. What percentage of high school adolescents uses alcohol?
2. What is the proportion of parents who communicate to their children about alcohol?
3. At what time did the parent-child communication about alcohol take place in the adolescent’s lifespan?
4. What is the content of parent-child communication about alcohol?
5. How frequent does the discussions about alcohol take place between the parent and their adolescents?

6. What is the relationship between parental communication and adolescents’ use of alcohol?

1.6 Justification and Significance of the study

This study is justified because heavy alcohol use by high school students has been a major concern in Kenya. Adolescent alcohol involvement (use/abuse) affects not only the individual but can also influence the family, community, and society. The failure to accurately address adolescent alcohol use is an expensive option since these youths will continue to place additional demands on educational, social and legal institutions.

The findings of this study are of critical importance for parents and other caregivers. Parents and other caregivers have a tremendous influence on their children’s life. Their constant and caring involvement can help inspire their children to make healthy, alcohol-free choices. Thus, results from this study can be to assist in the development and practice of compulsory parenting programs and skills by education, health, cultural and religious groups.

The findings may help parents identify and adopt promising child management techniques and motivate attributes of monitoring, setting rules, interactive communication skills as well as stimulate a broader social context that enables parents to have the time to develop the family relationships that will act as protective measures against adolescent alcohol use.
1.7 Scope and Limitations

The study took place in selected secondary schools across Nairobi County. Due to financial and time constraints, the researcher will select one school in each of the nine districts in Nairobi County and 20 students from each of these selected schools to serve as her study population.

The following study was designed to view adolescent alcohol use as a product of an impaired parent-child communication about alcohol. However, a significant amount of research has identified various genetic, psychological, developmental, and environmental factors as predictors of adolescent alcohol use (Mwenesi, 1995; Bahr, Maughan, Marcos & Li, 1998).

The current investigation was designed to examine the relationship of parent-child communication on adolescent alcohol use. Researchers have suggested that parental attitudes and behaviors are important factors in the development of adolescent substance abuse (Tuttle, 1995). Research into the role of peer influence on adolescent alcohol use is certainly warranted; however, it is beyond the scope of the present investigation.

Methodological constraints include the generalizability of the findings. Due to the convenience nature of the sample, a variety of regions and adolescents will not be equally represented. Additionally, the fact that the sample consists of 16-18 year old adolescents in high school limits the generalizability of the study. Due to the non-representation of younger cohorts, and those out of high school, one cannot assume that the data are representative of the general population.
It was also proposed that responses may be influenced by the presence of social norms prohibiting the use of substances. One cannot ignore the implications of self-reported illegal behavior on the school context. However, the researcher assured the confidentiality of her respondents’ responses.

1.8 Assumptions of the Study

This study was based on the following assumptions:

i) That adolescent alcohol use was a product of an impaired parent-child communication about alcohol.

ii) That there were students who use alcohol.
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents review of related literature and the theoretical framework that will guide the study. This study focused on the impact of parent-child communication about alcohol on adolescent alcohol use. The theory of planned behavior (TPB) and Family Systems Theory were defined and a brief discussion on how they apply given to the focus of this study.

2.2 Theoretical Framework

Two theories: Theory of Planned Behavior (TPB) and Family Systems Theory guided the current study.

2.2.1 Theory of planned behavior (TPB)

The Theory of Planned Behavior (TPB) was developed by Ajzen (1989, 1991, and 2001) and is seen as an extension of the Theory of Reasoned Action (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975). The Theory of Reasoned Action holds that the intention (motivation) to perform a certain behavior is dependent on whether individuals evaluate the behavior as positive (attitude), and if they judge others as wanting them to perform the behavior (subjective norm).

TPB, which finds its origin in the field of social psychology, builds on this theory and holds that all behavior is not executed under purposeful control and that behaviors can be on a continuum from total control to complete lack of control. Therefore, Ajzen introduced the TPB by adding a new component, "perceived behavioral control". This
construct is defined as the individual’s belief concerning how easy or difficult performing the behavior will be (Conner & Sparks, 1996). It often reflects actual behavioral control.

Both internal factors (cognitive skills, knowledge, emotions) and external factors (situations or environment) determine the degree of control. Thus, a person who holds strong control beliefs about factors that facilitate behavior will have high perceived control, which translates into an increased intention to perform the behavior (Ajzen, 1991; Montano & Kasprzyk, 2002).

The literature on substance use suggests that attitudes towards alcohol use, normative influences, perceived behavioral control, and intentions to use alcohol are important predictors of adolescents’ alcohol use (Lassey & Carlson, 1980; Brown, 1985; Burden & Maisto, 2000). These variables are contained in the TPB which was used by Laflin, Moore-Hirschl, Weis, & Hayes (1994) to successfully predict drug and alcohol use in high school and college students.

According to TPB, adolescents are more likely to develop intentions to consume alcohol if they hold positive attitudes towards drinking; expect to be rewarded (or not punished) by friends and family for drinking; believe that they could successfully obtain and consume alcohol, and believe that they would have difficulty resisting peer pressure to drink.
There is a need to move towards behavior change. As attitudes and beliefs have been shown to be significant in people’s choice of action, the Theory of Planned Behavior is relevant to alcohol behavior change among high school adolescents. This model is going to be applied in this study based on the assumption that if adolescents’ attitudes towards specific alcohol-preventive behaviors are shaped in particular directions and their beliefs about the expectations of their significant others are reinforced through parent-child alcohol communication, it will then be possible to control the alcohol use and abuse problem among the high school students.

The theory informed the current study to establish whether the information that the parents and other caregivers give to their children assist in becoming more aware of the potential costs of consuming alcohol, thereby shaping their attitude and developing self-control towards alcohol use.

2.2.2 Family Systems Theory

A second broad theory was used to explain the relationship of parent-child communication about alcohol and adolescents’ alcohol use is Family Systems Theory. Murray Bowen’s Family Systems theory was developed and formulated by using systems thinking while integrating knowledge from human species as a product of evolution and family research (Nichols & Schwartz, 1998). The theory has its roots in Sociology, Biology and Cybernetics (Howell, 2001).

According to Bowen, “family members so profoundly affect each other’s thoughts, feelings, and actions that it often seems as if people are living under the same emotional skin”. In this theoretical viewpoint, an individual’s behavior is at least partially
determined by interactions among family members; adolescent alcohol use can be understood through the analysis of family interactions, notably discussions about alcohol use between the parent and their adolescents.

According to Howell (2001), communication is a central component of the family system’s capability to change. There is a strong relationship between adolescent behavior and the family system’s capability. Adolescent’s behavior serves as both a reaction and a stimulus in the family system. Every family member is an active participant in the system with the family both influencing and being influenced by the Adolescent’s behavior/s.

For the purpose of the current study, Family Systems Theory guided the researcher to examine the influence of behaviors of subsystems (i.e. (the parents and their communication about alcohol) on the behaviors of other separate but conjoint parts (the adolescent’s alcohol use behavior) of the system).

