

**THE RELATIONSHIP BETWEEN PARENTING STYLES AND CONDUCT
DISORDER AMONG INCARCERATED ADOLESCENTS IN KAMITI YOUTH
CORRECTIVE TRAINING CENTER & JUVENILE REMAND AND KAMAE GIRLS
BORSTAL INSTITUTIONS, NAIROBI COUNTY**

BY

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C50/22731/2019**

**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF
PSYCHOLOGY, FACULTY OF ARTS AND SOCIAL SCIENCES, IN
PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD
OF A DEGREE IN MASTER OF COUNSELING PSYCHOLOGY (MCP)**

UNIVERSITY OF NAIROBI

DECEMBER 2022

DECLARATION

DECLARATION

I hereby declare that the research work presented here is my original work and that it has not been presented to any other examiner for any other award.

Signed Paul Ng'ang'a Namu

Date 07/11/2022

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This project is presented for examination purposes with my knowledge and approval as the university supervisor.

Signed Dr. Charles Kimamo

Date 11/12/2022

DR. CHARLES KIMAMO

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DEDICATION

I dedicate this project to my family and friends. I also convey gratitude to my dear lovely wife Nancy Nyambura Macharia, who was my greatest source of motivation and inspiration. She was always there for me and greatly supported me throughout the entire process. I also dedicate this project to my mother Lucy Nyambura Namu and my late dad Simon Namu for the strong education foundation she gave in my childhood years. Their many sacrifices in those humble days did not go to waste. Finally, my supervisor Dr. Charles Kimamo whose much needed guidance and instructions made my journey easier and flawless

Thank you all and God bless you.

ACKNOWLEDGEMENT

I take this opportunity to Acknowledge my God for the much-needed understanding, wisdom and strength that he gave me to accomplish this noble task.

I am also very grateful to everyone who contributed to the success of this project and may our good Lord bless you. I am particularly grateful to my supervisor Dr. Charles Kimamo for his tireless efforts and continued support in supervising me throughout this project. Your moral support and guidance gave me the impetus to move on despite many obstacles.

I wish to acknowledge candid support that I got from the University of Nairobi ICT department and libraries and for the immense support towards the entire course especially one Mr. Aggrey Elegwa. My appreciation also goes to my fellow classmates Hilda Kemunto, and Faith Kimani and Lydia Macharia among others who gave me support great during those group discussions and when carrying out assignments during my course work. The knowledge so acquired proved crucial and key in equipping me for this project.

I do appreciate the enormous support that I received by the authorities and staff of Kamiti Youth Corrective Training Center & Juvenile Remand and Kamae Girls Borstal Institutions for the immense support that they gave me during the data collections process. Your kindness and support enabled me to collect the much needed data with great ease. In particular, I appreciate Mr. Charles Manene and Mr. Edward Wachira of YCTC and Madam Elizabeth Njeri Kamau of Kamae Borstal for your unusual kindness.

I also appreciate my work mates Joseph Nyandemu and Nark Origi, Head of Department and Sales Manager Loxea Limited respectively who played a key role in facilitating my availability in my workplace despite tight work schedules.

LIST OF ABBREVIATIONS

APA:	The American Psychological Association
CD:	Conduct Disorder
CDS:	Conduct Disorder Scale
DCS:	Department of Children Services
DSM 5:	Diagnostic and Statistical Manual of Mental Disorders (5th Edition)
ECOSOC:	United Nations Economic and Social Council
IQ:	Intelligence Quotient
NACOSTI:	National Commission for Science Technology and Innovation
SPSS:	Statistical Package for Social Sciences
SSS:	Short Sharp Shock
UNECA:	United Nations Economic Commission for Africa
YCTC:	Youth Corrective Training Centre

OPERATIONAL DEFINITIONS

Adolescent – is a young individual who is in the transitional stage of life from childhood to adulthood ranging from 12 to 18 years.

Conduct Disorder – a group of emotional and behavioral issues primarily depicted by a disregard for others.

Guardian – is a caregiver who is not a parent to a child but takes up the role of raising up a child.

Incarcerated – The act of being confined in jail or prison. The state of being imprisoned or jailed.

Parent - caregiver who is biologically related or with no relation to the child and is tasked with the responsibility of raising a child from childhood to adulthood.

Parenting styles – a pattern of parental authority or a constellation of attitudes towards the child that are expressed to the child, establishing the emotional context for the parent's behavior expression. The study conceptualizes parenting styles as comprising neglectful, permissive, authoritative and authoritarian parenting styles.

Youth – the period between 15 to 24 years or childhood to adult age.

TABLE OF CONTENTS

DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
LIST OF ABBREVIATIONS	v
OPERATIONAL DEFINITIONS	vi
LIST OF TABLES	ix
LIST OF FIGURES	x
ABSTRACT	xi
CHAPTER ONE: INTRODUCTION	1
1.1 Background of the Study.....	1
1.2 Statement of the Problem	4
1.3 Purpose of the Study	5
1.4 Objectives of the Study	5
1.5 Research Questions	6
1.6 Research Hypotheses.....	6
1.7 Justification of the Study.....	7
1.8 Scope of the Study.....	7
1.9 Assumptions of the Study	8
1.10 Limitations of the Study	8
CHAPTER TWO: LITERATURE REVIEW	9
2.0 Introduction	9
2.1 Theoretical Review	9
2.2 Empirical Review	14
2.3 Conceptual Framework	22
2.4 Chapter Summary.....	23
CHAPTER THREE: RESEARCH METHODOLOGY	24
3.0 Introduction	24
3.1 Research Design.....	24
3.2 Unit of Analysis	24
3.3 Site Description.....	24
3.4 Study Population	27
3.5 Sampling Method	27
3.6 Methods and Instruments of Data Collection.....	29

3.7 Pilot study and Reliability of the instruments	30
3.8 Administration of the Instruments.....	31
3.9 Validity of the Instruments.....	31
3.10 Data Analysis	31
3.11 Ethical Considerations.....	32
3.12 Chapter Summary.....	32
CHAPTER FOUR: DATA ANALYSIS AND PRESENTATION.....	34
4.1 Introduction	34
4.2 Response Rate	34
4.3 Respondents’ Demographic Information	34
4.4 Parenting Styles.....	44
4.5 Conduct Disorder	50
4.6 The Relationship Between Parenting Styles and Conduct Disorder	57
4.7 Socio-Demographic Factors and Conduct Disorder.....	58
4.8 Chapter Summary.....	58
CHAPTER FIVE: SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS, AND RECOMMENDATIONS.....	60
5.1 Introduction	60
5.2 Study Findings	60
5.3 Discussion	62
5.4 Conclusions	65
5.5 Recommendations	67
5.6 Suggestions for Future Study	68
REFERENCES.....	69
APPENDICES	75
APPENDIX I: INTRODUCTION LETTER.....	75
APPENDIX II: ASSENT FORM.....	76
APPENDIX III: DEBRIEF FORM.....	77
APPENDIX IV: QUESTIONNAIRE.....	78
APPENDIX V: CONDUCT DISORDER SCALE	84
APPENDIX VI: SOCIO-DEMOGRAPHIC FACTORS AND CONDUCT DISORDER	88
APPENDIX VII: NACOSTI RESEARCH PERMIT	92
APPENDIX VIII: RESEARCH AUTHORIZATION	93
APPENDIX IX: COVID-19 VACCINATION CERTIFICATE	94

LIST OF TABLES

Table 4.1: Permissive Parenting Style	45
Table 4.2: Authoritarian Parenting Style	46
Table 4.3: Authoritative Parenting Style	47
Table 4.4: Neglectful Parenting Style	48
Table 4.5: Dominant Parenting Style	49
Table 4.6: Conduct Disorder Score Summary	56
Table 4.7: The Relationship Between Parenting Styles and Conduct Disorder	57

LIST OF FIGURES

Figure 3.1: Conceptual Framework	23
Figure 3.2: Kamiti Command	25
Figure 4.1: Respondents' Gender	34
Figure 4.2: Respondents' Age.....	35
Figure 4.3: Respondents' Residence.....	36
Figure 4.4: Respondents' Tribe.....	37
Figure 4.5: Number of Children.....	38
Figure 4.6: Parents' and Guardians' Ages	39
Figure 4.7: Education Level.....	40
Figure 4.8: Socio-Economic Status.....	41
Figure 4.9: Family Provider	42
Figure 4.10: Guardians' and Parents' Marital Status.....	43
Figure 4.11: Respondents' Understanding of Conduct Disorder	50
Figure 4.12: Conduct Disorder Diagnosis	51
Figure 4.13: Respondents' Perception of the Relationship Between Conduct Disorder and Their Upbringing	52
Figure 4.14: CDS Scores.....	55

ABSTRACT

The adolescence stage is when a child starts questioning parental rules and may defy them, resulting in conflicts between the two. This statement implies that parental care and love are paramount even as the parent supervises and raises a child at this very stage. The nature of parenting usually determines how a child relates with others and defines their social skills. The main objective of this study was to establish the effects of parenting styles on conduct disorder among the children in the Youth Corrective Training Center and at Kamae Girls Borstal Institution, both situated in Nairobi County for boys and girls, respectively. The researcher applied a correlational research design to undertake this very study. The target population for this study comprised youths aged between 12-22 from the two institutions mentioned above. From the target population of 275 individuals, the researcher picked a sample size of 169, comprising 46 girls and 123 boys. The study collected 143 questionnaires from the 169-sample population. The data was collected using a self-administered and structured questionnaire on conduct disorder and parenting styles. The data was thereafter analyzed using descriptive and inferential statistical techniques. The researcher tested the relationship between conduct disorder and perceived parenting styles using the Chi-square test of independence. The descriptive results identified the permissive style as the most prevalent parenting style, with a mean of 4.45 (SD= 1.08). Authoritative parenting comprised the least used parenting style (M=2.16, SD=1.37) among the respondents' guardians and parents. Alternatively, the study found that 70 percent of the respondents had varying levels of conduct disorder, with 11 percent having a high probability of having severe conduct disorder. The inferential results revealed a significant relationship between conduct disorder and perceived parenting styles. Also, the study found no significant difference between female and male juveniles the in the two Kamiti youth corrective facilities. Thus, the study concluded that the permissive and authoritarian parenting styles affected children's conduct disorder development. The study recommended that future studies on the subject matter should consider using experimental research design to ascertain the relationship between conduct disorder and parenting styles. The study also recommended conduct disorder screening at youth correctional facilities, the adoption of an authoritative parenting style among Kenyan parents, and the need for raising awareness of conduct disorder among the youth and Kenya in general.

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

A considerable number of families spend substantial resources on health and social care due to conduct disorder and delinquency among adolescents (Colizzi et al., 2020). Various nations across the world are not spared either as they must maintain juvenile justice systems occasioned by children and adolescents' delinquencies as well as to conduct disorders. Multiple factors, including mass media, media, low education status, economic status, delinquent peers, social circle, and family have impacted the spread of delinquent behaviors among adolescents (Morina et al., 2021). Regarding family factors, there is a perception that family and parenting interventions can be used to mitigate children and adolescence delinquent behaviors. Some studies have demonstrated that long term psychological outcomes for children are affected by family and parenting interventions (Fagan, 2013)

The process of facilitating the growth of a person from childhood to adulthood can be referred to as parenting. Parenting styles can be described as psychological methodologies that are employed by parents while bringing up their children (Odame-Mensah, 2018). In 1971, Baumrind enumerated four main parenting styles. They include authoritative, neglectful, authoritarian, and permissive parenting styles. (Echedom et al., 2018; Niaraki & Rahimi, 2013).

The most recommended parenting style is the authoritative parenting style. (Pinquart & Kauser, 2017). Under this parenting style, parents are more demanding of their children but also more responsive to the needs of their children. Therefore, children learn how to interact with their peers, promotes morality and respect rules (Patrick & Gibbs, 2016).

Neglectful parenting is the most discouraged type of parenting since the parents are neither demanding of their children nor do they respond to the needs of their children (Qamar & Majeed, 2020). This type of parenting style makes the child distrustful of the environment and of people around him or her (Arora, 2014). Children whose parents use this parenting style learn to depend on themselves even before they are mature enough to do so, and they are usually at a high risk of substance use (Bahr & Hoffmann, 2010). Each parent in a family can decide to use one parenting style to complement one another, or they can decide to use a combination of two parenting styles depending on their orientation by culture and religion.

According to the DSM 5 (Diagnostic and statistical manual of mental disorders 5th Edition (2013), conduct disorder is a mental disorder whereby children between the ages of 13 to 18 years demonstrate a consistent pattern of violation of rules, truancy, lying, destruction of properties, aggression to people and animals as well as stealing. According to Prajapati and Pumariega (2018), conduct disorder rises during the adolescent stage. Conduct disorder has a prevalence of 1.5% for girls and 3.6% for boys worldwide (Erskine et al., 2013). In India, the prevalence of conduct disorder increased at the rate of 4.50% for girls and 4.58% for boys across all social-economic groups (Sarkhel et al., 2006). Disruptive disorders are mental disorders that significantly affect a number of children and adolescents worldwide. The worldwide prevalence of any disruptive disorder was 5.7% in a study conducted in 25 countries worldwide (Polanczyk et al., 2015). In Africa, a cross-sectional survey was conducted in southern Ethiopia in Butajira to find out the intensity of specific mental and behavioral disorders in children. The number of children who were interviewed was 1477, and 3.5% of the total population had a mental disorder, comorbidity of mental disorders or a behavioral disorder, disruptive behavior disorder 1.5%. Conduct disorder

accounts for about 45% of all the children appearing in the Nairobi juvenile courts (Maru et al., 2003).

In Africa, the situation is not different. Tunde-Ayinmode and Adegunloye (2011) stated that there is a relationship between unhealthy parenting styles and child psychopathology. This is supported by a case report of a 12 years old boy from Nigeria who deliberately poisoned himself in an attempt to escape punishment from his father. He had been threatened by his teacher that he would be reported to his father and got scared because his father was a harsh disciplinarian.

In Kenya, there is a rise in teenage criminal gangs, and the criminal gangs are reported to be engaged in various criminal activities like killing people, destroying properties, and stealing (Dahir & Kuo, 2017). About 240 teenagers had been arrested between January and June 2015 for criminal activities (Nairobi News, 2017). Reports from our local dailies on the many strikes in secondary school, deliberately destroying of properties and burning of schools leading to loss of lives at times. A study by Gitonga et al. (2017) showed the prevalence of conduct disorder 31.4%. Boys had a prevalence of 36.5%, and girls had a prevalence of 26.7%. The reports and the study are evident that conduct disorder is on the rise. The aim of this study was to find the relationship between conduct disorder and parenting styles.

Causes of conduct disorder are grouped into the genetic, social, and environmental (Lahey et al., 2003). In the environment, there are factors like peer pressure and poverty. In social, the risk factors are family stress, social isolation, violence, and substance abuse. In family stressors, we look deeper into the parenting styles used by parents and their relationship to conduct disorder. The role of parenting style in conduct disorder was that specific parenting styles could contribute to the development of conduct disorder (Freeze et al., 2014).

1.2 Statement of the Problem

In the traditional African society, parents from different communities had their own parenting methods though there was no specific name assigned to such parenting styles. Religious values and various cultural practices informed the parenting styles across different communities. Every member of the community ensured that values and norms were learned and followed so that children grew to become responsible members of the community. Every child was therefore viewed as a community asset, and evidently, there was a real and functional system (Daro & Dodge, 2009). Effects of globalization, urbanization and hard economic situations have brought about great changes, and such functional systems no longer exist. While everyone is busy fending for their families, the child now belongs to his/her parents and no longer belongs to the community. The extended families are no longer involved in the upbringing of the child as everyone is nowadays busy pursuing the best for their nuclear families (Manyara, 2016).

One of the most important factors that influence the psychological development and, by extension, the mental health of a child is parental control. According to various researches, parental control differs across different cultures, whereby it's higher in eastern countries than in western countries (Louie et al., 2013). The ability of a parent to discipline and supervise their children when they disobey varies across families and communities as well. Different parenting styles are influenced by various factors, and there is surely no one unique style of parenting that is common. Some of these factors include religion, education level and the personality type of the parents, socioeconomic status, family size, and culture, among others (Cherry, 2012).

Consequently, conduct disorder has been on the rise worldwide among adolescents (Mohammadi et al., 2021). In Kenya, the situation is not any different. Various studies have been conducted across the world on conduct disorder due to its increase (Freeze, Burke & Vorster, 2014; Trudeau,

Mason, Randall, Spoth & Ralston, 2012). However, most of the studies conducted on the relationship between parenting style and conduct disorder were conducted in the western world and indeed few studies have been conducted in Africa. In Kenya, there is a knowledge gap in this area as the few studies conducted, none was done among the incarcerated adolescents in Kenyan prisons. This study therefore focused on identifying the perceived parenting styles commonly employed by Kenyan parents and their effects on conduct disorder. The study deliberately contributed more insights and knowledge in this area especially to parents and the government agencies before our institutions are overwhelmed by the ever-rising numbers of conduct disorder cases.

1.3 Purpose of the Study

The purpose of this study was to investigate how children's lives are affected by the style of parenting employed when growing up. The focus was to identify the relationship between conduct disorder and the parenting styles employed when raising up children. The study sought to establish if there were certain parenting styles that predispose children to conduct disorder. The study was further intended to raise awareness to parents and the public on conduct disorder and how it affects adolescents who unfortunately suffer from the disorder.

