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The Nexus between Parental Alcoholism and Psychosocial Development of Primary School Pupils in Bungoma County, Kenya

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Abstract:

The cognitive development process during adolescence is very important for understanding the reasons why this period presents heightened risk for the appearance of behavioral problems, such as substance abuse by parents. The present study aimed at examining the nexus between parental alcoholism and psychosocial development of Primary school Pupils in Bungoma County, Kenya. The study was guided by Erik Erickson's Theory of Psychosocial Development and Cognitive development Theory. Correlational research design was used in the study. The study population consisted of Primary School Pupils, Guidance and Counseling Teachers, Class Teachers, Senior Teachers, Sub-County Education Officers, Parents/Teachers Association Committee Members from the sampled schools, Assistant County Commissioners and Probation Officers. Simple random sampling was used to select the sub-counties; purposive random sampling was used to select the schools; then stratified simple random sampling to pick pupils from each class in standard seven from the randomly selected schools. The total sample size was 400. Questionnaires, interview schedules, and observation checklists was used to collect primary data. Secondary data was also used. Expert's opinion was sought to ensure the validity of the research instruments. On the other hand, reliability of the research instruments was attained using Cronbach Alpha of coefficient which was over the recommended 0.7 in social sciences. The data was analyzed using Karl Pearson correlation and Analysis of Variance. The results showed that children of alcoholic parents are negatively affected psychologically and socially. The study recommends church leadership to take a leading role in fighting alcoholism. Alcohol brewers are also encouraged to engage in other viable economic activities. The study further recommends for proactive policies from all interested and concerned stakeholders to curb alcoholism in Bungoma County and beyond. The study was limited to Bungoma County. Future studies are encouraged to be carried out in other parts of the country and compare the findings. The findings further form a basis for reference by researchers and other interested parties in future.

Keywords: Parental alcoholism, psychosocial development, pupils, Bungoma county, Kenya

1. Background

The influence of parenting represents one important factor that can influence the future drinking behavior of children. Influences of inappropriate parenting can result in generating deviant behavior, such as alcohol consumption (Mulvihill *et al.*, 2005). Family conflicts, marital instability or lack of discipline are factors that influence the future behavior of the child (Kask, Markina and Podana, 2013). Child development and family studies have revealed the fact that the nature of the relationship between child and parent influences child outcomes. The interaction between child and parent is the only filter that can protect the child from the influences of the environment, such as the socio-cultural context of the family and the nature of relationships between family members (Kumpfer and Alvarado, 2003). The extent to which the parent manages to balance the amount of warmth and support on one side and supervision and discipline on the other, represents the main difference that can be made in the social-emotional and cognitive development of the child. Aggressive anti-social behavior is created when this balance is not met and children develop forms of noncompliance in pre-school years. Later, non-compliance becomes a behavior pattern characterized by low performance in school, by alcohol or drug abuse, and by alliance with deviant groups of friends (Jacob and Johnson, 1997).

A woman who consumes alcohol during her pregnancy is likely to give birth to a child with Fetal Alcohol Syndrome (FAS), which is one of the three leading causes of birth defects in children. Babies born with FAS are shorter and underweight compared to normal children. They have deformities of the skull and brain and very characteristic facial features such as small eye openings, thin upper lips, long flat faces, and a long groove in the middle of their upper lips. The children's nervous systems are also damaged. As a result, children with FAS are impulsive, poorly coordinated, and have impaired speech and hearing. FAS and its' effects are often permanent and irreversible and may lead to mental retardation (Hoffman et al 2001).

Family forms the immediate environment for an individual. It influences the development and behavior of individuals towards the use of substances. SALSUS (Black et al., 2010) reported that young people (aged 15) in Scotland were willing to tell their family about their substance use. On the other hand, this trend was low among the young people aged 13. The behavior of peers, parents and family members towards smoking, alcohol use and other substances highly affects young people's decisions regarding substance use and abuse. If young people thought that their families would disapprove of their drinking habits, they did not tell them (Dishion and Kavanagh, 2000).

