

**RELATIONSHIP BETWEEN PARENTING STYLES, FATHER PRESENCE AND  
CHEMICAL DEPENDENCY AMONG RECOVERING ADDICTS AT SHIMO LA  
TEWA MEDICALLY ASSISTED THERAPY CLINIC, MOMBASA COUNTY.**

**FAITH KARIE NYOIKE**

**C50/23731/2019**

**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT OF THE  
DEGREE OF MASTER OF PSYCHOLOGY (COMMUNITY PSYCHOLOGY) IN THE  
UNIVERSITY OF NAIROBI.**

**SEPTEMBER 2021**

## DECLARATION

I declare that this proposal is my original work and has not been presented in any other university for consideration of any certification. This research proposal has been complemented by referenced sources duly acknowledged. Where text, data (including spoken words), graphics, pictures or tables have been borrowed from other sources, including the internet, these are specifically accredited and reference cited using current APA system and in accordance with anti-plagiarism regulations.

Signature



Date

11.11.2021

**Nyoike Faith Karie**

C50/23731/2019

This proposal has been submitted for appraisal with my approval as University Supervisor.

Signature



Date

12.11.2021

**Dr. Habil Otanga**

Department of Psychology

Table of Contents	
DECLARATION .....	ii
LIST OF TABLES.....	vi
LIST OF FIGURES .....	vii
ABBREVIATIONS & ACCRONYMS .....	viii
ABSTRACT .....	ix
CHAPTER ONE.....	1
INTRODUCTION AND CONCEPTUALIZATION OF THE STUDY .....	1
1.1 Introduction.....	1
1.2 Background of the study .....	1
1.3 Statement of the problem .....	5
1.3.1 Purpose .....	6
1.3.2 Objectives .....	6
1.3.3 Research Questions .....	7
1.4 Significance of the study .....	7
1.5 Limitations and delimitations.....	8
1.5.1 Limitations .....	8
1.5.2 Delimitations.....	8
1.6 Assumptions .....	8
1.7 Theoretical and Conceptual Mapping .....	9
1.7.1 Theoretical Framework .....	9
1.7.2 Conceptual Mapping .....	10
1.8 Operational Definition of Terms .....	10
CHAPTER TWO.....	11
REVIEW OF RELATED LITERATURE .....	11
2.1 Introduction.....	11
2.2 Parenting and chemical dependency .....	11
2.3 Functional father figure and chemical dependency .....	14
2.4 Gender differences in parenting styles .....	17
2.5 Summary of literature review.....	18
CHAPTER 3 .....	20
RESEARCH DESIGN AND METHODOLOGY.....	20
3.1 Introduction.....	20

3.2 Research Design .....	20
3.3 Research Variables.....	20
3.3.1 Dependent Variable.....	20
3.3.2 Independent Variable .....	21
3.3.3 Intervening Variable.....	21
3.4 Location of the study.....	21
3.5 Target Population.....	21
3.6 Sampling Technique and Sample Size .....	22
3.6.1 Sampling Technique.....	22
3.6.2 Sample Size.....	22
3.7 Research Instruments .....	22
3.8 Pilot Testing.....	23
3.8.1 Instrument Reliability.....	23
3.8.2 Instrument Validity .....	23
3.9 Data Collection Techniques .....	23
3.10 Data Analysis.....	24
3.11 Legal and Ethical Considerations.....	24
CHAPTER 4.....	26
PRESENTATION OF FINDINGS, INTERPRETATION AND DISCUSSION .....	26
4.1 Introduction.....	26
4.2 General Information.....	26
4.3 Results of the study .....	27
4.3.1 Description of study variables .....	27
4.3.2 Authoritative parenting and chemical dependency .....	27
4.3.3 Authoritarian parenting and chemical dependency.....	31
4.3.4 Permissive parenting and chemical dependency .....	34
4.3.5 Father presence and chemical dependency .....	36
4.3.6 Gender differences in parenting styles .....	38
4.4 Qualitative findings.....	40
CHAPTER 5.....	44
SUMMARY, CONCLUSION AND RECOMMENDATION .....	44
5.1 Introduction.....	44
5.2 Summary.....	44

5.3 Conclusion .....	45
5.4 Recommendations .....	47
REFERENCES .....	51
APPENDICES .....	61
Appendix I: Perceived Parenting Styles Scale (PPSS) .....	61
Appendix II: Focus Group Discussion Guide.....	65
Appendix III: Informed Consent .....	66
Appendix IV: Proposed Work Plan.....	67
Appendix V: Proposed Budget.....	68
Appendix VI: NACOSTI License .....	69
Appendix VII: Mombasa County Public Health Department Permit .....	70

## LIST OF TABLES

Table 1	Descriptive statistics of main variables -----	35
Table 2	Descriptive statistics of items in the authoritative parenting subscale -----	36
Table 3	Authoritative parenting and chemical dependency -----	37
Table 4	Coefficients of authoritative parenting model -----	37
Table 5	Descriptive statistics of items in the authoritarian parenting subscale -----	39
Table 6	Authoritarian parenting and chemical dependency -----	40
Table 7	Coefficients of the authoritarian parenting model -----	41
Table 8	Descriptive statistics of items in the permissive parenting subscale -----	42
Table 9	Permissive parenting and chemical dependency -----	43
Table 10	Coefficients table for permissive parenting models -----	43
Table 11	Functional father figure and chemical dependency -----	45
Table 12	Coefficients of functional father figure and chemical dependency -----	45
Table 13	Descriptive statistics of parenting styles and chemical dependency by gender -	47
Table 14	Independent samples t-test -----	47

**LIST OF FIGURES**

Figure 1      Conceptual mapping showing the relationship between parenting styles and  
chemical dependency. ----- 18

## **ABBREVIATIONS & ACCRONYMS**

KPS – Kenya Prisons Services

DPP – Department of Public Prosecutor

HIV – Human Immune Virus

MAT – Medically Assisted Therapy

NACADA – National Authority for the Campaign Against Alcohol and Drug Abuse

NACOSTI – National Commission for Science, Technology and Innovation

NASCOP – National AIDS and STIs Control Program

PWID – People Who Inject Drugs

PWUD – People Who Use Drugs

UNISA – University of South Africa

UNODC – United Nations on Drugs and Crime



## **ABSTRACT**

Raising children occasionally opens them up to several avenues. Some of these avenues are of deviance and drug abuse while other avenues are not. The nurturing environment in which a child grows up in contribute greatly to the type of person they end up being in society. This also includes how the child is raised and the parenting style adopted. This study sought to establish the connection between substance use leading to total chemical dependence and parenting styles. The study focused on a small population of recovering addicts at the Shimo La Tewa Medically Assisted Therapy Clinic in Mombasa County. The study had three objectives; to determine whether a functional father figure predicts chemical dependency among the recovering addicts; to establish the extent to which previous parenting predicts chemical dependency among the recovering addicts; and, to establish gender differences in parenting styles. The research design shall be mixed methods. The study sample comprised of 136 recovering addicts; 121 men and 15 women currently under assisted therapy at the Shimo La Tewa MAT clinic. A questionnaire was used for the quantitative data and a focus group discussion was conducted for the qualitative data. In order to effectively measure the parenting styles, the Perceived Parenting Style Scale developed by Divya and Manikandan (2013) was adopted and customized accordingly. The preferred language of administering the questionnaire was Swahili. The collected data was analyzed through the Statistical Packages for Social Science (SPSS) and then presented in means and data summaries put in tables. Content analysis was used to analyze qualitative data. This study may contribute much knowledge in the field of public health and law enforcement in Kenya, as well as serve as an eye opener to those dealing with behavior modification with regards to drugs and substance abuse as well as harm reduction to the chemical dependent individuals.

## **CHAPTER ONE**

### **INTRODUCTION AND CONCEPTUALIZATION OF THE STUDY**

#### **1.1 Introduction**

This chapter introduces the concern of the research, taking into consideration the various perspectives that exist between parenting styles and chemical dependency in later life. The chapter shall also explore the problem statement, study objectives, research questions, study's significance, limitations and delimitations. The chapter shall also detail the study's assumptions, theoretical & conceptual framework, and end with definition of terminologies to be used in the study.

#### **1.2 Background of the study**

Chemical dependency in adulthood inhibits normal functioning. This is due to the fact that addiction is a disease. In 2016 NACADA conducted a baseline survey on the alcohol and drug abuse status in the Coast region. In the report, a randomized routine sample revealed at least 45.2% (1819) of the residents in the Coast region have ever used at least one substance of abuse. According to the World Drug Report (2019), the number of people worldwide found to suffer from substance use related ailments was thirty-five million. This report also indicates that 5.5% of the entire global population between ages 15 and 64 years had in fact used drugs in 2018. Globally most commonly used illicit drugs are marijuana/cannabis, cocaine, heroin, hallucinogens, and prescription drugs or psychotherapeutics.

There are many risks that the youth face, more so in the modern world of today. Apart from substance use and chemical dependency, there is the risk of contracting diseases such as HIV/AIDS as well as deviancy leading to a life of crime. These risks ought to be responded to before it is too late. One of the strategies that can be employed is to highlight the causes of substance use so as to

prevent it before deeper involvement. A suggested mode of intervention would be to curb risky behavior among adolescents. Willis and McNamara (1996) stated that parental support is a protective factor that plays a role in an adolescent's risk of becoming a drug user.

Parents do not raise their children with the intention of exposing them to drugs and eventually getting them addicted. It is in fact a parent's worst nightmare when their child becomes a junkie, totally dependent on a chemical substance(s). The society of today does not look kindly on such and considers this a fail in parenting unfortunately. Parenting plays a very important role ensuring that children are raised well and very capable of assuming diverse responsibilities. This ensures that they grow up to be independent functional adults. It is the responsibility of parents to provide for their children all the emotional, physical, biological, and financial needs (Groenewald & Bhana, 2007). Interactions within the family occur very early for children and so they can either positive or negative. Owing to this fact, it is paramount to pay special attention to factors affecting early development among children as they grow up. A chaotic nurturing environment, mutually un-attached parents and lack of a healthy parent-child relationship are some of the factors that predispose children to a risky upbringing. This destabilizes the safe and secure environment that is needed for a child's healthy development. Parents strive to do the best they possibly can for their children. This is generally by providing opportunities for their children, and platforms to engage in activities that are meaningful and purposeful. In addition, how the parents relate and interact with their children contributes to their learning experience in life. The parent is after all a child's first teacher. Despite all this, the said parents fall short and this may be due to some considerable challenges that they face in their efforts to raise children. The style of parenting adopted determines largely the kind of person a child ends up becoming. Are the parents overly protective, barely present or deliberate in ensuring they raise their children in the correct manner.

Though drug abuse is majorly a worldwide concern, the modes of interventions employed to address the same will not bear much fruit if they do not take into consideration the range of factors affecting young people's lives like parental involvement. The level of parental involvement and participation in a child's life plays a major role in ensuring that children grow up in an environment that does not expose them to substance use.

It is paramount to note that there exists a strong correlation between substance use and criminal behavior. In as much as this relationship can be dynamic, substance use that eventually leads to chemical dependency predisposes individuals to a life of crime and delinquency. This is because, in order to sustain their chemical dependency, the junkies will do whatever it takes. They will resort to stealing so as to score their next fix.

In an investigation carried out in Sweden among adolescents on the role of parenting styles and use of substances (Berge et al., 2016), found out that children's behavior to indulge in substance use can be directly influenced by specific parenting practices. They established that neglectful parenting style was associated with an outcome that is worse where substance use is concerned. They however found that the authoritative parenting style was unrelated to chemical and drug use outcomes; the authoritative style of parenting. According to Fosco et al. (2012), paternal relationships that exist amongst fathers and their adolescent children play significant roles in predicting delinquency. The closer the relationship the lower the chances of delinquency over time. They further established that the adolescents whose parents offered very little emotional attachment and support showed a higher inclination to alcohol use. A relationship clearly exists between the styles of parenting and substance abuse due to the significant impact on substance abuse on the children either from an early age or even as adults.

In Uganda, Nkurunungi (2018) carried out an investigation in Kawempe Division, Kampala District among secondary school students. The investigation established a negative relationship between the authoritarian parenting styles and overall externalized problem behavior. Deliberate involvement by parents in their child's life would make a difference worth noticing especially in their behavior in the community. Authoritarian style of parenting had been noted to be the dominant approach in this Ugandan context, which further intensified the parents-children conflicts. This relationship would in most instances result to the adolescents engaging into substance use and possible chemical dependency. Their exhibited externalized behavior would also be affected and there would be instances of deviancy like fighting, stealing, and arson especially of their school dormitories (Muhereza, 2016). This is owing to the fact that they are acting out in school since back home is a different story and there is little to no room for such misconduct.

