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Effects of Parental Alcoholism on the Psychosocial Well-Being of Adolescents at Gitithia Secondary School in Kiambu County, Kenya

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Abstract

The study aimed to explore how parental alcoholism affects the psychosocial development of high school students in Kiambu County. Parental alcoholism has been linked to various negative outcomes in children, including mental health issues. However, limited research has explored how these dynamics specifically affect the psychosocial development of adolescents in the Kenyan context. This quantitative research employed a mixed-methods approach, combining descriptive statistics and logistic regression analysis to examine the correlation between parental alcoholism and adolescents' psychosocial well-being. The findings revealed that 28% of the adolescents were exposed to parental alcoholism, indicating that more than a quarter of the student population had experienced this adverse familial condition. The analysis showed that gender and age were not significantly associated with exposure status, suggesting that both male and female participants of different age groups were equally likely to be affected. However, significant associations emerged in relation to family structure and socioeconomic status. Conduct problems emerged as the most prevalent difficulty, with over 30% of respondents falling into the abnormal category, followed by emotional symptoms and peer-related issues. Hyperactivity was less frequently reported as a serious concern. Adolescents exposed to parental alcoholism exhibited more behavioral difficulties and reduced prosocial tendencies compared to their peers. A multiple linear regression analysis supported these results, showing that exposure to parental alcoholism was significantly associated with increased conduct problems and hyperactivity, while prosocial behavior showed a positive trend toward significance. The study recommends that psychosocial support services, such as peer support groups, mentorship programs, and teacher sensitization workshops, should be integrated into the school system to promote a supportive environment for vulnerable students. The Ministry of Education, in partnership with child protection and mental health stakeholders, should develop policies that prioritize mental health screening and intervention for adolescents, especially in alcohol-prevalent regions. Schools should be supported in creating safe spaces and protocols for reporting family-related challenges.

Keywords: *Parental Alcoholism, Psychosocial Well-Being, Adolescents*

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1. Introduction

Parental alcoholism is a widespread problem with significant repercussions, impacting not just those directly affected but also their families and communities. When parents struggle with alcohol use disorder (AUD), it can severely influence their children's developmental trajectories and psychosocial well-being. This is so because AUD can disrupt family functioning, which impairs the emotional and social well-being of children (Barnow et al., 2012). Adolescence, characterized by rapid developmental changes and increased vulnerability to environmental influences, is a particularly critical period during which the effects of parental alcoholism can be intensely felt (Nehls & Kelleher, 2019). Alcohol abuse by parents can impair their ability to create a secure environment and adequately meet their children's physical and emotional needs, leading to unhealthy or poor psychosocial development of their children. Similarly, the presence of alcoholism in the family environment has been linked with various adverse outcomes for adolescents, such as increased risks of mental health disorders, academic underachievement, and social difficulties (Hawkins et al., 2012). Despite these documented risks, there is a need for further exploration into how parental alcoholism affects various dimensions of adolescent psychosocial well-being. A comprehensive understanding of these impacts is essential for developing targeted interventions that address affected youth's current short-term and long-term needs. A comprehensive strategy to address these effects incorporates counseling, emotional support systems, and creating a stable and encouraging environment through policy-making (Raitasalo et al., 2019).

In Europe, the percentage of children under 20 living with parents who abuse alcohol varies widely, ranging from 5.7% in Finland to 10.5% in Denmark, 15.4% in Germany, and between 17% and 23% in Poland (European Monitoring Centre for Drugs, 2008). In the United Kingdom, the Advisory Council on the Misuse of Drugs (2003) initially estimated that between 200,000 and 300,000 children in England and Wales were living with one or both parents who had a severe drug problem. This figure represented approximately 2–3% of children age 16 and below. The council also estimated that there was one dependent child (under 16) for every person using drugs and receiving treatment (Professor Catherine Comiskey, 2019).