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) reported that about 23% of current drinkers have alcoholic parents, and about 35% have alcoholic family members (NIAAA, 2006). More than 6 million, or one out of every four, U.S. children under age 18 are exposed to family alcohol abuse or alcohol dependence (Grant, 2000; Office of Applied Studies, 2002). In Korea, alcoholism is also prevalent, and the lifetime rate of alcoholism has reached over 20% in adults (Kim, 2002; Korean Alcohol Research Foundation, 2005). Other studies have examined the association between relationship breakdown and per capita alcohol consumption (Lester, 1997; Caces et al., 1999). Lester (1997) conducted a time series analysis of data from the US and Europe between 1950 and 1972 and found that among seven of the eight nations studied, the more alcohol consumed per capita, the higher the divorce rate. Caces et al (1999) examined the per capita consumption of alcohol in the US between 1934 and 1987. Results there indicated that a consumption increase of one litre of alcohol per capita brought about a 20 per cent increase in the divorce rate. Reciprocally, an increase of 1/1000 in the divorce rate also led to a 10 per cent increase in alcohol expenditure (Caces et al., 1999). These results provide support for the notion that a bidirectional influence may exist between alcohol consumption and divorce rates.

Whilst these studies suggest that family violence may be a common feature of family life for individuals affected by alcohol use disorders, much of the current Australian research on problem drinking and family violence has focused on Indigenous and Torres Strait Islander Australians and their experiences. Non-Indigenous studies on family violence have tended to focus on intimate partner violence and child abuse, and are covered elsewhere in this review. The term 'family violence' is often used by Indigenous people to refer to a broader experience of violence than implied by the term 'intimate partner violence' (Stanley, Tomison & Pocock, 2003). This broader experience includes physical forms of violence, complemented by non-physical forms such as social, verbal, economic and psychological violence. This also includes a broader range of potential perpetrators and victims, including, for example, aunts, uncles, cousins, extended family members and the community more generally (Blagg, 2000). This definition reflects the fact that within Indigenous culture the victims and perpetrators of family violence may be an individual or a group, and that the term 'family' means 'extended family' which covers a network of interconnected and transgenerational kinship relationships (Memmott et al., 2001).

2. Statement of the Problem

The readily accessible and socially accepted drug alcohol, in Kenya poses danger to the health and ultimately the wellbeing of growing up children in schools and the community as a whole. There is a lot of literature on drug and substance abuse by students in secondary schools in Kenya (Mahugu, 2010), in a study in Bungoma County on 'Illicit brews and socio-economic status of Households' captured Bungoma East Sub-County and focused on school attendance of children. In another study by Omutsani & Owiye (2013) on 'Perceptions on the Role of County Governments in supporting Alcohol and Drug Abuse Interventions' in Bungoma County the subjects were secondary school students and teachers. Remedial measures and interventions on problems from alcohol consumption have primarily focused on harm to the drinkers' health and have placed limited emphasis on the harm to the health and welfare of other family members around the drinker (GSRHA, 2014) especially growing up children.

The influence of parenting represents one important factor that can influence the future drinking behavior of children. Influences of inappropriate parenting can result in generating deviant behavior, such as alcohol consumption (Mulvihill *et al.*, 2005). Family conflicts, marital instability or lack of discipline are factors that influence the future behavior of the child (Kask, Markina and Podana, 2013). Child development and family studies have revealed the fact that the nature of the relationship between child and parent influences child outcomes. The interaction between child and parent is the only filter that can protect the child from the influences of the environment, such as the socio-cultural context of the family and the nature of relationships between family members (Kumpfer and Alvarado, 2003). The extent to which the parent manages to balance the amount of warmth and support on one side and supervision and discipline on the other, represents the main difference that can be made in the social-emotional and cognitive development of the child. Aggressive anti-social behavior is created when this balance is not met and children develop forms of noncompliance in pre-school years. Later, non-compliance becomes a behavior pattern characterized by low performance in school, by alcohol or drug abuse, and by alliance with deviant groups of friends (Jacob and Johnson, 1997).