2.3 Review of related literature

2.3.1 Parent-child communication about alcohol

Effective communication between parents and children is considered an important characteristic of good family functioning (Baumrind, 1980; Barnes and Olson, 1985) and a key to solving parents’ problems with their children and adolescents (Noller and Callan, 1990). One issue parents confront when their children become adolescents is alcohol use. Parental behavior specifically directed at dealing with alcohol use in adolescents is called alcohol-specific socialization (Van Der Vorst et al, 2005).
There are a number of alcohol-specific socialization strategies, including showing disapproval of the adolescent’s alcohol use, encouraging the adolescent not to drink and setting house rules about alcohol use. The most direct way for parents to express these rules and desires to their offspring is verbal communication. This direct expression, referred to as alcohol-specific communication (Ennett et al., 2001; Miller-Day 2008), is fundamental to understanding how parents influence their child’s alcohol use. Yet, the few studies that have examined links between alcohol-specific communication and adolescent alcohol use have shown inconsistent results.

For example, a study conducted among college students during the first 1-2 months of school found that those who reported ever talking with their mothers about how drinking could get them in trouble with police, how drinking changes a person’s personality, the negative consequences of mixing alcohol and sex, and the importance of being committed to a healthy lifestyle were less likely to indulge in alcohol. In addition, they were more likely to believe that alcohol can increase negative effects (Hawkins et al., 1997; Turrisi, Wiersman, & Kelli; 2000).

Lack of parental support and communication has been significantly related to frequency of drinking, heavy drinking, and drunkenness among adolescents in Kenya (Ngesu et al., 2008). Communication about alcohol, however intentioned may not always lead to a reduction in adolescent alcohol use. Ennett et al., (2001) found that parental communication focusing on the consequences and rules of alcohol use did not prevent adolescent drinking behavior and may have actually encouraged it. In an effort to help resolve this matter, the researcher examined in the current study the multidimensional
relations among content, nature, timing and frequency of alcohol-specific communication and adolescents’ alcohol use.

2.3.2 Content of parent-child communication about alcohol

Smaller number of studies has tried to explore parent-child communication about substance use in more depth, exploring the content of such messages and collecting data from both parents and adolescents. A study by Ennett et al; (2001) found out that parents discussed the negative consequences for use, strategies for resisting peer pressure to use, encouragement of non-use, and rules about use most frequently of the content areas. Factor analysis revealed that messages fell into three major categories: Rules, consequence and media.

The first category, rules, included communication about rules and discipline, where the parent reported providing specific guidelines to the child about alcohol use. The second category, consequences, concerned more general conversation about alcohol use and tended to tap communication that was less directive in nature such as encouragement not to drink, discussion about the consequences of alcohol use, communication about choosing friends who did not drink, and rules about alcohol use. The final category, media, included parent’s communication about how television and the movies can make alcohol look good. However, contrast to expectation, more communication about rules and reprisals for use was marginally positively related to escalation of adolescent substance use (Ennett et al, 2001).
2.3.3 The timing of alcohol communication between parents and children

This communication could occur before or after initiation of alcohol use or not occur at all, with potentially different effects. The age at which alcohol was drunk for the first time seems to play a role when it comes to the development of alcohol addiction in adulthood. DeWitt and colleagues (2000) did research on the initiation age of alcohol. They found out that the probability of becoming addicted was ten times higher for adolescents who had their first experiences with alcohol at the age of 11 to 12 than for those who drank alcohol for the first time when they were 19 years old.

Andrew and colleagues (1993) reported that adolescents whose parents warned them about harmful consequences of alcohol and other substance use were less likely to initiate use; however, for adolescents who had already initiated use, parental warning predicted continued rather than reduced or discontinued use for some subgroups of adolescents.

Miller and colleagues (1998) reported a similar finding in their study of adolescent condom use. Parent-child communication about condom use before first intercourse was associated with subsequent condom use, whereas discussion after sexual debut was not.

These studies suggest that early parent-child communication - before initiation of substance use - may be more beneficial than parent-child communication once adolescents have tried using alcohol. The researcher investigated the effect of timing by examining the point of time when parent-child communication about alcohol occurred in the adolescent’s lifespan.
2.3.4 Frequency of parent-child communication about alcohol

Research on parent-child communication in general has shown that conversations between the two groups occur infrequently (Noller, & Bagi, 1985; Kelly et al 2002; Van Der Vorst et al, 2005; Miller-Day, 2008). According to studies on US samples, alcohol is rarely the main topic of conversation between parents and adolescents; instead, it tends to be just a part of the ongoing back-and-forth of family life (Miller-Day, 2002). If one or both parents drink alcohol, the likelihood that they will initiate conversations about this topic with their children is further reduced (Ennett et al; 2001).

Although parents tend to encourage their children not to drink (Miller-Day, 2008), they don’t often discuss with them the negative consequences of alcohol use, nor do they provide information about alcohol (Boone and Lefkowitz, 2007). Mothers, in particular, ask their adolescents questions about their drinking behavior if alcohol is already a topic in their conversation. Still, frequent parent-child communication about alcohol is considered a central feature in dealing with adolescent drinking.

Brody, Flor, Hollett-Wright, & McCoy (1998) measured the frequency and openness of parent-child communication about alcohol use and its impact on a child’s alcohol use norms and found that frequent parent-child discussions that were more open in nature were associated with more abstinence-based and liberal norms on the part of the child. Henriksen and Jackson (1998) associated frequent parent-child communication about substance with less probability of use. The idea seems to be that openly talking about alcohol with adolescents lessens the chance that adolescents and parents will consider alcohol taboo, or it strengthens family relationship, thereby enhancing the abilities of
families to protect their teenagers from alcohol involvement and consequently lower overall youth alcohol consumption (Rueter et al; 1999; Van Der Vorst et al; 2005).

Surprisingly, some studies have revealed a positive association between frequency of parent-child communication about alcohol and adolescents’ alcohol use (Van der Vorst et al; 2005, Spijkerman, 2008). This positive association might indicate that frequent conversations about alcohol lead to heavier alcohol use. These authors suggested that the parents’ conversations with their children might not have been constructive, or that the positive association might represent the forbidden fruit effect, which means that talking about alcohol frequently triggers adolescents’ curiosity and consequently makes them decide to explore the ‘forbidden fruit’ by themselves, thereby actually encouraging them to drink.

On the other hand, parents might simply be reacting to their child’s behavior: the adolescent’s alcohol use increases parents’ alcohol-specific communication. The researcher compared how frequently parents of students who abstain from alcohol use, students who drink small amounts, and those who drink moderate to large amounts communicate about alcohol.

2.3.5 Parent-child communication about alcohol and gender differences

The effects of parent-child communication might differ for boys and girls (Noller & Callan, 1990). For instance, mothers ask their sons more questions about alcohol than they ask their daughters (Boone and Lefkowitz, 2007). However, it also seems that mothers talk in general more often with their daughters than with their sons. For example,
mothers have more frequently conversations about sexual matters and emotions with their daughters than with their sons (Lefkowitz et al; 2007).

Taken together, these findings indicate that it is useful for the researcher in the current study to test gender differences in the study on the impact of parent-child communication about alcohol.

2.3.6 Relationship between parental communication about alcohol and adolescents' usage

Family variables continue to exert a strong influence not only because most adolescents still value their family members as models of behavior, but also because these factors encompass such a wide range of influences (Swadi, 1999). Parental communication focusing on alcohol use has been shown to be a protective measure against adolescent alcohol use (Ennett et al., 2001).