In Kenya, the most common parenting style according to Wandede (2014) is authoritarian parenting style, where the parents demand that the children and the entire household respects them. The parents also religiously punish misbehavior, do not offer avenues for children to communicate openly, and enforce an atmosphere of obedience without asking questions. In such homes under this style of parenting, unfortunately, in most cases end up in some teenagers running away from home, ending up on the streets as chemical dependents or as mothers raising children whereas they themselves are in fact still children. The authoritarian style of parenting is generally associated with deviance and an overall pattern of negative behavior in most adolescents. A simple deduction can be mainly because this style of parenting does not allow the children to think on their own but merely just follow the set rules and regulations.

### **1.3 Statement of the problem**

Chemical dependency continues to exact a toll on the society, with many human lives wasting away as the productive years of young men and women being lost. Chemical and substance use in early ages results in many negative outcomes in adulthood including poor academic achievement, inefficiency at work if any and thereafter compromising family relations, and deviance leading to a life of crime. Parenting styles, however, is a major factor contributing heavily to chemical and substance abuse. The style of parenting has a significant effect on the child's propensity to grow up and be a functional adult in the society. How the parents interact with their children, their specific behavior as well as the style of parenting play an important role in raising children and more so adolescents. Behavior modification by parents is critical in order to prevent substance use. Positive and negative reinforcement on desired behaviors can prove to be quite helpful. This however calls for close parental monitoring and supervision. Parents should foster clear communication platforms and effective modes of character formation forming healthy attachments with their children, so as not to have them end up in deviance including chemical dependence. In Mombasa County, drug addiction is quite rampant among the youth.

The Government of Kenya mandated NACADA in 2001 to undertake awareness against drug abuse and education more so to young people in schools. This was an effort in the right direction against the global war on drugs. Agreeably, there has been progress but there is however still much to be done. Collective effort from all stakeholders is paramount as well. It is crucial to tackle the problem from the roots hence the need to investigate the parenting styles and their influence on the same. This in turn raises better parents who become even better with their offspring and the cycle continues. After all, charity begins at home. This study aims to understand the relationship that exists between parenting styles adopted in different homes and chemical dependency.

### **1.3.1 Purpose**

The study's purpose was to look into parenting styles and the relationship that exists between father figure presence and chemical dependency. The study further sought to understand the role the nurturing environment played in an individual's upbringing, that influenced a pull or desire into substance use resulting to chemical dependency.

The study also sought to identify which parenting styles are associated with substance use within the target population of recovering addicts.

The study further looked into chemical dependency and gender difference with a focus on girls and women.

### **1.3.2 Objectives**

- i. To critically look into the extent to which previous parenting predicts chemical dependency among recovering addicts at Shimo La Tewa Medically Assisted Treatment Clinic in Mombasa County;
- ii. To determine whether a functional father figure predicts chemical dependency among the recovering addicts at Shimo La Tewa Medically Assisted Treatment Clinic in Mombasa County;
- iii. To establish gender differences in parenting styles among recovering addicts at Shimo La Tewa Medically Assisted Treatment Clinic in Mombasa County

### **1.3.3 Research Questions**

- i. To what extent does previous parenting predict chemical dependency among recovering addicts at Shimo La Tewa Medically Assisted Treatment Clinic in Mombasa County?
- ii. To what extent does a functional father figure predict chemical dependency among recovering addicts at Shimo La Tewa Medically Assisted Treatment Clinic in Mombasa County?
- iii. Are there gender differences in parenting styles among recovering addicts at Shimo La Tewa Medically Assisted Treatment Clinic in Mombasa County?

### **1.4 Significance of the study**

The study's findings will remind parents on the importance of raising children right and being deliberate about ensuring that these children grow to become independent thinkers and functional adults. Moreover, by conducting the study comprehensively, the information acquired can help parents use their role to shape their children's behavior from deviance as well as seeking recovery for those that are already chemical dependent. Furthermore, the findings of the study may motivate fellow researchers in different regions to undertake similar studies so as to broaden the perspectives and views. The findings of the study may further play a pivotal role in helping health workers and social workers dealing with individuals recovering from chemical dependency.

The findings of the study will also aim to inform and equip individuals highly dependent on substances to seek recovery. Last but not least, the findings of the study will create awareness to teachers, religious leaders, law enforcers and the government at large on the importance of working together in raising the next generation right. More so in the prevalent war against drugs.



## **1.5 Limitations and delimitations**

### **1.5.1 Limitations**

Having taken much consideration on what the study limitation might be, the following are some of the highlighted limitations and how the researcher managed to overcome the same. The level of literacy was a challenge because the population consisted of recovering addicts who have very little formal education. Due to this limitation, the researcher took time to explain and interpret the questionnaires and conduct the focus group discussion in a language best understood by the respondents. Another anticipated limitation was the lack of cooperation and willingness to volunteer information among the respondents. This was due to the fact that the study is sensitive and quite intrusive thereby causing them to fear taking part. Some respondents only expressed what was desirable or socially acceptable. In an effort to overcome this limitation, there was a brief given prior to administering the data collection tool explaining to the respondent the purpose of the study. Consent was also obtained and confidentiality guaranteed. One final limitation was the risk of contracting COVID-19 while conducting the study. In as much as all safety precautions were observed, relevant safety gear acquired and interaction minimized unless necessary, the researcher was still exposed and contracted COVID-19 that delayed the research altogether.

### **1.5.2 Delimitations**

The researcher focused on recovering addicts at the Shimo La Tewa MAT clinic in Mombasa County and not other MAT clinics in Kisauni Sub-county; Kisauni Dispensary and in the counties of Kilifi and Kwale.

## **1.6 Assumptions**

The researcher assumed that the recovering addicts at Shimo la Tewa MAT clinic would be willing to cooperate and volunteer information honestly without exaggeration. The study also assumed

that the respondents would understand the nature of the data collection and that it is voluntary without any incentives.

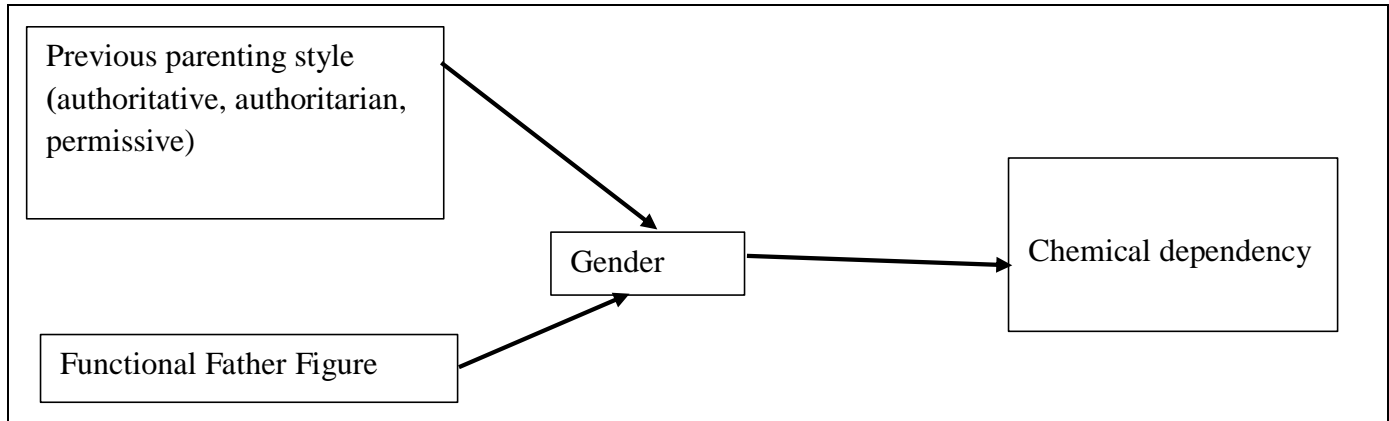
## **1.7 Theoretical and Conceptual Mapping**

### **1.7.1 Theoretical Framework**

The study adopted the Symbolic Interactionism theory, by George Herbert Mead (1863–1931) (LaRossa & Reitzes 1993). It was Hebert Blumer who came up with the term “symbolic interactionism”. Hebert Blumer was a student of Mead’s. He stated the basic premises which is that humans ascribe meaning to things through interactions with fellow humans and society. Interactions in life are then based on the ascribed meanings to these things. When a person is dealing with specific situations or circumstances then they are in a better position to interpret the meanings of things. The Symbolic Interactionism theory explains why individuals end up in chemical and substance use and eventually being chemically dependent. In a typical home, this theory attempts to interpret everyday behavior of parents, caregivers and the children by focusing on the following; the parenting style adopted in relation to how they carry out their daily activities around one another and the nature of their social relationships. This makes it possibly to understand how individuals in the home setting, who in this case are our social actors, ascribe meaning to situations. This in turn interprets social phenomenon through their joint action and behavior. Symbolic Interactionism believes that substance which later leads to chemical dependency is a personal action. This theory further explains that substance use continues and may even escalate to chemical dependency if the label ‘drug user’ is internalized. The theory believes that through their interaction with others, individuals get to learn substance use, how to consume these drugs and the motivation behind the same. In Symbolic Interactionism perspective, parents develop expectations from their children through interaction between the two. The theory shall guide the

study by explaining how children can end up deviant and in chemical dependence use through meanings attached to their interaction with their parents or care givers.

### 1.7.2 Conceptual Mapping



*Figure 1.* Relationship between parenting styles and chemical dependency.

The study conceptualizes that a relationship may exist between parenting styles, a functional father figure and chemical dependency. Gender is noted, however, as an intervening variable.

The top arrow depicts that there may be a relationship between the previous parenting style and chemical dependency with gender as an intervening variable. The bottom arrow also depicts that there may be a relationship between a functional father figure and chemical dependency with gender intervening as well.

### 1.8 Operational Definition of Terms

Chemical dependency – drug addiction

*Junkie* – chemical dependent person

Parenting styles – how children are raised

Recovering addicts – chemical dependent individuals seeking recovery through MAT

Substance use – drug abuse

## **CHAPTER TWO**

### **REVIEW OF RELATED LITERATURE**

#### **2.1 Introduction**

This chapter presents a review of previous literature with regards to the research topic or similar studies. The main aim would be to establish the role that various parenting styles and upbringing in general play, in ensuring that children grow up well behaved with no inclination to deviance and substance use leading to chemical dependence. Also, whether or not one gender is predisposed to substance use and chemical dependency than the other. A summary of the literature reviewed shall be presented at the end of this chapter.

#### **2.2 Parenting and chemical dependency**

Research findings have shown that there exists a relationship between the parenting style adopted in a child's upbringing and their inclination to substance use resulting to chemical dependency. Parenting styles are known to be an important aspect in predicting adolescent behaviour outcomes including alcohol use (Devore & Ginsburg, 2005). Perozzi (2007) explored adolescents' perceptions of parental communication and adolescent frequency of alcohol consumption in Virginia. A sample of 3,472 adolescents was used. The study reported low relationship between parental communication, levels of alcohol consumption and binge-drinking by adolescents. Linear regression analysis found that most of the variance of alcohol use by adolescents could be accounted for by parental communication. Another study by Ryan et al. (2015) reported that parental communication delayed adolescent alcohol initiation in children. Research indicates that neglectful style of parenting increases the risk of substance use whereas authoritative style of parenting is the most protective against substance use.

Berge et al. (2016) carried out a study on the role parenting styles play in substance use among adolescents. The study was a longitudinal one that assesses a cohort of 1268 adolescents where 48% were girls between the ages of 12 years and 13 years attending 21 junior high schools. The assessments were conducted 32 months apart; between the first semester of junior high school and the last semester of the 9th grade. The study measured parenting style, operationalized as a fourfold classification including established risk factors for substance use among adolescents. The study's findings revealed that neglectful style of parenting was associated with substance abuse. Upon adjusting the researcher found that the authoritative style of parenting translated to minimalized drinking among the adolescents. Another similar study conducted by Brewer (2017) on the styles of parenting and adolescent substance abuse indicates that more positive parenting behaviors like parental involvement and fewer negative behaviors like poor youth monitoring is associated with less substance abuse and related problems among these at-risk adolescents.

