The relationship between alcohol abuse and perception of parenting style among Zimbabwean adolescents

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ABSTRACT
The issue of alcohol abuse is not a new dilemma to baffle societies, however the fact that consumer age is on a fast decline has been. There are reports of children as young as 13 drinking themselves into oblivion and this epidemic seems to be gaining a stronghold in many communities. Researchers have attempted to determine the reasons why children are abusing alcohol and have attributed it to issues such as media influence, availability, and parenting styles. This study will focus on the effect of perceived parenting styles and alcohol abuse. It was hypothesised that a significant correlation exists between alcohol consumption and the three subscales of parenting style. A sample of 20 boys and girls, aged 14 to 18, was used as participants. Data was analyzed using ANOVA and the findings implicated that parenting style was a predictor of alcohol abuse in adolescence. Adolescence who viewed their parents as being authoritarian and permissive, scored higher on the alcohol intake test, compared to those who viewed their parents as authoritative.

Keywords: adolescence; alcohol abuse; early alcohol consumption; parent-child interaction; parenting styles; Zimbabwe

‘Seventeen year old drunk driver kills four in a fatal car crash.’ ‘Sixteen year old girl gang raped after a drinking spree with friends.’ These are the headlines that are now commonly bracing front pages (Harare News, 2013). The sad reality is that these incidences are no longer anomalies. Alcohol consumption is becoming increasingly prevalent among the younger generation. In fact, statistics clearly show that alcohol use is no longer a form of experimentation for the young, but has become the societal norm with many becoming binge drinkers (Youniss & Haynie, 1992). During the interwar period in the United Kingdom (UK), it was reported that 18-24 year olds consumed the lowest amount of alcohol in the population and was the group with...
the highest likelihood of abstinence (Institute of Alcohol Studies, 2009). This trend, of not having alcohol as an integral part of youth culture, continued till the 1960s, when alcohol began to shape and play a significant role in youth culture (Institute of Alcohol Studies, 2009). By 1980, the same group of adults (18-24 years) had become the highest consumers of alcohol and the group with the lowest likelihood of abstinence (Institute of Alcohol Studies, 2009).

Decades later, this trend is rapidly growing, with the age of initiation fast declining (Institute of Alcohol Studies, 2009). In America, research has found that for under 21s, alcohol is the number one drug of choice, despite the fact that the legal drinking age is 21 (National Institute on Alcohol Abuse and Alcoholism, 2002). In fact, 25% of high school teenagers are binge drinkers, with at least a quarter having had their first drink at 13 years old. This however is not just a problem affecting the Western world. With the change in lifestyle and the erosion of traditional societies, it has permeated through to other parts of the world and has now become a global public health and social concern (Hawks, Scott & McBride 2002).

**Effects of alcohol consumption**

There is no doubt that there are adverse consequences of alcohol abuse, particularly at an early age. Worldwide, an estimate of 1.5 million people die due to alcohol related incidences (Institute of Alcohol Studies, 2009). Zimbabwe is not an exception and, despite the fact that there is a limited amount of up-to-date statistical records, there is no doubt that the problem exists and continues to grow (Cooper, 2009). A survey conducted in Zimbabwe at Harare Hospital, found that 28.4% of the treated patients were there due to incidences involving alcohol consumption, with over 1000 dying each year due to alcohol related incidents, and a further 3000 sustaining minor to serious injuries (Cooper, 2009).