The study by Simiyu (2010) established out children help their parents to brew alcohol and thus they do not go to school. Separate studies revealed you children taking alcohol since their parents were taking too. The literature review exposes majority of children in Bungoma County being exposed to dangers of alcoholism in their early stages of life. In view of this, there was need for a research to establish the association between parents' alcohol consumption and their

children's development. The present study intended to fill the gap by examining the nexus between parental alcoholism and psychosocial development of primary school pupils in Bungoma County

3. Research Objective of the Study

The aim of the study was to establish the nexus between parental alcoholism and psychosocial development of primary school pupils in Bungoma County

4. Research Question

What is the nexus between parental alcoholism and psychosocial development of primary school pupils in Bungoma County?

5. Theoretical Framework

The study was guided by Erickson's theory of psychosocial development. Erickson developed the epigenetic principle that guides human development through the life cycle. His theory of psychosocial development describes changes in personality across the whole life-span. According to Erikson, a person undergoes eight developmental stages throughout the life cycle. Each stage consists of a unique developmental task that confronts the individual with a crisis that must be faced. If the individual resolves the crisis successfully, development is healthy, but if he does not, his development is impaired. At each stage, the individual acquires attitudes and skills that make him an active and productive member of society.

5.1. Stage one – Trust Versus Mistrust

Development of trust is based on social attachment. A strong emotional and physical relationship between the infant and caregiver makes the child learn to trust his mother and later, other people. Infants whose basic needs are not met in a warm, loving and consistent manner develop mistrust and hence become insecure, are anxious and easily become angered. They are likely to be antisocial, unable to make friends and unable to cooperate with others.

5.2. Stage Two- Autonomy versus Shame

The child develops a sense of independence as he gains motor and language abilities. If the child is not encouraged to gain independence, he develops feelings of shame and doubt. This hinders him from developing independence.

5.3. Stage Three -Initiative versus Guilt

During this period children learn to initiate their own plans during their play and other activities. When encouraged, they feel able and engage in more initiatives. If the child is discouraged from initiating his plans, he develops a feeling of guilt.

5.4. Stage four- Industry versus inferiority

Child feels competent when he achieves success. A child who is academically and socially competent is happier than other children. A child who does not have opportunities to experience success and mastery develops a feeling of inferiority, may lose interest and motivation to want to achieve in academic and social life.

5.5. Stage five-Identity versus Confusion

This is the adolescent stage where the child develops a sense of identity by developing own set of values and social behavior. She/he feels guilty for actions that go beyond limits set by parents. A child who fails to develop a clear sense of identity, to know who she/he is, ends up experiencing role confusion. She/he does not know who she/he is and what she/he is capable of doing.

This theory highlights the developmental deficits that can be faced by a child whose parents, due their absence from home deny their child necessary opportunities and encouragement to cause him to fully develop in psychosocial aspects. The study will adopt this theory in order to find out which aspects of psychosocial development are impaired or missing in children of alcoholic parents in answer to objectives ii and iii. However, this theory did not take into consideration the aspect that children also copy the behavior of significant people in their lives, who are parents.

6. Conceptual Framework

Teesson *et al.*, (2010) examined the prevalence of comorbidity between alcohol use disorders and anxiety disorders using the 2007 NSMHWB data. Australians with an alcohol use disorder were found to be almost three times more likely to be diagnosed with an anxiety disorder than those without an alcohol use disorder and 3.5 per cent of the sample met criteria for combined affective, anxiety and substance use disorder (Teesson, Slade & Mills, 2009). The odds of agoraphobia and obsessive-compulsive disorder were both significantly increased in respondents with an alcohol use disorder. Burns and Teesson (2005) reported that the co-occurrence of alcohol dependence and anxiety-related disorders (such as posttraumatic stress disorder, panic disorder and social phobia) was related to both increased severity of alcohol dependence symptoms and increased treatment seeking.

An Australian private hospital drug and alcohol treatment sample (N = 104) revealed that comorbid disorders were not significantly related to treatment attendance or self-report measures of substance use (Dingle & King, 2009), where 92 per cent of the sample met diagnoses for at least one other mental disorder, including major depression, generalized anxiety, and borderline personality disorder (BPD). Further evidence indicates that it was the severity of

depression symptoms at the nine-month follow-up which significantly predicted fewer days abstinent from substance use in the past 30 days (Dingle & King, 2009). Conversely, substance use has also been shown to increase the risk of affective disorders. Ross and Dennis (2009) conducted a meta-analysis of 17 published studies, which revealed that substance-using women reported significantly higher rates of postpartum depression than control subjects, indicating that prenatal substance use predicted postpartum depression symptoms. However, the authors acknowledge that this relationship may be mediated by other socio-demographic risk factors.