Data on alcohol prevalence in Africa shows that in 2019, Nigeria was leading in alcohol consumption in terms of alcohol consumption per capita, with a record of over 13 litres of alcohol per capita. The Kingdom of Eswatini ranked second. South Africa followed at position three (Conway, 2020). As reported by the World Bank, in 2014, the overall population of sub-Saharan Africa was estimated to be 973 million individuals, with 43% of this population being under 14. Around 30% of the adult population were current alcohol drinkers. This number is expected to rise, particularly among women and younger age groups. However, Low levels of alcohol consumption are observed in North African and sub-Saharan African countries such as Niger, Senegal, and Guinea, largely due to the significant populations of Islamic adherents in these regions, who typically have high rates of abstention from alcohol (Ferreira-Borges et al., 2017). In another systematic review and meta-analysis study on Alcohol Use Disorder in the General Population in Sub-Saharan Africa, the prevalence of AUD in Nigeria ranged from 0.1% to 33.2% (Gellé et al., 2024).

When it comes to alcohol consumption in East Africa, a report dubbed ‘Effect of Kenya’s Alcohol Regulation Policies’ showed that alcohol consumption in Uganda was 9.5 litres per capita. In the same year, Uganda recorded the highest number of illicit alcohol markets globally (Conway, 2020). Alcohol consumption in Tanzania was 9.4 litres per capita, 9.0 litres per capita in Rwanda, and 3.4 litres of alcohol per capita in Kenya. This makes alcohol consumption in

Kenya lower than in the other East African countries. As of 2019, At least 12 out of every 100 Kenyans consume alcohol (Mutua, 2019).

The former central region, now Kiambu County, drew the nation's attention due to the problem of alcoholism. Over the past decade, there has been a vigorous campaign to reduce/mitigate alcohol abuse in Kiambu County compared to other regions; this unfortunately shifted the problem of alcoholism to other parts of the country. In a 2018 survey, Nairobi was found to have the highest number of alcohol consumption in Kenya (Mutua, 2018). This said the war against alcoholism in Kiambu County is still on.

1.1 Problem Statement

Parental alcoholism has a profound and lasting effect on the psychosocial well-being of children. Research suggests that children of parents with alcohol use disorder (AUD) are at a greater risk of developing inward-focused disorders, such as depression and anxiety, as well as outwardly expressed disorders, including behavioural problems and attention deficit hyperactivity disorder (ADHD). This is partly due to the inconsistent and unpredictable parenting environment, characterized by neglect and abuse, which can lead to emotional distress and attachment issues (Jose & Cherayi, 2020).

According to research done by NACADA in 2010 on Alcohol use in the central province of Kenya-the region currently known as Kiambu County, revealed that there was a very strong consensus among the residents of Kiambu; approximately two-thirds of community members reported high levels of alcohol consumption throughout the region, noting increasing trends and the ease of availability, affordability, and accessibility, particularly of second-generation alcoholic beverages.

Despite government and community efforts to reduce alcoholism through measures such as regulating bar hours, revising alcohol license requirements, and imposing fines, the Nacada report (2010) found high alcohol consumption rates among those under 18 and very high rates among adults aged 19-24 (males 77%, females 14%) and 25-34 (males 79%, females 15%). Males aged 35-54 also showed very high consumption rates. The impact of this on adolescents was reported to include; low school enrolment, higher dropout rates, increased teenage pregnancy, poor examination results, and school vandalism. This raises questions about why adolescents start drinking at a young age and where they learn this behaviour. Early alcohol use in adolescents often reflects both the status of their mental well-being and their home environment. Research indicates that alcoholism is often hereditary, with children of alcoholics being four times more likely to become alcoholics themselves, partly due to a higher risk of experiencing neglect and abuse as compared to children of non-alcoholics (AACAP, 2019). This happens as Parental alcoholism impairs parenting abilities, as alcohol consumption affects brain function, impacting thoughts and behaviour.