Road accidents in Zimbabwe are the number one cause of teenage deaths, with 45% of them occurring because of impaired driving (Harare News, 2013). In fact, it has been found that drunk drivers between the ages of 16 and 21 years are twice as likely to be involved in fatal crushes as drivers that are 21 and over (Harare News, 2013). What’s more, because the brain is still developing at such a tender age, early drinking and binge drinking could have long lasting effects on a child’s intellectual capacity. That and the fact that it could lead to future alcohol dependence, which in most cases lead to liver and heart disease (Newsday, 2011). However, the effects do not only affect the consumer of alcohol as, due to impaired vision and concentration caused by high levels of alcohol, they are more susceptible to causing accidents which can cost their lives and the lives of other innocent people. Impaired judgment can also cause teens to engage in risky behaviours, such as violence, suicides, and not practising safe sex. The latter can make them prone to contracting sexually transmitted diseases and unwanted pregnancies, and can also make them vulnerable to predators which can lead to assaults and rape (Newsday, 2011).
Given this prevalence in consumption and the serious consequences associated with it, researchers have tried to identify and understand the factors that put adolescents at risk of engaging in this type of harmful behaviour (Youniss & Haynie, 1992). The reasons for alcohol abuse have varied, and so had their pattern. For example, a study by Cooper (2009) showed that children in urban schools drank more than those in rural schools and their main reason was easy availability. In fact, children no longer have to ask someone over 18 to purchase alcohol for them, as it is now readily available in homes, at social functions, and ‘drink ups,’ which are gatherings organized for the sole purpose of getting drunk (Newsday, 2011). This has led many researchers to examine the relationship between parenting styles and the probability of whether or not a child will abuse alcohol (Kusmierski, Nichols & McDonnell, 2001).

**Parenting Styles**

Researchers long concluded that the parent-child relationship, particularly the child’s perception of it, was pivotal in the psychological development and adjustment of a child (Safford, Alloy & Pieracci, 2007). In fact, the family unit was considered to be the most crucial factor in the introduction of risk and/or protective behaviours (Youniss & Haynie, 1992). Although the influence of peers was taken into regard and played a part in the influence of youth, it was found that the family unit was the biggest source of influence in the decisions made by adolescents (Youniss & Haynie, 1992). Yet, along with the decline of the age of consumption, over the years we have witnessed a decline in the traditional family unit. Whereas the norm has been for the mother to raise the children while the father goes to work, now not only do both parents work so as to support the family, but in some case they both work away from home. This leaves the children to either be raised by grandparents, aunts, or in worse case scenarios, the older sibling. There is no doubt that there can be numerous reasons why children as young as 9 are experimenting with alcohol and why 13 or 14 year olds are regular drinkers and in some cases binge drinkers. This proposal is, however, going to narrow down the scope to the effect parenting styles can have on early alcohol consumption and abuse.

Diane Baumrind (1991) noted three different types of parenting styles namely, Authoritarian, Permissive, and Authoritative. According to Baumrind (1991), authoritarian parents use high levels of control and restrictions in their dealings with their children and expect total respect and obedience. In situations where there is a conflict of opinions, authoritarian parents restrict autonomy and expect their word to be the last word. The authoritarian parent expects the child to yield to his set standards and views himself as the higher authority that expects total submission and respect (Baumrind, 1991). Failure to comply is usually met with strict and forceful measures which ensure that the set out rules are followed and conflict is resolved (Baumrind, 1991). The authoritarian parent believes in ‘keeping a child in his place,’
and displays little or no regard for the child’s autonomy.

The extreme opposite of authoritarian is permissive. Permissive parents do not play a significant role in shaping a child’s behavioural patterns as they are not controlling or demanding, and do not have set boundaries. They are, however, warm and loving (Cohen & Rice, 1997). The permissive parent sways away as much as possible from punishing the child (Baumrind, 1991). He encourages the child to carry out his impulses and desires; therefore he does not set solid rules of expected behaviour (Baumrind, 1991). The parent is not demanding as far as responsibility and behaviour are concerned, and does not believe in exercising control over the child so as to shape behaviour (Baumrind, 1991).

The middle ground of these two extremes is authoritative. Authoritative parents tend to be more expressive, involved and reason with their children concerning punishment, rules and boundaries (Baumrind, 1991). The authoritative parent favours the use of rationale over coercion to direct behaviour (Baumrind, 1991). The parent involves the child in decision making, and has a ‘give and take’ stance when setting rules and boundaries (Baumrind, 1991). The parent is firm yet not strict, he values the autonomy of the child, thus lets the child express his concerns (Baumrind, 1991).

CURRENT STUDY

Method

This quantitative study sets out to find whether falling into a certain parenting style could predict early alcohol consumption and abuse in school aged children. It has been hypothesised that parenting styles have an effect on the onset and abuse of alcohol in children.