1.4 Objectives of the Study

1.4.1 General objective of the study

To investigate the effects of parenting styles on conduct disorder among adolescents in Kamiti youth corrective training centre & juvenile remand and Kamae Girls Borstal institutions, Nairobi County.

1.4.2 Specific objectives of the study

The specific objectives of the study included:

- i. To identify the common parenting styles used by parents of the children at Kamiti Youth Corrective Training Center & Juvenile Remand and Kamae Girls Borstal Institution.
- ii. To relate conduct disorder and parenting styles employed when raising up children.
- iii. To determine the level of conduct disorder among youths at Kamiti Youth Corrective Training Center & Juvenile Remand and Kamae Girls Borstal Institution.

1.5 Research Questions

- i. What are the common parenting styles used by parents of the children from Kamiti Youth Corrective Training Center & Juvenile Remand and Kamae Girls Borstal Institution?
- ii. What is the relationship between conduct disorder and the different parenting styles that are employed by parents of incarcerated children at Kamiti Youth Corrective Training Center & Juvenile Remand and at Kamae Girls Borstal Institution?
- iii. How many children (males and females) have conduct disorder, and to what extent?

1.6 Research Hypotheses

This study formulated the following null hypotheses which are to be tested using appropriate inferential statistics at 0.05 significance level or 95% confidence.

1. H_0 : There is no significant relationship between parenting styles employed when raising up children and conduct disorder among incarcerated juveniles at the two Kamiti youth corrective facilities.
2. H_0 : There is no significant difference between male and female juveniles in the in the two Kamiti youth corrective facilities.

1.7 Justification of the Study

The prevalence of conduct disorder in Kenya and the world over has been on the rise, and the study aimed to establish the relationship between conduct disorder and parenting styles. With the support of a conduct disorder tool and a questionnaire filled by the children from Youth Corrective Training Center and at Kamae Girls Borstal Institution, both situated in Nairobi County for boys and girls respectively. The study meant to inform the public and especially parents on the nature of conduct disorder, its diagnosis, and effects, as well as its severity and impact on children today. The study would also be crucial in enlightening parents on adopting a better parenting style as well as supporting and helping children suffering from conduct disorder. There were no published studies on cases of conduct disorder from the prisons department in Kenya and its relationship with parenting styles employed, which spells a knowledge gap in that area. The study, therefore, aimed at closing this gap to curb the prevalence rate of conduct disorder by adopting the appropriate parenting styles.

1.8 Scope of the Study

The study was about the relationship between conduct disorder and parenting styles used by parents in Kenya. The study was conducted at Youth Corrective Training Center and Kamae Girls Borstal Institution for boys and girls, respectively, both situated at Kamiti command in Nairobi County. Both are government institutions under the Kenya Prisons department. Kamiti Y.C.T.C (Youth Corrective Training Centre) and Juvenile Remand is an institution under the administration of prisons department established under Section 67 CAP 90 Laws of Kenya in December 1962 to train youthful offenders. The youths are committed to serving a four-month custodial sentence after being involved in petty offenses and are first-time offenders. Borstal institutions, on the other hand, are established under Borstal institution act Cap 92 Laws of Kenya, where a three-year

reform program for girls and boys aged between 15 – 18 years is offered. Kamae Girls Borstal Institution was one of such institutions established in 2016 to hold young girls who have been involved in high-risk crime offences.

1.9 Assumptions of the Study

The study assumed that there was a relationship between parenting style and conduct disorder among incarcerated adolescents in Kamiti Command. The study also assumed that the relationship was influenced by the types of parenting styles employed while raising a child. Also assumed was that conduct disorders are prevalent among adolescents and that the 275-target population was representative of the adolescents at Kamiti Youth Corrective Training Center and Juvenile Remand and Kamae Girls Borstal Institution. Thus, the study results were presumed to be generalizable to all adolescents within the Kamiti and Kamae Girls Borstal Institutions.

1.10 Limitations of the Study

Reaching out to the targeted participants was expected to be a challenge for this study because of the impact of Covid-19 restriction such as limited physical interactions. The researcher anticipated to face bureaucracies while obtaining prerequisite approvals, especially with the government institutions. These restrictions and bureaucracies were necessitated by the need to protect the respondents from infections and harmful research respectively. The researcher employed drop and pick approach and prepared a backup for a link where questionnaires could be shared online via email just in case physical copies of questionnaires became inadmissible.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

The researcher, in this chapter, addressed the various discussions on the conceptual framework, theoretical reviews, empirical review, different variables and review studies as documented by different authors on the relationship between conduct disorder and parenting styles.

2.1 Theoretical Review

A parent is not necessarily biologically related to the child but can be any caregiver who brings up a child. Parents usually hope to do their best to raise their children to be responsible and valuable members of the family and, by extension, the community. Since there is no child who is ever born with a manual on how to raise him/her, the parents or guardians will often employ their best skills, and the knowledge learned from their environment in raising their children (Bornstein, 2013). Parenting styles are generally the psychological approaches on how parents bring up their children, what they demand from their children as well as how they respond to their children's needs and demands.

Conduct disorder is a mental disorder that is diagnosed especially during the adolescence stage and is often associated with serious behavioral and emotional issues. The children who suffer from conduct disorder are often aggressive, have delinquent behaviors, and usually display antisocial behaviors. Such children have challenges in following rules; they destroy properties and usually violate other people's rights without any remorse whatsoever (Nock et al., 2006).

The moral development of children has largely been ascribed to a great extent the effects of parenting. It is widely held that parenting styles have an influence on the occurrence of delinquent behaviors among children. Competent parenting counteracts the development of delinquent

behavior among youths while promoting internalization of normative and pro-social behaviors. Parents with low competency are perceived as a recipe for increased delinquent behaviors among children. When such delinquent behaviors are not curbed during early childhood, the likelihood of conduct disorder in the adolescence stage is imminent and such children are likely to have problematic future relationships (Silva & Sandström, 2018). To understand the adolescence stage, there is a need to acknowledge that as a transition stage from childhood to adulthood, many changes are involved in their lives. In this study, the researcher employed an eclectic approach since there was no single theory that explains comprehensively from all domains this stage of development. The domains are psychoanalytic, psychosocial, cognitive, and Kohlberg's moral understanding.

2.1.1 Psychoanalytic Approach

From 1856 to the year 1939, Sigmund Freud developed the psychoanalytic theory. He suggested that our unconscious mind affects human behavior. The unconscious mind stores our memories, feelings, and emotions, according to Freud. The Id, which is the pleasure-seeking principle, the ego, which is the reality principle, and the superego, which is the principle of moral seeking, are three components of the mind. Development of personality is a phase, and one must go through the various stages one after the other, and there is an erogenous zone and a potential psychological conflict at each stage.

Adolescents are in the psychosexual period of the final stage. The period is the genital period, and the maturing sexual relationship is the erogenous zone (Freud, 1910). At this stage, the child develops sexual desires towards the opposite sex. The aim of children at this point is to create a balance between the different areas of life because in the previous stages he/she had concentrated on other areas. Freud believed that most impulses to adhere to social expectations and the demands

of reality are dominated by teenagers (White, 1963). The availability of these impulses to abide by social expectations can explain delinquent behaviors among adolescents, thus making this theory relevant to the current study.

2.1.2 Psychosocial Theory

This theory was suggested by Erik Erikson, who was significantly influenced by Freud. According to Erik Erikson (1959), a person goes through different stages of psychosocial theory for a successive transition from childhood to adulthood. The periods range from infancy to late adulthood. As Sigmund Freud suggested in his theory, Erikson supports that personality evolves in a systemic way where it builds upon a previous level. There are eight levels in psychosocial theory. The first five phases range from birth to eighteen years, and nineteen to sixty-five and beyond are in the remaining three phases (McLeod, 2013). There is a psychosocial crisis at each point, and it is the resolution that brings success or failure (Justin, 2009). When an individual goes through a stage successfully, depending on the stage, they gain a virtue (ego strength), and they grow a healthy personality. In their later lives, failure to go through each stage effectively affects one's ability to go through other stages.

The crisis in the fifth stage of this theory is identity versus role confusion. Individuals are between twelve and eighteen years of age currently. At this point, individuals begin to find a sense of who they are as individuals and what they want in the future for themselves. This stage is very critical for it helps to shape identity and gain a sense of direction. They establish a sense of fidelity if one manages to go through this stage well. If he/she does not go through this stage successfully, at this point, they struggle to establish an identity and gain a sense of direction; one develops confusion of position (Taubenheim, 1979). The development of the confusion of position and the struggle to

establish an identity can be contributing factors to the onset of conduct disorders among adolescents, which then, leads them to correctional facilities.

2.1.3 Theory of Cognitive growth.

The theory of cognitive growth was developed by Jean Piaget in 1936. He clarified how the world around is perceived by a child, and he did not believe that intellect was a fixed characteristic. His theory was that various environmental experiences and biological maturation contribute to cognitive information creation. According to him, teenagers are in the formal operational stage where they can think about ideas abstractly and are able to answer questions using deductive reasoning (Anderson, 1992). This theory is relevant to the current study because it can help explain the relationship between parenting styles and conduct disorder, especially because the environment created by different parenting styles determines children's behavior.

2.1.4 Moral Growth Theory

Lawrence Kohlberg (1927-1987) developed a theory of moral growth that explains how individuals learn to distinguish between right and wrong in three stages. According to Kohlberg's theory, moral growth in a predictable and organized series is an incremental process from one point to the other. He stated that every stage is strengthened by the skills and abilities learned in the previous process. Moral development is a life-long process, but the more advanced phases are not established by many people. The theory of moral development has six phases divided into three stages, and each stage is often split into two phases. The levels are the pre-conventional level, the conventional level, and the principled level also called the post-conventional level (Grusec, & Kuczynski, 1997). Early adolescence, or rather most young people, according to Kohlberg's theory, are in the mid-level of moral reasoning known as the conventional level. Social standards at this stage define morality. When a group of individuals explicitly or implicitly agree on social

standards and laws, they help to decide a society's morality. Such customs and regulations help to preserve order and mitigate conflicts between members of society. The Conventional Level is broken down into two stages. Stage three is also known as the morality of interpersonal cooperation, and stage four is also known as the social order maintaining orientation. At stage three, peer groups and prominent people decide how the teenager can make moral choices because they would want to look sober to others, they consider important in their lives. Within the conventional phase, stage four, an adolescent tests morality by deciding the best for most individuals to establish healthy coexistence. The adolescent knows and accepts the laws at this stage, and his / her social expectations are strongly affected by them. When emotional and behavioral maturity develops, moral growth develops. The perception of right and wrong among young people is becoming more refined. For parents and guardians, the phase of moral growth might be a daunting time because the child doubts much of the laws and challenges authority.

Parents should take comfort in the sense that this is a vital mechanism for the formation of beliefs and values for children. Often teenagers rebel when they are advised to love, guard and help children when they don't understand the laws and their parents (Waterman, 1982). This inclination to rebel could be due to conduct disorder, an aspect that the study intended to examine.

2.1.5 Theoretical Framework

Children usually learn from life experiences since, at birth, they possess no knowledge (Locke, 1671). Children normally face different life experiences as they grow up and go through the life stages to reach the adolescence stage. Such life experiences determine the quality of decision-making, behaviors, and values in life as they mature. Adolescence is a stage in life where an individual transit from childhood to adulthood, and there are several changes involved ranging from emotional, psychological, and physical. The researcher in this study used an eclectic

approach since there is no one theory that is able to comprehensively explain this stage of development from all the domains. These domains include psychological, psychoanalytical, Kohlberg's moral understanding, and cognitive theories.

2.2 Empirical Review

Parenting is simply the process of socializing a person from childhood to adulthood. The different approaches developed by psychologists towards parenting are referred to as parenting styles. These parenting styles include authoritarian, neglectful, permissive, and authoritative parenting styles (Steinberg & Silk, 2002).

2.2.1 Types of Parenting Styles

There are quite several known parenting styles which includes unconditional parenting, attachment parenting, positive parenting, helicopter parenting, over-parenting, spiritual parenting, holistic parenting and slow parenting. However, there are four most common parenting styles namely authoritarian, neglectful, permissive, and authoritative parenting styles.

Neglectful parenting style is also known as uninvolved parenting style, and this is where parents responses to the demands of their children is low, and at the same time, the parents are less demanding of their children (Maccoby & Martin, 1983). The parents do not provide standards of conduct and offer little or no emotional support for their children. They are therefore emotionally disengaged and detached from their children. The children end up learning how to survive on their own and provide for themselves for survival. Such children are at high risk of exposure to substance abuse, end up emotionally withdrawn and usually fear depending on others (Bahr & Hoffmann, 2010). Uninvolved parenting, relative to others, is the most negative form of parenting (Hoskins, 2014).

Permissive parenting, also referred to as indulgent parenting is where parenting is less demanding and more responsive to the needs of children. Parents despise confronting their children and are more loving (Baumrind, 1966). Parents do not lay down laws for their children, and even when there are rules and guidelines, they do not demand that their children obey them. In general, parents who use this form of parenting are extremely uninvolved in the lives of their children and do little to prepare their children to be more independent. Permissive forms of parenting encourage their children to make choices even though they are not adequately mature to make them. This style of parenting influences the conduct, academic success, and risky behaviors of children in adolescence (Piotrowski et al., 2013; Underwood et al., 2009).

Authoritarian parenting, on the other hand, is where parents are less responsive to the needs of their children but at the same time being more demanding (Efobi & Nwokolo, 2014). The parents issue rules to their children and expect strict obedience without any questioning whatsoever. Although they expect strict obedience, they usually fail to clarify rules and so fail to promote autonomy in their children (Akinsola et al., 2013). Children end up having anger management issues and are usually less resourceful. The children are more likely to abuse alcohol, and instances of children committing suicide are common to escape harsh punishment by the parents (Tunde-Ayyinmode & Adegunloye, 2011). They like punishing their children by way of shaming them before their peers. This however erodes their self-esteem and the children end up being aggressive, bullying others and usually demonstrates a lack of independence and confidence (Ginsburg et al., 2009).

Authoritative style of parenting is defined as a parenting style whereby parents create rules and guidelines expecting their children to obey. Authoritative parents discipline their children, but they also listen to their children's opinions and respect them. The parents are responsive to their

children's needs as well as demanding of their children. (Baumrind, 2012). These parents talk to their children about the repercussions of not doing what is expected of them. Authoritative parents are very supportive of their children and always providing an enabling environment for them to learn (Luyckx et al., 2011). Children usually learn to connect and relate well with their peers and adults as well while obeying rules and set laws. This style of parenting helps foster morality and discourage delinquent behavior (Patrick & Gibbs, 2016; Arsenio & Ramos-Marcuse, 2014). Parents who are more demanding and more attentive to their children encourage them to be more goal-oriented and socially skilled (Ishak et al., 2012). The best parenting style for growing children into safe and responsible members of society is authoritative, and it is recommended worldwide (Pinquart & Kauser, 2017). Parents exercise influence and monitor the actions of their children while giving them an opportunity to explore, which helps to encourage children's self-autonomy and has the most beneficial impact on children's behavior (Arsenio & Ramos-Marcuse, 2014).

2.2.2 Conduct Disorder

Conduct disorder can be defined as a mental condition whereby a person has a repeated pattern of behavior that is unacceptable socially (Theule et al., 2016). The crucial features of conduct disorder described by DSM is that of a pattern of behavior whereby the societal norms and rules are persistently violated. If left untreated, such children have a higher likelihood of manifesting criminal or delinquent behavior in adulthood. (Loeber, 1982). The person breaches the rules in place and disrespects others' rights. It manifests itself when, for a period of one year, three out of fifteen criteria are met. For a proper diagnosis of conduct disorder, however, one criterion must be present for the past 6 months. The first criterion is when a person is hostile to others and animals. One may coerce others into sexual activity, threaten and bully and often initiate fights while being physically cruel to animals. The second criterion is the destruction of property, such as damaging

the property of people by purposely setting them on fire. The third criterion is deceitfulness or theft, and this involves breaking into the premises of others habitual stealing and lying. The fourth criterion is a severe breach of the set laws and rules. This may include running away from home two or more times, spending a night out of parent's house despite being forbidden before one was 13 years and running away from school. The individual must be above 13 years of age and below eighteen. The disorder, on the other hand, must have caused significant impairment in several areas of functioning like social connections with others, school life, among other vital areas (Lochman, 2017). The diagnosis of conduct disorder is made with the help of measures ranging from severe, moderate and mild. Mild is determined if a few conduct symptoms are present, but the signs are minor and less likely to affect others, for example, lying. Moderate is usually determined when behavioral manifestations and their effect on others are between mild and severe diagnosis, for example, vandalism. On the other hand, when a person has three or more symptoms which can cause general harm to others for example, coercing others into sex or use of weapons, the condition is termed to be severe (APA, 2013).