Similar findings have been reported in the literature on the relationship between present parenting and chemical dependency. Understanding family related factors may help parents to act early in ways which may prevent substance use. Many individuals start smoking in their early teens and therefore the predictive factors need to be understood. According to Simbee (2012), cigarette smoking is described as an entry to other hard drugs, and the initiation age is quite low. A study conducted by Pelzer (2009) investigated data from Kenya, Uganda, Zambia, Zimbabwe, Namibia and Swaziland using a sample of 20,765 students and found that 12.6% of respondents had used tobacco in the past month of the survey.

In South Africa, epidemiological surveys that were carried out by Frank and Fisher (1998) showed that of the high proportions of drug consumers most of them experienced difficulties in the family while growing up. In another study conducted by the University of South Africa Youth Research

Unit (2011) on alcohol and drug use among secondary school students, it was discovered that of the 4,346 learners 75% of those taking drugs received money from the parents and that 26.4% reported that their parents regularly consumed alcohol. Similarly, Meghdadpour et al. (2012) studied 11,904 young people between 15 and 24 years of age and noted the importance of family supervision in an effort to prevent substance use among these young people. The study further revealed that substance use specifically for male youth would reduce by 38% where parents offered guidance and were present as well.

Further to this, Peltzer et al. (2010) revealed in a study that adolescents attributed their drug abuse to ease accessibility. This would be the case to all their respective peers. This alluded to the aspect of minimal parental control thereby letting the adolescent get away with acquiring and consuming these drugs. Adolescents are more inclined to substance use if they have in many instances observed their parents behave similarly (Faul, 2013). This concurs with the problem of inadequate role modelling by parents and has proven catastrophic. Parents are the most influential people in the lives of their children. The consciously or unconsciously model behavior for their children. Moreover, studies on parental behavior (Morejele et al., 2006) affirm that parents who use substances and even worse those that are chemical dependent are less likely to be protective of their children and even further cognizant of their behavior. Younger children more often than not imitate the behavior of their parents. It is therefore paramount to nurture a positive parent-child relationship which in turn cultivates a culture of monitoring adolescent activities and behavior. This is vital in the war against early substance use by adolescents. This assertion and the fact that parents are a child's first role model ought to be reinforced in order to make strides in the war against drugs. This is due to the fact that a whole generation depends on this.

Nkurunungi (2018) studied the authoritarian parenting style in relation to substance use and externalized problem behavior among students attending secondary schools in Kampala Uganda. His findings from the study deduced that authoritarian style of parenting had a negative relationship with substance abuse. However, he further realized that externalized problem behavior had a positive relationship with substance use. Nkurunungi (2018) research further discovered that there existed a positive relationship between authoritarian style of parenting and externalized problem behavior.

In a study carried out by Mwanja and Njagi (2017) in Embu County among selected public secondary school students, it was found that there exists a positive relationship between parenting styles and substance and drug abuse among the respondents. The study further established that parenting styles account for a large population of the respondents already using drugs and therefore prove that parenting styles do to a high extent predict drug use. A similar study conducted by Changalwa et al. (2012) on parenting styles and alcohol abuse among students attending tertiary education in Kenya in Kenya, found that there exists a positive relationship between parenting styles and alcohol intake among the respondents.

### **2.3 Functional father figure and chemical dependency**

The relationship between a functional father figure in the family set up and instilling of discipline in an effort to prevent deviance and substance use has been studied in line with parental communication during the upbringing of children.

Previous studies show that adolescents who have strong emotional bond with their parents have lower risks of engaging in problem behaviour, such as drugs abuse (Fletcher et al., 2004). Claes et al. (2005) investigated relationship between maternal and paternal bonding, parenting behaviour, adolescence prevalence for drug abuse and antisocial behaviour in late adolescence. A sample of

908 adolescents from Canada, Italy and France was used. The findings reveal that parental supervision influenced quality of emotional bonds, where supervision acted as mediators. Another study by Rai (2008), found that rejection from father and mother was a predictor of drug abuse among adolescents, while teenagers who perceived strong emotional connection with parents were less likely to engage in drug use.

Societal expectations of the family as the basic unit places the father as the head of the household. A dysfunctional or absent head translates to a dysfunctional household which further expels dysfunctional individuals into society. With proliferation and ease access or availability to drugs among the young people, fathers now more than ever are called to be vigilant in the homes. In as much as very little effort is dedicated by the fathers to curb mischief and small time misbehavior, modern fathers ought to assert their authority and make it clear that there shall be no tolerance to substance use.

Authoritarian parenting style stresses on conformity, respect for authority and obedience according to Hoang (2007). Authoritarian style may create fear and anger in the child who is likely to become resentful and disrespectful to authority figures (Lavin, 2012). This observation was supported by a study conducted by Tinkew et al. (2006), who carried out a study on relationship between children and their male parents' parenting style as a predictor of first delinquency and substance abuse. The study used a sample of 5,345 adolescents from intact families. Results reveal that having authoritarian fathers is positively related to increased risk of adolescents indulging in risky behaviour including substance use.

A report by UNODC (2006) stated that one of the major reasons for illicit drug use that ultimately leads to chemical dependency is the need to cope with hardships among African groups. The report further stated that most African households, especially those that are female-headed, report the



lowest average income. This therefore translates to an increase in illicit drug use especially among socio-economically marginalized sectors.

A study conducted by Perozzi (2007) was used to examine adolescents' alcohol use and perceptions of parental monitoring. The results from a sample of 3,472 adolescents showed that most of the variance in alcohol use is accounted for by parental monitoring. The study considered parental monitoring as a predictor of alcohol use yet monitoring does not occur in isolation since it is an attribute of parenting styles among other attributes such as responsiveness communication and support. On the other hand, parents who are permissively neglectful are usually disengaged from taking responsibilities of child care giving. They are heedless, and impulsive as a result their children lack self-control and display social incompetence including decision making competencies on risky behavior (Baumrind, et al., 2010).

Authoritative parenting style is characterized by a two-way communication between the parent and the child about drugs and substance abuse. This relationship has been reported to reduce adolescent marijuana use (Luk et al., 2010). According to Muchemi (2013), parents have a basic role of socializing their children since children get their first standard of behaviours from their parents through observation and direct teaching. This concurs with a study conducted by Pokhrel et al. (2008) who investigated influence of parent-child communication and parent-monitoring on marijuana use in Hispanic adolescents. Results reveal that there was a negative relationship between parent-child communication, parental monitoring and marijuana abuse. The relationship was stronger for Latinos compared to adolescents of African and white origin, making it difficult to apply the findings to other communities.

## **2.4 Gender differences in parenting styles**

The relationship between different genders and their inclination to substance use has been studied comprehensively. A study conducted by Mayoyo (2003) indicated that in Kenya, over 400,000 students are drug addicts amongst those attending high school. In the same population, 160,000 were girls and 240,000 were boys. The study also notes that the population of girls was increasing.

A report by the National Survey on Drug Use and Health (2006) estimated that 20.4 million people consume illicit drugs currently. The report further indicated that men were more than women but that both genders have similar rates of taking in stimulants in the past. Another line of studies indicated that there exist several factors that separate women from men on matters substance use. These factors include demographic ones and clinical ones as well. A research conducted by Lex BW (1991) found that women who have been exposed to substance use in the family are more inclined to chemical dependency attributing it to genetic predisposition or family history. This is most popular in cases where one or more members of the family was addicted to drugs or alcohol. In addition, these chemical dependent women tend to have a history of excess responsibility in the homes they grew up in, reportedly more than their male counterparts.

Myers (2007) argues that women are more inclined to substance use as a way of dealing with the sexual and physical violence suffered. This would translate to a coping mechanism and thereby leading to chemical dependency justified by the sins perpetrated against them. Additional findings are indicative that illegal substances that include cannabis and cocaine are widely used by women. Other studies on similar populations affirm the correlation between substance use among women and peer pressure and the association that comes chemical dependency. In as much as peer pressure may be attributed to phases, women are bound to get experience some level of frustration especially if they are unemployed and have no income (Parry et al., 2012). These assertions are

corroborated in a study by Ololade and Mndzebele (2017) who conducted key informant interviews in Cape Town. From the interviews they established that women endure stressful situations and environments either from their place of work or at home. It is for this reason that these women turn to drugs and substances in order to escape their misery.

## **2.5 Summary of literature review**

From previous studies that have been conducted, it is clear that parenting styles, upbringing and nurturing environments have been extensively researched. The parenting style adopted by parents in raising their children has been considered to be diverse and that other aspects like communication, psychological support, behavior modification and the need to raise independent children ought to be considered.

It is notable that in the reviewed literature on studies related to substance abuse, most of them were conducted in the developed countries and not as much in Africa. Most of the reviewed literature herein is premised solely on factors affecting adolescents and young men and women. This is owing to the fact that they are the most affected population in substance use leading to chemical dependency. This hierarchy has men following then women.

Whereas conducting a study on chemical dependency is beneficial to the body of knowledge, the various literature reviewed all affirmed that women as a population is the least affected by drugs and substance abuse. Further, reviews attribute this to increased education among females resulting in the much needed cognition to steer clear of substance and drug abuse (Morejele et al., 2013). This study further elucidates common ways to substance use and the expected behaviours through the review of similar studies confirming the fear that the war against drugs is far from victory.

Although there are numerous studies on substance use and chemical dependency in relation to parenting, very few focus on the follow up with the individuals who eventually come out of the addiction. Some of the recovering addicts still have parents and some are in fact parents. Most studies conducted are to gauge the effectiveness of therapy or in some instance the likelihood of relapse. In America, a study conducted by the Centerstone Research Institute whose primary goal was to assess the immediate impact of American Addiction Centers' treatment program on substance use, looked into 4000 men and women enrolling in their facilities for addiction treatment. It is therefore necessary to conduct research on recovering addicts who are themselves parents and are able to look back at how they got into substance use resulting to chemical dependency. It is however not uncommon for one to wonder whether or not parents who are recovering addicts possess the capability to raise children free of substance use. It should be noted that the experiences these parents have, more so as recovering addicts, may contribute towards their preferred parenting style.

The study seeks to establish the importance of present parenting in relation to substance use and chemical dependency among the Recovering addicts receiving treatment at the Shimo la Tewa MAT clinic in Mombasa County. This current study will seek to establish whether the parenting styles employed as well as demographic factors such as age, religion, educational level, income level among other factors have an influence on whether or not children will have an incline to substance use resulting to chemical dependency

## **CHAPTER 3**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **3.1 Introduction**

The chapter provides a detailed description of how the study was undertaken with regards to data collection. The research methodology and design was broken down into the research design, study location, the population targeted, the population sample size and how the sampling shall be carried out, instruments to be used for data collection and the collection procedure, data analysis, validity and reliability, and ethical considerations.

#### **3.2 Research Design**

This mixed methods study used a phenomenological research design. This enabled description and interpretation of the participants Creswell, (2011). This approach played an important role in aiding the researcher to understand the perceptions, perspectives and understandings of the situation about parenting styles in relation to chemical dependency especially for the population of the study. A phenomenological approach enabled a detailed study of the relevant variables so as to describe the existing situation by using a focus group discussion guide (Johnson & Onwuegbuzie, 2004).

#### **3.3 Research Variables**

##### **3.3.1 Dependent Variable**

The study's dependent variable was chemical dependency. This translates to the use of substances leading to total addiction or dependency.

### **3.3.2 Independent Variable**

These included; the parenting style adopted and the presence of a functional father figure. Both variables were measured using a parenting styles scale adopted from Divya and Manikandan (2013).

### **3.3.3 Intervening Variable**

The intervening variable in the study was gender. The researcher sought to find out whether one gender reports a higher frequency of parenting style related to chemical dependency.

### **3.4 Location of the study**

This study was conducted at the Shimo La Tewa Medically Assisted Therapy Clinic in Kisauni Sub-county, Mombasa County. Mombasa county is located in the South Eastern part of the coastal region of Kenya. To the North, Mombasa County borders Kilifi County and to the South West it borders Kwale County. The entire east side is the Indian Ocean.

### **3.5 Target Population**

The study's target population was the recovering addicts receiving assisted therapy at the Shimo La Tewa MAT Clinic in Mombasa County. These include ex-convicts and those on probation. Most of the recovering addicts start to wean off their chemical dependency once they are arrested and are in remand awaiting judgement. Once enrolled in the program, the paralegals from non-profit groups help these individuals to either get probation or a lesser sentence and get released to continue treatment while out of custody. Most of the recovering addicts end up doing odd jobs like touting. The total population of the recovering addicts is 250 with 39 being women and 211 men. Out of the 250 recovering addicts, only 28 of them are in prison. This study intended to use this entire population of the Shimo La Tewa MAT clinic but ended up with 136 recovering addicts.