Participants

Twenty participants were purposefully selected for this research. The participants solicited for the study were aged between 13 to 18 years, representative of secondary school pupils. Due to their age, permission was obtained from the parents or guardians of the participants. They were 10 girls and 10 boys, and all have consumed alcohol, though the levels varied.

Measures

Participants anonymously completed three questionnaires. One assessing their perception of their parents parenting style and the other their drinking habits. Participants also filled in a demographic questionnaire noting information about their sex, age, race and year in school.
Children's report of parental behaviour inventory (CRPBI)

The CRPBI-30 is a self-report measure of a child’s perception of parenting behaviour. It was originally developed by E. Schafer in 1965, and was later shortened by Schludermann and Schludermann in 1970 from 108 questions to 30 questions for each parent. The measure was administered twice, once for each parent. The scoring was based on a Likert three-point scale of measurement, which ranges from Not Like (NL), Somewhat Like (SL), to A Lot Like (LL). The internal consistency of these scales ranged from .81 to .94. The coefficient alpha for the scales ranged from .79 to .94.

Alcohol Use Disorders Identification Test (AUDIT)

Their drinking pattern was assessed by a measure developed by the World Health Organisation (WHO) in 1982. The measure is used to identify persons with hazardous and harmful patterns of alcohol consumption. It consists of 10 questions about recent alcohol use, alcohol-related problems and alcohol dependence symptoms. The AUDIT is the only screening test that was specifically designed for international use. It is brief and easy to understand. Unlike other screening test, it is intended for early identification of harmful drinking as well as alcohol dependence. The test was evaluated by researchers for more than two decades therefore it is highly valid and reliable (r=.86). The sample questions in the tool are (1) How often do you have a drink containing alcohol and, (2) Have you or someone else been injured as a result of your drinking?

Demographic Information

Participants filled in a brief form stating their race, gender, and age.

Analysis

The data was collected from all participants. The parenting styles were calculated as indicated in the inventory and the totals were recorded for each participant. The same was done for alcohol consumption questionnaire. Participants were grouped according to which parenting style scored the highest on their question sheet. Then in these groups, current alcohol use, and binge drinking habits were assessed. Each of these measures was examined across parenting styles using one-way ANOVA.

RESULTS

There was a statistically significant difference between the three groups as was determined by the one-way ANOVA F(2,17)= 99.06 p<0.05
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Table 1: Descriptive Statistics

<table>
<thead>
<tr>
<th>Parenting Style</th>
<th>No of P’s</th>
<th>Total on Alcohol Scores</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authoritarian</td>
<td>7</td>
<td>192</td>
<td>27.4</td>
</tr>
<tr>
<td>Authoritative</td>
<td>7</td>
<td>26</td>
<td>3.7</td>
</tr>
<tr>
<td>Permissive</td>
<td>6</td>
<td>83</td>
<td>13.8</td>
</tr>
</tbody>
</table>

Table 2: Statistics on alcohol intake and subscales of the CRPB

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Grps</td>
<td>1980.97</td>
<td>2</td>
<td>990.49</td>
<td>99.06</td>
<td>3.59</td>
</tr>
<tr>
<td>Within Grps</td>
<td>169.98</td>
<td>17</td>
<td>9.99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2150.95</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DISCUSSION

According to the AUDIT Test, 0–10 is ranked as low intake, 11–20 as medium intake and 11–30 as high intake. Of all the participants, those that ranked their parents as being Authoritative had the lowest mean alcohol consumption, with an average of 3.7, and on average had two alcoholic drinks per month. In this group, the highest scorer had a score of 5 out of a total of 30. The group that ranked their parents as being permissive had an average of 13.8. The participants that perceived their parents as authoritarian had the worst drinking habits with the majority having started drinking at a young age, and an average score of 27.4 on their AUDIT test. They also reported drinking on average six drinks per week. The highest scorer in this group had an alarming score of 28 out of 30. The ANOVA test showed that there was a considerable difference in alcohol intake among all the three groups and thus, as predicted by the hypothesis, parenting style does have an effect on child’s drinking habits.