The information and messages that are (or are not) communicated between parents and children have the potential to shape their alcohol-use decision-making during adolescence (Bronte-Tinkew et al. as cited in Njonjo, 2010). Studies by Miller (1998) and DeWitt (2000) suggest that early parent-child communication—before initiation of substance use—may be more beneficial than parent-child communication once adolescents have tried alcohol use.
2.4 Conceptual Framework

Figure 2.1 shows how parent-child communication about alcohol has an effect on whether to abuse or not abuse alcohol. There are various intervening variables that have an effect on both the behavior and parent-child communication: adolescent’s attitude and perceived control toward alcohol use.

The content, frequency, and timing of parent-child communication about alcohol, and adolescents motivation to comply with this communication has the capability to shape the adolescent’s intentions to use/ not use alcohol and consequently determining the adolescent’s alcohol use or non-use behavior.

Source: Developed by the researcher

Figure 2.1 Conceptual framework
CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction
The contents of this chapter include the study research design, variables, site, study population, sampling techniques and sample size, research instruments, validity and reliability, pilot study, data collection procedures, data analysis and presentation, and data management and ethical considerations.

3.2 Research Design
A descriptive Survey research design was used in this study. In this view, the study adopted the field survey method to collect both quantitative and qualitative data. This study design was utilized because the researcher used a sample of secondary schools and a sample of 200 students aged 16-18 years across Nairobi County to estimate the relationship between parent-child communication about alcohol and adolescent alcohol use.

3.3 Research variables
The dependent variable in the current study was adolescent alcohol behavior (use/abuse) while the independent variables were alcohol communication between parents and their adolescent children, adolescent’s attitude towards alcohol use and perceived behavioral control.
3.4 Site of the study
The study was conducted in public secondary schools in Nairobi County. Two national, four provincial, and four district categories of secondary schools were used with consideration of both male and female gender.

3.5 Study Population
The study population was secondary school students in Nairobi County. The study was conducted selected secondary schools in Nairobi County. The accessible population was From 3 and Form 4 students. This population was assumed to have been in school for some time and also in a better position to give a more mature view regarding parent-child communication about alcohol. The criteria for inclusion were that participants had to be adolescents aged between 16-18 years and attending secondary school in Nairobi County.

3.6 Sampling Techniques and sample size
Simple random sampling was employed to identify the public secondary schools in Nairobi. A multi-stage sampling technique was used to stratify schools into national, provincial and district categories. In each of the selected schools, twenty students were sampled using simple random sampling technique.

3.7 Research instruments
A self administered questionnaire with open and closed questions, developed by the researcher, was used to collect data. The questionnaire contained items related to socio-demographics of the adolescents and included age, gender, as well as parent details such as educational background and employment status. Questions on adolescents' alcohol use or non use, and parental alcohol use and socialization behaviors were included. A
question with a “yes” or “no” response assessing parental communication with regards to alcohol use were used to determine whether parents spoke to their adolescent about alcohol use. The nature, which includes the content, timing, and frequency of parent-child communication about alcohol, was investigated.

3.8 Validity and Reliability

Validity of a questionnaire refers to the extent to which it measures what the researcher has set out to measure (Smith, 1991:106 as cited by Kumar, 2005). Babbie writes, ‘validity refers to the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration’ (1990:133 as cited by Kumar, 2005). In other words, validity is the degree to which results obtained from the analysis of the data actually represents the phenomena under the study. In this study, content validity of the questionnaire was considered through the judgment of by the supervisors as Borg and Gall (1989) asserts that content validity of an instrument is improved through expert judgment.

To establish the reliability of the questionnaire, the researcher used the split-half technique. This method is appropriate for instruments that are designed to measure views of people towards an issue or phenomenon (Kumar, 2005). The researcher divided questions in half in such a way that only two questions intended to measure the same aspect fall into different halves. The researcher established a strong positive relationship between the two halves with a correlation coefficient of 0.75.
3.9 Pilot Study

The pilot study was carried in Thika and the questionnaire pre-tested prior to the main study. A sample of 10 participants, which was 10 percent of the sample of the main study, was used. Necessary corrections were done before the actual study.

3.10 Data collection procedures

The researcher started her study after seeking and obtaining permission from the National Council of Education, Science and Technology to conduct research from the selected public schools in Nairobi County. The researcher then contacted the respective District Education Officers to be allowed to carry out her study in the districts. The selected schools were visited and the schools heads informed about the study. The purpose of the study was informed to the class teachers (Form 2 and 3) who assisted the researcher sample the 20 students to participate in the study. Afterwards, the questionnaire was group-administered to the students’ participants and then collected for data analysis.

3.11 Data Analysis and presentation

The results of participants were summarized using descriptive summary measures: expressed as mean (SD) or median (range) for continuous variables and percent for categorical variables. Chi-square tests were used to find associations between adolescent alcohol use and social demographic variables, and between adolescent alcohol use and nature of parent-child communication about alcohol. All statistical tests were performed using two-sided tests at the 0.05 level of significance.
3.11 Data Management and Ethical Considerations

According to Kombo and Tromp (2006), researchers whose subjects are people or animals must consider the conduct of their research and give attention to the ethical issues associated with carrying out research.

A permit to conduct research was obtained from the National Council for Science and Technology (NCST). Participants were explained the purpose of the study and their informed consent sought. Participants were informed that their participation in the study was voluntary and that confidentiality would be maintained and their anonymity protected both during data collection and management of the data generated.
CHAPTER FOUR
DATA ANALYSIS, PRESENTATION AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents the data analysis findings and the presentation of the data. First, the chapter presents the demographic information of the respondents of the study followed by findings of the study.

4.2 Demographic information of the adolescents

4.2.1 School type

Different backgrounds have different influences to the adolescents' alcohol usage. A boys' or girls' school may have different influences on the lives of the students. The respondents who took part in this study were from three main categories of schools as shown in table 4.1.

Table 4.1 School type

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>78</td>
<td>39.8%</td>
</tr>
<tr>
<td>Girls</td>
<td>41</td>
<td>20.9%</td>
</tr>
<tr>
<td>Mixed</td>
<td>77</td>
<td>39.3%</td>
</tr>
<tr>
<td>Total</td>
<td>196</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The information contained in table 4.1 shows the types of schools where the data was collected from for this study. From the findings given most 78(39.8%) of the respondents
were from boys' schools, 77(39.3%) were from mixed schools while 41(20.9%) were from girls' schools. This indicates that the information given was from three major types of schools.

4.2.2 School status

The status of a school is brought about by the students' performance, those students who score highly get to the National schools while those who score low marks in the final national examination of their primary education are enrolled in district schools. The status of a school may influence the behavior of students. The data on school status for the respondents of this study are shown in table 4.2.

Table 4.2 School status

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>39</td>
<td>19.9%</td>
</tr>
<tr>
<td>Provincial</td>
<td>80</td>
<td>40.8%</td>
</tr>
<tr>
<td>District</td>
<td>77</td>
<td>39.3%</td>
</tr>
<tr>
<td>Total</td>
<td>196</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The findings in table 4.2 show that most of the adolescents were from the provincial schools 80(40.8%). The second largest lot of adolescents was from the district schools 77 (39.3%) while the least were drawn from the national schools 39(19.9%). Thus the data collected from the respondents is from adolescents with different performance levels.
4.2.3 Gender of the respondents

Gender parity has been emphasized as it gives women and men the same level of growth and development. The data for the gender of the respondents who took part in this study are shown in figure 4.1.