### **3.6 Sampling Technique and Sample Size**

#### **3.6.1 Sampling Technique**

Purposive sampling procedure was used to select the study respondents. This technique was chosen because it mainly focused on the particular population which are the recovering addicts receiving treatment at Shimo La Tewa MAT clinic. This procedure was most suitable in assisting the researcher find answers to the research questions. This method was found to be most effective because the population of recovering addicts in the clinic was not big. The researcher intended to have all of them included in the study.

#### **3.6.2 Sample Size**

Due to the fact that the research is a case study, the sample size that the researcher used in the study consisted of 136 recovering addicts as the target population. 124 respondents for the questionnaire and 12 respondents for the focus group discussion. The researcher converted one of the group sessions into a focus group basing on their knowledge and experience, in order to be provided with qualitative data.

### **3.7 Research Instruments**

The researcher adopted the Perceived Parenting Style Scale developed by Divya and Manikandan (2013) that was designed to measure the perception of the children about their parent's behaviour. The scale measured three parenting styles; authoritarian, authoritative and permissive. The scale was customized in line with the research objectives to adequately serve as a research instruments to aid in data collection. The scale was administered in English and mostly Swahili depending on the respondents' level of literacy. Responses on the items were elicited on a 5 point Likert scale. The researcher also used a guide for the focus group.

### **3.8 Pilot Testing**

The researcher selected ten (10) recovering addicts and conducted a pilot test. This small sample helped the researcher carry out the pilot test and make suitable adjustments to the research tools where applicable.

#### **3.8.1 Instrument Reliability**

This refers to the extent to which an instrument gives consistent measures no matter how many times it is administered to the same respondents (Ogula, 2006). According to Mugenda and Mugenda (2003), if a test is administered to a respondent twice and the researcher obtains similar scores the second time then the research instrument in use has a high reliability. Credibility determination approach was used to determine the reliability of the focus group discussion guide. The focus group discussion guide was determined by rating the items in the guide, and ensuring the participants explained and said all that they were willing to share by taking time during the discussion.

#### **3.8.2 Instrument Validity**

Instrument validity ensures that the research instrument measures what it was designed to measure. Recommendations from the supervisor, research experts and peers were put into consideration while settling on the research instruments. The researcher felt it important to do this in order to ensure that the instruments measure the intended variables.

### **3.9 Data Collection Techniques**

The researcher ensured to acquire all the necessary paperwork in order to conduct the data collection. The estimated timeline for the data collection was four weeks. The researcher ensured to acquire all relevant documentation and permits prior to the data collection exercise, so as to seek permission for data collection using questionnaires and interview schedule in Shimo La Tewa



MAT clinic. The researcher enlisted the help of one research assistant to ensure timely completion of the data collection exercise. The questionnaire was translated in Swahili. The researcher and assistant ensured the respondents understood the details of the questionnaire and ensured they completed the questionnaires as honestly as possible. The questionnaires were administered first then once the researcher was done collecting the quantitative data, the focus group session was carried out.

### **3.10 Data Analysis**

All the collected data was sorted and prepared accordingly for the analysis. Both quantitative and qualitative data analysis approaches were carried out. Descriptive statistics was employed to summarize quantitative data into tables and figures, and the results presented in frequencies and percentages. The Statistical Package for the Social Sciences (SPSS) was used to code data and conduct statistical analyses. The qualitative data was then analyzed and condensed into theme categories by editing, paraphrasing and summarizing in order to enhance and understand the meaning. In order to achieve this, descriptive labels were used to attach meaning to different categories.

### **3.11 Legal and Ethical Considerations**

Prior to the research being conducted, it was required that the complete research proposal be presented to the University for approval. This was successfully presented to a panel from the University of Nairobi's Department of Psychology. This was followed by an oral presentation of the research proposal before a panel. Once approved the researcher proceeded to get a letter of authorization from the Department of Psychology at the University of Nairobi. Once the letter was acquired the researcher then applied for a research license from the National Commission for Science, Technology and Innovation (NACOSTI) under the Ministry of Education as well as

permission from the County's Public health department to conduct the study. Once the documentation was in place, the researcher sought informed consent from the recovering addicts as the respondents before proceeding to administer the research tools. In addition to their consent, the researcher ensured to uphold confidentiality of their responses. Names were not to be written on the research instruments and anonymity maintained. Further, the researcher took proper security measures for data management.

## CHAPTER 4

### PRESENTATION OF FINDINGS, INTERPRETATION AND DISCUSSION

#### 4.1 Introduction

This chapter shall present the study findings, interpretation and later on the results' discussion in the order of objectives. The chapter is further divided is into two sections: Introduction and results, interpretation and discussion of results. The specific objectives of the study were to;

- i. Examine how previous parenting predicts chemical dependency among recovering addicts at Shimo La Tewa Medically Assisted Treatment Clinic in Mombasa County;
- ii. Determine whether a functional father figure predicts chemical dependency among recovering addicts at Shimo La Tewa Medically Assisted Treatment Clinic in Mombasa County;
- iii. Establish gender differences in parenting styles and chemical dependency among recovering addicts at Shimo La Tewa Medically Assisted Treatment Clinic in Mombasa County

#### 4.2 General Information

The researcher carried out the research on the recovering addicts at the Shimo La Tewa Medically Assisted Therapy Clinic (MAT Clinic) in Mombasa County. A total of 136 respondents were contacted during the data collection exercise indicating a return rate of 54.4%. This was considered adequate given the security clearance levels required for access some of the inmates in a high security prison during the COVID-19 pandemic. 124 responded to the questionnaire while 12 were further organised into a focus group. Each focus group respondent was given a code. The questionnaire was administered to 24 women and 100 men while the focus group comprised of 10

men and two women. One incomplete questionnaire was removed from analysis. Of the total sample for analysis, 19.25% were women.

### **4.3 Results of the study**

The findings were presented according to the objectives of the study. The researched gave descriptive statistics related to each objective for the quantitative data. This was followed by inferential statistics to test prediction and relationships. The researcher presented a broad discussion in line with prior qualitative findings.

#### **4.3.1 Description of study variables**

The study first sought to describe the variables studied. Means and standard deviations of major variables were computed and presented in Table 4.1.

Table 4.1 *Descriptive statistics of main variables*

Variable	N	M	SD	Min	Max
Authoritative parenting	123	39.91	7.43	12	50
Authoritarian parenting	123	30.85	6.81	17	43
Permissive parenting	123	24.36	7.14	10	42
Chemical dependency	123	14.83	2.42	8	20

Findings from Table 1 show that authoritative parenting was most reported while permissive parenting was least reported. Previous high chemical dependency was also reported.

#### **4.3.2 Authoritative parenting and chemical dependency**

To examine the extent to which authoritative parenting predicted later chemical dependency, descriptive analysis of the authoritative parenting subscale of the Perceived Parenting Styles Scale was done. The findings were presented in Table 4.2.

Table 4.2 *Descriptive statistics of items in the authoritative parenting subscale*

Item	M	SD	Skewness	Min	Max
Parents capable of making me understand right and wrong	4.54	1.00	-2.57	1	5
Parents congratulate me when I pass exam	4.50	1.03	-2.23	1	5
Parents considered my suggestions	3.69	1.32	-0.63	1	5
I had freedom to discuss anything	3.68	1.27	-0.55	1	5
Parents inquired about my crisis situations	3.93	1.34	-0.95	1	5
I got love and care from parents	4.46	1.07	-2.03	1	5
Parents pursued me for my decisions	3.33	1.28	-0.11	1	5
Parents considered my opinions	3.70	1.46	-0.73	1	5
Parents provided guidance in studies	3.80	1.48	-0.84	1	5
Parents spent free time with me	3.28	1.41	-0.18	1	5

Findings from Table 4.2 show that overall, respondents reported high scores in authoritative parenting as seen in the skewness scores. Further, it is evident that majority of respondents received love and care, had parents capable of making them understand right and wrong and were congratulated when they passed their school exams in primary school. It is also clear that not many respondents spent free time with their parents. This may suggest that people who develop later chemical dependency are from the typical functioning home.

To estimate the extent to which authoritative parenting predicts later chemical dependency, simple linear regression analysis using the step approach was used. Authoritative parenting was put in the first model while gender was added in the second model. The second model improved its prediction by 3% (R square change = 0.030) over the first model (R square change = 0.019). The results were presented in Table 4.3.

Table 4.3 ANOVA table for authoritative parenting and chemical dependency

Model		Sum of Squares	df	Mean Square	F	Sig
1	Regression	13.89	1	13.89	2.40	.124
	Residual	701.53	121	5.80		
	Total	715.42	122			
2	Regression	35.39	2	17.70	3.12	.048
	Residual	680.02	120	5.67		
	Total	715.42	122			

Table 4.3 shows that authoritative parenting did not significantly predict later chemical dependency. However, when gender was added to the model, the effect was significant ( $p = .048$ ).

Although an insignificant prediction was found, negative relationships were seen between authoritative parenting and later chemical dependency indicating that authoritative parenting was a protective factor against later chemical dependence. Further, being female (women were coded '0' in the analysis) was a risk factor for later chemical dependence even in authoritative homes.

The results are presented in Table 4.4.

Table 4.4 *Coefficients of authoritative parenting model*

Model		Unstandardized coefficients		Standardised coefficients	t	Sig.
		B	Std. Error	Beta		
1	Constant	16.60	1.16		14.28	0.000
	Authoritative parenting	-0.05	0.03	-0.14	-1.55	0.124
2	Constant	17.48	1.24		14.15	0.000
	Authoritative parenting	-0.05	0.03	-0.14	-1.60	0.113
	Gender	-1.06	0.54	-0.17	-1.95	0.54

The results in Table 4.4 indicate that a 0.05 decrease in authoritative parenting was related to one-unit increase in later chemical dependency. However, this increase was not significant.

It is clear that a negative relationship between authoritative parenting and later chemical dependency exists, thereby indicating that authoritative parenting was a protective factor against later chemical dependence. This finding from the study correlates with that conducted by Brewer (2017) on the styles of parenting and substance abuse among adolescents which indicated that more positive parenting behaviors (e.g., parental involvement) and fewer negative parenting behaviors (e.g., poor monitoring of youth) is associated with less substance use and related problems among these at-risk adolescents. This clearly draws a pattern on the demand of conscious parenting and the effects whether short term or long term on the children later on in life.

These findings are indicative that authoritative parenting style to some extent prevented substance use by the children later in life, and therefore agree with a similar study by Ryan et al. (2015) that reported on parental communication delayed adolescent alcohol initiation in children. Their research indicates that neglectful style of parenting increased the risk of substance use whereas authoritative style of parenting was the most protective against substance use. The authoritative parenting style creates an environment where there is deliberate communication and care to the children by the parents. This environment empowers the children to think independently and thereby fostering self-reliance. Moreover, raising children in such a nurturing home increases their chances of being well mannered which sets them up to be socially accepted once they leave the nest. Their interactions with others is rarely a struggle and they are also less likely to suffer mental disorders like anxiety and depression. This, without a doubt, defines a functional individual whose chances of indulgence in destructive behavior leading to chemical dependency are very unlikely.

Further findings from the study showed that the respondents reported high scores in authoritative parenting. This may suggest that people who later in life end up in chemical dependency are from this typical functioning home. This finding coincides with that of Nkurunungi (2018) whose

findings indicated a negative relationship between authoritative style of parenting and substance use. Further to this, the findings revealed that substance use is positively and significantly related to externalized problem behavior. Authoritative parenting thrives on the parents' ability to model desired behavior to their children and expect that they will behave the same. This minimizes the risk of destructive behavior patterns because the parents make deliberate effort to model good behavior. Children raised in such homes internalize these modeled behaviors and in turn exhibit the same from their parents or caregivers. Parents must also ensure to be consistent with the discipline and character formation of their children in order to offer stability because the children know what to expect.

#### 4.3.3 Authoritarian parenting and chemical dependency

To examine the extent to which authoritarian parenting predicted later chemical dependency, descriptive analysis of the authoritarian parenting subscale of the Perceived Parenting Styles Scale was carried out. The findings were presented in Table 4.5.