Epidemiological data from the US such as the National Comorbidity Survey (NCS) a nationally representative household survey conducted in the US (N = 8,098), show that personality disorders also commonly co-occur with alcohol use disorders (Grant *et al.*, 2008; Helzer & Pryzbeck, 1988; Kessler *et al.*, 1997). The findings from the research data indicate that for those who met lifetime criteria for BPD, 58.3 per cent also met a lifetime diagnosis of an alcohol use disorder (Gianoli *et al.*, 2012). While the causal links or factors associated with these comorbid disorders is not well known, BPD traits are predictive of future problems with alcohol use, and poor prognosis is observed for those with comorbid and alcohol use disorder compared to those with only one disorder (Gianoli *et al.*, 2012). Past 12-month alcohol dependence was reported in 18 per cent of cases and 50.7 per cent reported substance use in the past 12 months, with greater prevalence amongst men with BPD compared to women (Grant *et al.*, 2008). When comorbidity was controlled for, alcohol dependence remained significant but any association with alcohol abuse disappeared, suggesting that these associations may be accounted for by factors common to both disorders.

Similarly, parental antisocial personality disorder (ASPD) and trait characteristics also appear to be important in the relationship between parental alcohol dependence and family functioning. Zucker *et al.* (1996) conducted a study in which alcohol-dependent fathers (N = 311) were subtyped according to whether they had a high-level history of antisocial behavior during both childhood and adolescence or no sustained history of antisocial behavior. The researchers hypothesized that family risk would be greatest when the parents' psychopathological risk structure had been in place across the lifespan. Results revealed that antisocial alcohol-dependent fathers have denser family histories of alcohol use disorders, lower intellectual functioning, and significantly higher levels of non-alcohol-related psychopathology compared to non-antisocial alcohol-dependent fathers (Zucker *et al.*, 1996). Antisocial alcohol-dependent parents were also shown to display more aggressive behavior and conflict, and were lower in socioeconomic status than were the non-antisocial alcohol dependent parents and the control group.

Moss *et al.* (2001) compared mother-reported psychiatric disorders and problem behavior scores in pre-adolescent children with antisocial alcohol-dependent fathers, non-antisocial alcohol-dependent fathers, and children whose fathers were without either disorder (N = 639). Children from the antisocial alcohol-dependent group showed elevated rates of major depression, conduct disorder, attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder and separation anxiety disorder when compared to both other groups of children. These children also had higher internalizing and externalizing problem behavior scores than the other two groups of children; there were no significant differences between children with non-antisocial alcohol-dependent parents and controls. Hussong and colleagues (2007) integrated the analyses of two independent longitudinal studies (N = 1,050 adolescents and at least one or both of their parents), which used a high risk design to assess children with subtypes of alcohol-dependent parents (alcoholism only, alcoholism and depression, and alcoholism and ASPD) and compared them with depressed parent-only controls on their externalizing behaviors, measured by the aggressive and delinquent behavior sub-scales on the Child Behavior Checklist and Youth Self Report. Consistent with the aforementioned findings, children whose parents were both diagnosed with alcohol disorders and those whose parents had comorbid alcohol use disorder and depression were found to exhibit greater externalizing symptoms than children whose parents were only diagnosed with depression. Hussong *et al.* (2007) discuss this as evidence for an intergenerational susceptibility for developing antisocial characteristics with a risk of later development of adult alcoholism.

The following conceptual Framework guided the study.