There are however three types of conduct disorders namely childhood-onset type, adolescent-onset type and unspecified onset type. Childhood-onset type is where a person shows at least one symptom of conduct disorder, while adolescent-onset type is where a person shows no conduct disorder symptoms before age ten. The unspecified onset is where there is no information to tell if a person manifested the first symptoms before the age of ten (APA, 2013). For an adolescent to be diagnosed with conduct disorder, the following specific characteristics should be notable. First, the adolescent has minimal pro-social emotions for the period under consideration, not just an occasion. The second specifier is a lack of remorse or guilt, and a person does not feel sorry or remorseful for wrongdoing nor do they care about the consequences. The third specifier is where

a person lacks empathy and is not concerned about the feelings of others and how their wrongdoing affects others. The fourth specifier is a lack of concern about performance in school and makes no efforts to improve but always blame others for failure. The fifth specifier is when a person shows shallow and deficient effects whereby one does not show emotions and when he/she do, it's simply to manipulate others (Salekin, 2016). For an adolescent to be diagnosed with conduct disorder, he / she needs to show three or more symptoms for a span of twelve months but with one symptom being present for one month.

The causes of conduct disorder include genetic factors, environmental and temperamental risk factors (Lahey et al., 2003). Environmental factors include family risk factors and community risk factors. Family risk factors include rejection or neglect by parents, sexual or physical abuse, harsh discipline, early institutional living, parental criminality, frequent changes of caregivers, certain kinds of familiar psychopathology, inconsistent child-rearing practices and lack of supervision. Community risk factors, on the other hand includes involvement with delinquent peer groups, neighborhood exposure to violence and peer rejection. Lower than a one does average intelligence includes temperamental risk factors, especially verbal IQ and difficult under the controlled temperament of infants. Family-level risk factors and risk factors are severe and common to persons diagnosed with the childhood-onset type. Neglectful and authoritarian parenting styles perpetuate the development of conduct disorder, especially when the child is already predisposed. On the other hand, the use of other parenting styles may neutralize the development of conduct disorder in a case where a child is already predisposed. (Kimonis et al., 2014). Environmental and genetic factors both influence conduct disorder, and the risk is increased if the child has a close relative with conduct disorder. If the biological parents had been diagnosed with other mental

conditions like schizophrenia, depressive and alcohol use disorder, and such, conduct disorder may be common among their children.

2.2.3 The Relationship Between Conduct Disorders and Parenting Styles

Parenting styles are strategies used by parents as they bring up their children and is extremely dependent on the parent's religion and cultural practices. While every parent endeavor to raise children healthy from childhood to adulthood, children also learn from the world around them. Depending on the parenting style undertaken, there is always a negative and a positive outcome at every stage of development of the child (Locke, 1671).

Adolescents are children in a transition period from childhood to adulthood, and there are significant physical changes as boys develop to become men and girls to become women. The period is therefore critical for both parents and children as well (Berk & Meyers, 2016). Cognitively, adolescents learn to think abstractly and advance reasoning on issues like spirituality, how others perceive them, and their own feelings and emotions as well (Larson & Armstrong, 2014). The prefrontal cortex, a part of the brain responsible for effective decision making is not fully developed for adolescents. As a result, they have weak decision-making abilities despite being able to think abstractly (Dumontheil, 2014). When parents use parenting styles that deny adolescents chances to make decisions, then the adolescents are likely to rebel to prove that they are grownups with the ability to make good decisions as well. If the parents, on the other hand, encourage and support the adolescents to make decisions while supervising them, then they will feel supported and appreciated and not likely to rebel.

An adolescent's psychosocial development is split into three stages. In the first stage, falling between the ages of eleven and fourteen, the emphasis of development is the establishment of

identity, future orientation, and autonomy. Such adolescents tend to identify more with their peers and strive to seek emotional independence apart from their parents (Sanders, 2013). The second phase is between the ages of fifteen and seventeen, and here the peer groups are expanding in this process, and they are now mixed sexes. They start to have an intense, short love relationship, but they are not prepared for a lasting relationship while at the same time develop a sense of self-concept and self-esteem. An adolescent's third and final stage is between the ages of eighteen and twenty-one years. At this phase, if the adolescent has achieved their identity, they are likely to step away from their parents and peers and enter a more lasting relationship. The adolescents are now able to understand their personal value systems, what they want in the future, and even how to achieve their goals. They also learn how to manage their feelings and emotions as they relate with others (Wang, Hill & Hofkens, 2014).

The authoritative parenting style is where parents practice confrontational control over their children that is however negotiable, reasonable, and outcome-oriented (Baumrind, 2013). The parent demands a lot from the child and, with determination, endeavor to have the child change behavior to suit the desired outcome. The children end up being disciplined and usually excel in their academics (Cutrona, Cole, Colangelo, Assouline, & Russell, 1994). Parents are not only demanding but also very responsive to the needs of the child, which makes the child feel supported and loved. The child grows up equipped with problem-solving skills out of the support from the parents (Alizadeh, Talib, Abdullah & Mansor, 2011). This parenting style promotes positive feelings and reduces negative feelings as the child grows up. Studies have shown that a child's levels of self-control are nurtured through an authoritative parenting style (Wills, Gibbons, Gerrard, Murry & Brody, 2003).

The fourth type of parenting style where parents exercise coercive control over their children is the authoritarian parenting style. The parents exercise a domineering and intrusive parental behavior while making irrational orders and use threats over their children (Baumrind, 2013). The parents create rules without explaining or consulting the child and expect the child to obey without any questioning whatsoever. They also employ punishments as opposed to disciplining the child, and so use harsh physical and verbal punishments. The parents are usually cold and harsh and do not have room for negotiating with their children as they do not trust that their children can make good decisions. Adolescents under this parenting style learn to be aggressive to their peers as the only way of communicating and resolving matters (Richards, 2015). The child may begin to disobey their parents as a way of responding to their parents' harshness if the parent is too harsh and does not allow the child space to make mistakes and decisions (Murray & Farrington, 2010). There is an increased risk of conduct disorder due to less parental support and negative control by the parents (Wabishet & Lauween, 2016). Most research on authoritarian parenting suggests that this style of parenting is detrimental to a child's development and results in delinquent issues in later life (Thompson, Hollis, & Richards, 2003). Other studies reveal that authoritarian parenting style generally fuels illicit behavior in children and suicidal attempts as a way of escaping from the harsh treatment by the parents (Tunde- Ayinmode & Adegunloye, 2011)

The permissive parenting style is where the parent is less demanding and more responsive to the needs and desires of their children. The guardians or parents are usually lenient with their children and do not insist on their children being accountable and taking any responsibility. The parents also do not set rules nor require their children to follow them. The parents have low expectations of maturity and self-control for their children. However, this type of parenting style is linked with unbecoming behavioral tendencies for children (Milevsky et al., 2007). Some studies have also

shown that adolescents under this type of parenting prefer relationships that are outside family cycles (Harris et al., 2017). However, when relating with others, such adolescents have poor relationship skills as they normally expect others to handle them just as their parents used to treat them. Most adolescents under this parenting style are prone to substance and alcohol abuse out of frustration, especially when things do not work in their favor. Parental care and supervision are paramount to curb delinquent behavior for adolescents under this style of parenting. (Peckham & Morgan-Lopez, 2006). Sexual risk behaviors and peer influence are high where there is poor parental supervision. Socializing with others and following rules becomes a tall order for such adolescents (Wang et al., 2015).

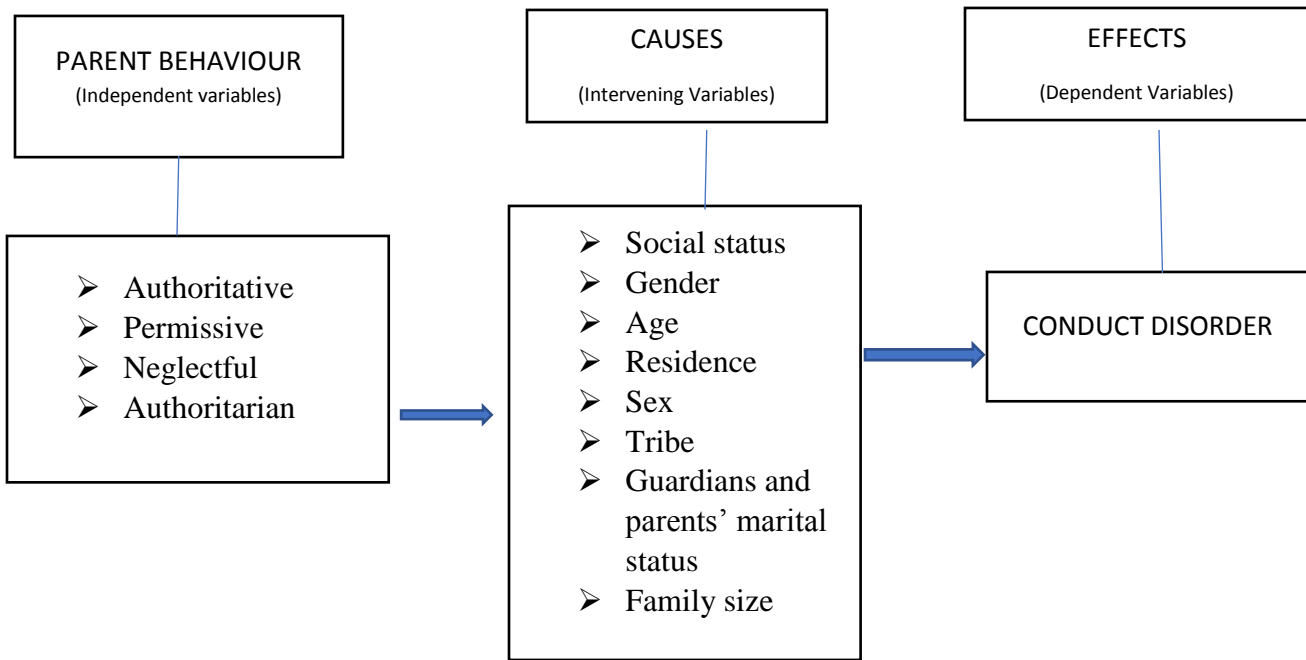
Neglectful parenting style is a type of parenting style whereby the parents are neither responsive to the needs of their children nor demanding of them and is therefore referred to as a form of child abuse. The parents are usually cold and uninvolved in the life of the child, and such children may end up engaging in risky activities like sex (Oluwatosin & Adediwura, 2010). Neglectful parenting leads to delinquent children, and since children are unable to obey rules having grown up in an environment without rules in the first place (Widom & Wilson, 2015). To escape from reality, adolescents end up as victims of drug and substance abuse. Children raised up under this parenting style learn not to trust others which end up compromising their next stages in life. Formation of identity is usually a difficult task as the child independently struggles to form one without parental support and guidance (Matthys & Lochman, 2010).

2.3 Conceptual Framework

The Figure below shows the relationship between the study variables replete with indicators to show measurable variables that will guide the study. The arrows show the direction of influence.

The study assumes that parenting style has an influence on conduct disorder among adolescents who are already incarcerated in the two institutions in Kamiti command. The independent variables were the parenting styles which included neglectful, authoritarian, permissive, and authoritative parenting styles. The dependent variable was conduct disorder. The intervening variables included social status, religion, sex, age, education, family support and family size, personality type of the parents among others.

Figure 3.1: Conceptual Framework



2.4 Chapter Summary

In this chapter, the adolescents were the focus group as they comprise the study group under consideration. The four main parenting styles, namely authoritative, neglectful, permissive, and authoritarian styles, were extensively discussed. Conduct disorder was also equally discussed at length, as well as the relationship between the different parenting styles and conduct disorder.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This chapter focused on the methodological procedure that was used in the study. The chapter had several sections, namely: the description of the site of the study and the units of analysis; description of the research design and the reasoning for the choice; the study population and the procedures for sample selection; techniques for data collection; data analysis methods, limitations of the study; and ethical considerations.

3.1 Research Design

The researcher employed a correlational design as this was a quantitative study. The relationship between the variables was therefore examined articulately as correlational research studies are able to describe the various relationships. The research design aimed to find the direction of the relationship between variables as well as the strength of the relationships (Porter & Carter, 2000).

3.2 Unit of Analysis

According to Mulusa (1990), the most critical part of an idea under study is the unit of analysis. In this study, the units of analysis comprised the different parenting styles employed in raising children from childhood to adulthood.

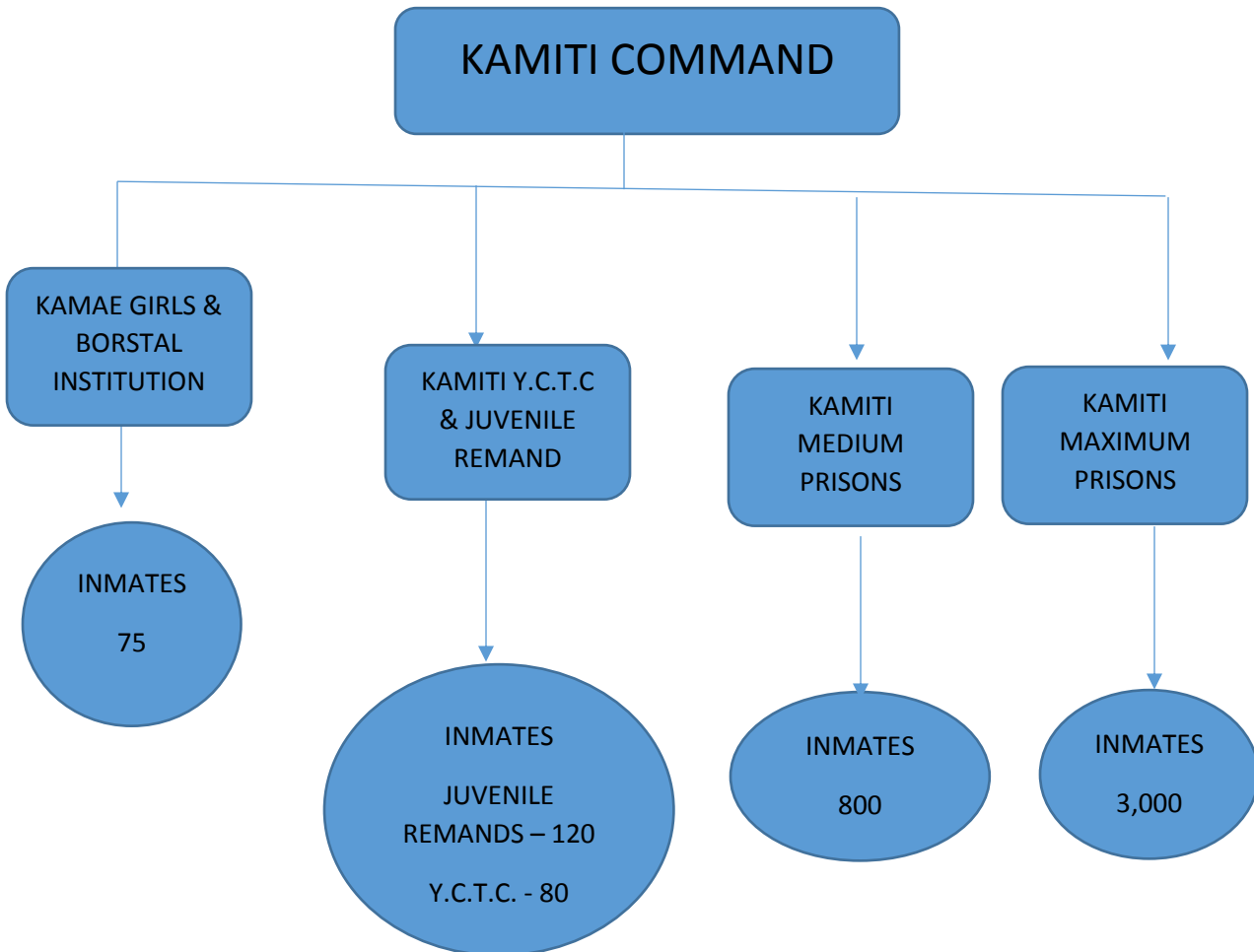
3.3 Site Description

The research data was sought from adolescent boys and girls from the Youth Corrective Training Center and Juvenile Remand as well as Kamae Girls Borstal Institution, both situated in Nairobi County for boys and girls, respectively. These adolescents are usually aged thirteen to twenty-one years.

3.3.1 Kamiti Command

Kamiti is located on a 1,200 acres piece of land along Kamiti road, twenty-seven (27) kilometers from Kenya's capital city Nairobi and seven (7) kilometers off Thika Superhighway,. A command in the setup of prisons means a collection of several prisons within the same location but each prison is headed by an officer in charge and discharging duties differently. Kamiti main command has four (4) prisons of different categories and operating independently but within the same location.

Figure 3.2: Kamiti Command



3.3.2 Kamiti Y.C.T.C (Youth Corrective Training Centre) and Juvenile Remand.

Kamiti Youth Corrective Training Centre is an institution under the administration of prisons department established under Section 67 CAP 90 Laws of Kenya in December 1962 to train youthful offenders who have attained the apparent age of 17 years but who have not attained the apparent age of 21 years. They are committed to serving a four-month custodial sentence after being involved in petty offenses and are first-time offenders. Therefore, it is part of the penal systems of Kenya, unlike other custodian institutions hosting children, which are managed by the department of children's services. The main purpose is to deter the youthful offenders from criminal behavior through vigorous training and counseling programs dubbed "Short Sharp Shock (SSS) to enable them to regain track and never repeat the offense. This involves taking them through short but strenuous activities to make them refrain from criminal activities, thus becoming responsible and law-abiding citizens. Kamiti YCTC and Juvenile remand has grown over the years and currently has about 200 inmates though the number keeps changing from time to time. Kamiti Y.C.T.C is a standalone category of prison in Kenya as it is the only youth corrective training center in Kenya with an average population of about 80 inmates while the Juvenile remand has a population of about 120 inmates. These numbers however keep changing from time to time.