Table 4.5 *Descriptive statistics of items in the authoritarian parenting subscale*

Item	M	SD	Skewness	Min	Max
Parents viewed things with a critical mind	3.98	1.27	-1.05	1	5
Parents compared me with friends/mates	3.02	1.53	-0.04	1	5
Insult and beat me in front of others	2.35	1.61	0.71	1	5
Felt rejected for affection	2.18	1.38	0.66	1	5
Parents blame me for minor issues	3.18	1.55	-0.13	1	5
Parents behaved in a strict manner	3.84	1.42	-0.86	1	5
Scolded for not coming to expectations	3.08	1.43	-0.09	1	5
Blame me for not doing things properly	3.46	1.37	-0.28	1	5
Scolded without knowing the reasons	2.40	1.27	0.54	1	5
Parents controlled my activities	3.35	1.41	-0.24	1	5

Table 4.5 indicates that most respondents generally rated this parenting style lower than the authoritative style given the comparatively lower mean scores. It is also evident that respondents



were most affected by parents who viewed everything they did with a critical mind ( $M = 3.98$ ,  $SD = 1.27$ ), parents who were strict ( $M = 3.84$ ,  $SD = 1.42$ ) and who blamed them for not doing things properly ( $M = 3.46$ ,  $SD = 1.37$ ). There were fewer reports of being beaten and insulted in front of others ( $M = 2.35$ ,  $SD = 1.61$ ) and feeling rejected for affection ( $M = 2.18$ ,  $SD = 1.38$ ).

To estimate the extent to which authoritarian parenting predicts later chemical dependency, simple linear regression analysis using the step approach was used. Authoritarian parenting was put in the first model while gender was added in the second model. R square change of 0.03 when gender is added in the second model shows a marked improvement from the initial prediction of authoritarian parenting (R square change = 0.002) in the first model. The models are presented in Table 4.6.

Table 4.6 ANOVA table for authoritarian parenting and chemical dependency

Model		Sum of Squares	df	Mean Square	F	Sig
1	Regression	1.36	1	1.36	0.23	0.632
	Residual	714.05	121	5.90		
	Total	715.42	122			
2	Regression	24.35	2	12.18	2.11	0.125
	Residual	691.06	120	5.76		
	Total	714.05	122			

Findings from Table 4.6 show that neither model attained significance in predicting later chemical dependency.

However, an investigation of the coefficients revealed that authoritarian parenting positively predicted chemical dependency ( $B = 0.03$ ,  $p = 0.441$ ) while being female was a risk factor in authoritarian families ( $B = -1.10$ ) and the effect was significant ( $p = 0.048$ ). The results are presented in Table 4.7.

Table 4.7 *Coefficients of the authoritarian parenting model*

Model		Unstandardized coefficients		Standardized coefficients	t	Sig.
		B	Std. Error	Beta		
1	Constant	14.35	1.02		14.06	0.000
	Authoritarian parenting	0.02	0.03	0.04	0.48	0.632
2	Constant	14.95	1.05		14.21	0.000
	Authoritarian parenting	0.03	0.03	0.07	0.77	0.441
	Gender	-1.10	0.55	-0.18	-2.00	0.048

This data correlates with a similar study conducted by Changalwa et al. (2012) on the relationship between parenting styles and alcohol abuse among college students in Kenya whereby they found that parenting styles have a significant relationship on alcohol abuse among college students as well. Similar to this study, the findings revealed that authoritarian parenting positively predicted chemical dependency. In addition, females who were brought up in authoritarian families were viewed as presenting a higher risk factor to drug use and the effect was significant.

The authoritarian parent ideally has very high expectations on the children and leaves little to no room for mistakes. Children raised in such homes experience strictness and control. This causes high stress and once out of their parent's control these children will indulge in all that they can find to compensate on what they missed out on. This mostly is interpreted as rebellion and is more often than not met with intense punishment. The missing link in authoritarian homes however is the lack of modeling. Further to this is that there is a greater focus placed on enforcing rules rather than taking time to demonstrate the desired behavior.

#### 4.3.4 Permissive parenting and chemical dependency

To examine the extent to which permissive parenting predicted later chemical dependency, descriptive analysis of the permissive parenting subscale of the Perceived Parenting Styles Scale was carried out. The findings were presented in Table 4.8.

Table 4.8 *Descriptive statistics of items in the permissive parenting subscale*

Item	M	SD	Skewness	Min	Max
Parents never helped during difficult times	2.40	1.41	0.57	1	5
Never helped in day-to-day activities	2.66	1.49	0.35	1	5
Gave no directions while doing things	2.24	1.43	0.78	1	5
No inquiries made for my decisions	2.26	1.44	0.85	1	5
Never provided atmosphere for study	2.50	1.67	0.49	1	5
Would never do anything to satisfy needs	2.76	1.66	0.26	1	5
No inquiry about disturbances	2.15	1.37	0.88	1	5
No effort made to know progress of studies	2.46	1.61	0.52	1	5
Never asked about my likes and interests	2.59	1.67	0.44	1	5
Never inquired about my abilities and goals	2.33	1.55	0.73	1	5

Findings from Table 4.8 show that respondents reported consistently low scores on this parenting style as is evident in the means and skewness scores.

To estimate the extent to which permissive parenting predicts later chemical dependency, simple linear regression analysis using the step approach was used in two stepwise models. R square change of 0.29 when gender was added in the second model shows a marked improvement from the initial prediction of permissive parenting (R square change = 0.001) in the first model.

However, none of the models significantly predicted chemical dependency as presented in Table 4.9.

Table 4.9 ANOVA table for permissive parenting and chemical dependency

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	0.94	1	0.94	0.16	0.691
	Residual	714.48	121	5.91		
	Total	715.42	122			
2	Regression	21.63	2	10.81	1.87	0.159
	Residual	693.79	120	5.78		
	Total	715.42	122			

Similar to the other parenting styles, being female in a permissive home increased the likelihood of chemical dependency ( $B = -1.04, p = 0.061$ ). Further, permissive parenting positively predicted later chemical dependency though insignificantly ( $B = 0.01, p = 0.726$ ) as reported in Table 4.10.

Table 4.10 Coefficients table for permissive parenting models

Model		Unstandardized coefficients		Standardized coefficients	t	Sig.
		B	Std. Error			
1	Constant	14.53	0.78		18.60	0.000
	Permissive parenting	0.01	0.03	0.04	0.40	0.691
2	Constant	15.40	0.90		17.11	0.000
	Permissive parenting	0.01	0.03	0.03	0.35	0.726
	Gender	-1.04	0.55	-0.17	-1.90	0.061

The findings indicate that permissive parenting is positively related to later substance use. This could translate to absent parenting. The findings herein agree with Berge et al. (2016) longitudinal cohort study on the role of parenting styles in adolescent substance use. The study included 2 assessments 32 months apart and the findings saw them operationalize a fourfold classification of parenting styles. Their findings revealed that neglectful parenting style was associated with worse

substance use outcomes across all substances and authoritative parenting style was found to be unrelated to substance use outcomes and associated with less frequent drinking.

Children raised in homes where the parents were permissive rarely had many responsibilities and were therefore in control of what they did and when they did it. This offers the children a leeway to indulge in destructive behaviors or not. The findings in the study are indicative that permissive parenting predisposes such children to chemical dependency. Most parents do not intentionally neglect their children but perhaps realize it too late. These parents often have very little expectations from their children and play an insignificant role in their character formation. Quite the recipe for substance use, destructive behavior ultimately leading to chemical dependency for sure.

#### **4.3.5 Father presence and chemical dependency**

The second objective of the study was to estimate the extent to which having a functional father figure present in one's life predicts later chemical dependency. Majority of respondents (76.4%) reported to have spent free time with their fathers or father figures with high scores reported ( $M = 0.76$ ,  $SD = 0.43$ ,  $Skew = -1.26$ ).

To find out the extent to which the presence of a functional father figure predicted later chemical dependency, simple linear regression using the stepwise approach was used with gender added in the second model. Adding gender to the second model significantly increased prediction of chemical dependency by 3% ( $R$  square change = 0.03) from the initial 0.01 in Model 1. However, neither of the models attained statistical significance as reported in Table 4.11.

Table 4.11 ANOVA table for functional father figure and chemical dependency

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	9.57	1	9.57	1.64	0.203
	Residual	705.85	121	5.83		
	Total	715.42	122			
2	Regression	31.86	2	15.93	2.80	0.065
	Residual	683.55	120	5.70		
	Total	715.42	122			

An examination of the model coefficients reveals that though insignificant, less father presence predicts later chemical dependency ( $B = -0.21, p = 0.168$ ). This effect significantly applied to female respondents ( $B = -1.08, p = 0.05$ ). It can therefore be suggested that if girls spend more time with functional father figures, the likelihood of later chemical dependence reduces. Table 4.12 presents the findings.

Table 4.12 Coefficients of functional father figure and chemical dependency

Model		Unstandardized coefficients		Standardised coefficients	t	Sig.
		B	Std. Error	Beta		
1	Constant	15.48	0.56		27.88	0.000
	Father presence	-0.20	0.16	-0.12	-1.28	0.203
2	Constant	16.40	0.72		22.87	0.000
	Father presence	-0.21	0.15	-0.12	-1.39	0.168
	Gender	-1.08	0.54	-0.18	-2.00	0.05

These findings of the study partly disagree with Claes et al's (2005) investigation on the relationship between maternal and paternal bonding, parenting behaviour, adolescence prevalence for drug abuse and antisocial behaviour in late adolescence. Whereas the findings revealed that

parental supervision influenced quality of emotional bonds, where supervision acted as mediators, this established that less father presence predicts later chemical dependency. This study further demonstrated how this effect significantly applied to female respondents and can therefore be suggested that if girls spend more time with functional father figures, the likelihood of later chemical dependence reduces.

The findings correlate with a study by Ololade and Mndzebele (2017) who conducted key informant interviews in Cape Town. From the interviews they established that women endure stressful situations and environments either from their place of work or at home. It is for this reason that these women turn to drugs and substances in order to escape their misery. However, if the women had a strong and reliable support system then they would not have needed to turn to substance use for solace.

Unearthing the main predictor of chemical dependency is no easy task but a present father figure ensures there is some form of order in the life of a child. This is ideally the first form of authority in life. By stepping up into their role as fathers and asserting their authority, the effect easily trickles down and order can be maintained. Fathers are their daughters first loves and so it no mistake that the study indicates that a present father figure reduces the likelihood of chemical dependency among girls.

#### **4.3.6 Gender differences in parenting styles**

The third and last objective of the study was to determine the gender differences in parenting styles, and ultimately, in chemical dependency. Means of parenting styles and dependency by gender were computed and presented in Table 4.13.

Table 4.13 *Descriptive statistics of parenting styles and chemical dependency by gender*

Variable	Gender	M	SE	Md	Min	Max	Skew
Authoritative parenting	Female	39.17	1.59	40	26	50	-0.42
	Male	38.85	0.74	39	12	50	-0.89
Authoritarian parenting	Female	28.83	1.31	27.5	19	43	0.66
	Male	31.33	0.69	30	17	43	0.11
Permissive parenting	Female	24.75	1.71	24	14	42	0.67
	Male	24.26	0.69	25	10	42	0.08
Chemical dependency	Female	15.67	0.46	16	11	18	-0.66
	Male	14.63	0.24	15	8	20	-0.06

The findings from Table 4.13 show that compared the male respondents, female respondents reported higher authoritative (M = 39.17, SE = 1.59) and permissive parenting (M = 24.75, SE = 1.71), and also higher chemical dependency (15.67, SE = 0.46) when compared to male respondents. Male respondents reported higher authoritarian parenting (M = 31.33, SE = 0.69).

Subsequent t-tests did not find any significant gender differences in any of the parenting styles. However, these differences were marginally significant for chemical dependency. The findings are presented in Table 4.14.

Table 4.14 *Independent samples t-test*

Variable	t	df	Sig (2-tailed)	Mean difference	95% CI of the difference	
					Lower	Upper
Authoritative parenting	0.19	121	0.852	0.31	-3.04	3.68
Authoritarian parenting	-1.63	121	0.107	-2.50	-5.54	0.54
Permissive parenting	0.30	121	0.766	0.49	-2.74	3.72
Chemical dependency	1.91	121	0.055	1.04	-0.04	2.10



Female respondents reported higher authoritative and permissive parenting thereby leading to a higher chemical dependency when compared to male respondents. These findings play a big role in validating and agreeing with the study conducted by Mayoyo (2003) on 400,000 students. It revealed that there were fewer female addicts compared to males in Kenyan secondary schools. The study however noted that the number of girls abusing drugs was increasing.

The findings agree with a similar study by Myers (2007) alluding to the fact that women are more inclined to substance use as a way of dealing with the sexual and physical violence suffered. This would translate to a coping mechanism and thereby leading to chemical dependency justified by the sins perpetrated against them.