![Figure 4.1 Gender of the respondents](image)

The findings shown in figure 4.1 indicate the gender of the adolescents who took part in the study. According to the findings, majority of the respondents were males (55%) while the females were (45%).

4.2.4 Order of birth in the family

The researcher sought to establish the order of the birth of the adolescents who took part in this study. The findings are shown in figure 4.2.
The information presented in figure 4.2 shows the order of birth in the families of the adolescents who took part in this study. As shown in the figure, most of the adolescents were middle children in their families (38.5%), 26.0% were first born children, (24.5%) were last born and the least (10.9%) were the only children in their families.

4.2.5 Current class of the respondents at school

This study collected data from form three and form four classes in the different schools surveyed. The findings on the number of adolescents per class are shown in figure 4.3.

Figure 4.3 Current class of the respondents at school
Figure 4.3 shows that majority of the respondents were from form four class with 55% of all the respondents. The rest, 45% were adolescents from form three class. This shows that the data collected was obtained from adolescents who had stayed long in the secondary schools and who could give relevant information to the study.

4.2.6 Type of adolescent’s caretaker

The behavior of a mentor or a role model is a key aspect in molding the subject’s personality. Often, the children copy the behavior of their elders. This study sought to establish the type of caretakers who nurtured the respondents of this study. The findings are shown in figure 4.3.

![Graph showing the type of adolescent's caretaker](image)

Figure 4.4 Type of adolescent’s caretaker

The information contained in figure 4.4 shows the type of caretakers for the adolescents of the study. According to the findings, majority of the respondents (59.7%) were raised by both parents (mother and father). 23.5% were raised by their mothers only while 7.1% were raised by their fathers. However, a good proportion of about 9.7% were raised by other people such as relatives and friends.
4.2.7 Caretaker’s level of education

An individual’s education level influences his way of life and ability to do things. This study collected data from the adolescents regarding their caretakers highest level of education. The results are shown in figure 4.5.

According to the findings shown in figure 4.5, majority of the respondents (54.4%) were being raised by guardians who had attained secondary level of education. 33.2% had caretakers who had post secondary education. However, some of the care takers had little education of primary school level (7.3%) while others (5.2%) had no education at all.

4.2.8 Employment status of the caretakers

The researcher requested the respondents to provide information on the employment status of their caretakers. The findings are shown in figure 4.6.
The study findings indicate that majority of the caretakers were employed on permanent basis (62%). A sizeable proportion of 24% were employed on casual basis while the rest, 14% were unemployed. The study further found that the caretakers had different jobs such as hawking, laboring in buildings sites, military services, businesspersons, secretarial jobs, teaching, tutors, lawyers, lecturers, managers, nurses, doctors, drivers, and farming among other jobs. This shows that most of the caretakers had different occupations in their parenting endeavors.

4.3 Findings from the Study

The findings will be presented following the objectives of the study.

4.3.1 Use of alcohol among the adolescents

This objective sought to establish the proportion of high school adolescents using alcohol.
4.3.1.1 Percentage of adolescents using alcohol

The study sought to establish the proportion or the percentage of the adolescents in high schools who have taken or are taking alcohol. The findings are shown in figure 4.7.

![Figure 4.7 Percentage of the adolescents using alcohol](image)

According to the findings shown in figure 4.7, majority of the adolescents (58%) who took part in the study had used alcohol. However, 42% had not used alcohol up to the time of the study. The findings imply that more than half of the secondary school students who participated in the study and who are in their adolescence stage have used alcohol.

These findings concur with those of WHO (2011) that consumption of alcohol among adolescents has increased in recent decades in most developing countries. This could be occasioned by poor or lack of communication between parents and their adolescent children on alcohol use. It is important that parents take time to talk and to listen to their children about what they feel about the choices they make in life such as on alcohol use.

4.3.1.2 Age at which the adolescents first used alcohol

The respondents were requested to give information on the age at which they first took alcohol. The results are shown in table 4.3.
Table 4.3 Age at which the adolescents first used alcohol

<table>
<thead>
<tr>
<th>Age Range</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 8 years</td>
<td>18</td>
<td>10%</td>
</tr>
<tr>
<td>9-12 years</td>
<td>30</td>
<td>17%</td>
</tr>
<tr>
<td>13-16 years</td>
<td>63</td>
<td>35%</td>
</tr>
<tr>
<td>Others</td>
<td>69</td>
<td>38%</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>100%</td>
</tr>
</tbody>
</table>

According to the data findings shown in table 4.3, some of the adolescents (35%) took their first drink containing alcohol at the age of 13-16 years while 17% took their first drink containing alcohol at the age between 9-12 years. Surprisingly, (10%) of adolescents took alcohol at the age of below 8 years.

Similar findings were found by Fatoye & Marakinyo (2002) that initiation into substance use started at a very early age (under 14 years) in South Western Nigeria. According to findings by NACADA (2009), alcohol use among high school students begins as early as 10 years of age with majority having taken alcohol before the age of 14. Thus parents should not wait until a particular age to start communicating to their children about alcohol, instead they should seize any chance available to protect their teenagers from alcohol involvement, for example, using own experience of the negative effects of alcohol use.
4.3.1.3 Type of alcoholic drinks taken by the adolescents

The researcher requested the respondents to state the types of alcohol drinks they preferred and took. The study findings are shown in figure 4.8.

![Figure 4.8 Type of alcoholic drinks taken by the adolescents](image)

Figure 4.8 Type of alcoholic drinks taken by the adolescents

The information in figure 4.8 shows the types of alcohol drinks that adolescents took or preferred taking. As shown from the findings, majority of the adolescents (57.4%) took beer or wine. The second most taken alcohol drinks were the spirits such as whisky and vodka (23.5%). A good number of the adolescents (9.6%) took the traditional alcohol drinks such as busaa and Muratina. Moreover, 7.0% admitted taking more than one type of the alcohol drinks.

This finding does not concur with NACADA (2011) that majority of the students in a study they conducted in Central Province were using spirits. This difference could be as a result of regional representation of the sample. City life might expose those in Nairobi to access beer and wine easily due to availability if drinking places than their counter-parts.
in the country side. Job opportunity chances in city exceed those in the rural areas thereby exposing the youth to casual jobs that earn them money to buy beer and wine.

Parents and other caregivers should ensure that their adolescent children are always engaged to constructive activities especially when they come home for vacation, such as attending short courses or youth empowerment seminars. This will help them channel their efforts on something worthwhile rather than focusing on ways to earn them money to buy alcohol.

4.3.1.4 Number of days adolescents took alcohol four months prior to the study

The number of days a person takes alcohol indicates the extent of use or abuse. If the number of days a person takes alcohol is more than 10 then it indicates addiction to alcohol or alcohol abuse. One who takes more than 20 days is an alcoholic. The findings are shown in figure 4.9.

**Figure 4.9 Number of days adolescents took alcohol four months prior to the study**
The information contained in figure 4.9 shows the extent at which adolescents took alcoholic drinks within the last four months which preceded the study. According to the findings, most of the students (56%) confessed having not taken alcohol within the said period. Others, about (24%) had taken alcohol 1-3 days in a span of four months. However, the study revealed that 9% of the adolescents took alcohol more than 20 days in a span of four months implying that they were alcoholics.