3.3.3 Kamae Girls Borstal Institution

Borstal institutions are established under Borstal Institution act Cap 92 laws of Kenya, where a three-year reform program for girls and boys aged between 15 – 18 years is offered. The Borstal Institutions Act Chapter 92 was enacted in 1963 by the Country's first Parliament with an aim of providing detention for youthful offenders who have been involved in high-risk crime offences. A review board meets yearly to review the progress in reformation of these young offenders and those found to have reformed are set free upon the board's recommendation even before

completion of three custodial sentences but after completion of the first year. These institutions are headed by a Superintendent of Prisons. Borstals are administered by the prison's department and are part of the Penal System in Kenya, unlike other children's custodial institutions, which are managed by the Department of Children's services (information cradle). The young offenders are placed in borstal institutions by the courts of Kenya. There is a total of 3 Borstal institutions in Kenya. Kamae Girls Borstal Institution was established in 2016 to hold young girls who have been incarcerated. The institution has about 75 inmates, but the numbers keep changing from time to time.

3.4 Study Population

Kamiti main command has four (4) prisons of different categories and operating independently but within the same location. This study intended to investigate two corrective facilities within Kamiti command as they handle schools' delinquent youths, mostly adolescents who have had serious conduct issues that resulted in crime. The target population comprised the 120 inmates at Kamiti Y.C.T.C remand and the 80 inmates at the Juvenile section, as well as the 75 girls who were inmates at the Kamae Girls Borstal institution both within the Kamiti Command.

3.5 Sampling Method

The highest recorded number of boys that Kamiti Y.C.T.C is 80 inmates at the corrective center and 120 inmates at the remand section. On the other hand, the highest number of girls recorded at the Kamae Borstal institution is 75 inmates. However, the number of inmates at the two institutions under Kamiti command keep varying from time to time. This is because the youths are usually committed to serving a four-month custodial sentence after being involved in petty offenses and are first-time offenders.

The sample size determination was done using Slovin's formula given as:

$$n = N / (1 + Ne^2)$$

Where n is the sample size

N = Total target population

e = Error tolerance (0.05) or 95% confidence level (Anoke, 2020).

$$80+120+75 = 275$$

$$n = 275 / [1 + 275(0.05)^2]$$

$$= 162.96$$

$$\approx 163$$

That meant, to calculate the sample size for population per strata, then we would have to use the following formula:

Sample size per strata;

$$n_h = (N_h / N) * n$$

Whereby:

n = Total Sample size (169)

N = Total Population (275)

n_h = Sample of the stratum

N_h = Population of the stratum

$$80/163*100 = 49$$

$$120/163*100 = 74$$

$$75/163*100 = 46$$

$$\text{Total sample size} = 169$$

Table 3.1: Sampling Frame

Institution	Kamae Girls Borstal Institution	Kamiti Y.C.T.C (Youth Corrective Training Centre)	Kamiti Juvenile Remand.	Totals
Population size	75	80	120	275
Sample size	46	49	74	169
Percentages	27	29	44	100

This implied that the sample population of the study would be 169 respondents. The total number of respondents from Kamae Girls' Borstal Institution would be 46 while the number of respondents from Kamiti Y.C.T.C and the remand section would be 49 and 74, respectively. The data obtained from each institution was crucial to enable the researcher to establish if there was indeed any relationship between conduct disorder and parenting styles. The measured characteristics from the representative samples were used to generalize the entire population (Mugenda & Mugenda, 2003).

3.6 Methods and Instruments of Data Collection

This study used self-administered structured questionnaires which had three sections, (A, B to C). Section A involved collecting demographic information of the participants. Section B used the

Likert scale statement on different parenting styles as identified by the various respondents. Section C on the other hand gathered information about conduct disorder. The research adopted questionnaires from previous studies and modified them to suit the current study. Parenting styles were tested via self-administered structured questionnaires adopted from previous studies on parenting styles (Wacheke, 2018).

For conduct disorder test, the study used a standardized Conduct Disorder Scale (CDS) tool whose author is James E Gilliam published it in 2002. It is an assessment tool that can be administered to individuals between the ages of 5-22 years for 5- 10 minutes. It has 40 items in behavioral checklist format which are divided into 4 subscales. The scales are representatives of core symptoms of conduct disorder according to the DSM 5 manual. The study computed the average scores from the CDS tool to and the interpretation guide to determine the participants' probability and degree of severity of conduct disorder. The subscales have psychometric properties with a reliability coefficient of 0.94 in aggressiveness, Hostility has a coefficient of 0.91, Deceitfulness and theft has a coefficient of 0.79 and Rule violation have a coefficient of 0.74. Coefficient of all the scales was 0.96 (Gillian, 2002).

3.7 Pilot study and Reliability of the Instruments

This study sought to find out the relationship between parenting styles and conduct disorder through a pilot study with a different group of adolescents within Kamiti Command who were not be selected for the final study. Reliability refers to the degree of reproducibility of the measurement. If researchers would repeat the measurement in various ways, and get the same results each time, then there is reliability of the instrument (Mugenda & Mugenda, 2004). In this

study, the researcher did a Pre-test and Cronbach alpha was used to measure the reliability of the study.

3.8 Administration of the Instruments

In consideration of the covid-19 pandemic restrictions, the researcher employed drop and pick questionnaires approach. This was done through the research guide who was stationed within Kamiti command. However, in case of any challenges on the same, the researcher was ready with a link to be shared on email with the officer in command of the stations through the group email that was already available for each station.

3.9 Validity of the Instruments

During the piloting of the study, the researcher checked if the responses given aimed at the research objectives. If there were questions that seem to be misunderstood or misinterpreted, the researcher then edited the questions that would fail to produce reliable measurements.

3.10 Data Analysis

The data collected was analyzed to achieve the formulated study objectives and also answer the postulated research questions. Data analysis was mainly done using descriptive statistics with frequency distributions, pie charts, measures of central tendency and measures variability.

The study also used inferential statistics, specifically the Chi square to relate frequencies of parent behavior and conduct disorders recorded in the correctional facilities. All these were done with the use of Statistical Package for Social Sciences (SPSS Version 25.0). Themes from qualitative data were analyzed through written narrative analysis.

3.11 Ethical Considerations

Ethical issues may arise during the process of study and researchers should anticipate such when conceptualizing the writing process for a study (Cresswell & Clark, 2007). The researcher therefore ensured that the study was conducted within the guidelines of ethical considerations as stipulated in research. The information sources were acknowledged as much as possible in this study. The researcher briefed the respondents adequately on the expectations and the purpose of the study and built adequate rapport with them. The researcher also assured the respondents of the study on confidentiality and anonymity clauses and that their identities would be protected in that the data collected was meant for academic purposes only. The researcher did not use words or language that was biased against anyone whatsoever. The researcher only obtained information from respondents who voluntarily agreed and were willing to participate in the research. The researcher also sought authorization from the National Commission for Science Technology and Innovation (NACOSTI) and the prisons administration as well. The researcher also sought to be cleared by the University of Nairobi through the department of psychology before conducting the study. All respondents were well-informed about the risks and benefits of participating in the study. Confidentiality was maintained by ensuring that no names were required from those interviewed, and all information collected from all respondents was utilized for the intended purposes only. Such collected data was adequately guarded and will later destroyed after the end of the study.

3.12 Chapter Summary

The methodology employed while conducting the study was clearly articulated in this chapter. The study area, target population, and the choice of the research design were also explained and justified. The target population and the study area were described as well, and sample size and the

sampling technique clearly discussed. This chapter also focused on the data collection methods, type of data, the research procedure, and the choice of the research design.

CHAPTER FOUR: DATA ANALYSIS AND PRESENTATION

4.1 Introduction

This chapter outlines the data collection exercise and presents the results obtained from the gathered data. The chapter discusses the study's response rate and descriptive and inferential data. From these findings, the chapter draws generalizable results on the effects of parenting styles on conduct disorder among adolescents in Kamiti Youth Corrective Training Centre & Juvenile Remand and Kamae Girls Borstal Institutions in Nairobi County.

4.2 Response Rate

The research aimed to include 169 respondents (74 from Kamiti Juvenile Remand, 49 from Kamiti Youth Corrective Training Centre, and 46 from Kamae Girls Borstal Institution). Of the 169-sample size, 143 respondents partook in the study, inferring an 84.6 percent response rate. The study, guided by Fincham (2008), considered the 84.6 percent response rate a good response rate because it exceeded the recommended 60 percent. The 143 questionnaires formed the foundation for the study's data analysis procedure.

4.3 Respondents' Demographic Information

4.3.1 Respondents Gender

122 of the respondents (representing 85 percent of the respondents) were male, whereas 21 were female (15 percent of the respondents) were female, as depicted in Figure 4.1 below.

Figure 4.1: Respondents' Gender

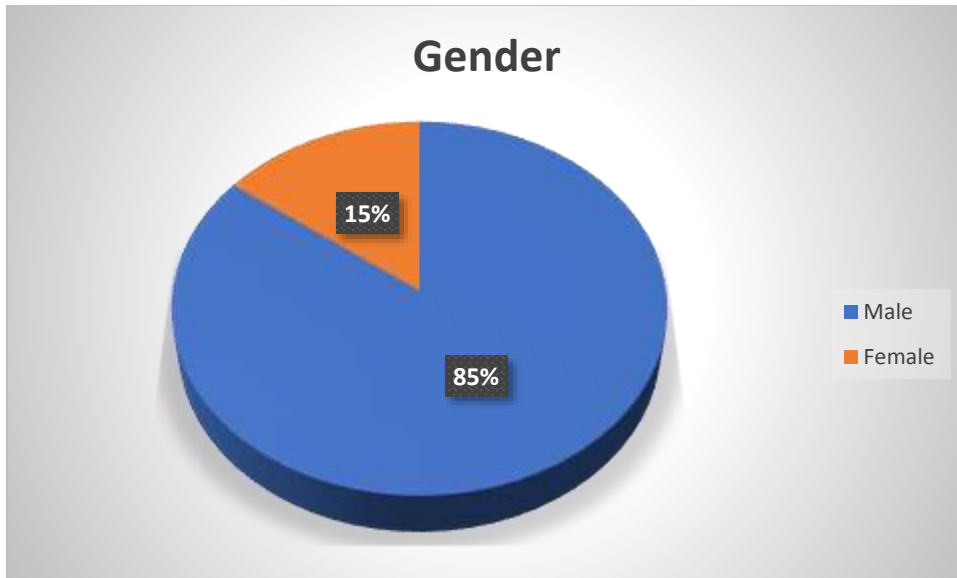
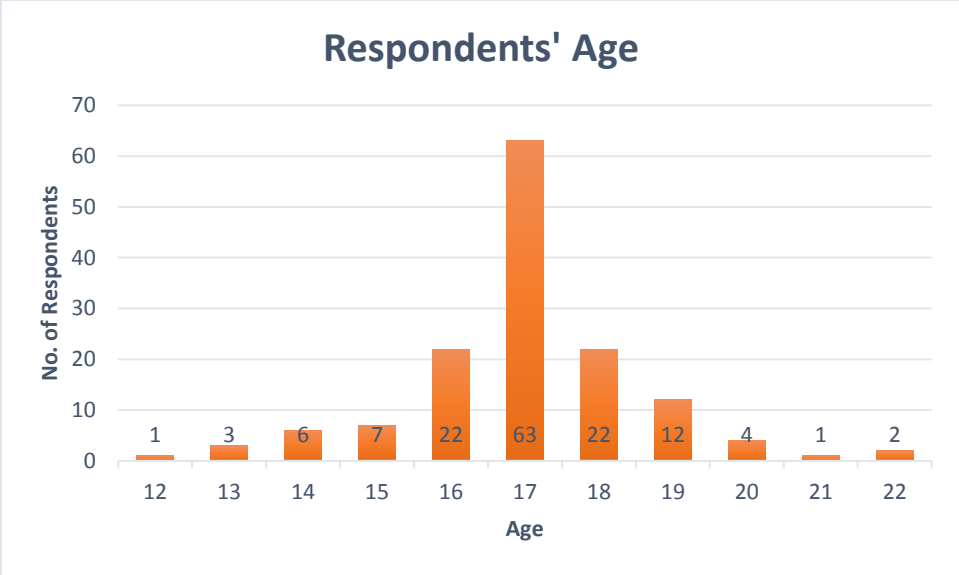


Figure 4.1 above signifies a predominance of male respondents within the study. The continual variation in the number of females committed at Kamae Girls Borstal Institution made it difficult to involve more female respondents in the study. Besides, the institution deals with first-time offenders and individuals involved in petty offenses leading to a four-month custodial sentence, which reduced the number of possible female respondents to participate in the study. These findings suggest that the study's results might primarily reflect the perspective of male adolescents in correctional facilities.

4.3.2 Respondents Age

The study intended to examine the effects of parenting styles on conduct disorder among adolescents in Kamiti Youth Corrective Training Centre & Juvenile Remand and Kamae Girls Borstal Institutions. Thus, the study intended to amass data from adolescents aged between 10 and 19. WHO (2022) identified adolescence as the human development phase between the ages of 10 to 19. As shown in Figure 4.2 below, the study's respondents comprised youths with ages ranging from 12 to 22 years.

Figure 4.2: Respondents' Age

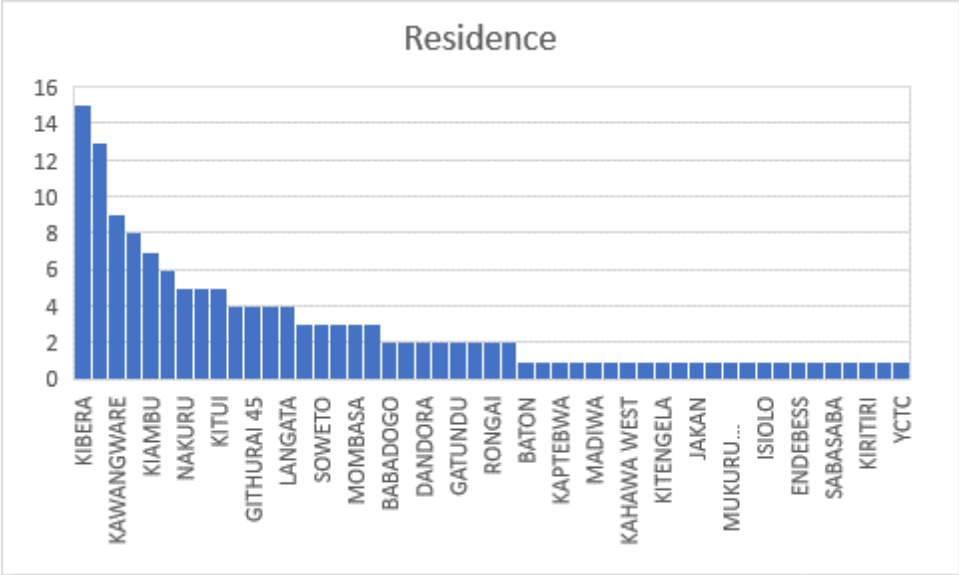


As shown in Figure 4.2 above, 136 respondents were aged between 12 and 19 years, indicating that 95 percent of the respondents were adolescents. Besides, most of the respondents (63 respondents) were 17 years. These findings suggested a good comprehension of parenting styles and conduct disorder among the participants, making them the ideal respondents to answer the study’s research questions.

4.3.3 Respondents Residence

The respondents came from numerous residences ranging from Nairobi to Turkana, as portrayed in Figure 4.3 below.

Figure 4.3: Respondents’ Residence

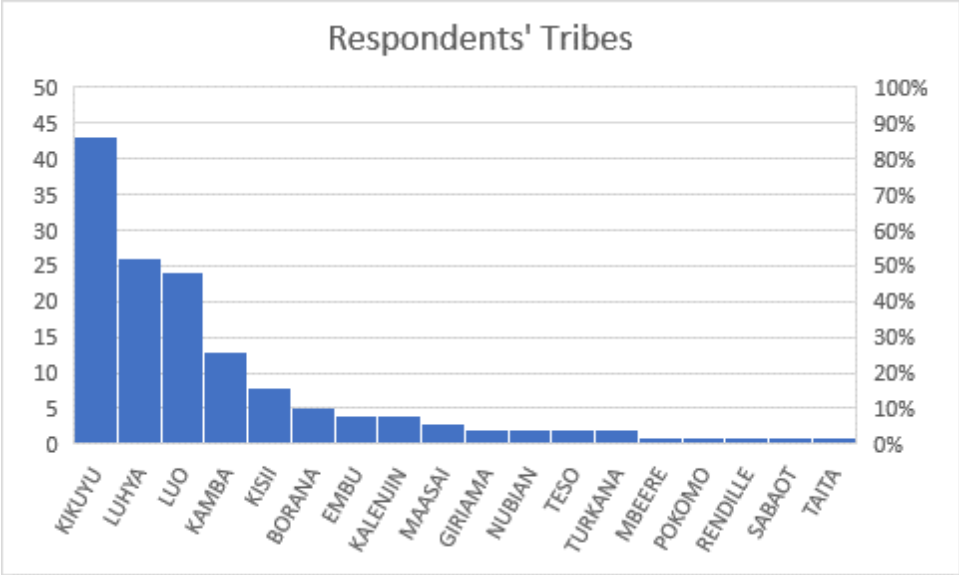


Before joining the correctional centers, most respondents had resided at Kibera, Kawangware, Kiambu, Nakuru, Kitui, Githurai 45, Lang’ata, Soweto, and Mombasa, as shown in Figure 4.3 below. Besides, most respondents had resided in low-income residential areas, including Kibera and Kawangware. The findings further suggest that the three correctional facilities house youths from across different geographical regions in Kenya.