#### **4.4 Qualitative findings**

Focus group discussions with 12 respondents shed more light on parenting in relation to chemical dependency. Some respondents reported having had supportive parents while in school and who encouraged them to perform well in academics. For instance, Respondent W (Male) reported that academic achievement was a “big deal in our home”. He reported that his parents would give him a gift at the end of the school term for good performance. This motivated him a great deal. When he could not achieve to expectation, “my mother encouraged me and comforted me because I really cried.” He eventually came tops in KCSE. The same sentiments were shared by Respondent T (Male) who said that his father would make many promises of things he would do, places they would go and gifts he would buy if he performed well in school. However, he reported that his father rarely kept the promises. Instead, he would repeat the class any time he failed.

Respondent A (Female) and an orphan from early childhood reported that not doing well in examinations disappointed their grandmother who was raising them. In fact “she would remind us of the sacrifices she is making to ensure my cousins and I stay in school and the least we can do is

excel in our studies”. Similarly, Respondent H (Male) reported that his parents “reminded me of how much of a privilege it is to go to school and so I was required to work hard and pass my exams so that in turn I can motivate them to keep educating me”. It was an expectation from the parents for him to work hard in academics.

Contrasting sentiments were shared by Respondent T (Male) who was brought up in an extended home. According to him, “nobody really cared whether you were first or last in your class as long as you woke up and went to school”.

Respondents also shared information on the nature of treatment they received from parents. For instance, Respondent J (Female) who is the first born in their family reported doing most of the chores punctuated by yelling and beating for “doing the chores wrong”. Similarly, Respondent A (Male) who was raised by a step mother did all the chores while his step siblings were “pampered”. He reported having received “more of scolding and punishments for not cleaning right”. He would escape that by leaving the house all day and it is how “I got into the streets and made friends and eventually got into drugs”. Contrastingly, Respondent K (Male) whose mother died while he was young and he was brought up by his eldest sister, did not do any chores and if any, they were light. He reported having received good care from his sister. According to Respondent N (Male), his father was “the lion of the house” but worked away from home. He remembers spending most of their time away from parents in the care of a house help.

Respondent A (Female) shared her experiences of “an uncle from hell who once almost killed me”. She reported to have been “bound and beaten like a thief with nowhere to escape” for innocently uprooting cannabis in her grandmother’s garden mistaking them for weeds. According to Respondent A (Male), his father had negligible input in his upbringing but his step mother would beat and verbally abuse him “for the smallest of mistakes”. He felt unwanted and loved and this

drove him farther and farther away from home. Similarly, Respondent F (Female) reported being whipped by the father using a leather belt. For Respondent N (Male), the beating would be carried out by either parent. For the father, it was most preferably before bedtime using a cane where he “would make you lie down while your buttocks are bare and cane you six hot ones. You were not allowed to touch the caned area otherwise he would start again”. His mother would punish in “real time”. He even remembers being flogged in public for sitting next to a girl, an event that “affected me even in adulthood on how I related to women. The fear is still there”. “Real time” punishment was also reported by Respondent S (Male) whose military career uncle would use “blows, kicks, slaps everything. It was real war. When he died his death was a party, we truly celebrated”.

Whereas parental communication was a major handicap for Respondent A (Male) who was living with a step mother, for Respondent H, being the last born offered him more love and attention from his mother. Similarly, Respondent A (Female) reported receiving more love and protection from her grandmother. Fatherly love was understood by Respondent T (Male) and Respondent F (Female) to mean being educated and having basic needs provided for.

From the study conducted, it is evident that the style of parenting plays a major role in exposing children to chemical dependency later on in life. The findings herein are indicative of the same. The authoritarian parenting style appears to be a leading factor to chemical dependency among the young men mostly. Moreover, the study population predominantly reported an absent father figure while growing up. The respondents were either raised up in an extended family set up or at home left with their mother while their father is away working. This upbringing set up appeared to be very popular among the respondents in this research.

The qualitative findings are in line with a study by Ryan et al. (2015) who reported that parental communication delayed adolescent alcohol initiation in children. This research further indicated

that neglectful style of parenting increased the risk of substance use whereas authoritative style of parenting was the most protective against substance use. These studies agree with the research's qualitative findings from the respondents who had supportive parents while in school and encouraged them to perform well in their academics.

The findings from this study present undisputed evidence that parenting styles have a part to play in exposing children to chemical dependence. This correlates with a study conducted by Mwanja and Njagi (2017) in Embu County in Kenya on whether or not parenting styles predict use of drugs. One would anticipate that in instances as these where there is a fear of chemical dependency, that the parents would take initiative to learn some family management skills like better communication, appropriate ways to discipline the children, and even encourage a firm yet gentle way to consistently enforce the family rules. But this is seldom the case.

It is also imperative to interpret the results of this study in light of the methodology selected. This thesis relied exclusively on a literature review that is subject to intentional distortion and bias. Also, depending on where funding originated from either from educational institutions or non-governmental organizations, the research reviewed may have originally been written with political and cultural agendas in mind.

This study further revealed from its findings that there exists a positive relationship between parenting styles and substance use among students attending secondary school and that a larger number of these students on substance use are as a result of the style of parenting they are exposed to.

## CHAPTER 5

### SUMMARY, CONCLUSION AND RECOMMENDATION

#### 5.1 Introduction

In this chapter, the researcher shall present the summary of the study's findings, the conclusion and recommendation.

#### 5.2 Summary

This study looked into the recovering addicts of Shimo La Tewa MAT clinic and parenting styles they were exposed to while growing up. The main goal being to determine whether or not parenting styles are determinants for chemical dependency later on in life. The literature review concentrated on similar studies done globally as well as in the region. The study established that there exists a significant relationship between the authoritarian style of parenting and chemical dependency. The authoritarian style of parenting further pre-dispossess mostly the girls to chemical dependency later on in life. Additionally, an absent father figure pre-dispossess the boys to chemical dependency later in life. This absent father figure can translate to permissive parenting because the adult responsible may be juggling numerous roles trying to fit into both roles. These assertions spur a curiosity and need for further research on the same on a more detailed approach, diving into dedicated focus on individual key players in the research to further the body of knowledge.

The research was conducted at the Shimo La Tewa MAT clinic which was opened in 2020. The main purpose of the clinic was to cater for the chemical dependent inmates that are on assisted therapy using methadone as an opiate substitute for heroin. Most of the heroin addicted inmates, prior to their conviction, obtain a court order from the magistrate to get treatment in order for them to be in the right condition physically and mentally as their case is ongoing. The facility

construction and furnishing was donor funded through partnerships with UNODC, Kenya Prisons and the Mombasa County Government Public Health Department. The clinic later on opened up its services to recovering addicts dwelling in Mtwapa, Kanamai and Shanzu areas who were at the time receiving their treatment at the Kisimani MAT clinic. The researcher took time to interact and observe the study population before embarking on the study. The main intention of the research was to establish where the chemical dependency began and whether or not the parents had a part to play in the behavior.

The researcher used questionnaires and a focus group discussion to establish the parenting styles experienced by the recovering addicts while growing up. The researcher adopted the Perceived Parenting Style Scale developed by Divya and Manikandan (2013) designed to measure the perception of the children regarding their parents so as to determine whether they were authoritarian, authoritative or permissive. The researcher had the intentions of reaching the entire population of 251 recovering addicts but only managed 136 respondents. This was because the population of the clinic has reduced due to deaths, transfers and relapse cases. At the time of data collection, the population of the recovering addicts receiving treatment at the clinic was 223.

### **5.3 Conclusion**

The main purpose of the study was to examine whether or not parenting styles adopted predisposes children to chemical dependency later in life. Parenting styles are important more so in child character formation and shaping the behavior outcomes of adolescents. This relies heavily on how parents interact with their children and the set climate in the nurturing environment. The parents are responsible for establishing a system where the children flourish and thrive emotionally and psychologically. With each style of parenting comes a different child-parent relationship which further brings about a different developmental outcome on the child. We can clearly spot the said

outcomes as they manifest themselves in how the child socializes with others as well as their capacity to make decisions whether good or bad.

This study first and foremost commends the efforts of the respondents to seek recovery from total chemical dependency despite everything they have been through. Through recovery, these individuals have been able to unpack and deal with the accumulated psychological traumas.

From the study's data collection tools, issues started to arise. As the respondents were made to understand the questions then they would share their sentiments on the same and how each aspect affected them either positively or negatively, and eventually predisposing them to chemical dependency. The focus group had the respondents truly opening up and sharing their stories on various aspects like discipline and sharing of responsibilities while growing up.

This study showed how authoritarian parenting positively predicted chemical dependency while being female was a risk factor in authoritarian families and the effect was significant. It is further made clear that permissive parenting positively predicted later chemical dependency though insignificantly. Being female in a permissive home increased the likelihood of chemical dependency as compared to being in an authoritative home. The researcher did establish a correlation between authoritarian and permissive parenting styles with chemical dependency. The study further established that an absent father figure does result to chemical dependency and even further externalized aggressive behavior which in most scenarios conflicts with the parents set expectations on how their children should behave. This goes to prove that the nurturing environment plays a pivotal role in exposing the children being raised to drugs leading to chemical dependency.

Parenting styles can only be viewed in the context of how a child is socialized. A child's development hinges heavily on the familial influences and developments realized in adolescent stage. The style of parenting is best understood as a context where socialization takes place rather than the act of socializing the child literally. It is therefore paramount to conduct careful investigations, as is in this study, on how effective specific styles of parenting vary.

#### **5.4 Recommendations**

The researcher conducted the study meticulously with the intentions of establishing whether parents stepping in actively and with genuine concern can actually prevent drug use leading to chemical dependency. In this study it was established that long term assessments are particularly constrained by the availability and reliability of recorded data, hence the need to do a mixed method mode of data collection. This guaranteed availability of both qualitative and quantitative data for analysis. This included a questionnaire survey as well as a focus group discussion. In as much as key informant interviews were important, they may however be troubled possibly by the informant's limited memories and the continuity of the details dating back over twenty years perhaps. Involving other key characters in the respondents' lives would have possibly offered more insight on the upbringing of these individuals. This could include parents, siblings and even spouses if present. These additional players would allow the researcher to attain different views of a said episode from various parties, providing a more reliable story to go by. This may however be time consuming. A key recommendation, however, based on the study's findings would be that parents ought to put in more effort to foster good relationships with their children. This would ideally translate to the use of different approaches to interact with the children in their different stages of development and not be rigid as a parent. Poor communication, which is a key contributor to the troubled relationships between parents and their children, ought to be improved more so



from the parents. Parents can create platforms that encourage open communication without judgement so that the children can be able to express themselves freely and speak up without the fear of being misunderstood and victimized or severely punished especially in the authoritarian households.

Having conducted the study on recovering addicts and noticeably that most of them are now parents, an effort to break the cycle can include some basic training to the parents on emotional intelligence more so with regards to the family dynamics. This would in turn enhance their ability to offer emotional, cognitive, physical and social support to their children. This study affirms that there is a tremendous benefit to parents taking a more active role in parenting their children. This translates to deliberate effort by the parents to talk to their children about drugs, helping them understand between right and wrong, paying close attention to the friends and the activities they do, the places they go. Additionally, parents will get to have an insight in understanding their children's problems and concerns and thereby presenting a suitable platform for them to communicate and reinforce rules and discipline. This sets the pace for a very healthy and fruitful parent-child relationship which will thrive even beyond adulthood.

Formal and informal education on drugs and substance use for parents helps put both parent and child on the same page on the matter since children get educated on this in their curriculum. This could include highlights on the drugs children have access to and the behavior changes to look out for. This sensitization to the parents can also reinforce the dangers of substance use. This helps the parent to further reinforce what the child is learning. Through highlighting some of the harmful effects related to substance use, the parents and family in general create a platform for open and healthy ongoing discussions on the matter.

While aiming at setting the pace on what direction can be taken by future research, this study highly recommends that governing authorities aiding research in the region be more forthcoming in facilitating researchers in order to ease the workload altogether. For future similar studies, the permits process could be made simpler. This translates to ensuring documents are made available by the University immediately after first defense. The local authorities responsible for the research data collection permit could also smoothen the process thereby considerably reducing the back and forth. Researchers can then have the needed motivation to carry out similar or closely related studies and possibly bring about relevant intervention options in the overall war against drugs.

Conducting further studies on recovering addicts in Mombasa County would reveal new insights and be of great contribution to the body of knowledge. This will also aid the government as they continue to roll out MAT clinics on the war against drugs. Further research will shed some light into the detailed functions and rate of success of these clinics in progressive development in the region. This would be essential especially if any kind of aid is to be provided. On the other hand, following the growth of progressive developments is necessary if services are, as they are now, the responsibility of the County Government. Identifying the aspects that catalyze the change would most definitely be an important step for further research.