Emphasis is put on parents’ need to find out from teachers how their adolescent children are fairing on at school. The 9% adolescents who reported to have taken alcohol more than 20 days in a span of four months indicate their inclination to alcoholism. Such adolescents are likely to perform poorly at school without the knowledge of their caretakers. Parental concern over their children’s behavior at school can influence the choices they make in life, including alcohol choices.

4.3.1.5 Number of alcoholic drinks taken per drinking session by the adolescents

The study sought to establish the number of alcoholic drinks the adolescents took alcohol in a particular drinking session. The results are shown in figure 4.10.
According to the findings, majority of the adolescents (66%) took only 1-2 drinks per drinking session. 24% of the adolescents took 3-4 drinks in a session, indicating great inclination to heavy drinking. However, the study realized that 5% of the adolescents participating in the study took 5-6 drinks per session, implying that they were heavy drinkers. More so, the study found that some (5%) took more than 6 drinks per session indicating that they were binge drinkers.

4.3.1.6 Drinking behavior of the adolescents in the Study
To get a better picture of the adolescents' drinking habits, the researcher asked respondents to rate themselves. The results are presented in figure 4.11.
The findings shown in figure 4.11 shows that a higher proportion of the adolescents (43%) who took alcoholic drinks rarely, 41% took alcoholic drinks sometimes, 11% were regular alcohol drinkers while 5% took alcoholic drinks very regularly.

4.3.1.7 Knowledge of the caretakers on the drinking behavior of the adolescents

The study sought to establish whether the caretakers knew about the drinking habits of their children. The adolescents were asked to indicate whether their caretakers were aware of their drinking behavior. The findings are shown in figure 4.12.
Figure 4.12 Knowledge of the caretakers on the drinking behavior of the adolescents

The information presented in figure 4.12 indicates that most of the caretakers were not aware of their adolescents' drinking habits. According to the study, 59% of the mothers of the adolescents were not aware that their children had taken or take alcohol, 57% of the fathers and 50% of the rest of caretakers also were unaware of the drinking habits of their children. The study indicates that 21% of other caretakers, such as adolescents' uncles, aunts. Grandparents among other well wishers knew the drinking behaviors of the adolescents they were raising. Only 11% of the fathers and 14% of the mothers knew of the drinking habits of their adolescents children.

These findings agree with Boone & Lefkowitz (2007) who found out that although parents tend to encourage their children not to drink, they do not discuss with them on their possibility of using alcohol. It is important that adolescents' caretakers should engage their adolescent children on open communication characterized by genuineness
and unconditional positive regard so that adolescents do not feel intimidated to confess if they take alcohol and hence seek parental help.

4.3.1.8 Availability of alcohol at home

The availability of alcohol can greatly influence the drinking habit of a person. This study sought to establish the availability of alcohol in the adolescents’ families. The findings are shown in figure 4.13.

![Figure 4.13 Availability of alcohol at home](image)

The findings in figure 4.13 imply that majority (71%) of the adolescents in the study had no ready availability of alcohol at home. This indicates that the use of alcohol by the adolescents was influenced more by other factors other than availability of the alcohol at home.

Despite non-availability of alcohol at home, the current study revealed that 66% of adolescents who took part in the study have used alcohol. There is need therefore for parents and other caregivers to monitor their adolescents’ change of behavior, for example, excessive need for pocket money, or sneaking to their room after an outing. The parents then should firmly and fairly communicate what they want their children to be;
that whether alcohol is available at home or not, they will not entertain any alcohol use from their children.

4.3.1.9 Caretaker’s Drinking Behavior

The study sought to establish the drinking habits of the adolescents’ caretakers. The results of the data collected in shown in table 4.4.

Table 4. 4 Caretaker’s drinking behavior

<table>
<thead>
<tr>
<th></th>
<th>Mother</th>
<th></th>
<th>Father</th>
<th></th>
<th>Caretakers</th>
<th></th>
<th>Siblings</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
</tr>
<tr>
<td>Often</td>
<td>10</td>
<td>6%</td>
<td>39</td>
<td>23%</td>
<td>22</td>
<td>18%</td>
<td>8</td>
<td>5%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>10</td>
<td>6%</td>
<td>29</td>
<td>17%</td>
<td>19</td>
<td>15%</td>
<td>54</td>
<td>32%</td>
</tr>
<tr>
<td>Rarely</td>
<td>10</td>
<td>6%</td>
<td>14</td>
<td>8%</td>
<td>7</td>
<td>6%</td>
<td>24</td>
<td>14%</td>
</tr>
<tr>
<td>Never uses</td>
<td>145</td>
<td>83%</td>
<td>84</td>
<td>51%</td>
<td>76</td>
<td>61%</td>
<td>84</td>
<td>49%</td>
</tr>
</tbody>
</table>

According to the findings shown in table 4.4, majority of the mothers (83%) had never used alcoholic drinks. A small proportion (6%) of the mothers was noted to be drinking often. A similar trend was seen for the fathers (51%) who had never taken any alcoholic drink. However, a sizeable number of the fathers (23%) used alcoholic drinks regularly. The rest of the caretakers (61%) did not take alcohol although some 18% were regular drinkers.

Notably, the siblings of the adolescents in the study, who never took alcoholic drinks, were 49% (less than the adolescents’ caretakers drinking habit). However, the findings
indicated that about 32% of the adolescents’ siblings sometimes take alcohol which could greatly influence adolescents’ usage.

These findings agree with the family systems theory that holds that an individual’s behavior is at least partially determined by interactions among family members. The behavior of sub-systems should depict positive attributes that can be emulated by the adolescents. For instance, older siblings and relatives should join parents’ hands in offering alcohol communication geared towards adolescents’ non-use. With such increased communication from all sub-systems, the adolescent will internalize pro-social values and develop behavioral self-regulation in alcohol matters.

4.3.2 Proportion of parents who communicated about alcohol to their adolescent children

This objective sought to establish proportion of parents who communicated information about alcohol to their adolescent children.

4.3.2.1 Proportion of adolescents who received communication about alcohol from their parents

The study requested the respondents to provide information on whether they got parental communication on alcohol from their parents as they grew up. The results are shown in figure 4.14.
Figure 4.14 Proportion of adolescents who received communication about alcohol from their parents

From the findings, majority of the adolescents (68%) received communication about alcohol from their parents as compared to 32% who had never received any such communication.

Baumrind, (1980) and Barnes and Olson (1985) contented that effective communication between parents and children was an important characteristic of good family functioning which could solve parents' problems with their children and adolescents. Parents and other caregivers are encouraged to continue communicating about alcohol with their adolescents as such culture allows the adolescent to experiment safely and sample alternatives, but avoid problematic involvement in risky behaviors such as alcohol use.
4.3.2.2 The caretaker who gave communication about alcohol to their adolescent children

The study collected data to determine the caretaker who gave the communication about alcohol to their adolescent children. The obtained results are shown in figure 4.15.

![Pie chart showing the caretakers who gave communication about alcohol](chart.png)

**Figure 4.15 The caretaker who gave communication about alcohol to their adolescent children**

The findings indicate that more mothers (62%) than fathers (27%) communicated about alcohol to their children. 11% of the adolescents received communication about alcohol from both parents (mother and father). Majority of the adolescents had received parental communication on alcohol from their mothers than their fathers. This is possibly because children spent more time with their mothers than their fathers.