This study sought to address the insufficient focus on the mental health of adolescents exposed to parental alcoholism. While existing research in Kenya highlights the general prevalence of alcohol consumption, it often overlooks the specific impact of parental alcoholism on children's psychosocial development. Therefore, this study aimed to investigate the prevalence of alcohol use among Kenyan parents and assess the psychosocial well-being of their children, particularly in Kiambu County. It sought to understand how adolescents cope with the challenges of living in households with alcohol use disorder (AUD) and the levels of psychosocial distress they experience in high school.

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Understanding these effects is essential for developing targeted interventions and support strategies. Effective counseling and education can help parents recognize and address the negative impacts of their alcohol use, fostering healthier coping mechanisms. Additionally, addressing parental alcoholism and related child neglect or abuse can help break the cycle of intergenerational trauma, improving mental health outcomes for affected children.

1.2 Research Objectives

i. To estimate the prevalence of alcohol use disorder among the parents of adolescents in selected high schools in Kiambu County.

ii. To assess the specific psychosocial issues experienced by adolescents with alcoholic parents.

iii. Determine the effect of parental alcoholism on the psychosocial well-being of adolescents in selected high schools in Kiambu County, Kenya.

2. Literature Review

2.1 Theoretical Review

Psychosocial theory was established by Erick Erickson in 1950. Even though the theory is based on psychoanalysis, Erick suggests that personality, mental, and emotional problems are a result of both psychological and social factors (Erickson, 1950). The theory argues that personality develops through eight developmental stages that run through childhood, adolescence, and adulthood. Each stage comes about due to the emergence of a new dimension of social interaction and becomes possible with increased maturity. In each stage, one is faced with a psychosocial crisis or conflict that poses either a negative or positive impact on the general development of the psychosocial well-being of an individual.

Infancy and childhood encompass the initial four core conflicts: trust versus mistrust, autonomy versus shame and doubt, initiative versus guilt, and industry versus inferiority. During adolescence, the central conflict is between identity and identity confusion. In adulthood, the primary conflicts are intimacy versus isolation, generativity versus self-absorption, and integrity versus despair (Erickson, 1950).

Erikson (1968) views adolescence as pivotal in his theory because it marks the transition from using identification as a means of adjustment to the beginning of true identity formation. If an adolescent fails to develop a solid identity based on family, race, or ideology, it can lead to significant challenges in adulthood. This struggle often results in difficulties in achieving genuine intimacy and maintaining stable, long-term relationships (Rosenthal et al., 1891).

According to psychosocial theory, successfully navigating each developmental stage fosters a healthy personality and acquiring basic virtues, strengthening the ego's capacity to handle future challenges. Conversely, failure to master each stage diminishes the easiness of progressing through subsequent stages, leading to a less healthy personality and a weaker sense of self. However, it is possible to resolve these stages successfully later (McLeod, 2018).

Psychosocial theory is criticized for not providing a detailed explanation of the development process throughout the different stages. It explains the goal or challenge for each stage but does not show how and when transitions occur from one level to another. Secondly, it highlights the possible negative impact that may be acquired in each stage and the need for treatment, but it does not give a clear mechanism for resolving conflicts. That is, which treatments should be

used and how they should be applied. Thirdly, the theory is also criticised for not considering the uniqueness of everyone in terms of the rate used to achieve milestones (Kaiser, 2020).

Despite its limitations, Erick Erickson's psychosocial theory remains a useful tool. It offers a flexible blueprint for understanding human growth and psychosocial development and identifies possible hindrances and possibilities for unhealthy and healthy growth.

The theory also provides a systematic framework for studying human growth and development. It has been widely applied across various fields, including psychology, education, and healthcare. This approach enhances our understanding of the complex interaction between an individual's social and cultural environment and identity formation. The theory emphasizes the impact of one's social connections or relationships with family, peers, and others on psychosocial development. This is why parental alcoholism, which informs the relationship that parents have with their children, is projected to influence the psychosocial development of their adolescent children.