Perhaps the most important recommendation would be to encourage the need for more understanding so as to ensure the recovery is sustainable if not permanent, whether or not the recovering addicts sought the recovery individually or were enticed into it. This calls for further research mostly so no the key individuals responsible for ensuring the recovering addicts stay on the path to full recovery. The missing link between the issue of substance use in Mombasa is the need for policy makers to patiently communicate strategies put in place to deal with heroin addiction in the region. The County Government's Public Health Department would do well to

encourage this sort of research and fact finding and to identify the gaps in the day-to-day running of the MAT clinics altogether.

## REFERENCES

- Ackard, D. M., Neumark-Sztainer, D., & Story, M. (2006). Parent–child connectedness  
Alcoholism: *Clinical and Experimental Research*, 32,322–330.
- Alati, R., Maloney, E., Hutchinson, D.M., Najman, J.M., Mattick, R.P., Bor, W., & Williams,  
G.M. (2010). Do maternal parenting practices predict problematic patterns of adolescent  
alcohol consumption? *Addiction*, 105, 872-880.
- Amoateng, Y.A., Brian, K.B., & Lance, D.E. (2006). Family predictors of adolescent substance  
use: The case of high school students in the Cape Metropolitan Area, Cape Town, South  
Africa. *Journal of Child and Adolescent Mental Health*, 18 (1), 7-15.
- Amosun, P., Ige, O., & Ajala, O (2010). A study of some causative factors of substance abuse  
among selected secondary school students in Ibadan, Nigeria. *AJOL* 10(2), 4.
- Ashery, R.S., Robertson, E.B., & Kumpfer, K.L. (Eds.) (1998). Drug abuse prevention through  
family interventions. *NIDA Research Monograph*. 177. Washington, DC: U.S.  
Government Printing Office.
- August, G.J., Lee, S.S., Bloomquist, M.L., Realmuto, G.M., & Hektner, J.M. Dissemination of  
an evidence-based prevention innovation for aggressive children living in a culturally  
diverse, urban neighborhood: *The Early Risers effectiveness study*. *Prevention Science*. *In  
press*.
- Bahr, S.J. & Hoffman, J.P. (2010). Parenting style, religiosity, peers, and adolescent heavy  
drinking. *Journal of Studies on Alcohol and Drugs*, 71, 539-543.
- Barnes, G. M., Joseph, H. H. & John W. W. (2006). Effects of parental monitoring and peer  
deviance on substance use and delinquency. *Journal of Marriage & Family*.

- Barthassat, J. (2014). Positive and negative effects of parental conflicts on children's condition and behaviour. *Journal of European Psychological Students*, 5, 10-18.
- Bauman, K.E. Foshee, V.A. Ennett, S.T. Pemberton, M. Hicks, K.A. King, T.S., & Koch, G.G. (2001). The influence of a family program on adolescent tobacco and alcohol. *American Journal of Public Health* 91(4), 604–610.
- Baumrind, D. (2005). Patterns of parental authority and adolescent autonomy New Directions for child and adolescent development. *Journal of Developmental Psychology*.
- Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence*.
- Berge, J. K., Sundell, K., & Håkansson, A. (2016). Role of parenting styles in adolescent substance use: Results from a Swedish longitudinal cohort study, *BMJ Journals*, 6.
- Botvin, G., Epstein, J., Baker, E., Diaz, T., & Ifill-Williams, M. (1997). School-based drug abuse prevention with inner-city minority youth. *Journal of Child and Adolescent Substance Abuse* 6, 5–19.
- Botvin, G., Griffin, K.W., Paul, E., & Macaulay, A.P. (2003). Preventing tobacco and alcohol use among elementary school students through Life Skills Training. *Journal of Child and Adolescent Substance Abuse*, 12(4), 1–18.
- Brewer, R. (2017). How parenting style relates to adolescent substance abuse in an at-risk male population. *Honors Theses University of Southern Mississippi*
- Brook, S., Morojele, N.K., Pahl, K. & Brook, D.W. (2006). Predictors of drug use among South African adolescents. *Journal of Adolescent Health*, 38 (1), 26-34.
- Changalwa, N., Ndurumo, M. Barasa, H., & Poipoi, Y. (2012). The relationship between

- parenting styles and alcohol abuse among college students in Kenya. *Greener Journal of Educational Research* 2, 13-20.
- Chaplin, T.M., Sinha, R., Simmons, J.A., Healy, S.M., Mayes, L.C., Hommer, R.E., & Crowley, M.J. (2012). Parent–adolescent conflict interactions and adolescent alcohol use. *Addictive Behaviors*, 37, 605-612.
- Cheloti, J., & Gathumbi, D. (2016). Preventing drug abuse in schools: Social and competence enhancement approaches targeting individual-level etiological factors. *Addictive Behaviors*, 25, 887 – 897.
- Cheng, N. (2010). Parenting style as context: An integrative model. *Psychological Bulletin* 113, 487-496.
- Claes, M., Laccourse, E., Ercolani, A., Pierro, A., Leone, L & Presaghi, F. (2005). Parenting, peer orientation, drug use, and antisocial behaviour in late adolescence: A cross-national study. *Journal of Youth and Adolescence*. 34, 401–411.
- Creswell, J. W., & Plano C., V. L. (2011). *Designing and conducting mixed methods research*. Thousand Oaks, CA: Sage Publications, Inc.
- Dada, S., Harker, N., Laubscher, R., Parry, C., Myers, B. (2018). Alcohol and other drug use among women seeking substance abuse treatment in the Western Cape, *South Africa Journal of Science*, 114 (9/10), 4451-4458.
- Devore, E.R. & Ginsburg, K.R, (2005). The Protective Effects of good parenting on Adolescents: *Journal of Current Opinion in Pediatrics*, 17, 460-465.
- Dishion, T. & Kavanagh, K.A. (2000). Multilevel approach to family-centered prevention in schools: Process and outcome. *Addictive Behaviors* 25, 899–911.

- Dishion, T., Kavanagh, K., Schneiger, A.K.J., Nelson, S., & Kaufman, N. (2002). Preventing early adolescent substance use: *A family centered strategy for the public middle school. Prevention Science* 3(3), 191–202.
- Divya, T. V., & Manikandan, K. (2013). Perceived parenting style scale. *Department of Psychology, University of Calicut, Kerala, India.*
- Etesi, X. (2012). Drug abuse in Kisumu Town, Western Kenya. *African Journal of Food Agriculture Nutrition and Development*, 9, 846-858.
- Fletcher, A. C., Steinberg, L. & Iams-Wheeler, M. (2004). Parental Influences on Adolescent problem behaviour: *Revisiting Stattin & Kerr Child Development*, 3, 781–796.
- Flisher, A., Parry, C.D., Evan, J., Muller, M. & Lombard, C. (2003). Substance abuse by adolescents in Cape Town: Prevalence and correlates. *Journal of Adolescent Health*, 32 (1), 58-64.
- Fosco, G.M., Stormshak, E.A., Dishion, T.J. & Winter, C.E. (2012). Family relationships and parental monitoring during middle school as predictors of early adolescent problem behaviour. *Journal of Clinical Child & Adolescent Psychology*, 41 (2), 202-13.
- Ghuman, S., Meyer-Weitz, A. & Knight, S. (2012). Prevalence patterns and predictors of alcohol use and abuse among secondary school students in southern 19 KwaZulu-Natal, South Africa: demographic factors and the influence of parents and peers. *South African Family Practice*, 54 (2), 132-138.
- Groenewald, C. & Bhana, A. (2018). Substance abuse and the family: an examination of the South African policy context. *Drugs Education, Prevention and Policy*, 148-155.
- Hawkins, J.D.; Catalano, R.F.; and Arthur, M. (2002). Promoting science-based prevention in communities. *Addictive Behaviors*, 90(5), 1–26.

- Hoang, T.N. (2007). The relationship between parenting and adolescent motivation. *International Journal of Whole Schooling*, 3, 2.
- Judith, S., Brook, J.S., Morojele, N.K., Pahl, K. & Brook, D.W. (2006). Predictors of drug use among South African adolescents. *Journal of Adolescent Health*, 38 (1), 26 – 34.
- Kathuri, N., Ali, O.M., Dolphine, O.W., & William, S. (2003). Accessed from <http://www.ed.gov/news/media-advisories>
- King, G., Flisher, A. J., Noubary, F., Reece, R., Marais, A., & Lombard, C. (2004). Substance abuse and behavioural correlates of sexual assault among South African adolescents — *Journal of Child Abuse and Neglect*, 28, 683–696.
- Kosterman, R., Hawkins, J.D., Haggerty, K.P., Spoth, R., & Redmond, C. (2001). Preparing for the Drug Free Years: Session-specific effects of a universal parent-training intervention with rural families. *Journal of Drug Education*, 31(1), 47–68.
- Kumpfer, K.L., Alvarado, R., Smith, P., & Bellamy, N. (2002). Cultural sensitivity in universal family-based prevention interventions. *Prevention Science*, 3(3), 241–246.
- Ladikos, A., Prinsloo, J. & Nesor, J. (2003). An opinion survey on teenage substance abuse indicators: an application of the Child analysis. *Acta Criminologica*, 16(5), 161-174.
- Lex, B.W. (1991). Some gender differences in alcohol and polysubstance users. *Health Psychology*, 10(2), 121–132.
- Luk, J.W., Farhat, T., Iannotti, R.J. & Simons-Morton, B.G. (2010). Parent–Child communication and substance use among adolescents. *Addictive Behaviours*, 35, 426–431.



- Madi, S.N. & Matla, M.P. (2003). Illicit drug use, cigarette smoking and alcohol drinking behaviour among a sample of high school adolescents in the Pietersburg area of the Northern Province, South Africa. *Journal of Adolescence*, 121-136.
- Mandara, J., & Murray, C.B. (2006). Father's absence and African American adolescent drug use. *Journal of Divorce and Remarriage*, 46, 1-12.
- Mayoyo, P. (2003). Over 400,000 abuse illegal drugs. *Daily Nation Nairobi*. Nation Media Group, 4. Retrieved on 2nd October, 2014 from <http://www.interestjournals.org/.../substance-abuse-among-public-secondary-school-students>.
- Mbagaya, C., Oburu, P., & Bakermans, K. (2013). Child physical abuse and neglect in Kenya, Zambia and the Netherlands: *A cross-cultural comparison of prevalence, psychopathological sequelae and mediation by PTSS*.
- Mbua, A.P., & Adigeb, A.P. (2015). Parenting styles and adolescents' behaviour in central educational zone of Cross River State. *European Scientific Journal*, 11(20), 254-368.
- McMahon, R.J., & Peters, R.D., (Eds.). (2002). *The effects of parental dysfunction on children*. New York: Kluwer Academic Press/Plenum Publishers, pp.179–204, 2002.
- Meghdadpour, S., Curtis, S., Pettifor, A. & MacPhail, C. (2012). Factors associated with substance use among orphaned and non-orphaned youths in South Africa. *Journal of Adolescence*, 35 (5), 1329-1340.
- Moore, G.F., Rothwell, H., & Segrott, J. (2010). An exploratory study of the relationship between parental attitudes and behavior and young people's consumption of alcohol. *Substance Abuse Treatment, Prevention, and Policy*, 5, 6.