A study by Turrisi, Wiersman, & Kelli (2000), showed that those college students who communicated with their mothers on alcohol were less likely to indulge in alcohol use. These findings agree with Ngesu et al (2008) conclusions that lack of parental support and communication is significantly related to frequency of drinking, heavy drinking, and drunkenness among adolescents in Kenya.
Both mothers and fathers, and even relatives are encouraged to take individual responsibility of communicating about alcohol to their children and not leave the responsibility to one parent.

4.3.3 Timing of parental communication about alcohol to the adolescent

This objective sought to find out the time at which communication on alcohol was given to the adolescent.

4.3.3.1 Age at which the adolescent received parental communication about alcohol

The study collected data to determine the timing at which the parents provided alcohol communication to their children. The results are shown in Table 4.5.

<table>
<thead>
<tr>
<th>Age at which the adolescent received parental communication about alcohol</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>It was never given to me</td>
<td>47</td>
<td>24%</td>
</tr>
<tr>
<td>Before I attained 12 years</td>
<td>70</td>
<td>36%</td>
</tr>
<tr>
<td>When I joined high school</td>
<td>66</td>
<td>34%</td>
</tr>
<tr>
<td>Never advised</td>
<td>13</td>
<td>7%</td>
</tr>
<tr>
<td>Total</td>
<td>196</td>
<td>100</td>
</tr>
</tbody>
</table>

A higher proportion of the adolescents (36%) received communication on alcohol from their parents and other caretakers before they attained 12 years. 34% of the adolescents received such communication when they joined secondary while 24% had never received any parental communication about alcohol.
A study by DeWitt and colleagues (2000) found out that the probability of becoming addicted was ten times higher for adolescents who had their first experiences with alcohol at the age of 11 to 12 than for those who drank alcohol for the first time when they were 19 years old.

It is therefore important that parents and other caretakers should start giving alcohol communication to their children as early as possible in their development. As the adolescents grow up, they are able to internalize cognitive skills, knowledge, and emotions that will shape their decisions about alcohol use. Therefore the earlier the parents start to communicate to their about the better the situation and ability to influence positive responsible drinking behavior.

4.3.3.2 Appropriate time for parental communication on alcohol

The study requested the respondents to indicate the appropriate time they felt was ideal for parents and caretakers to communicate about alcohol to their children. The findings are tabulated in table 4.6.

Table 4.6 Appropriate time for parental communication on alcohol

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before the adolescent begins to use alcohol</td>
<td>149</td>
<td>76%</td>
</tr>
<tr>
<td>After the adolescent starts to use alcohol</td>
<td>16</td>
<td>8%</td>
</tr>
<tr>
<td>It should never happen at any time</td>
<td>26</td>
<td>13%</td>
</tr>
<tr>
<td>Others</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>196</td>
<td>100</td>
</tr>
</tbody>
</table>
From the analysis, majority of the respondents (76%) were of the opinion that parental communication about alcohol should be done before adolescents begin to use the alcohol. (13%) felt that it was good to be given to those adolescents who already have begun to use alcohol.

Miller and colleagues (1998) reported a similar finding in their study that parent-child communication about alcohol before first use was associated non-use than communication after alcohol use. Thus it is vital that parents give such information earlier rather than wait until the adolescent engages in alcohol use.

4.3.4 Content of alcohol information passed to adolescents on alcohol use

This objective sought to find out the content of parent-child communication on alcohol.

4.3.4.1 The kind of alcohol information passed on by parents to the adolescents

The information passed to a child has different abilities in influencing the child’s behavior. The content of alcohol information can be so influential that it acts as a protective measure against adolescent alcohol usage. However, contrast to expectation, content on alcohol can be marginally positively related to escalation of adolescent substance use (Ennett et al, 2001).
Table 4.7 The kind of alcohol information passed on by parents to the adolescents

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative consequences about alcohol</td>
<td>75</td>
<td>38%</td>
</tr>
<tr>
<td>Providing specific guidelines to the child about alcohol use</td>
<td>15</td>
<td>8%</td>
</tr>
<tr>
<td>Strategies for resisting peer pressure to use alcohol</td>
<td>32</td>
<td>16%</td>
</tr>
<tr>
<td>Encouragement of non-use</td>
<td>34</td>
<td>17%</td>
</tr>
<tr>
<td>Others</td>
<td>40</td>
<td>20%</td>
</tr>
<tr>
<td>Total</td>
<td>196</td>
<td>100%</td>
</tr>
</tbody>
</table>

According to the results, most parents frequently discussed the negative consequences for use (38%). Parents also discussed with their adolescent children about encouragement of non-use (17%), strategies for resisting peer pressure to use (16%), and specific guidelines about alcohol use (8%) as the content areas. Significantly, 20% of the adolescents in the study received communication of different content areas such as encouragement on responsible drinking, engaging in church activities as a measure to avoid alcohol use, and threat from parental financial support upon use.

This finding concurs with a study by Ennett et al (2001) who found out that parents discuss the negative consequences for use most frequently as content area. There is need for parents and other caregivers to provide an all round communication regarding alcohol and not just the negative effects of using alcohol.
4.3.4.2 Perception of adolescents on the importance of providing alcohol communication

The study sought to establish the perception of adolescents on the importance of giving alcohol communication to their children. A question with a “yes” or “no” response assessing the importance of parental communication with regards to alcohol use were used to determine the importance of giving alcohol communication to their children. The results are shown in table 4.8.

Table 4.8 Perception of adolescents on the importance of providing alcohol communication

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>157</td>
<td>82%</td>
</tr>
<tr>
<td>No</td>
<td>35</td>
<td>18%</td>
</tr>
<tr>
<td>Total</td>
<td>192</td>
<td>100</td>
</tr>
</tbody>
</table>

According to the findings presented in table 4.8, majority (82%) of the respondents agreed that provision of communication on alcohol use to the adolescents was important. Some respondents (18%) did not feel that it was important to offer such communication to the adolescents.

According to Jackson (2002), adolescents do listen to their parents when it comes to issues such as drinking and smoking; particularly if the messages are conveyed with authority. 80% of them feel parents should have a say whether they should drink alcohol. Parents should take this opportunity to build a positive relationship with their children, which will promote adolescents’ adoption of conventional norms and values. Thus,
quality communication about alcohol between adolescents and their parents will hinder the development adolescents’ intentions to use alcohol.

4.3.5 Frequency of parental alcohol communication to the adolescents

This objective guided the researcher to ascertain the frequency of parent-child communication about alcohol that takes place between the parents and the adolescents. Frequent communication about alcohol can either lead to non-use or heavier alcohol use. As such parents’ frequent communication about alcohol with their children might become constructive, or trigger adolescents’ curiosity and consequently make them decide to drink.

Table 4.9 Frequency with which parents should provide alcohol information to adolescents

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>121</td>
</tr>
<tr>
<td>Sometimes</td>
<td>44</td>
</tr>
<tr>
<td>Rarely</td>
<td>6</td>
</tr>
<tr>
<td>Never</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>190</td>
</tr>
</tbody>
</table>

Majority of the adolescents in the study (64%) indicated that this information should be given always. Some 24% of the respondents felt that it should be given sometimes, while some 10% indicated that it should not be given at any given time.

If the adolescents feel that communication about alcohol should happen always, then it means that adolescents are ready to listen to their parents on matters that concern their life. In my opinion, they fear how their parents will react to their feelings concerning
alcohol use. Such communication ought to be two-way; the parents should also give their children a chance to express their own opinion regarding issues that affect their lives, like alcohol use.