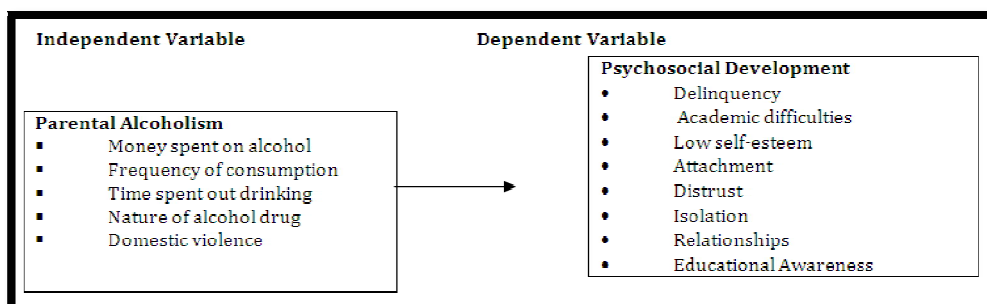


Figure 1: Conceptual Framework of the Study showing interplay between Variables

7. Research Methodology

7.1. Research Design

The study used a descriptive survey research design to investigate what parental alcohol consumption is doing to the psychosocial development of the child. Descriptive research designs are used in preliminary and explorative studies to allow researchers to gather information, summarize, present and interpret for the purpose of clarification (Bordens & Abbott, 2011). Correlation research design was applied to determine whether there was any association between parental

alcoholism and different aspects of psychological and social child development. Participants from different cultural or sub-cultural backgrounds were observed, tested and compared on one or more aspects of development. This enabled the researcher to determine whether the conclusions drawn about the development of children from one social context also characterized children growing up in other societies (Schaeffer, 1999).

7.2. Target Population

The target population comprised public primary school pupils, Guidance and Counseling Teachers, Class Teachers, Senior Teachers, Parents/Teachers Executive Committee, Parents, Key Informants, Children Officers, Mental Health Officers and Education Officers as shown in Table 3.1.

Sub-County	No. Of Public Primary Schools	No. Of Boys	No. Of Girls	Total	Children Officers	Mental Health Officers	Religious Leaders
SOUTH	87	30,862	31,174	61,436	1	1	100
WEST	76	20,847	18,730	39,217	1	1	150
BUMULA	91	29,330	29,782	59,112	1	1	120
EAST	123	37,791	36,027	75,818	1	1	200
NORTH	80	18,295	18,966	37,261	1	1	250
CENTRAL	60	23,100	21,206	44,306	1	1	150
CHEPTAIS	83	19,318	19,176	38,494	1	1	200
MT ELGON	81	14,779	14,675	29,454	1	1	130
KIMILILI	43	18,822	19,381	38,203	1	1	200

Table 1: Summary of Study Population
Source: Bungoma County Education Office (2014)

7.3. Sampling and Sample Size

Multistage sampling approach of thirty percent was used to select 3 Sub-Counties from the 9, then ten percent to select 72 schools from 724 the schools to take part in the study. Pupils in the sampled schools were stratified in classes of standard 1-8 then purposively sampled to get standard 7 only. Simple random sampling was applied to get the required number of pupils as per Fischer's formula. From each of the sampled school, members of the Parents Teachers Committee were selected using simple random sampling. From each of the sampled schools, the senior, standard 7 class and Guidance & Counseling teachers were purposively sampled. Table 2 shows the sample size for this study from the five counties.

Study Population Units	Total Population	Sample Size	Sampling Method
Pupils	430,000	384	STRS, Simple random
Head Teachers	724	9	Purposive
Class Teachers	724	9	Purposive
G & C Teachers	724	9	Purposive
Senior Teachers	724	9	Purposive
PTA Committee	7240	9	Purposive, SRS
Sub-County Officers	9	3	Purposive
Education Officers	9	3	Purposive
Probation Officers	9	3	Purposive
Children Officers	9	3	Purposive
Total	439,439	441	

Table 2: Summary of Population Units, Total Population, Sampling Method and Sample Size

7.4. Data Collection Methods

The study used both primary and secondary data collection instruments as discussed in the following subsections. Primary data collection involved the use of questionnaires since the study dealt with variables that could not be directly observed such as views, opinions, perceptions and feelings of respondents. The sample size was also quite large and given time constraint, questionnaire was the ideal tool for collecting data. The target population being largely literate was unlikely to have difficulties responding to questionnaire items. The questionnaire was used to mainly collect quantitative data. Secondly, in-depth interviews were used to collect qualitative data from Head Teachers, Guidance and Counseling Teachers, Class Teachers, Senior Teachers, Parent/Teacher Committee members, Sub-County Probation Officer, Education and Administration Officers about the state of drinking parents and COA in their respective Sub-Counties. Secondary data was obtained from school attendance registers and records of drinking parents in sub-county court offices. The focus group discussion (FGD) guide was used by the researcher to obtain data during visits in the homes where alcohol was brewed; this was used to assess effect of alcoholism on psycho-social development of pupils in of primary schools in Bungoma County using a control group that had been established. The guide consisted of list of items to be observed in the schools where children of alcoholic parents' school. It also assisted in obtaining valuable information on the way alcoholic parents carry themselves in homes in the presence of their children. Each control FGD was composed of 8 participants