4.3.4 Respondents Tribe

Similar to residences, the respondents were from various tribes across Kenya, as signified in Figure 4.4 below.

Figure 4.4: Respondents’ Tribe

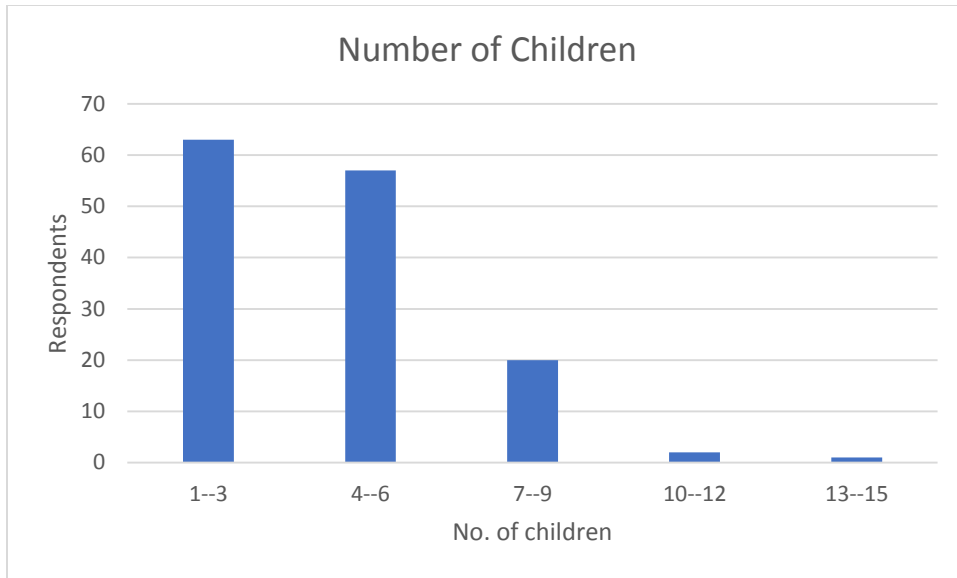


The Kikuyu tribe had the greatest number of respondents (N=43), followed by the Luhya tribe (N=26), the Luo (N=24), and the Kamba tribe (N=13), as shown in Figure 4.4 above. The findings complement the earlier findings that adolescents in Kamiti Youth Corrective Training Centre & Juvenile Remand and Kamae Girls Borstal Institutions come from diverse geographical backgrounds, and thus different tribes across Kenya.

4.3.5 Number of Children

The study asked the respondents about the number of children in their families. Their responses ranged from one to 14, as shown in Figure 4.5 below.

Figure 4.5: Number of Children

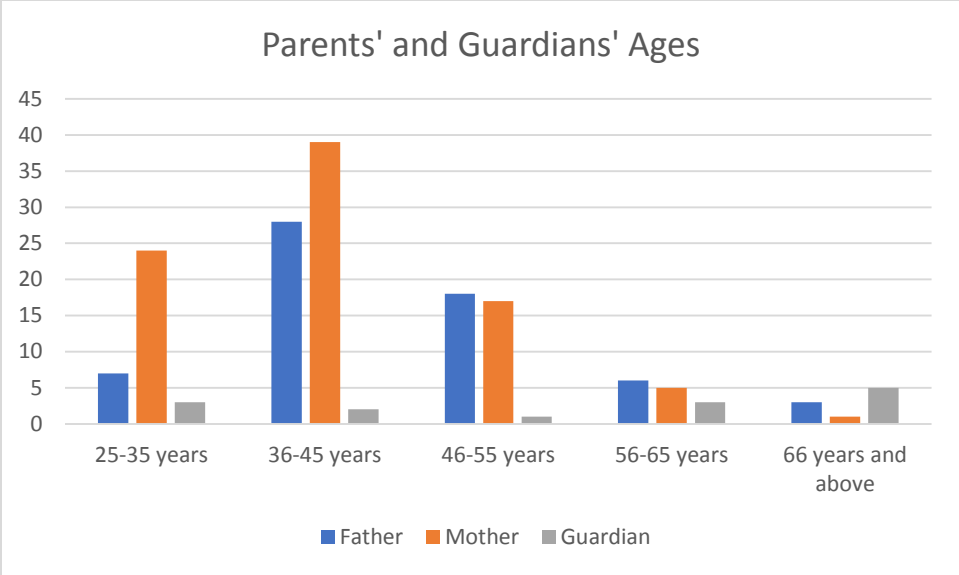


As signified in Figure 4.5 above, most of the respondents' families (63 respondents) had between one and three children. Fifty-seven respondents came from families with four to six children. Twenty respondents had families of seven and nine children. Two of the respondents' families had 10 to 12 children, whereas one of the respondents came from a family with 14 children. The findings indicated that the minimum number of children in the respondents' families was one, and the maximum was 14.

4.3.6 Parents' Age

The respondents' parents' age ranged from 25 years to above 65 years, as shown in Figure 4.6.

Figure 4.6: Parents' and Guardians' Ages

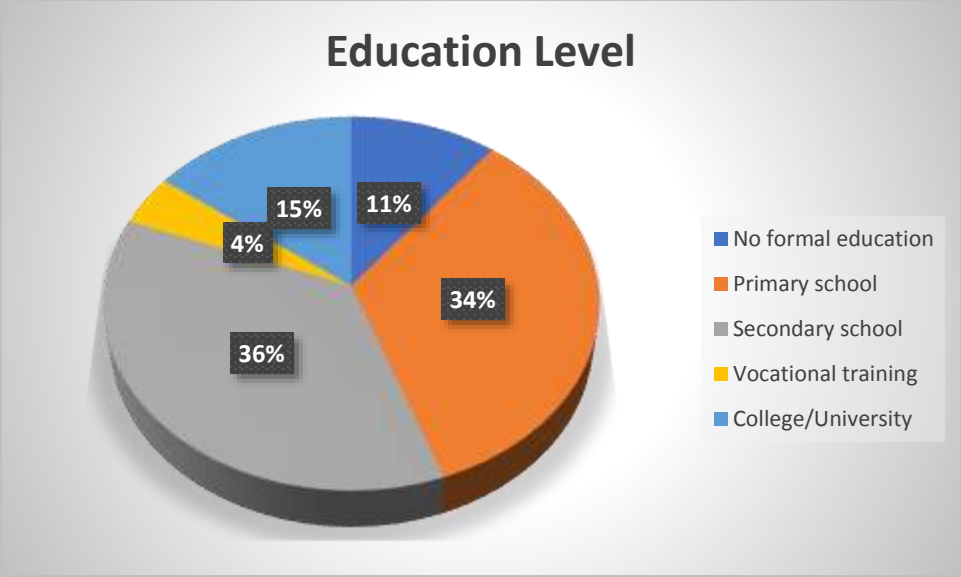


As Figure 4.6 indicates, most of the respondents' fathers were aged between 36 and 45. Similarly, most of the respondents' mothers were between 36 and 45. Contrarily, most of the guardians were aged 66 years and above. The findings indicated that most of the parents, unlike the guardians, were capable of taking care of the respondents.

4.3.7 Parents' and Guardians' Education Levels

The respondents' guardians' and parents' education levels spanned from lacking any formal education to the college/university level, as shown in Figure 4.7 below.

Figure 4.7: Education Level

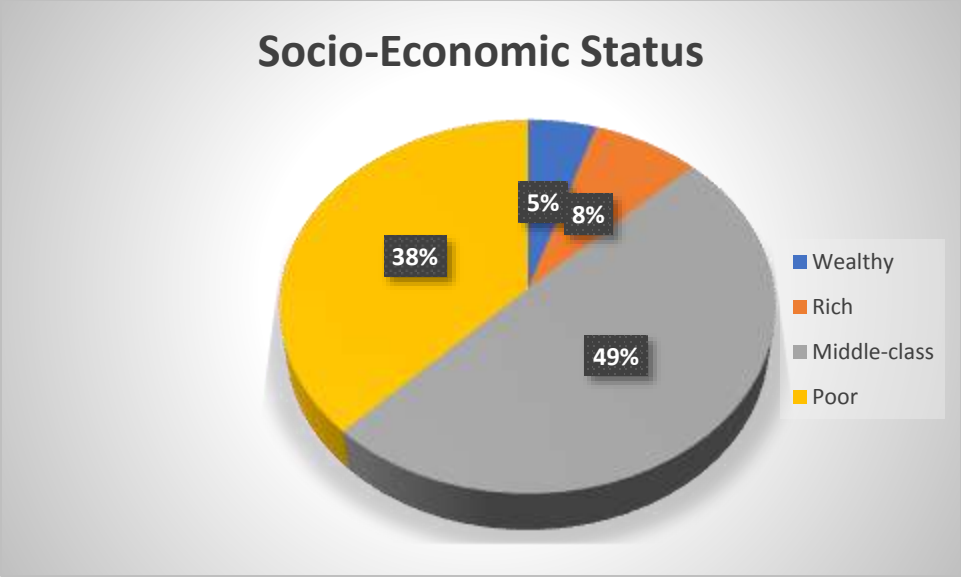


Most of the parents and guardians (36 percent) had either a secondary or primary school education (34 percent of the respondents), as shown in Figure 4.7 above. Fifteen percent of the guardians and parents had college or university-level education, whereas 11 percent had no formal education. Lastly, the least number of parents and guardians (4 percent) had received vocational training.

4.3.8 Respondents’ Socio-Economic Status

The respondents came from families with diverse socio-economic statuses, as depicted in Figure 4.8 below.

Figure 4.8: Socio-Economic Status

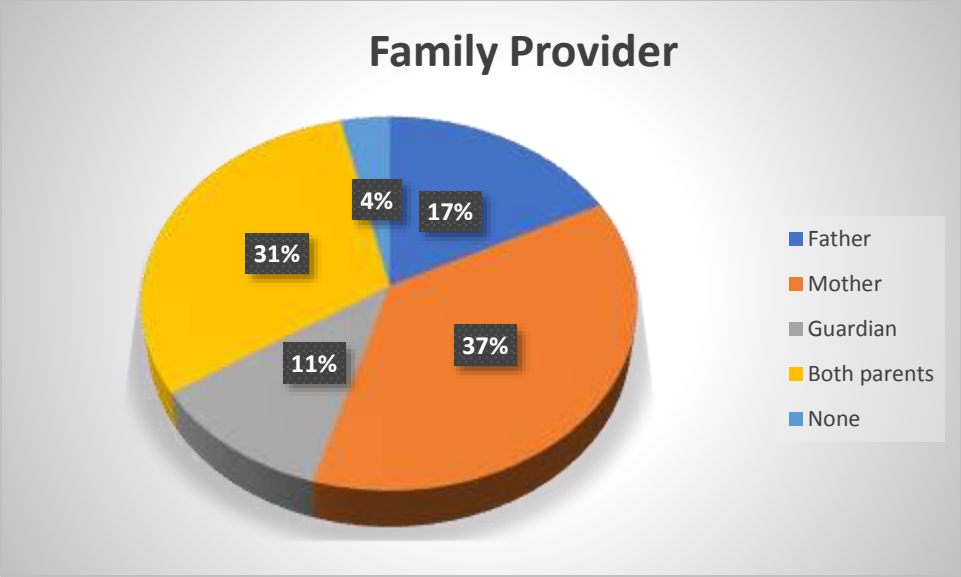


Most of the participants (49 percent) originated from middle-class families. Thirty-eight percent were from low-income families, whereas the least number of respondents were from rich and wealthy families (8 and 5 percent, respectively).

4.3.9 Respondents’ Providers

When asked who provided for their families and wellbeing, the respondents’ responses differed, as depicted in Figure 4.9 below.

Figure 4.9: Family Provider

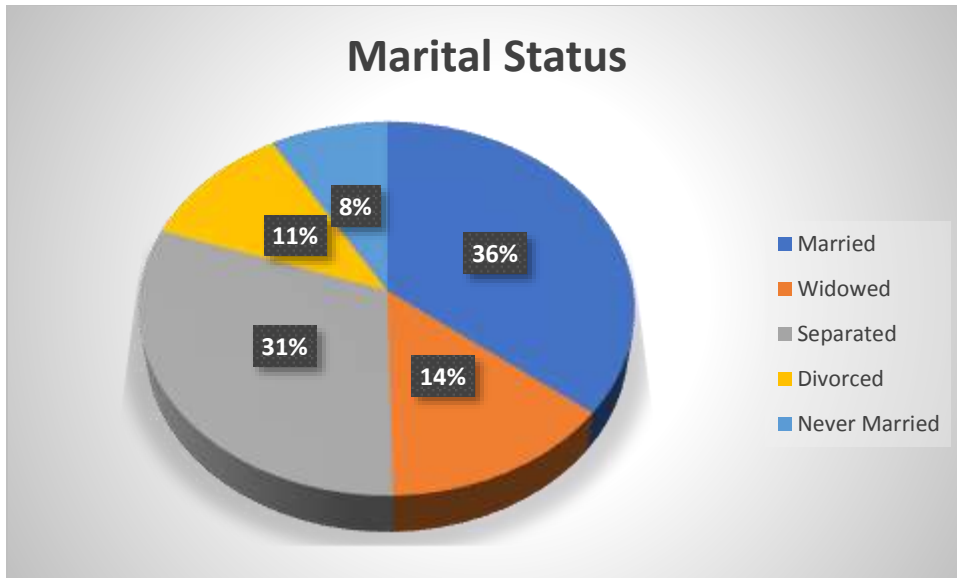


Thirty-seven percent of the respondents had their mothers as their family providers, indicating that mothers were the primary providers within their families. Thirty-one percent had both parents as their providers, 17 percent of the respondents were their fathers, and 11 percent had guardians as their providers. Lastly, the least number of respondents (4 percent) were provided for by none of their parents or guardians, inferring that they were responsible for their wellbeing. This finding suggested a lack of caregiver or a responsible parental figure among four percent of the respondents, meaning that a small percentage of the youths at the youth correctional facilities lacked parental figures or guardians to guide and shape their behaviors.

4.3.10 Guardians’ and Parents’ Marital Status

When asked about their parents’ and guardians’ marital status, the respondents’ answers spanned from never married to married, as indicated in Figure 4.10 below.

Figure 4.10: Guardians’ and Parents’ Marital Status



Thirty-six percent of the respondents' parents' and guardians' marital status was married, as shown in Figure 4.10 above. Thirty-one percent of the respondents' parents and guardians were separated, 14 percent were widowed, and 11 percent were divorced. Eight percent of the respondents' parents and guardians were never married. These findings showed that only a small number of the respondents had grown up in a family with two parents, with the most being raised by a single parent, which could impact the children's behavioral patterns.

4.4 Parenting Styles

The study focused on the permissive, authoritarian, authoritative, and neglectful parenting styles.

4.4.1 Permissive Parenting Style

The study employed a five-point Likert scale (the five options included 'Extremely right' (5), 'Often right' (4), 'Sometimes wrong' (3), 'Often wrong' (2), 'Extremely wrong' (1)) to determine whether the respondents' parents and guardians adopted a permissive parenting style in bringing them up. Table 4.1 below is a depiction of the descriptive statistics that stemmed from the respondents' answers to permissive parenting style questions.

Table 4.1: Permissive Parenting Style
STATEMENTS:

	Mean	Standard Deviation
Never punishes me whatsoever no matter what I do	4.27	1.06
Has put in rules but does not care if I follow them	4.29	1.16
All my requests are always granted	4.38	0.98
Gives whatever I ask	4.43	1.05
Gives me the freedom to decide and do whatever I want.	4.44	0.96
Is very protective of me	4.55	0.97
She/he always wants to make me happy.	4.76	1.39
Total	4.45	1.08

The respondents reported that their parents often never punished them no matter what they did (Mean=4.27, standard deviation=1.06), implemented rules but did not care if the respondents followed them (M=4.29, SD=1.16), and always granted all the respondents' requests (M=4.38, SD=0.98). They also articulated that their parents and guardians gave them whatever they asked (M=4.43, SD=1.05) and the freedom to make decisions and do whatever pleased them (M=4.44, SD=0.96). They also answered that their guardians and parents often were protective of them (M=4.55, SD=0.97) and always wanted to make the respondents happy (M=4.76, SD=1.39). Lastly, the total score of 4.45, which is extremely right on the Likert Scale, meant that the statements were extremely right in describing how the guardians and parents dealt with the respondents. These findings suggested that the respondents' parents and guardians employed the permissive parenting style to a large extent. Alternatively, the 1.08 standard deviation inferred a uniformity in the respondents' answers.

4.4.2 Authoritarian Parenting Style

The study perceived the authoritarian parenting style as encompassing parents' less responsiveness to the children's needs while remaining quite demanding. Table 4.2 below represents the means and standard deviations of the respondents' rating of the extent to which their guardians and parents utilized the authoritarian parenting style in bringing them up.