4.3.6 Relationship of various factors of alcohol communication and adolescents’ usage

The researcher sought to investigate if there existed any relationship between adolescent alcohol behavior (use/ non-use) and their demographic features, frequency, timing, and content of parent-child communication on alcohol.

4.3.6.1 Relationship between parental communication about alcohol and adolescents’ usage

To achieve this objective, the study did Pearson correlation analysis and the results were as shown in table 4.10.

Table 4.10 Correlation between parental communication about alcohol and adolescents’ usage

<table>
<thead>
<tr>
<th></th>
<th>Alcohol usage</th>
<th>Parental information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol usage</td>
<td>Spearman's rho</td>
<td>1.000</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.</td>
</tr>
<tr>
<td>Parental information</td>
<td>Spearman's rho</td>
<td>-.154(*)</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.035</td>
</tr>
</tbody>
</table>
The results of the Spearman rank correlation show a coefficient correlation value \((r)\) of -0.154 at a p-value of 0.035. This indicates that the correlation of the two variables was statistically significant. However, the value of \((r)\) was negative showing that the two variables had reverse relationship.

### 4.3.6.2 Relationship between demographic features and alcohol use

The study sought to establish whether there existed a relationship between adolescent alcohol use and the type of the school, status of the school, gender of the adolescent, caretakers, the level of education of the caretaker and even the availability of alcohol at home. These were studied using a chi square analysis as shown in table 4.11.

| Table 4. 11 Chi square analysis on the relationship between demographic features and alcohol use |
|--------------------------------------------------|------------------|----------|-----------------|
| School type (mixed, boys or girls)               | 8.645776         | 2        | 0.0013262       |
| School status (National, provincial and district)| 5.382352         | 2        | 0.067801        |
| Gender                                           | 7.683159         | 1        | 0.004574        |
| Caretakers                                       | 3.120402         | 2        | 0.210094        |
| Caretakers level of education                    | 3.587869         | 3        | 0.309543        |
| Availability of alcohol                          | 19.04963         | 1        | 0.000012        |
The findings in the table 4.11 show whether there exists significant relationship in the use of alcohol across different features of the respondents. A chi square p of less than 0.005 indicates significant relationship in variables and vice versa.

From the analysis, the chi square values show that there was no significant relationship in use of alcohol among adolescents and school status ($\chi^2 = 5.382352$, $p=0.067$), the type of caretakers ($\chi^2 = 3.120402$, $p=0.210094$) and even the level of education of the caretakers ($\chi^2 = 3.587869$, $p=0.309543$). This indicates that school status, the type of caretaker and even level of education of the caretaker were not significantly related to the drinking habits of the adolescents.

However, the study showed significant relationship between use of alcohol by students and school type ($\chi^2 = 8.645776$, $p=0.001326$), gender of the adolescents ($\chi^2 = 7.683159$, $p=0.004574$) and the availability of the alcohol at home ($\chi^2 = 19.04963$, $p=0.000012$). This indicates that the use of alcohol by the adolescents depended on the school type, gender and even availability of the alcohol at home.

These findings on gender agree with Noller & Callan (1990) conclusions that effects of parent-child communication might differ for boys and girls. Equal importance should be considered regarding alcohol communication between parents and their adolescents. Mothers, fathers, as well as relatives and other caregivers should engage in frequent conversations about alcohol matters and their emotions about the same with their sons and daughters.
4.3.6.3 Relationship of the timing, content and frequency of parental communication about alcohol and adolescents' usage

The study sought to establish relationship between timing, content and frequency of communication and adolescents' alcohol use. The findings are as shown in table 4.12.

Table 4.12 Chi square analysis on timing, content and frequency of parental communication about alcohol and adolescents' usage

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>Df</th>
<th>Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timing</td>
<td>1.40</td>
<td>2</td>
<td>0.0050</td>
</tr>
<tr>
<td>Content</td>
<td>3.67</td>
<td>3</td>
<td>0.0030</td>
</tr>
<tr>
<td>Frequency</td>
<td>0.93</td>
<td>3</td>
<td>0.0008</td>
</tr>
</tbody>
</table>

The findings in table 4.12 show the chi square analysis of the relationship between use of alcohol and aspects of parental communication. The chi square values are; timing ($\chi^2 = 1.40$, $p=0.0050$), content ($\chi^2 = 3.67$, $p=0.0030$) and frequency of parental communication ($\chi^2 = 0.93$, $p=0.0008$). All these $p$ values less than 0.005 indicating that there is significant relationship between adolescent alcohol use and aspects of parental communication.

According to Henriksen and Jackson (1998), early and frequent parent-child communication about alcohol use showed less probability of use of alcohol. In my opinion, most adolescents value their attachment figures as their role models and will therefore try as much as possible not to go against their wishes. Parents too ought to see
their children as individuals who are capable of making worthwhile decisions with their parents’ support and encouragement.

4.3.7 How to improve parent child-communication on alcohol

The researcher used an open ended question to seek the respondents’ suggestions on what they think parents and other care-takers should do to improve parent-child communication about alcohol.

According to the respondents the communication between parents could be improved by increasing the time of the discussions, openness of the parents to their children and starting counseling them early, parents desisting from taking alcohol, having a strong bond between them and their children, parents should also get some advice on how to handle the alcoholism incase their children becomes alcoholics.
5.1 Introduction

This chapter presents a summary of the findings, the conclusion and the recommendations of the study. Further the chapter gives a section on some suggested further areas of research.

5.2 Summary of the Findings

This study set out to establish the relationship between parent-child communication about alcohol and adolescent usage among high school students in Nairobi County, Kenya. A summary of the findings is as follows:

1. More males than females reported to take alcohol. Most of them take beer, wine, spirits and some take traditional alcoholic drinks such as Busaa and Muratina, with majority taking alcohol 1-3 days four months prior to the study and 1-2 drinks per drinking session. However, the study notes that there are a good number of adolescents who are alcoholics, who take much per session, drink regularly and more days very regularly.

2. Significantly, most of the adolescents were middle children in their families within the ages of 16-18 years and in form three and form four classes. They were being raised by both parents (mother and father) who had different levels of education and employed on permanent basis.

3. A higher proportion of the adolescents had received communication about alcohol from their parents and other caretakers before they attained 12 years, with more
mothers than fathers giving the communication to their children. Most parents frequently discussed the negative consequences for use as content area.

4. Majority of the respondents agreed that provision of communication on alcohol use to the adolescents was important and were of the opinion that such communication should be given at all times and be done before adolescents begin to use the alcohol.

5. There was no significant relationship in use of alcohol among adolescents and school status, the type of caretakers and even the level of education of the caretakers. However, the study showed significant relationship between use of alcohol by students and school type, gender of the adolescents and the availability of the alcohol at home.

6. The content, timing and frequency of parental communication on alcohol were found to be significantly related to adolescent alcohol use.

7. According to the respondents, communication between parents and their adolescents could be improved by increasing the time of the discussions, openness of the parents to their children and starting counseling them early, parents desisting from taking alcohol, having a strong bond between them and their children, parents should also get some advice on how to handle the alcoholism incase their children becomes alcoholics.
5.3 Conclusion

Based on the study findings, conclusion is made that quality parental communication about alcohol helps to prevent the use of alcohol by high school adolescents. The messages that parents communicate to their children have great potential in shaping adolescents’ alcohol use.