- Morojele, N. K., Brook, J.S. & Kachieng', M.A. (2006). Perceptions of sexual risk behaviours and substance abuse among adolescents in South Africa: a qualitative investigation. *Aids Care: Psychological and Socio-Medical Aspects of Aids/HIV*, 18 (3), 215-219.
- Morojele, N., Myers B, Townsend L, Lombard C, Plüddemann A, Carney T, et al. (2011). Survey on substance use, risk behaviour and mental health among Grade 8-10 learners in Western Cape Provincial Schools. Cape Town: *South African Medical Research Council*.
- Muchemi, R. (2013). Drug and substance abuse among youth in the informal settlements within Nairobi: *A Paper presented at NACADA Conference, Kenya, 2013*.
- Muhereza, N. (2016). Parenting styles and self-efficacy of adolescents: Malaysian scenario. *Global Journal of Human Social Science Arts & Humanities* 12(14), 19-25.
- Mwania, J. & Njagi S. (2017). Parenting styles as predictors of drug abuse among selected public secondary school students in Embu County, Kenya. *European Journal of Education* 3 (11).
- National Campaign Against Drug Abuse Authority (2007). *Rapid Assessment of Drug and Substance Abuse in Kenya*.
- Njoroge, M. (2006). Authoritative parenting and adolescent adjustment across varied ecological niches. *Journal of Research on Adolescence*, 1(1), 19-36.
- Nkurunungi, A. (2018). Authoritarian parenting style, substance abuse and externalized problem behavior among secondary school students in Kawempe Division Kampala District. A Dissertation submitted to the School of Psychology in Partial Fulfillment for the Award of a Masters of Art in Counseling Psychology. Makerere University.
- Nwagu, J. (2017). Substance use among secondary school students in urban setting: prevalence

- and associated factors. *African Journal of Medical Science*, 1(1).
- Okita, D. O., et al. (2020). Influence of parenting style on drug abuse among girls in secondary schools in Nakuru County. *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 25(1) 26-35.
- Ololade, S., Mndzebele, S. (2017). Factors influencing use of illicit drugs among high school learners in an informal township of Gauteng Province, South Africa. *Botswana Journal of African Studies*, 31(1), 121-131.
- Onya, H., Tessera, A., Myers, B., & Flisher, A. (2012). Adolescent alcohol use in rural South African high schools. *African Journal of Psychiatry*, 15(5), 352-357.
- Peltzer, K., & Phaswana-Mafuya, N. (2018). Drug use among youth and adults in a population-based survey in South Africa. *South African Journal of Psychiatry*, 24 (1), 1-6.
- Peltzer, K. Ramlagan, S. Johnson, B. & Nancy, P. (2010). Illicit Drug Use and Treatment in South Africa: A Review. *Substance Use & Misuse*. 45. 21-43.
- Perrozi, M. E. (2007). Examining adolescent drinking and adolescents' perceptions of parental monitoring, communication, and parenting style in a rural setting. *Electronic Version of Unpublished Master thesis: Virginia Polytechnic Institute and State University*.
- Pokhrel, P., Unger, J.B., Wagner, K.D., Ritt-Olson, A. & Sussman, S. (2008). Effect of parental monitoring, parental-child communication and parent's expectation of the child's acculturation on the substance use of urban, Hispanic adolescents. *Journal of Ethnicity in Substance Abuse*, 7, 200-213.
- Rai, R.N. (2008). Perceived parental rearing style and drug addiction among mizo adolescents. *Journal of the Indian Academy of Applied Psychology*, 34, 69-72.

- Reynolds, J., Houlston, C., Coleman, L., & Harold, G. (2014). Parental conflict: Outcomes and interventions for children and families. Bristol, UK. *Policy Press, University of Bristol Press*.
- Rusby, J., Light, J., Crowley, R., & Westling, E. (2018). Influence of parent-youth relationship, parental monitoring, and parent substance use on adolescent substance use onset. *Journal of Family Psychology, 32*(3), 310-320.
- Simbee, M. D. (2012). Prevalence of substance use and psychosocial influencing factors among secondary school students in Dodoma Municipality. *Unpublished MMed (psychiatry) Dissertation of Muhimbili University of Health and allied sciences*
- Spoth, R.; Redmond, C., & Shin, C. (2000). Reducing adolescents' aggressive and hostile behaviors: Randomized trial effects of a brief family intervention four years past baseline. *Archives of Pediatrics and Adolescent Medicine, 154*(12), 1248–1257.
- Terry, D. J. (2004). Investigating the relationship between parenting styles and delinquent behavior. *McNair Scholars Journal: Regulated Learning, Journal of Educational Psychology, 11*, 314-332.
- The National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) (2016). *Baseline Survey*.
- Tinkew, J.B., Moore, K.A. & Carrano, J. (2006). Father-Child Relationship, Parenting Style and Adolescent Risk behaviour. *Journal of Family Issues, 27*, (8), 850-881.
- Tuchman, E. (2010). Women and addiction: the importance of gender issues in substance abuse research. *Journal of Addictive Diseases. 29*, 127-138.
- United Nations Office on Drugs and Crime (UNODC) 2006. *World drug report*. Vienna

University of South Africa (UNISA) Youth Research Unit of the Bureau of Market Research

(2011). Drug use and alcohol consumption among secondary school learners in Gauteng.

*Community Research Project Report. 6 - 7*

Videon, M. (2012). Authoritative parenting and adolescent adjustment across varied ecological niches. *Journal of Research on Adolescence, 1*(1), 19-36.

Wandede, J. (2014). Effects of authoritative parental control on child behavior. *Child Development, 37*(4), 887-907.

Webster-Stratton, C.; Reid, J., & Hammond, M. (2001). Preventing conduct problems, promoting social competence: A parent and teacher training partnership in Head Start. *Journal of Clinical Child Psychology, 30*, 282–302.

Weldon, K. An analysis of drug abuse along the coastal region of Kenya (2013). *International NGO Journal, 8*(7), 153-158.

Wetherington, C. L. (2007). Sex-gender differences in drug abuse: A shift in the burden of proof? *Experimental and Clinical Psychopharmacology. 15*(5), 411-417.

World Drug report and International Narcotic Control Board (INCB) 2013.

## APPENDICES

### Appendix I: Perceived Parenting Styles Scale (PPSS)

**Instructions:** The following statements depict the way parents behave with their children. Please read the following statements carefully and mark the most applicable answer in the questionnaire. Respond to each statement according to what is true to your life. There are the Five (5) possible answers provided for each question: 1) Never, 2) Rarely, 3) Sometimes, 4) Often and 5) Always. Select one among them for each question and put a mark next to your answer. Your response will be used only for research purpose and be kept confidential.

How do you agree with the below statements? 1 being totally disagree and 5 totally agree

Before I started attending this clinic:

- A. I wanted to use heroin every time;
- B. I was able to control how much heroin I used;
- C. I tried to reduce how much heroin I used;
- D. I have never been arrested for heroin use.

When you were a child in primary school, how true were the following statements in relation to your parents?

1. My parents took time to help me understand between “Right” and “Wrong”.  
Never [ ]    Rarely [ ]    Sometimes [ ]    Often [ ]    Always [ ]
2. My parents viewed everything with a critical mind.  
Never [ ]    Rarely [ ]    Sometimes [ ]    Often [ ]    Always [ ]
3. My parents never found time to help me out during tough situations.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

4. My parents acknowledged my victories and encouraged me a great deal.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

5. My parents drew comparisons between me and other friends / classmates.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

6. My parents did not help me in completing my daily tasks on time.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

7. My parents considered my suggestions

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

8. My parents would insult and flog me in public.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

9. My parents gave no directions while doing things.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

10. I had freedom to discuss about anything.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

11. Most of the time it felt like I was rejected and not loved.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

12. I made my own decisions, no questions asked.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

13. My parents always inquired in cases of trouble.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

14. I would be blamed for minor issues.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

15. My parents never provided an atmosphere for my studies.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

16. I was truly loved and cared for by my parents.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

17. My parents behaved to me in a strict manner.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

18. None of my needs were satisfied by my parents.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

19. My parents would pursue me for taking my own decisions.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

20. I would be scolded for not coming up to their expectations.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

21. In case of any disturbances, my parents failed to inquire about them and did not suggest any remedial measures.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

22. My parents considered my opinions in all important decisions related to home.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

23. My parents would apportion blame to me for tasks not properly done.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

24. No effort was made to know about the progress of my studies.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]

25. My parents guided me in my academics and suggested ways for character development.

Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always [ ]



26. I was scolded without knowing the reasons.

Never [ ]    Rarely [ ]    Sometimes [ ]    Often [ ]    Always [ ]

27. My parents never asked about my hobbies.

Never [ ]    Rarely [ ]    Sometimes [ ]    Often [ ]    Always [ ]

28. At free time my father or male guardian used to spend time with me.

Never [ ]    Rarely [ ]    Sometimes [ ]    Often [ ]    Always [ ]

29. My parents controlled each of my activities.

Never [ ]    Rarely [ ]    Sometimes [ ]    Often [ ]    Always [ ]

30. They did not inquire about my abilities and goals.

Never [ ]    Rarely [ ]    Sometimes [ ]    Often [ ]    Always [ ]

## **Appendix II: Focus Group Discussion Guide**

### **Instructions:**

The following elements are open for discussion in the group session. The session is confidential and therefore all matters discussed herein ought to not be discussed elsewhere.

1. How were academic achievements celebrated? What were the repercussions of not doing well in your academics?
2. How was the division of house chores conducted in the house? Which parent was in charge? Were there instructions given on how to do the chores? If yes, how were the instructions given?
3. Which parent was the disciplinarian? How and when was discipline instilled?
4. Was there any informal education (culture, beliefs, heritage, expectations) provided? If yes, which parent carried it out?
5. How did your parents show or communicate to you that they love you?

**Appendix III: Informed Consent**

I voluntarily agree to take part in this research survey       **YES**       **NO**

Having understood the purpose of the research questionnaire, I hereby consent to taking part in the study's data collection

. I understand that this is voluntary and I am free to withdraw from the data collection exercise at any point. Withdrawing will neither cost me nor affect my relationship with the researcher.

The data collected shall be anonymous for purposes of the research study. The researcher shall make every effort to keep all the respondents data confidential except in cases where the researcher is legally obligated to report.

**Respondent's signature** \_\_\_\_\_      **Date** \_\_\_\_\_

**Appendix IV: Proposed Work Plan**

<b>Tasks</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
Research Proposal						
Proposal Defense						
Data Collection; •Obtaining of permits NACOSTI & MSA County •Preparation & orientation of data collection •Focus groups carried out						
Data Analysis						
Finalizing on research project paper						
Research Defense						
Submission of Final copies						

## Appendix V: Proposed Budget

Details	Quantities	Cost (Ksh)
Stationery:		
Pens & notebooks	50	3,500
Printing & binding:	3	4,500
Permits:		
NACOSTI & MSA County	2	3,500
Questionnaire Photocopy – 3pages	150	900
Telecommunication - safaricom	6 months	6,000
Internet - safaricom	6 months	24,000
Travel to Shimo la Tewa MAT	5 months	10,000
Refreshments & meals	1 month	3,000
Contingency amount		10,000
<b>Grand Total</b>		<b>65,400</b>

**Appendix VI: NACOSTI License**

  
**REPUBLIC OF KENYA**

  
**NATIONAL COMMISSION FOR  
SCIENCE, TECHNOLOGY & INNOVATION**

Ref No: **861974** Date of Issue: **09/August/2021**

**RESEARCH LICENSE**



**This is to Certify that Miss.. Faith Karie Nyoike of University of Nairobi, has been licensed to conduct research in Mombasa on the topic: RELATIONSHIP BETWEEN PARENTING STYLES AND CHEMICAL DEPENDENCY: A STUDY OF THE RECOVERING ADDICTS AT SHIMO LA TEWA MEDICALLY ASSISTED THERAPY CLINIC, MOMBASA COUNTY, for the period ending : 09/August/2022.**

License No: **NACOSTI/P/21/12234**

**861974**  
Applicant Identification Number

  
Director General  
**NATIONAL COMMISSION FOR  
SCIENCE, TECHNOLOGY &  
INNOVATION**

Verification QR Code



**NOTE: This is a computer generated License. To verify the authenticity of this document,  
Scan the QR Code using QR scanner application.**

Appendix VII: Mombasa County Public Health Department Permit



**OFFICE OF THE COUNTY CHIEF OFFICER  
MEDICAL SERVICES**

Email : [cohealthmsa@gmail.com](mailto:cohealthmsa@gmail.com)  
When replying please quote

**P O Box 90441 – 80100  
Msanifu Kombo Street,  
MOMBASA**

**Ref: COH/MSA/RSC/2021/(6)**

**1<sup>st</sup> September, 2021**

Faith Nyoike  
**MOMBASA**

**RE: AUTHORIZATION TO CONDUCT RESEARCH AT SHIMO LA TEWA  
MAT CLINIC - MOMBASA COUNTY**


We refer to your application letter dated 17<sup>th</sup> July, 2021 on request for authorization to undertake research project titled ***'The Relationship Between Parenting Styles And Chemical Dependency, A case Study of The Recovering Addicts Of Shimo La Tewa MAT Clinic Mombasa County'***.

The proposed study will take place at Shimo La Tewa MAT Clinic, Kisauni Sub County in Mombasa County.

This office has no objection to your request and hereby approves the study to be done at the mentioned facility. By a copy of this letter the Sub County Medical Officer of Health, Kisauni will accord you the necessary assistance.

On completion of the study you are required to disseminate the findings to the County Health Management Team for the recommendations to be considered.

Thank you.

  
  
for **DR KHADIJA SOOD SHIKELY, HSC  
COUNTY CHIEF OFFICER, MEDICAL SERVICES  
COUNTY GOVERNMENT OF MOMBASA.**

**Cc: The Medical Officer of Health – Kisauni Sub County**