Table 4.2: Authoritarian Parenting Style

STATEMENTS:	Mean	Standard Deviation
Always too busy for me.	3.93	1.21
Does not show love.	3.99	1.38
Punishes me severely	4.01	1.35
Makes decisions for me.	4.03	1.33
Expects that I should always follow every rule without asking any questions.	4.22	1.20
Always expect me to achieve their expectations no matter what.	4.25	1.25
Total	4.07	1.29

The respondents reported that often their parents and guardians were too busy for them (M=3.93, SD=1.21), often did not show love (M=3.99, 1.38), punished them severely (M=4.01, SD=1.35), and made decisions for them (M=4.03, SD=1.33). They also stated that their parents and guardians often expected them to follow all rules without questions (M=4.22, SD=1.20) and often expected the respondents to reach their expectations no matter the circumstances (M=4.25, SD=1.25). The total score of 4.07, translating to often right, with a 1.29 standard deviation, meant that the

respondents concurred that often their parents and guardians utilized authoritarian parenting style, inferring a high usage of the parenting style among the respondents' guardians and parents.

4.4.3 Authoritative Parenting Style

The study perceived the authoritative parenting style as encompassing demanding parents that set rules for their children and expected obedience but also respect and listen to their children's opinions, as depicted in Table 4.3 below.

Table 4.3: Authoritative Parenting Style

	Mean	Standard Deviation
Spends time with me	1.45	0.90
Appreciates when I try to be independent	1.73	1.27
Has put in place rules at home	1.83	1.32
Explains the reasons for the rules	1.84	1.35
Disciplines me and explains it to me	1.89	1.35
Provides for my needs	2.01	1.06
Respects my privacy	2.02	1.41
Respects my opinion	2.04	1.50
Has confidence/faith in me	2.06	1.48
Discusses the consequences of my actions	2.10	1.53
Cares about my well being	2.29	1.37
Shows love	2.74	1.56
Shows interest in my life	3.03	1.52
Discusses what they expect of me	3.13	1.49
Total	2.16	1.37

An assessment of Table 4.3 above exhibited a range of the means between 1.45 and 3.13, indicating that the respondents' answers primarily consisted of extremely wrong, often wrong, and sometimes wrong. These findings suggested that the respondents' guardians and parents primarily did not care about their wellbeing and needs, failed to support their growth and independence, failed to set rules to guide them while explaining the reasons for the rules, and hardly disciplined them while communicating the consequences of the respondents' questions. These findings are supported by the total mean score of 2.16, which infers that the respondents' guardians and parents rarely used the authoritative parenting style. The 1.37 standard deviation value denoted a close similarity in the respondents' responses, suggesting an agreement among them that their guardians and parents hardly utilized the authoritative parenting style.

4.4.4 Neglectful Parenting Style

The study considered the neglectful parenting style as comprising guardians' and parents' inadequate responses to their children's demands and having fewer demands on their children. Table 4.4 below offers the respondents' ratings on their guardians and parents' practice of neglectful parenting style.

Table 4.4: Neglectful Parenting Style

STATEMENTS:	Mean	Standard Deviation
Does not care if I make mistakes.	2.33	1.37
Does not protect me from harm.	2.45	1.46
Does not care about my wellbeing.	2.70	1.62
Does not show love.	2.95	1.29
Does not provide for my needs.	3.01	1.30
Does not care what I do.	3.02	1.45
Shows no interest in what I do.	3.82	1.49
Has no time for me.	4.02	1.31
Total	3.04	1.41

The ratings between 2.33 and 4.02 mean scores in Table 4.4 above indicated that the responses primarily comprised ‘often wrong,’ ‘sometimes wrong,’ and ‘often right.’ The respondents reported that their guardians and parents often cared if they made mistakes (M=2.33, SD=1.37) and often protected them from harm (M=2.45, SD=1.46). They also stated that their parents and guardians sometimes did not show love (M=2.95, SD=1.29), at times did not provide for their needs (M=3.01, SD=1.30), and sometimes did not care what they did (M=3.02, SD=1.45). These findings signified that the respondents’ guardians and parents often neglected the respondents and paid little attention to them. The 3.04 total mean value supported these findings by exhibiting that the respondents’ guardians and parents sometimes used a neglectful parenting style to raise them. The 1.41 standard deviation value indicated a convergence in the responses around the mean.

4.4.5 Dominant Parenting Style

The study sought to determine the dominant parenting style among the four parenting styles, shown in Table 4.5 below.

Table 4.5: Dominant Parenting Style

PARENTING STYLE	Mean	Standard Deviation
Authoritative parenting style	2.16	1.37
Neglectful parenting style	3.04	1.41
Authoritarian parenting style	4.07	1.29
Permissive parenting style	4.45	1.08

An examination of Table 4.5 above showed the authoritative parenting style as the least used parenting style (Mean=2.16, Standard deviation=1.37) among the respondents' guardians and parents. The authoritarian (Mean=4.07, Standard deviation=1.29) and neglectful (Mean=3.04, Standard deviation=1.41) were the second and third most used forms of parenting style among the respondents' guardians and parents. Alternatively, the permissive parenting style (Mean=4.45, Standard deviation=1.08) comprised the dominant parenting style among the respondents' guardians and parents, meaning that most of the guardians and parents hardly imposed any limits or disciplined and shaped their children's behavior.

4.5 Conduct Disorder

4.5.1 Respondents' Understanding of Conduct Disorder

In determining the effects of parenting styles on conduct disorder, the study first asked the respondents whether they understood the meaning of the conduct disorder concept. Figure 4.11 below indicates the respondents' answers to the question.

Figure 4.11: Respondents' Understanding of Conduct Disorder



As shown in Figure 4.11 above, most of the respondents (71 percent) did not know the meaning of conduct disorder, whereas only 41 (29 percent) understood the concept's meaning. The findings suggested a low awareness of conduct disorder and the related behaviors among the adolescents in Kamiti Youth Corrective Training Centre & Juvenile Remand and Kamae Girls Borstal institutions.

4.5.2 Conduct Disorder Diagnosis

Secondly, the study asked whether the respondents had been diagnosed with conduct disorder. Figure 4.12 below shows their responses.

Figure 4.12: Conduct Disorder Diagnosis



Twenty-nine respondents (20 percent) reported being diagnosed with conduct disorders, whereas 114 respondents (80 percent) had not. The findings indicated a low conduct disorder diagnosis among the respondents, which justified the use of the Conduct Disorder Scale (CDS) in clarifying whether parenting styles had an effect on conduct disorder among the adolescents engaged in the study.

4.5.3 Respondents’ Perception of the Relationship Between Conduct Disorder and Their Upbringing

Before administering the CDS tool, the study asked the respondents whether they believed a relationship existed between parenting styles and conduct disorder. Thirty-four respondents stated that they thought that the condition affected how their parents and guardians raised them. Contrarily, 109 of the respondents believed that there was no relationship between how their guardians and parents raised them and the conduct disorder condition (refer to figure 4.13 below).

Figure 4.13: Respondents’ Perception of the Relationship Between Conduct Disorder and Their Upbringing

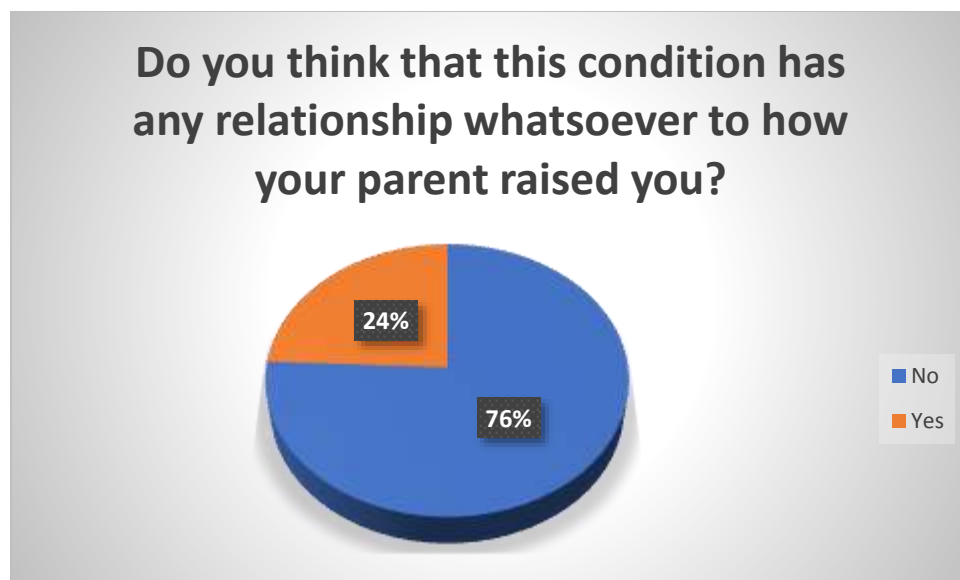


Figure 4.13 above indicates that a majority of the respondents (76 percent) thought a relationship between conduct disorder and their upbringing did not exist. The remaining participants (24 percent) believed the condition had a relationship to how their parents raised them.

4.5.4 Respondents' Messages to their Parents and Guardians

The study requested the respondents to articulate what they would tell their guardians and parents given an opportunity. An assessment of their responses revealed ten themes. However, some of the themes bore similarities and thus were grouped into five primary themes. The five themes comprised forgiveness and remorse, gratitude and appreciation, love, school, and a vow to change.

The forgiveness and remorse theme comprised the main theme identified by approximately half the respondents (75 respondents). The respondents reported that they regretted their previous choices and behaviors that led to their admittance to the Kamiti Youth Corrective Training Centre & Juvenile Remand and Kamae Girls Borstal Institutions. Examples of their responses comprised, “forgive me mum,” “to forgive me for whatever I have done,” “to forgive me for not listening to them,” and “I regret not listening to you.”

Gratitude and appreciation comprised the second most common theme among the respondents. Fifty-four respondents expressed gratitude for their parents' care and appreciation for their parents' and guardians' support. Examples of their responses consisted: "Thanks mum and dad," "thanks for raising me," "I appreciate you for caring for me," "you are the best," "thank you for giving me food and shelter," "thank you mum for teaching me this is bad and good," "thank you for educating me to where I was," and "thank you father for all you gave me."

The theme of love encompassed the third most common theme among the respondents. Thirty-seven respondents either expressed love for their parents and guardians or reminded the guardians and parents that they were aware of their love. Examples of their responses included, "I know you loved me that's why you accepted that I should be taken to a correctional facility where I will change and be a good citizen," "I love you mum," and "I love you, dad," and "I love my shosh so much."

The fourth theme, "school," entailed the respondents articulating their desire to return to school. Twenty-seven of the responses featured this theme. The responses comprised "to take me to school," "I want to continue with education," and "to return to school." These responses indicated the respondents longing to improve their knowledge and lives once they were reintegrated into society.

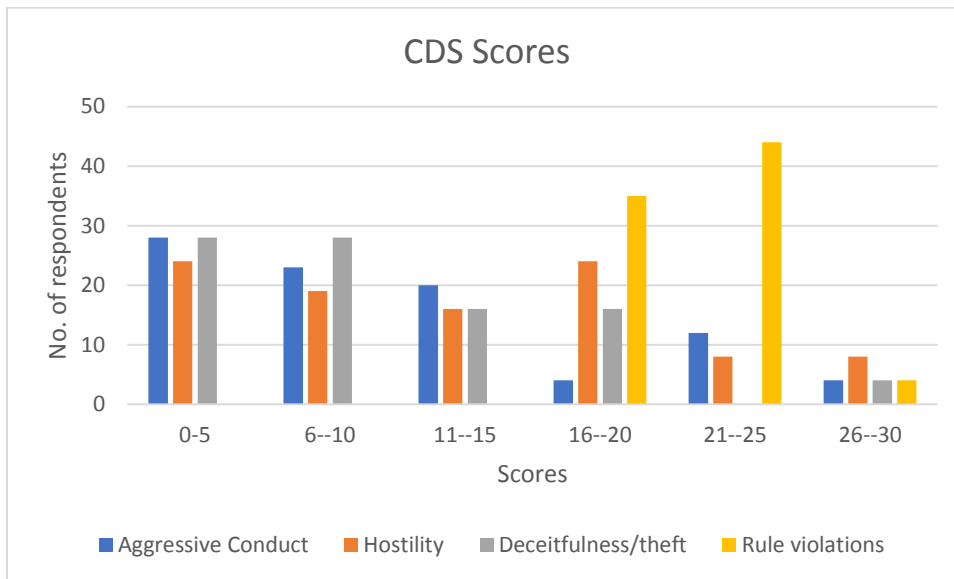
The last theme consisted of a vow to change, where the respondents promised their guardians and parents that they had reformed and were willing to change their behaviors upon reentering society. Twenty-one responses encompassed this theme. Some examples of their responses comprised: "I will be always at home doing the work," "I will never repeat," "I promise to always listen and do

everything you ask,” and “I will avoid bad company.” These responses suggested that the respondents’ rehabilitation and plans to avoid future reincarceration.

4.5.5 The Level of Conduct Disorder Among Youths at Kamiti Youth Corrective Training Center & Juvenile Remand and Kamae Girls Borstal Institution

The study utilized the Conduct Disorder Scale (CDS) to determine the probability and degree of severity of conduct disorder. Firstly, the study computed the respondents’ scores under five subscales: aggressive conduct, hostility, deceitfulness/theft, and rule violations, as indicated in Figure 4.14 below.

Figure 4.14: CDS Scores



The CDS scores in Figure 4.14 above indicate most of the respondents scored highest in the rule violations subscale, where 35 respondents scored between 16 and 20 points and 44 scored between 21 and 25 points. A further examination of the four CDS subscales’ sum of standard scores revealed that the hostility subscale had the highest sum of standard scores (99 points). These findings suggested that the respondents’ hostile behavior and tendency to violate rules contributed

to their admittance to the Kamiti Youth Corrective Training Centre & Juvenile Remand and Kamae Girls Borstal Institutions.

In further examining the level of conduct disorder among the respondents, the study compiled a CDS score summary in Table 4.8 below.

Table 4.6: Conduct Disorder Score Summary

Conduct Disorder Quotient	N	%	Status
<69	30	21%	No conduct disorder
70-84	42	29%	Mild conduct disorder
85-99	55	39%	Moderate conduct disorder
100	16	11%	Severe conduct disorder

Twenty-one percent of the respondents (30 respondents) scored less than 69 in the conduct disorder quotient, as shown in Table 4.6 above, denoting that they were unlikely to have conduct disorder. Forty-two (29 percent of the respondents) scored between 70 and 84, meaning they likely have a mild conduct disorder. Fifty-five respondents (39 percent) scored between 85 and 99, inferring they had a probability of moderate conduct disorder. Lastly, the least number of respondents (16) had a high likelihood of severe conduct disorder. These findings extrapolated that more than three-quarters of the respondents (113 respondents) had varying probabilities of having conduct disorder with differing severity levels. In contrast, only thirty were unlikely to have conduct disorder. The results inferred that there was a significant likelihood that parenting styles were contributing factors to the development of conduct disorder among adolescents.

4.6 The Relationship Between Parenting Styles and Conduct Disorder

The study conducted Chi-Square tests to determine the relationship between parenting styles and conduct disorder. In the calculation, the study utilized parenting styles and conduct disorder frequencies, as shown in Table 4.7 below. Particularly, the study computed the total scores for the respondents' answers to each of the four parenting styles and identified the style with the highest score as the dominant parenting style.

Table 4.7: The Relationship Between Parenting Styles and Conduct Disorder

Status	Permissive	Authoritarian	Authoritative	Neglectful	Total
No conduct	O (16)	O (6)	O (1)	O (7)	30
	E (11.33)	E (9.86)	E (1.89)	E (6.92)	
	$(o-e)^2 / e = 1.93$	$(o-e)^2 / e = 1.51$	$(o-e)^2 / e = 0.42$	$(o-e)^2 / e = 0.00$	
Mild conduct	O (20)	O (16)	O (2)	O (4)	42
	E (15.86)	E (13.80)	E (2.64)	E (9.69)	
	$(o-e)^2 / e = 1.08$	$(o-e)^2 / e = 0.35$	$(o-e)^2 / e = 0.16$	$(o-e)^2 / e = 3.34$	
Moderate	O (14)	O (17)	O (6)	O (18)	55
	E (20.77)	E (18.08)	E (3.46)	E (12.69)	
	$(o-e)^2 / e = 2.21$	$(o-e)^2 / e = 0.06$	$(o-e)^2 / e = 1.86$	$(o-e)^2 / e = 2.22$	
Severe	O (4)	O (8)	O (0)	O (4)	16
	E (6.04)	E (5.26)	E (1.01)	E (3.69)	
	$(o-e)^2 / e = 0.69$	$(o-e)^2 / e = 1.43$	$(o-e)^2 / e = 1.01$	$(o-e)^2 / e = 0.03$	
Total	54	47	9	33	143

A computation of a Chi-square test using the figures in Table 4.7 above returned an X² value of 18.29, 9 degrees of freedom, and a p-value of 0.03. The 0.03 p-value was below the 0.05 significance level, denoting that the study could conclude with certainty that the relationship

between parenting styles and conduct disorder among the respondents could not be due to chance. Thus, the study rejected the null hypothesis: No significant relationship exists between parenting styles employed when raising children and conduct disorder among incarcerated juveniles at the two youth corrective facilities. This finding meant that the parenting styles employed by the parents and guardians, especially the permissive and authoritarian parenting styles (the most dominant in this study), impacted the respondents' development of a conduct disorder.