who were picked from drinking/non drinking parents to give opinions concerning their children's psychosocial growth development.

7.5. Pilot Study

Piloting study was done to enhance the questionnaire's validity. A pilot study was conducted on 30 pupils from two public primary schools in Vihiga County that were not part of the study area. The results of the pilot test were used to identify areas where the questionnaire required correction like changing the order of questions, underlining key terms in the questions and use of simple words in questions to obtain more information on the study objectives. The questionnaire was then administered the second time after two weeks to establish if the corrections were done correctly. To determine the reliability of the findings, Cronbach's alpha correlation coefficient of was computed at 95% confidence interval for all the variables under study. Total Cronbach's alpha correlation coefficient was found to be 0.881, which indicated that the level of internal consistency for the items was 88.1 percent. Fraenkel and Wallen (2000) stated that items are considered reliable if they yield a reliability coefficient of 0.70 and above.

7.6. Data Analysis Procedures

The quantitative data generated in the study was analyzed with the help of Statistical Package for Social Sciences (SPSS version 21). Correlation analysis was used to analyze the relationship between independent and dependent variables (Kothari, 2004).

8. Key Findings

Respondents were asked several questions regarding psychological development.

The first question respondents were asked was with regard to how close they were to their parents. The respondents who participated in the study were asked to give their opinion on the extent they agree or disagree with the statements provided on a Likert scale of 1-5 where: Strongly agree (SA)=5, Mildly Agree(MA)= 4, Uncertain (U)= 3, Mildly Disagree (MD)= 2 and strongly disagree (SD) = 1.

Out of those who responded, majority of the respondents agreed that they are close to their parents. However, the remaining 48.4 % disagreed they are close to their parents. The reason behind this could be due to the fact that their parents are ever drinking and thus they tend to shy away from them.

The respondents who were very close to their parents were negative on enjoying being on their own ($r = -0.139, p=0.005$). This is to say that it is very hard for a child to be very close to the parents and still enjoy being on their own. I am close to my parents had a positive relationship ($r = 0.159, p=0.001$) with 'I am able to do things just like my age mates'. This indicates that for this study, most children valued the relationship with their parents. Out of 399 respondents, 128(32.1%) strongly disagreed, 64 (16%) mildly disagreed, 43 (10.8%) were uncertain, 79 (19.8%) mildly agreed while the remaining 85 (21.3%) strongly agreed. Majority of the respondents 58.9 % disagreed they never cry. This implied majority of the respondents therefore cry in their lives. Ideally, children of alcoholics therefore have every reason to cry because of the frustrations that they undergo.

The results showed that there is a statistically significant negative correlation between the statement 'I never cry' ($r = -0.1, p=0.46$) with 'I enjoy being on my own'. In other words, children who cry enjoy being on their own in families that has alcoholic parents.

The respondents were asked to indicate whether they enjoy being on their own. Out of 399 respondents, 144 (36.1%) strongly agreed they enjoy being on their own, 50 (12.5%) mildly agreed, 45 (11.3%) were uncertain, 47 (11.8%) mildly disagreed while the remaining 113 (28.3%) strongly disagreed. The results indicate almost equal reaction in terms of the response. However, the response clearly indicated they enjoy being on their own to be higher if summed up with those who were uncertain. From the research findings, there was a negative relationship between the respondents who enjoyed being on their own were close to their parents ($r = -0.139, p=0.005$). This indicates that children who enjoy being on their own are not close to their parents. Taken conversely, children who are close to their parents do not enjoy being on their own.