A major weakness of psychosocial theory that may affect this study is the Lack of Cultural Sensitivity: Erikson's theory may not fully account for cultural variations in family dynamics and developmental experiences. It primarily reflects Western perspectives on development, which may limit its applicability to diverse cultural contexts. To address the limitations of Erik Erikson's Psychosocial Development Theory in studying the effects of parental alcoholism on adolescents, it is essential to incorporate additional perspectives on cultural variations. Cultural relativism helps understand how developmental processes and family dynamics vary across cultures, highlighting the need for a culturally sensitive approach (Rothbaum et al., 2000). Bronfenbrenner's Ecological Systems Theory offers a framework for analysing how various environmental layers, including cultural contexts, influence adolescent development, offering a comprehensive view of how parental alcoholism interacts with broader environmental factors (Bronfenbrenner, 1979).

Research on cultural variations in parenting styles emphasizes that parenting practices and their impacts can differ based on cultural norms, which can affect how adolescents experience parental alcoholism (Chao, 1994). Additionally, cross-cultural studies on identity formation reveal how adolescents in different cultural settings navigate identity challenges, which is crucial for understanding the unique experiences of those affected by parental alcoholism (Kroger, 2007). Finally, studies on resilience and coping mechanisms highlight how cultural values and support systems shape adolescents' ability to cope with adversities, including parental alcoholism, and inform the development of culturally appropriate interventions (Ungar, 2011). Combining these perspectives ensures a more nuanced comprehension of the impact of parental alcoholism across diverse cultural contexts.

Application to the Study/ Justification for Using the Theory

Regarding the study topic, even though adolescents have only the first four stages of development, parental alcoholism might have a negative impact on their development since such parents would be preoccupied with their alcohol dependency and, therefore, fail to promptly provide both the physical and emotional needs of their children leading to low levels of psychosocial wellbeing.

Erik Erikson's Psychosocial Development Theory is chosen for this study because it offers a well-established framework for understanding the psychosocial challenges faced by adolescents. The theory provides a framework for examining how disruptions in parental support and stability due to alcoholism can impact adolescents' ability to navigate their

psychosocial development. By focusing on identity formation and the resolution of psychosocial conflicts, this theoretical lens will guide the analysis of how parental alcoholism affects adolescents' self-perception, social interactions, and overall psychological well-being. By applying Erikson's theory, the study can gain valuable insights into how parental alcoholism affects adolescents' ability to navigate their psychosocial development, leading to more targeted interventions and support strategies.

2.2 Empirical Review

2.2.1 The concept of alcoholism and prevalence of parental alcohol abuse

Alcoholism, as per the American Psychiatric Association (2013), comprises two types of diagnoses: alcohol abuse and alcohol dependence. This implies alcohol consumption that is more than the recommended amount and failure to function well in carrying out daily activities without the influence of alcohol. Both diagnoses indicate that a single specific feature does not characterize alcoholism but rather involves a combination of multiple alcohol-related symptoms. For instance, in a study, of persons diagnosed with alcohol dependency as per the DSM criteria, the participants were found to experience at least 8 out of the 16 alcohol-related issues outlined in the Problem Drinking Scale (PDS), another tool used to diagnose alcoholism. (Vaillant & Hiller-Sturmhöfel, 1996).

The problem of alcoholism can be traced to the early years after creation. In Genesis 9:21, the Bible recounts that Noah became drunk and was found naked inside his tent. Concerning science, one of the major concerns of researchers is the etiology of alcoholism. These are factors that cause and promote alcoholism development. They seek to find out if alcoholism is an independent condition that leads to other medical conditions. Or is alcoholism a consequence of underlying medical conditions, such as mental disorders like depression? Prospective longitudinal studies are especially well-suited to investigate this question, as they track the participants before any alcohol-related diagnoses occur. These studies allow researchers to determine the temporal sequence in which conditions like alcoholism and depression develop. Additionally, other research lines investigate early-life risk factors for alcoholism that could help identify individuals at risk of developing the disorder. For example, studies conducted by Harvard University Health Services have investigated four potential influences: sociopathy (or antisocial personality disorder), cultural factors (such as ethnic background), genetic factors, and childhood environment (Vaillant & Hiller-Sturmhöfel, 1996).