4.7 Socio-Demographic Factors and Conduct Disorder

Besides parenting styles, the study also analyzed the relationship between the demographic factors (intervening variables) and conduct disorder, as exhibited in Appendix VI. An assessment of the p-values across the seven socio-demographic variables in Appendix VI indicated that all the obtained p-values were above the 0.05 significance level. The findings showed that there were no significant differences between male and female respondents, nor were there differences based on the respondents' age, residence, tribe, family size, socio-economic status, and their parents' and guardians' marital status. The findings also confirmed the second hypothesis.

The second hypothesis stated that there was no significant difference between male and female juveniles in the two Kamiti youth corrective facilities. The 0.449 p-value for the gender variable exceeded the 0.05 significance level. This finding supported the acceptance of the null hypothesis. Therefore, the study concluded that there was no significant difference between male and female juveniles in the two Kamiti youth corrective facilities.

4.8 Chapter Summary

This chapter presented and discussed the findings obtained from the 143 respondents that participated in the study. The chapter identified the permissive and authoritative parenting styles

as the predominant and least used parenting styles among the respondents' parents. The chapter also found conduct disorder as prevalent within the two correctional facilities, but the respondents had a low awareness of the condition. Lastly, the inferential results found a statistically significant relationship between parenting styles and conduct disorder but no gender differences between the results. The next chapter focuses on positioning the study findings within the more extensive discussion and literature on conduct disorder and parenting styles.

CHAPTER FIVE: SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

This chapter reviews the study findings in relation to the existing literature on parenting styles and conduct disorder. From this discussion, the study draws conclusions and recommendations. An examination of the findings also discloses the study's shortcomings and other related areas of interest not covered in this study that future studies can exploit to add to the literature on parenting styles and conduct disorder subject matter.

5.2 Study Findings

The study targeted a 169-sample size but only reached 143 respondents from Kamiti Youth Corrective Training Centre & Juvenile Remand and Kamae Girls Borstal Institutions, marking an 84.6 percent response rate. The study sought to assess how the parenting style employed by guardians and parents of adolescents at Kamiti Youth Corrective Training Centre & Juvenile Remand and Kamae Girls Borstal Institutions in Nairobi County impacted their children's lives when growing up, with a specific focus on parenting styles and conduct disorder. Notably, the study intended to determine whether there were particular parenting styles that predisposed children to conduct disorder. In realizing this aim, the study established three study objectives.

The first objective sought to identify the common parenting styles used by parents of the children at Kamiti Youth Corrective Training Center & Juvenile Remand and Kamae Girls Borstal Institution. In this regard, the study focused on four parenting styles: permissive, authoritarian, authoritative, and neglectful parenting styles. The study findings identified the permissive parenting style (with a Mean of 4.45) as the most dominant of the four parenting styles. The

authoritarian (Mean=4.07) and neglectful (Mean=3.04) parenting styles comprised the second and third dominant parenting styles respectively among the guardians and parents of the respondents. Lastly, the findings identified authoritative parenting (Mean=2.16) as the least used parenting style among the respondents' guardians and parents.

The second objective intended to relate conduct disorder and parenting styles employed when raising children. The study performed a Chi-square test to determine the relationship between parenting styles and conduct disorder and test the first hypothesis. The test returned a p-value of 0.03, which was below the 0.05 significance level. As a result, the study rejected the first null hypothesis and suggested that there was a significant relationship between parenting styles employed when raising children and conduct disorder among incarcerated juveniles at the two Kamiti youth corrective facilities.

Besides, the study also tested the second hypothesis. The Chi-square test results found a 0.449 p-value that inferred that the differences between the female and male juveniles could be due to chance. Thus, the study accepted the second hypothesis that there was no significant difference between male and female juveniles in the two Kamiti youth corrective facilities.

The final objective sought to determine the level of conduct disorder among youths at Kamiti Youth Corrective Training Center & Juvenile Remand and Kamae Girls Borstal Institution. In realizing this objective, the study employed the Conduct Disorder Scale (CDS) to determine conduct disorder's probability and degree of severity among the respondents. This scale enabled the study to score the respondents on five subscales: aggressive conduct, hostility, deceitfulness/theft, and rule violation. A majority of the respondents (44 participants) scored highest in the rules' violation subscale (21-25 points). However, a computation of the summation

of the standard scores disclosed the hostility subscale as having the largest sum of standard scores (99 points). The findings identified hostility and rules violation as among the primary causes of the respondents' incarceration at Kamiti Youth Corrective Training Center & Juvenile Remand and Kamae Girls Borstal Institution. Additionally, after the computation of the respondents' Conduct Disorder Quotient scores, the study found that approximately twenty-one percent of the respondents scored less than 69, meaning their unlikelihood of having conduct disorder. Forty-two percent showed a probability of having a mild conduct disorder after scoring between 70 and 84 points. Fifty-five percent of the respondents had a likelihood of having moderate conduct disorder because they scored between 85 and 99 points, whereas only eleven percent of the respondents had a high probability of having severe conduct disorder after scoring 100 points.

5.3 Discussion

5.3.1 The Common Parenting Styles Used by Parents of the Children at Kamiti Youth Corrective Training Center & Juvenile Remand and Kamae Girls Borstal Institutions

The study adopted Steinberg and Silk's (2002) categorization of parenting styles into four classifications: permissive, authoritarian, authoritative, and neglectful parenting styles. The study further identified the four parenting styles as the most common among the guardians and parents of the youths in Kamiti Youth Corrective Training Centre & Juvenile Remand and Kamae Girls Borstal Institutions. The dominant parenting style among these parents and guardians comprised the permissive style, meaning that the parents failed to establish healthy boundaries to model their children's behavior and instill strong values in them.

Alternatively, the study found that the guardians and parents hardly practiced authoritative parenting, meaning that they failed to respect the respondents' opinions, provide for their needs,

establish rules and discipline them. Pinquart and Kauser (2017) identified the authoritative parenting style as the most recommended and the best parenting style for bringing up children into responsible societal members. Arsenio and Ramos-Marcuse (2014) associated authoritative parenting with parents' fostering of children's autonomy through monitoring their actions and exercising influence over them while providing them a chance to explore. Thus, authoritative parenting can be linked to positive behaviors among children of parents practicing this parenting style. From this perspective, most of the respondents, theoretically, should have had a significant probability of having delinquent behavior and being members of correctional facilities because of their parents and guardians' failure to use the authoritative parenting styles in raising them. This thinking alluded to the parenting styles as the primary contributor to the respondents' behavioral and emotional problems.

Oppositely, Njambi (2018) identified the neglectful parenting style as the least adopted among the parents of children in Kabete Boys' and Dagoretti Girls' Rehabilitation schools. Hoskins (2014) identified this parenting style as the most harmful form of parenting, which could explain why it is least used among guardians and parents. Complementarily, Bahr and Hoffmann (2010) attributed neglectful parenting style to the children's high risk of substance abuse exposure and emotional withdrawal. Thus, the current study's discovery of the neglectful parenting style as sometimes used by the respondents' parents and guardians could be attributed to the respondents' actions that led to their incarceration into the two correctional facilities.

5.3.2 The Level of Conduct Disorder Among Youths at Kamiti Youth Corrective Training Center & Juvenile Remand and Kamae Girls Borstal Institution

The study perceived conduct disorder as a condition that generates repeated socially unacceptable behavior among individuals. Thus, persons with conduct disorder persistently violate societal rules

and norms. As a result, as stated by Theule et al. (2016), these individuals have a higher probability of manifesting delinquent or criminal behavior. From this perspective, the current study presumed that conduct disorder could contribute to the respondents' behaviors that caused their admittance to the Kamiti Youth Corrective Training Center & Juvenile Remand and Kamae Girls Borstal Institutions. With this understanding, the study employed the Conduct Disorder Scale to determine whether the youths had conduct disorder and the severity of their conditions.

The study found that more than half of the respondents had moderate conduct disorder, whereas 70 percent had some level of conduct disorder. The respondents scored highest in the rules' violations and hostility subscales. APA (2013) identified hostility to animals and others as a criterion to diagnose a conduct disorder accurately. However, despite the prevalence of conduct disorder within the youth correctional institutions, there was low awareness of conduct disorder. Notably, more than 70 percent of the respondents did not know the concept's meaning and were unaware of the existence of conduct disorder.

Similarly, James and Munene (2017) found a high prevalence of conduct disorder rates among Kenyan rehabilitation schools. The study found 36.4 conduct disorder prevalence rates and Nairobi and Kirinyaga rehabilitation schools. Contrarily, Okoba (2019) found that 14.4 percent of the children in Nairobi County. In contrast, Moracha et al. (2021) stated that conduct disorder prevalence rates ranged from 0.8 to nine percent for girls to 1.8 to 16 percent among school-aged boys, with this prevalence progressively increasing with age. Hence, research like the current study with older adolescents is more likely to uncover a high conduct disorder prevalence rate. Also, similar to the current study, Moracha et al. (2021) found low awareness rates of conduct disorder among Kenyan adolescents, despite the occurrence of the condition, suggesting a need for an intervention to improve the population's knowledge of conduct disorder.

5.3.3 The Relationship Between Parenting Styles and Conduct Disorder

The study found a significant relationship between parenting styles and conduct disorder among youth offenders at the Kamiti Youth Corrective Training Center & Juvenile Remand and Kamae Girls Borstal Institutions. Besides, the study found no significant differences between male and female juveniles. These results suggested that parenting styles could cause the onset of conduct disorder, but socio-demographic factors like residence, family size, tribe, and guardians and parents' education levels had no impact on conduct disorder within the study.

Similarly, Njambi (2018) found a significant association between conduct disorder and parenting styles at Kabete Boys' and Dagoretti Girls' Rehabilitation schools. Also, Kagoya (2019) found significant correlations between parenting styles and children's behavioral and emotional problems. Children with authoritarian parents were likely to develop a myriad of emotional and behavioral problems. However, the studies differed on study sites, where the current study was partaken in correctional facilities, whereas Njambi's (2018) and Kagoya's (2019) findings stemmed from rehabilitation schools and secondary schools at Kangemi, respectively. Despite the differences, all the studies identified the authoritarian parenting as detrimental to children's emotional and behavioral development. Lastly, the studies also recognized conduct disorder as affecting a substantial proportion of adolescents in Nairobi County.

5.4 Conclusions

Three objectives and two hypotheses guided the study. The first objective intended to pinpoint the common parenting styles among guardians and parents of the youths at Kamiti Youth Corrective Training Center & Juvenile Remand and Kamae Girls Borstal Institution. The study findings identified the permissive, neglectful, authoritative, and authoritarian styles as the most common

parenting styles among the guardians and parents of the youths at Kamiti Youth Corrective Training Center & Juvenile Remand and Kamae Girls Borstal Institution. The authoritative style comprised the most predominant of the four parenting styles among the guardians and parents.

The second objective sought to understand the relationship between conduct disorder and parenting styles. The study found a statistically significant relationship between conduct disorder and parenting styles. Thus, the study concluded that there was a significant relationship between conduct disorder and the parenting styles employed when raising children among the guardians and parents of the youths at Kamiti Youth Corrective Training Center & Juvenile Remand and Kamae Girls Borstal Institution.

The third objective was to find the conduct disorder level among youths at Kamiti Youth Corrective Training Center & Juvenile Remand and Kamae Girls Borstal Institution. The study discovered that about 70 percent of the respondents had differing levels of conduct disorder. The study findings also identified most of the respondents as having a moderate level of conduct disorder. Hence, the study concluded that conduct disorder was prevalent, in varying severities, among the youths at Kamiti Youth Corrective Training Center & Juvenile Remand and Kamae Girls Borstal Institution.

Regarding the hypotheses, the study findings supported the rejection of the first null hypothesis and the acceptance of the second null hypothesis. Particularly, the study found a significant relationship between the permissive and authoritarian parenting styles employed when raising children and conduct disorder among incarcerated juveniles at the two Kamiti youth corrective facilities. Oppositely, the study also found no significant difference between male and female juveniles in the two Kamiti youth corrective facilities. Therefore, the study concluded that while

parenting styles affected conduct disorder, gender did not influence conduct disorder among incarcerated juveniles at the two Kamiti youth corrective facilities.

5.5 Recommendations

Three recommendations stemmed from the study findings. Firstly, the study recommends the need for raising awareness of conduct disorder among the youth and Kenya in general. The Kenyan public conduct disorder awareness can be improved using the media, public meetings, publications, studies, and reports dissemination focusing on the prevalence, risk factors, and management of conduct disorder.

Secondly, the study identified the authoritative parenting style as ideal for raising children. Thus, the study recommends Kenyan parents' adoption of the authoritative parenting style in bringing up their children to ensure their positive emotional and behavioral development. In doing so, they should also avoid the authoritarian and neglectful parenting style because they increase emotional and behavioral problems among children.

Lastly, the study found a substantial prevalence of conduct disorder among youths in the two corrective facilities. Thus, the study recommends screening for conduct disorder at Kamiti Youth Corrective Training Center & Juvenile Remand and Kamae Girls Borstal Institution. They could use the Conduct Disorder Scale, which has proven ideal in conduct disorder screening. Besides, the youth correctional facilities should aim to implement therapy, especially cognitive behavioral therapy, in managing the condition among those diagnosed with conduct disorder. Therapy implementation could not only help manage the condition but could also improve the juvenile

offenders' emotional and behavioral management, increasing their probability of positively reintegrating into society after their sentences.

5.6 Suggestions for Future Study

The current study's data collection from only 21 female respondents might have limited the study's comparison of male and female juvenile offenders' conduct disorder severity and the determination of the relationship between gender and conduct disorder. The study recommends the recruitment of a larger female population in future studies for better results. This endeavor can be attained by including more female correctional facilities in future studies.

Secondly, the study used a correlational research design. This research study has shortcomings, including the probability of a confounding factor, finding no inferences, and lacking cause and effect. These shortcomings could have impacted the study's results. Future studies should consider adopting an experimental research design using two groups of adolescents. The two groups should comprise adolescents diagnosed with conduct disorder and another group with no probability of conduct disorder for better results.

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APPENDICES

APPENDIX 1: INTRODUCTION LETTER



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22/9/2021

The Chief Executive Officer
National Council for Science Technology and Innovation,
P.O. Box 30623-00100
Nairobi – Kenya

REF: PAUL NG'ANG'A NAMU -C50/22731/2019

The above named is a student in the Department of Psychology, undertaking a Masters Degree in Counseling Psychology at the University of Nairobi. He is doing a project on **“The relationship between parenting styles and conduct disorder among incarcerated adolescents in Kamiti Youth Corrective Training Centre & Juvenile Remand and Kamae Girls Borstal Institutions, Nairobi County”**. The requirement of this course is that the student must conduct research project in the field and write a project.

In order to fulfill this requirement, I am introducing to you the above named student to kindly grant him permission to collect data for his Master's Degree Project.

Sincerely,



Dr. Charles O. Kimamo
Chairman, Department of Psychology

APPENDIX II: ASSENT FORM

Survey of the Relationship Between Conduct Disorder and Parenting Styles Among Children Kamiti Y.C.T.C. & Juvenile Remand and Kamae Boarstal Girls Institutions

Dear Respondent,

My name is Paul Namu, a master's student at the University of Nairobi taking counseling psychology. I am conducting a study entitled “The relationship between conduct disorder and parenting styles among children at Kamiti Y.C.T.C & Juvenile institution and Kamae Girls Borstal institutions both situated at Kamiti command towards the fulfillment of the requirements of the M.A. Counseling Psychology degree.

I hereby request you to complete a short questionnaire that may take roughly 20 minutes of your time. To participate in this study is absolutely voluntary and you can actually decide not to volunteer at all or even to stop participating in the study at any given time. The information shared will be treated with ultimate confidentiality and will not be shared whatsoever. At the end of the study, all surveys will be destroyed, which implies that your participation in this study will be risk-free.

I hereby do agree to participate in this research project, and I have received a copy of this form.

Respondent’s code _____

Signature (Respondent) _____

Date _____

I hereby confirm that I have clarified to the above respondent the purpose and nature of the study, as well as the possible risks and benefits associated with participating in this research. I have already provided the participant with a copy of this form and also answered all raised questions, queries, and concerns.

Signature (Researcher) _____

Date _____

APPENDIX III: DEBRIEF FORM

Your participation in this study is highly appreciated. This study is meant to establish the relationship between conduct disorder and parenting styles. Your participation will assist the researcher in understanding the relationship and help in formulating appropriate interventions to help children with conduct disorder.

However, if participating in the study results in any discomfort in your life whatsoever, kindly be at liberty to reach the researcher through the contactor even email as indicated below.

Warm regards,

Paul Namu,

Mobile no: 0723 659 063

Email: namup2015@gmail.com

APPENDIX IV: QUESTIONNAIRE

Dear Respondent,

Please fill the space provided or tick (✓) where appropriate.