The respondents were asked to indicate whether they worry most of the time. The respondents who participated in the study were asked to give their opinion on the extent they agree or disagree with the statements provided on a Likert scale. Out of 399 respondents, 140 (35.1%) strongly disagreed they do not worry most of the time, 29 (7.3%) mildly disagreed, 18 (4.5%) were uncertain, 92 (23.1%) mildly agreed while the remaining 120 (30.1%) strongly agreed. Majority of the respondents 222 (53.1%) agreed that they worry most of the time.

From the research findings, respondents who worried most of the time also enjoyed being on their own ($r=0.206, p=0.000$). They may have been worried most of the time about the drinking parent, as to whether the parent would come back alive. The responsibilities that were left to the young children like cooking for themselves or looking after younger siblings or the drunken parents may also cause them a lot of distress. Worrying most of the time was statistically significant to having trouble keeping friends ($r=0.212, p=0.000$). According to teacher counselors, some of the children of drinking parents worry about their future and think that nobody understands them, so they keep off from their peers.

The results showed that out of 399 respondents who participated in the study, 117 (29.3%) strongly disagreed they have trouble keeping friends, 33 (8.3%) mildly disagreed, 57 (14.3%) were uncertain or not sure, 104(26.1%) mildly agreed while the remaining 88 (22.1%) strongly agreed. Majority of the respondents 192 (48.2%) agreed they have trouble keeping friends. From the research findings, there was a statistically significant correlation between the statement 'I have trouble keeping friends' with 'I enjoy being on my own' ($r=0.248, p=0.000$) and 'I find myself worrying most of the time' ($r=0.212, p= 0.000$).

The respondents were asked to indicate whether they are able to do things like their age mates. Out of 399 respondents who participated in the study, 104(26.1%) strongly agreed they do things like their age mates, 76 (19%) mildly agreed, 52 (13%) were uncertain, 42 (10.5%) mildly disagreed while the remaining 125 (31.3 %) strongly disagreed. The response raised mixed reactions from the response as opposed to other questions. However, it is worth to note that 180 (45.1%) of the respondents agreed they do things like their age mates.

Results of this study indicated that there was a statistically significant correlation between the statement 'I am able to do things just like my age mates' with 'I am close to my parents' ($r=0.159$, $p=0.001$). Being able to do things just like my age mates is a sign of positive self-esteem. This means that the respondents who were close to their parents drew strength from their relationship, and were able to go through psychosocial child development successfully. Further, the respondents who were close to their parents were negative ($r = 0.139$, $p=0.000$) on enjoying being on their own as previously stated. This is true in real life situations where parent attachment is a buffer to any psychological distortions. The respondents who were close to their parents were also 'able to do things just like my age mates' with ($r=0.159$, $p=0.000$). This is an indication of high self-esteem which is generated by the attachment to their parents.

The results showed the statement 'I am very close to my parents' had no statistically significant correlation with gender given that $r= -0.024$, at $p = 0.629$. The same scenario is seen in other statements whose p values were above 0.05 in all the cases. This therefore implied that there was no significant relationship between psychological development and gender in this study. This is to say that both sexes were equally affected by a parent's drinking.

The respondents were to respond to various questionnaire items on the subject regarding social development in home of alcoholic parents. The respondents were asked to indicate whether they are able to do things like their age mates. Out of 399 respondents who participated in the study, 106 (26.6%) strongly agreed they have trouble keeping their mind on studies, 73 (18.3%) mildly agreed, 26 (6.5%) were uncertain, 36 (9%) mildly disagreed while the remaining 156 (39.1%) strongly disagreed. Majority of the respondents 297 (74.5%) agreed. The research findings show a sizeable number of respondents having trouble to keep their mind on studies.

The study further carried out correlation between the statements 'I have trouble keeping my mind on studies' with other statements regarding social development. The results showed the statement 'I have trouble keeping my mind on studies' positively correlates with the statement 'I go out of school without permission' given $r= 0.271$ at $p=0.000$. The respondents were asked to indicate whether they go out of school without permission. The respondents who participated in the study were asked to give their opinion on the extent they agree or disagree with the statements provided on a Likert scale.