The purpose of this study was to examine the relationship between scores on the CRPB and scores on the AUDIT and to further predict the level of alcohol intake on the three subscales of the CRPB. The results obtained supported the hypothesis. There was a correlation between the alcohol intake scores and the parental style. The correlation was negative, as the scores for parental behaviour decline, alcohol consumption increases. When analyzed individually, all the subscales of the CRPB had an influence on the intake of alcohol. However, for the majority of the participants (80%) acceptance from their parents did not have a major impact on their drinking habits. In the case of the other 20% rejection from the father was regarded as a factor, and the majority of the participants in this pool were male.
Psychological anatomy was only a predictor when it was not consistent for both parents. The participant had low alcohol intake scores only when they viewed both parents as not psychologically controlling. The same applied for firm control, when parents were seen as contradicting themselves in their levels of control, the alcohol intake score was high. Also where parents were too controlling the alcohol intake scores were high. Parents thought of as being Permissive had a positive correlation with alcohol consumption, the more Permissive the parents, the more alcohol the child consumed. However, parents that were thought of as Authoritative negatively correlated with alcohol consumption.

The results of the present study have been supported by previous research. Parenting high on hostility and low on warmth was associated with a higher probability of alcohol use and abuse (Johnson & Padina, 1991). Parenting which did not set boundaries or enforce rules also predicted greater risk of alcohol abuse (Jackson, Henriksen & Dickinson, 1999). On the other hand, parents that were warm, reasoned with their children on boundaries set, and provided positive feedback predicted lower alcohol abuse (Jackson, Henriksen & Dickinson, 1999). Cohen, Richardson and LaBree (1994 cited in Kusmierski, Nichols, & McDonnell (2001). also concluded that parenting styles could be linked to the onset of alcohol abuse in children and adolescents. Cohen and Rice (1997) found a correlation between adolescents drinking and perception of parents, those who drank more perceived their parents as being demanding and those who drank less perceived their parents as warm and loving.

**LIMITATIONS AND FURTHER RESEARCH**

The findings of this study are a very crucial factor in helping parents understand how their parenting style can influence their children’s decision-making concerning future drinking patterns. The greatest limitation in this study was that the pool of participants was a small number, thus it is difficult to generalize the findings to the whole population, as they are not representative of the population. Another limitation concerns the truthfulness of the answers submitted by the participants, as the questionnaires were long and fatigue could have come into play making them rush through the questions. This could potentially have heavy implications on the overall findings of the study. In a replication of the study, participants who are representative of the general population should be used to make the finding more accurate when generalizing to the general population. For future research, factors such as cultural difference could be examined, as well as social and economic, and geographical background. It would be interesting to see whether the same results can be found between children in urban and rural areas for example.
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CONCLUSION

Alcohol abuse among Zimbabwean adolescents is associated with parenting style. On one hand, the use of high levels of control and restrictions when dealing with children, made them more prone to abuse alcohol, and at an early age. Also, the failure to provide rules and guidance from permissive parents made the children more prone to pressures to begin drinking at an early age. Authoritative parents tended to be more expressive and reasoned with their children concerning punishment, rules and boundaries. Consequently, authoritative parenting resulted in higher pro-social behaviour, and children were the least likely to engage in alcohol abuse. These finding suggests that warm and loving parenting fosters a higher self-esteem, behavioral control, and reduces the chances that the adolescent will succumb to peer pressure. On the other hand, the parents that are not warm or loving foster low self-esteem and children are thus more likely to succumb to peer pressure, making them prone to alcohol misuse.

BIOGRAPHICAL INFORMATION

Blessing Chirisa. I have always had a profound interest in working on the development of children and young adults, focusing especially on matters that affect their development. It is of greatest pleasure to be able to share this interest with others by receiving an opportunity to publish my work. I see this opportunity as giving a voice to those that do not have one and I consider it to be a really great privilege. I hope to continue researching and writing articles on what affects today’s youth and I hope that one day this will affect government policies that are currently in place.

REFERENCES