MATTERS TO NOTE;

- i) The Information given on this questionnaire will be used only for the purpose of the study and will surely be handled in strict confidence.
- ii) If you fail to understand any question, please ask for clarification.
- iii) You have no obligation to answer any question that may not be appropriate to your circumstances.

SECTION A: RESPONDENTS' DEMOGRAPHIC CHARACTERISTICS

Q 1. What is your gender?

Female

Male

Q 2. What is your age? _____

Q 3. Where do you live? _____

Q 4. What is your parents/ guardian age? _____

Q 5. Which tribe do you come from? _____

Q 6. How many children are in you in your family? _____

(Please tick what is applicable to you)

Age range	Father	Mother	Guardian
25-35 years			
36-45 years			
46-55 years			
56-65 years			
66 years and above			

Q 7. What is the highest level of education of your parent/guardian?

(Please tick what is applicable to you)

Education level	Father	Mother	Guardian
No formal education			
Primary school			

Secondary school			
Vocational training			
College/University			

Q 8. What is the social-economic status of your family?

- wealthy
- Rich
- Middle class
- Poor

Q 9. Who does provide for your family and your wellbeing?

- Father
- Mother
- Guardian
- Both parents
- None

Q 10. What is the marital status of your guardian/parent?

- Married
- Widowed
- Separated
- Divorced
- Never married

SECTION B: PARENTING STYLES

Instructions,

Below are statements to enable you to describe how your guardian(s)/parent(s) deals with you.

For each of the statements, there are five options which include '**Extremely right**' (5), '**Often right**'(4), '**Sometimes wrong**'(3), '**Often wrong**'(2), '**Extremely wrong**'(1).

Please tick on the left side of each box against each statement that describes the behavior of your father and on the right side about your mother in relation to you. Put the tick in the middle if under one guardian. Be careful to mark all statements.

PERMISSIVE PARENTING STYLE

STATEMENTS:	5	4	3	2	1
Never punishes me whatsoever no matter what I do					
Gives whatever I ask					
All my requests are always granted					
It gives me the freedom to decide and do whatever I want.					
Has put in rules but does not care if I follow them					
Is very protective of me					
She/he always wants to make me happy.					
TOTAL SCORES					
TOTAL PERCENTAGE SCORE					

--

--

AUTHORITARIAN PARENTING STYLE

STATEMENTS	5	4	3	2	1
It does not show love					
Always too busy for me					
Expects that I should always follow every rule without asking any questions					
Always expect me to achieve their expectations no matter what					
Makes decisions for me					
Punishes me severely					
TOTAL SCORES					
TOTAL PERCENTAGE SCORES					

--

AUTHORITATIVE PARENTING STYLE

STATEMENTS	About parent/guardian			
	5	4	3	2
Appreciates when I try to be independent				
Provides for my needs				
Disciplines me and explains it to me				
Spends time with me				
Shows love				
Has put in place rules at home				
Discusses the consequences of my actions				
Explains the reasons for the rules				
Respects my opinion				
Has confidence/faith in me				
Respects my privacy				
Discusses what they expect of me				
Cares about my well being				
Shows interest in my life				
TOTAL SCORES				
TOTAL PERCENTAGE SCORE				

NEGLECTFUL PARENTING STYLE

STATEMENTS	5	4	3	2	1
Shows no interest in what I do					
Does not provide for my needs					
Does not care if I make mistakes					
Does not protect me from harm					
Does not care what I do					

Does not care about my well being					
Does not show love					
Has no time for me					
TOTAL SCORES					
TOTAL PERCENTAGE SCORE					
DOMINANT PARENTING STYLE					

SECTION C: CONDUCT DISORDER

Q 1. Do you know what conduct disorder means?

No

Yes

Q 2. Have you been diagnosed with conduct disorder?

No

Yes

Q 3. Do you think that this condition has any relationship whatsoever to how your parent raised you?

No

Yes

Q 5. What would you tell your parent/guardian given an opportunity?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Many thanks for your participation!

APPENDIX V: CONDUCT DISORDER SCALE

Section I. Identifying Information					Section II. Interpretation Guide																																																																																																																																																												
<h2 style="margin: 0;">Conduct Disorder Scale</h2> <h3 style="margin: 0;">Summary/ Response Form</h3>					Conduct Disorder Quotient = 100 85 - 90 70 - 84 ≤ 69	Degree Of Severity Severe Moderate Mild Not Applicable	Probability Of Conduct Disorder Highly Probable Probable Likely Unlikely																																																																																																																																																										
Subjects Name _____ Address _____ _____ School _____					<h3 style="margin: 0;">Section III. Score Summary</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Subscales</th> <th>Raw Score</th> <th>SS</th> <th>%ile</th> <th>SEM</th> </tr> </thead> <tbody> <tr> <td>Aggressive Conduct</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>1</td> </tr> <tr> <td>Hostility</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>1</td> </tr> <tr> <td>Deceitfulness / theft</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>1</td> </tr> <tr> <td>Rule Violations</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>1</td> </tr> <tr> <td>Sum Of Standard Scores</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Conduct Disorder Quotient</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>3</td> </tr> </tbody> </table>			Subscales	Raw Score	SS	%ile	SEM	Aggressive Conduct	_____	_____	_____	1	Hostility	_____	_____	_____	1	Deceitfulness / theft	_____	_____	_____	1	Rule Violations	_____	_____	_____	1	Sum Of Standard Scores	_____	_____	_____	_____	Conduct Disorder Quotient	_____	_____	_____	3																																																																																																																							
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Section V. Response Form

Directions: Rate each item according to the frequency of occurrence. Use the following guidelines for your ratings:

- 0 **Never Observed**—You have never seen the person behave in this manner.
- 1 **Seldom Observed**—Person behaves in this manner 1 to 2 times per 6-hour period.
- 2 **Sometimes Observed**—Person behaves in this manner 3 to 4 times per 6-hour period.
- 3 **Frequently Observed**—Person behaves in this manner at least 5 times per 6-hour period.

Circle the number that best describes your observations of the person's typical behavior under ordinary circumstances (i.e., in most places, with people he or she is familiar with, and in usual daily activities). Remember to rate every item. If you are uncertain about how to rate an item, delay the rating and observe the person for a 6-hour period to determine your rating.

The person:	Never Observed	Seldom Observed	Sometimes Observed	Frequently Observed	
1. argues with adults	0	1	2	3	
2. actively defies or refuses to comply with adults' requests or rules.	0	1	2	3	
3. deliberately annoys people.	0	1	2	3	
4. acts in a spiteful or vindictive manner.	0	1	2	3	
5. is verbally abusive	0	1	2	3	
6. creates disturbances.	0	1	2	3	
7. ignores adults' warnings or reprimands	0	1	2	3	
8. starts fights.	0	1	2	3	
9. is physically cruel to others.	0	1	2	3	
10. makes demands rather than requests.	0	1	2	3	
11. attempts to physically hurt others	0	1	2	3	
12. deliberately destroys others' property.	0	1	2	3	
13. is explosive	0	1	2	3	Aggressive Conduct Raw Score

□ + □ + □ + □ = □

14. loses temper	0	1	2	3	
15. is angry and resentful.	0	1	2	3	
16. shows little or no shame or guilt after being caught doing something wrong	0	1	2	3	
17. irritates teachers and other students.	0	1	2	3	
18. cruelly teases or makes fun of others.	0	1	2	3	
19. is insensitive to the feelings of others.	0	1	2	3	
20. displays a negative attitude	0	1	2	3	
21. says authority figures do not have the right to touch him or her.	0	1	2	3	
22. says he or she doesn't care about how others feel	0	1	2	3	
23. is unconcerned about others' rights.	0	1	2	3	
24. rejects moral statements about what is right or wrong.	0	1	2	3	
25. associates with antisocial students.	0	1	2	3	
26. makes sexually abusive comments	0	1	2	3	
27. says he or she doesn't care what happens to him or her	0	1	2	3	Hostility Raw Score

□ + □ + □ + □ = □

28. blames others for his or her mistakes or misbehavior	0	1	2	3	
29. lies to obtain goods or favors or to avoid obligations.	0	1	2	3	
30. steals while confronting a victim.	0	1	2	3	
31. steals without confronting a victim.	0	1	2	3	
32. uses other people's property without permission.	0	1	2	3	
33. cheats on assignments, tests, or games.	0	1	2	3	Deceitfulness/ Theft Raw Score

□ + □ + □ + □ = □

	Never Observed	Seldom Observed	Sometimes Observed	Frequently Observed	
34. is touchy or easily annoyed by others.	0	1	2	3	
35. infringes on the rights of others.	0	1	2	3	
36. is uncooperative.	0	1	2	3	
37. is disobedient (breaks known rules).	0	1	2	3	
38. responds poorly to discipline.	0	1	2	3	
39. bullies, threatens, or intimidates others.	0	1	2	3	
40. has difficulty waiting for things.	0	1	2	3	
					Total Violations Raw Score
	<input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	= <input type="text"/>

Section VI. Key Questions

Answer each question by circling either Yes or No and writing a description of the behavior in question. Because the time period in which the behavior occurred is important, be sure to record the date when the behavioral episode occurred.

Has the person ever:

1. harmed someone or threatened to harm someone using a weapon (e.g., bat, brick, broken bottle, knife, or gun)? Yes No

2. been physically cruel to people or animals? Yes No

3. engaged in stealing directly from a victim (e.g., mugging, purse snatching, extortion, or armed robbery)? Yes No

4. forced someone into sexual activity? Yes No

5. engaged in physical violence (e.g., rape, assault, or homicide)? Yes No

6. deliberately destroyed someone's property (e.g., deliberate fire setting with the intention of causing serious damage)? Yes No

7. deliberately destroyed someone's property in other ways (e.g., smashing car windows or school vandalism)? Yes No

8. engaged in deceitfulness or theft such as breaking into someone else's house, building, or car? Yes No

9. lied or manipulated someone to obtain goods or favors or to avoid obligations? Yes No

10. engaged in stealing items of nontrivial value without confronting the victim (e.g., shoplifting or forgery)?	Yes	No
11. stayed out late at night despite parental prohibition?	Yes	No
12. run away from home overnight (at least twice or only once if the subject stayed away for a lengthy period of time)? (NOTE: These running away episodes are not a result of physical or sexual abuse.)	Yes	No
13. been truant from school before the age of 13?	Yes	No

Section VII. Interpretations and Recommendations

Section VIII. CDS Characteristics

Description. The *Conduct Disorder Scale* is a highly standardized instrument designed for assessment of persons with Conduct Disorder and other severe behavioral disorders. The CDS provides norm-referenced information that can assist in the diagnosis of Conduct Disorder.

Item Selection. Items on the CDS are based on the definitions of Conduct Disorder published in the *Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition—Text Revision* (DSM-IV-TR; American Psychiatric Association, 2000). The items on the subscales are derived from the DSM-IV-TR diagnostic criteria for Conduct Disorder.

Normative Data. The CDS was standardized on a sample of 1,040 subjects from 22 states. Six hundred forty-four of the subjects were adjudicated juvenile delinquents or had a psychiatric diagnosis of Conduct Disorder.

Reliability. Internal consistency of the CDS was determined using Cronbach's alpha technique. Studies revealed a coefficient alpha of .96 for the entire test. This reliability coefficient is exceptionally strong and indicates that the items within the scale are very consistent in the measurement of characteristic behaviors of persons with Conduct Disorder and other serious behavioral disorders. All of the items are sufficiently reliable for contributing to important diagnostic decisions.

Validity. The validity of the CDS was demonstrated through several research studies. Item analysis established that the CDS items are very consistent and discriminative. Concurrent criterion-related validity studies demonstrated that scores from the CDS can be used to discriminate subjects who have Conduct Disorder from those who belong to different diagnostic groups. Other evidence of concurrent validity was established by correlating scores on the CDS with scores from the *Behavior Rating Profile—Second Edition* (Brown & Hammill, 1990) and the *Differential Test of Conduct and Emotional Problems* (Kely, 1990). Positive correlations were obtained between relevant subscales on these instruments and the CDS.

APPENDIX VI: SOCIO-DEMOGRAPHIC FACTORS AND CONDUCT DISORDER






Variable	Category	N	Df	Sig.
Gender	Male	122	1	0.449
	Female	21		
Age	12	1	10	0.571
	13	3		
	14	6		
	15	7		
	16	22		
	17	63		
	18	22		
	19	12		
	20	4		
	21	1		
	22	2		
	Residence	Babadogo		
Baton		1		
Dandora		2		
Eastleigh		3		
Elgeyo Marakwet		1		
Embu		2		
Endebess		1		
Gatundu		2		
Githigio		1		
Githurai 45		4		
Huruma		8		
Isiolo		1		
Jakan		1		

Jericho	1
Kahawa west	1
Kajiado	3
Kakamega	2
Kaptebwa	1
Kawangware	9
Kayole	4
Kiamaiko	6
Kiambu	7
Kibera	15
Kiritiri	1
Kisii	3
Kitengela	1
Kitui	5
Korogocho	1
Langata	4
Llanga	1
Madiwa	1
Majengo	1
Mathare	13
Matopeni	4
Meru	2
Mlango kubwa	1
Mombasa	3
Moyale	1
Mukuru-Ruben	1
Mumias	1
Murang'a	5
Nakuru	5

	Rongai	2		
	Ruiru	1		
	Sabasaba	1		
	Soweto	3		
	Thika	2		
	Turkana	1		
	YCTC	1		
Tribe	Borana	5	17	0.914
	Embu	4		
	Giriama	2		
	Kalenjin	4		
	Kamba	13		
	Kikuyu	43		
	Kisii	8		
	Luhya	26		
	Luo	24		
	Maasai	3		
	Mbeere	1		
	Nubian	2		
	Pokomo	1		
	Rendille	1		
	Sabaot	1		
	Taita	1		
	Teso	2		
	Turkana	2		
Number of children	1-3	63	4	0.635
	4-6	57		
	7-9	20		
	10-12	2		

	13-15	1		
Socio-economic status	Wealthy	7	3	0.481
	Rich	11		
	Middle-class	71		
	Poor	54		
Guardians and parents' marital status	Married	51	4	0.202
	Widowed	20		
	Separated	44		
	Divorced	16		
	Never Married	12		

APPENDIX VII: NACOSTI RESEARCH PERMIT

 REPUBLIC OF KENYA	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Ref No: 401849	Date of Issue: 05/October/2021
RESEARCH LICENSE	
	
<p>This is to Certify that Mr. PAUL NG'ANG'A NAMU of University of Nairobi, has been licensed to conduct research in Nairobi on the topic: THE RELATIONSHIP BETWEEN PARENTING STYLES AND CONDUCT DISORDER AMONG INCARCERATED ADOLESCENTS IN KAMITI YOUTH CORRECTIVE TRAINING CENTER for the period ending : 05/October/2022.</p>	
License No: NACOSTI/P/21/13253	
401849	
Applicant Identification Number	Director General NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
	Verification QR Code
	
<p>NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.</p>	

APPENDIX VIII: RESEARCH AUTHORIZATION

**MINISTRY OF INTERIOR AND CO-ORDINATION OF NATIONAL
GOVERNMENT
STATE DEPARTMENT OF CORRECTIONAL SERVICES
KENYA PRISONS SERVICE**

Telegrams: "COMPRISONS", Nairobi
Telephone: +254-20-2722900-6
Fax: +254-2-2714716
Email: commissioner.prisons@gmail.com
When replying please quote
Ref No. PRIS 1/122/VOL XV/ 62



PRISONS HEADQUARTER
P.O. BOX 30175-00100
NAIROBI

Date: 26 January 2022

Paul Nganga Namu
P.O. Box 100916-00101
NAIROBI

RE: AUTHORISATION TO CONDUCT ACADEMIC RESEARCH.

We acknowledge receipt of your letter requesting approval to conduct an academic research titled *"The relationship between parenting styles and conduct disorder among incarcerated adolescents in Kamiti YCTC and Kamae BI in Nairobi County"*.

It is noted that the research will assist the Prisons Department in improving our rehabilitation programs. This is therefore to inform you that your request has been approved for a period running from 17 January 2022 to 17 April 2022. The data collected must be used for academic purposes only.

You are expected to adhere to Prison rules and regulations during your research period. The laid down Ministry of Health Covid-19 protocols must be strictly adhered to during the research period. You are also required to provide the Prisons Headquarter with a copy of your research findings at the end of your research.

By a copy of this letter, the Officer in Charge Kamiti YCTC and the Superintendent In Charge Kamae Girls BI are requested to accord you the necessary assistance during your research period.


JANE W. KIRII, ACP/A
FOR: COMMISSIONER GENERAL OF PRISONS

Cc.

1. Officer in Charge Kamiti YCTC
2. The Superintendent In Charge Kamae Girls BI

APPENDIX IX: COVID-19 VACCINATION CERTIFICATE

Covid-19 Vaccination Certificate

REPUBLIC OF KENYA



MINISTRY OF HEALTH

This is to certify that **PAUL NGANGA NAMU**, born on **Sun Mar 30 1980**, from **Kenya** with **National Id: 22168112**, has been vaccinated against **Covid 19** on the date indicated in accordance with the National Health Regulations.

Vaccine	Dose	Date Administered	Batch No
Oxford/AstraZeneca	1	Thu Apr 08 2021	4120Z029.
Oxford/AstraZeneca	2	Tue Jun 29 2021	ABW0891

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You may confirm this certificate by scanning the QR code.