Adolescents are more than willing to listen to their parents but they fear their parents’ reaction in finding out their drinking behavior. Parents and other caregivers should portray an authoritative style of leadership where the adolescents are given an opportunity to air their views concerning matters that affect their lives.

Parent-child communication about alcohol should begin early in adolescents’ lives, occur more frequently, and encompass all aspects of alcohol rather than just negative consequences.

5.4 Recommendations

Based on the findings of the study, the following recommendations are made:

1. The study notes that gender, type of the school and availability of alcohol as being important factors affecting the use of alcohol by the adolescents. The head teachers at different schools especially those segregated on gender need to put in place strict measures to address the issues of alcohol while parents should control the availability of alcoholic drinks in their homes.

2. It is recommended that parents and caretakers adopt alcohol-free lifestyles for their children to emulate them. Those parents and caretakers who use alcohol on regular
basis greatly influence the adolescents to take alcohol since children imitate what they observe from their models.

3. Parental communication about alcohol is the duty of all caretakers. Mothers, fathers, as well as relatives and other caregivers should unite in providing support, guidance and information to their children.

4. The time and frequency at which information is given to the children on alcohol has great influence on the alcohol use by the adolescents. Thus early and frequent communication is recommended to address the issue of alcoholism among the adolescents.

5. There is need for parents to take time to communicate with their children on alcohol and other life aspects.

5.5 Suggestions for further study

The study collected data from the adolescents in Nairobi County. This represents an urban setting environment. The phenomenon could be different in rural areas. Thus a similar study is proposed to be carried out in rural areas to help understand more on the subject from a rural setting.

The study concentrated entirely on alcohol. A similar study on drugs and drugs abuse could be done to provide an explicit understanding of the parental communication on all drugs and necessary recommendations made.
REFERENCES


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APPENDICES

APPENDIX 1: INFORMED CONSENT FOR RESPONDENTS IN THE STUDY

Dear Respondent,

My name is Veronica Waweru. I am a post-graduate student undertaking a Masters Degree in Counseling and Psychology at Kenyatta University. I am interested in carrying out study on the relationship between parent-child communication about alcohol and adolescent alcohol use among high school students in Nairobi County, Kenya.

All the information provided in answering of the questions will be handled with confidentiality and solely used for the purpose of this study. You need not to write your name on the questionnaire. Participation in the study is voluntary.

If you agree, kindly sign in the space provided below.

Date ____________________________

Signature ________________________

Thank you for your time and support.
APPENDIX 2: STUDY QUESTIONNAIRE

Pick in the boxes provided the response that best fits you.

SECTION A: Background Information

1. Gender:  
   A. Male  
   B. Female

2. What is your date of birth?  
   mm dd yyyy

3. What is your order of birth in your family?
   A. The only child
   B. First born
   C. Middle child
   D. Last born

4. Class:  
   A. Form 3
   B. Form 4

5. Who takes care of you at home?
   A. Father and Mother
   B. Mother only
   C. Father only
   D. Other (specify)

6. What is your care-taker’s level of education?
   A. No education
   B. Primary
   C. Secondary
   D. Post-graduate
7. What is the current occupation/profession of your parent or other care giver?  
Specify ________________________________

8. Is your care giver ...
   A. Permanently employed
   B. Casually employed
   C. Unemployed

SECTION B:

9(a) Have you ever tasted a drink containing alcohol?
   A. Yes ☐  B. No ☐

(b) If yes, how old were you when you first took a drink containing alcohol?
   A. I have never taken ☐  
   B. Below 8 years ☐
   C. 9-12 years ☐
   D. 13-16 years ☐

(c) What kind of alcoholic drink did you first take or is currently taking?
   A. Beer or wine ☐
   B. Spirits (e.g. vodka, whisky) ☐
   C. Illicit alcohol (e.g. chang’aa, machozi ya simba) ☐
   D. Traditional alcohol (e.g. busaaa, muratina) ☐
   E. More than one type mentioned above ☐
   E. Others (specify) ________________________________
10. (a) In the last 4 months, how many days have you taken a drink containing alcohol?

A. I have never taken  
B. 1-3 days  
C. 4-6 days  
D. 7-9 days  
E. 10-19 days  
F. More than 20 days

(b) On the day you take a drink containing alcohol, what is the average minimum number of drinks that you consume?

A. 1-2 drinks  
B. 3-4 drinks  
C. 5-6 drinks  
D. More than 6 drinks

11. How can you describe your alcohol drinking behavior?

A. Very regular  
B. Regular  
C. Sometimes  
D. Rarely

12. Does your parent or caretaker know that you take alcohol?

A. Mother knows: Yes  
B. Father knows: Yes  
C. Other caretaker knows

13. Is alcohol available in your home?  
A. Yes  
B. No

14 (a). Does your mother drinks alcohol

A. Often  
B. Sometimes  
C. Rarely  
D. Never uses
(b). Does your father drinks alcohol
   A. Often  
   B. Sometimes  
   C. Rarely  
   D. Never uses  

(c). Does your caretaker use alcohol
   A. Often  
   B. Sometimes  
   C. Rarely  
   D. Never uses  

(d). My other siblings use alcohol
   A. Often  
   B. Sometimes  
   C. Rarely  
   D. Never uses  

15 (a). As you grew up, did your parent ever give you information about alcohol?
   A. Yes  
   B. No  

(b) If yes who gave it?
   A. Mother  
   B. Father  
   C. Other sources (name them) 

16 (a) At what time was information about alcohol given to you by your parents or other care givers?
   A. It was never given to me  
   B. Before I attained 12 years  
   C. When I joined high school  

(b) In your opinion, when should parents or other caregivers begin providing alcohol communication to the adolescents?
   A. Before the adolescent begins to use alcohol  
   B. After the adolescent starts to use alcohol  
   C. It should never happen at any time  

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17. What kind of alcohol information was talked to you about?

A. Negative consequences about alcohol
B. Providing specific guidelines to the child about alcohol use
C. Strategies for resisting peer pressure to use alcohol
D. Encouragement of non-use
E. Other issues (specify)

18. Do you think there is any value or importance of parents giving alcohol communication to the adolescents?  
A. Yes  
B. No

19. In your opinion, how often should parents or other caregivers provide alcohol communication to the adolescents?  
A. Always  
B. Sometimes
C. Rarely
D. Never

20. Give your suggestions on what can be done to improve parent-child communication about alcohol?

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
Our Ref: NCST/RCD/14/013/586

Date: 7th May 2013

Veronica Njoki Waweru
Kenyatta University
P.O Box 43844-00100
Nairobi.

RE: RESEARCH AUTHORIZATION

Following your application dated 24th April, 2013 for authority to carry out research on “Relationships between Parent-Child Communication about Alcohol and Adolescent’s usage among High School Students in Nairobi County, Kenya.” I am pleased to inform you that you have been authorized to undertake research in Nairobi County for a period ending 30th June, 2013.

You are advised to report to the County Commissioner and County Director of Education, Nairobi County before embarking on the research project.

On completion of the research, you are expected to submit two hard copies and one soft copy in pdf of the research report/thesis to our office.

DR. M. K. RUGUTT, PhD, HSC.
DEPUTY COUNCIL SECRETARY

Copy to:
The County Commissioner
The County Director of Education
Nairobi County