Genetics play an important role in the susceptibility to alcoholism. In a detailed review of current studies on the genetic factors contributing to alcohol use disorders (AUD) titled *Genetic influences on alcohol use and alcohol use disorders* by Edenberg and Schuckit (2012), the authors discuss findings from several research. The review discusses the heritability of AUD, citing that genetic factors are responsible for approximately 50-60% of the risk for developing alcohol use disorders. This estimate is derived from twin and family studies, which indicate a significant genetic component in susceptibility to alcoholism. Family and Twin Studies are Studies involving twins raised apart and family histories of alcoholism considered. People from families with a history of alcoholism are at a higher risk of developing AUD themselves.

2.2.2 Children from alcoholic backgrounds

Parents are responsible for caring for their adolescent children, and the increasing prevalence of parental alcoholism raises concerns about how a parent's behaviour affects their children. If a parent is focused on sustaining their alcohol dependency, they frequently fail to address their

child's fundamental needs, which encompasses proper nutrition, safety, education, structure, consistency, affection, and healthcare (Murray, 2022). From the discussion so far, alcohol causes more harm than good. Unfortunately, the problem of alcoholism does not affect the individual only but has a direct effect on those attached to and around them, especially children. Psychosocial development is basically growth and maturation within boundaries in the family and social environment. In psychology, "psychosocial" refers to the interplay and interaction between social, cultural, and environmental factors and their impact on the mind and behaviour. In this section, I seek to further find out from existing literature what happens to or becomes of children raised by alcoholic parents as their psychosocial development is greatly influenced by their parents.

A cross-sectional comparative survey research design was conducted in selected government high schools in Bangalore, India, to investigate anxiety, depression, and self-esteem among children with alcoholic parents (COA) versus those with non-alcoholic parents. The study included 200 children, with 100 from families with alcoholic parents and 100 from families with non-alcoholic parents. The results showed statistically significant differences between the two groups, indicating that children of alcoholic parents experienced higher levels of anxiety, depression, and lower self-esteem, along with increased separation anxiety, social phobia, obsessive-compulsive issues, and physical injuries (Dayananda & Sreevani, 2019).

Similarly, a cross-sectional study conducted over 18 months on children of outpatients and inpatients at a tertiary healthcare center in Central India examined psychiatric morbidity in children of alcoholic parents. The findings revealed that depression and anxiety were significantly higher ($P < 0.05$) among children of alcoholic parents compared to those of non-alcoholic parents. However, there were no significant differences ($P > 0.05$) in terms of low intelligence, behavioral problems, conduct disorder, psychotic symptoms, special symptoms, physical illness, emotional issues, or somatization. The study included 100 children aged 8–11 years, with 50 from alcoholic families and 50 from non-alcoholic families (Mansharamani et al., 2018).

Broken homes and inconsistent upbringing due to parental alcoholism seem to predict future alcoholism and the poor psychosocial well-being of children from such homes. This finding has been collaborated by a study on the natural history of alcoholism, which showed that “Warm” and cohesive childhood environments and close relationships were most characteristic of the men who did not become alcoholics (Vaillant & Hiller-Sturmhöfel, 1996). Additionally, in another study on *deviant children grown up, a sociological and psychiatric study of sociopathic personality* (Robins, 1966) demonstrated that the clinic subjects (children from disruptive families with a history of juvenile offense) were more maladjusted and emotionally ill as adults than were the control subjects (children from functional families with no history of juvenile offense).