Out of 399 respondents, 78 (19.5%) strongly agreed they go out of school without permission, 34 (8.5%) mildly agreed, 36 (9%) were undecided, 37 (9.3%) mildly disagreed, while the remaining 214 (53.2%) strongly disagreed. From the research findings, it was evident over 100 respondents go out of school without permission.

Upon carrying out Pearson correlation between the statement 'I go out of school without permission' and other statements on social development From the research findings, the respondents who were pupils in this study, and who went out of school without permission, had trouble keeping their mind on studies ($r=0.271$ at $p=0.000$). This could be as a result of school failure, or the challenges being faced at home, including taking care of younger siblings. Similarly, those respondents who went out of school without permission were found to drink alcohol ($r=0.136$, $p=0.006$).

The respondents were asked to indicate whether they drink alcohol. The respondents who participated in the study were asked to give their opinion on the extent they agree or disagree with the statements provided on a Likert scale. Out of 399 respondents who participated in the study, 34 (8.5%) strongly agreed they drink alcohol, 18 (4.5%) mildly agreed, 34 (8.5%) were uncertain, 35 (8.8%) mildly disagreed while the remaining 276 (69.2%) strongly disagreed. From the findings, over 50 pupils in primary school agreed they drink alcohol. This could be due to the fact that their parents also drink alcohol and thus they model from them. From the research findings, the respondents who drank alcohol also went out of school without permission ($r=0.136$, $p= 0.006$) and told lies ($r=0.166$, $p=0.001$).

The respondents were asked to indicate whether they can tell lies. Out of 399 respondents who participated in the study, 94 (23.6%) strongly agreed they can tell lies, 65 (16.3%) mildly agreed, 44 (11%) were not sure or uncertain, 46 (11.5%) mildly disagreed while the remaining 150 (37.6%) strongly disagreed. From the findings close to 160 students out of 399 admitted they can tell lies.

From the research findings, the respondents who told lies in this study had trouble keeping their mind on studies ($r=0.149$, $p=0.003$), drunk alcohol ($r=0.166$, $p=0.001$) and they go out of school without permission ($r=0.149$). Most of the family members who drank alcohol were fathers. The respondents were asked to indicate whether their parents were very strict. Out of 399 respondents who participated in the study, 214 (53.6%) agreed they have strict parents, 80 (20.1%) mildly agreed, 12 (3%) were uncertain, 40 (10%) mildly disagreed while the remaining 53 (13.3%) strongly disagreed. From the findings nearly 300 respondents agreed their parents were strict.

From the research findings, in situations where parents were very strict, the respondents were going out of school without permission ($r= -0.195$, $p= 0.000$). The relationship between the two aforementioned statements is negative. This indicated that parents' strictness helped the respondents to keep in school. This was supported by class teachers and key informants that children who were let loose by parents who were also drinking made children avoid school, sometimes in order to fend for family needs. Parents who drink are known to be indifferent and distance themselves from their children. The respondents were asked to indicate whether they eat at specific time at home. The respondents who participated in the study were asked to give their opinion on the extent they agree or disagree with the statements provided on a Likert scale.

Summary of the research findings on eating at specific times show, as pointed out in table 4.10, out of 399 respondents, 207 (51.9%) strongly agreed they eat at specific times at home. In addition, 72 (18%) mildly agreed, 20 (5%) were

uncertain, 30 (7.5%) mildly disagreed, while the remaining 70 (17.5%) strongly disagreed. Majority of the respondents, over 280 out of 399 who participated in the study agreed they eat at specific time at home.

The results showed there was no statistically significant correlation between statements on social development and gender except for statement on telling lies which had $r=0.119$, $p=0.05$. The results imply telling lies among children goes hand in hand with their gender. In other statements, there was no significant association between them and gender since their p values were above 0.05 in all the cases. This therefore implied that there was significant relationship between social development with regards to telling lies and gender in this study.

9. Conclusion and Recommendation

Drinking alcohol by the parents negatively influences the psychosocial development of their children irrespective of gender. Pupils are not able to socialize well with their peers. It also affects their learning in schools. The schools need to step up Guidance and Counseling services to help pupils from alcoholic backgrounds. The church needs to play an active role in the fight against alcoholism in Bungoma County. Relatives to alcoholic parents need to be actively involved in the fight against alcoholism.

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