2.2.3 Psychosocial Development

Several interesting theoretical and empirical data attempt to explain the concept of psychosocial development. The first is the psychosocial theory by Erick Erickson, as discussed earlier under the theoretical framework. Another theory that explains psychosocial development is Jean Piaget’s Theory of Cognitive Development. Piaget is known for his work on cognitive development, which argues that cognitive development takes place through four stages: Sensorimotor Stage (Birth to 2 years); Preoperational Stage (2 to 7 years): Concrete Operational Stage (7 to 11 years); and the Formal Operational Stage (12 years and up). All

these stages impact psychosocial development, particularly in how children interact with their social environment as they grow. For example, In the formal operational stage, adolescents explore their identities and values through interactions with peers and social groups. This period of self-exploration is crucial for developing a sense of self and understanding one's place in the broader social context (Piaget, 1952).

Lev Vygotsky's Sociocultural Theory offers a comprehensive framework for understanding how social interactions and cultural contexts influence cognitive and psychosocial development. The theory is based on three core concepts: Social Interaction and Learning-which suggests that cognitive development is a social process whereby children learn and develop their cognitive skills through interactions with more knowledgeable others, such as parents, teachers, and peers. The second core concept of the theory is the Zone of Proximal Development (ZPD) which refers to the range of tasks that a child can perform with the help of a more knowledgeable other but cannot yet perform independently. Therefore, learning is most effective when a more knowledgeable individual provides support (scaffolding) that is gradually removed as the child becomes more capable. The third concept is Internalization, which is the process through which children absorb and integrate external cultural tools and social practices into their cognitive processes. This process is critical for the development of higher mental functions. From this theory, psychosocial development is not only influenced by one social environment but determined by it. These only emphasize the impact parents have on their growing children as children not only learn how to interact with others and navigate life challenges but also learn Emotional responses and regulation, among other psychosocial skills (Vygotsky, 1978).

Several empirical studies have also been conducted to understand psychosocial development most of which are longitudinal studies due to the concept of growth being a process and involving time. For example, The Dunedin Multidisciplinary Health and Development Study (also known as the Dunedin Study) is a significant longitudinal research project based in Dunedin, New Zealand. It provides valuable insights into human development and health across the lifespan. The study began in 1972-1973 and was initiated by researchers from the University of Otago and originally recruited 1,037 individuals born in Dunedin, New Zealand. The study's primary aim is to investigate the interactions between genetic, environmental, and social factors and their impact on physical and mental health and development throughout the lifespan. The study had multiple waves of data collection, with assessments conducted at various stages of participants' lives: Childhood (Data was collected from ages 3, 5, 7, 9, 11, and 13); Adolescence (Further data was collected at ages 15 and 18); Adulthood (Participants have been followed up at ages 21, 26, 32, 38, and 45). The study is ongoing; the most recent wave was planned for 2023. The study has examined the effects of family structure, parenting styles, and family functioning on children's development. It has been found that supportive and stable family environments contribute positively to behavioral and psychological outcomes. Effective parenting practices, such as consistent discipline and emotional support, are associated with better behavioral and mental health outcomes in children and adolescents. Additionally, findings show that early behavioural issues can continue into adulthood, influencing various life outcomes and overall well-being (Dunedin Multidisciplinary Health and Development Study, 1972-2023).

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3. Methodology

This was a quantitative study using both descriptive and logistic regression design. The study sampled high school students ranging from form two to form four, ages 13 to 19. Both genders were considered. The target population was, however, limited to adolescents who attend day secondary schools. Single cluster sampling was used to zero in on one day secondary school- Gitithia Mixed Secondary School, which is located in Lari Sub-County, Kiambu County, Kenya. It is a mixed-day school with an enrollment of over 398 students. To ensure representation across different age groups and genders, the study employed stratified random sampling. The study randomly sampled 200 adolescents from the selected school. Since the target population included form two to form four students, 65-67 students were randomly chosen from each grade- academic year. Stratification was done to categorize the students on the basis of gender. Data was collected using a short version of the Children of Alcoholics Screening Test (CAST-6,). The psychosocial state was measured by use of The Strengths and Difficulties Questionnaire (SDQ) which is a screening tool made to determine emotional and behavioural difficulties in children and adolescents. The research employed quantitative methods for data analysis. Descriptive statistics, including frequencies, means, and standard deviations, were calculated to determine data distribution. Logistic regression was employed to explore the relationship between parental alcoholism and the likelihood of specific psychosocial outcomes, such as high levels of emotional symptoms or conduct problems.

4. Results and Discussion

4.1 The Prevalence of Alcohol Use Disorder Among the Parents of the Study Participants.

Figure 1 below is a pie chart that illustrates the prevalence of parent alcoholism among adolescents taking part in the study.

Figure 1: A Pie Chart Illustrating the Prevalence of Parental Alcoholism Among Study Participants

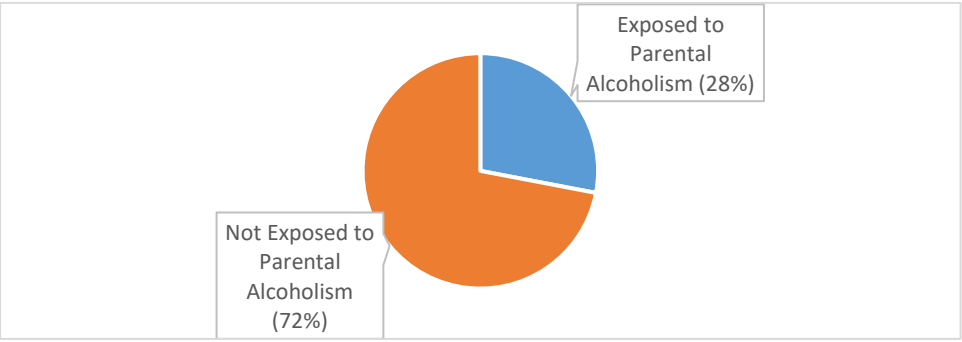

Figure 1 shows the prevalence of parental alcoholism among the adolescents in the study area. **As** indicated by the figure, 28% of adolescents are exposed to parental alcoholism while a larger proportion **(72%),** of adolescents report no exposure to parental alcoholism. This indicates that while a significant portion of the sample is affected by parental alcoholism, the majority of adolescents in this dataset are not exposed to such a situation.

4.1.1 Distribution of Sociodemographic Characteristics and Exposure to Parental Alcoholism

A cross-tabulation analysis was conducted to examine the relationship between exposure to parental alcoholism and selected sociodemographic attributes, namely gender, age, family

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structure, and socioeconomic status. The data was analyzed using actual frequencies for both not exposed (n = 145) and exposed (n = 56) groups as seen in Table 1. A Chi-square test was applied to determine whether the observed differences in each demographic variable were statistically significant as shown below.

Table 1: The Distribution of Sociodemographic Characteristics and Alcohol Use Disorder among the respondents

Variable	Exposed to parent alcoholism= Σ (56)		Not Exposed to parent alcoholism= Σ (145)			
	Category	Frequency	Frequency	χ2	df	Sig
Gender	M	24	58	0.137	1	0.712
	F	32	87			
Age	13-15	12	30	1.348	2	0.510
	16-18	40	110			
	19-20	4	5			
Family structure	Living with both parent	19	81	14.169	3	0.003
	Living with one parent	24	52			
	Living with a guardian	11	12			
	Unknown	2	0			
Socioeconomic Status	Both parents employed	11	62	9.554	2	0.008
	One parent employed	36	69			
	Both parents unemployed	9	14			

With regard to gender, the exposed group included 24 males and 32 females, while the non-exposed group included 58 males and 87 females. The gender distribution between the two groups was relatively similar, with no substantial difference in the number of male and female respondents exposed to parental alcoholism. The Chi-square test indicates that there was no statistically significant association between gender and exposure to parental alcoholism (p=0.712). In essence, both male and female adolescents appeared equally likely to report exposure in this study.

Analysis of age categories showed that among those exposed, 12 were aged 13–15, 40 were aged 16–18, and 4 were aged 19–20. For the non-exposed group, 30 were aged 13–15, 110 were aged 16–18, and 5 were aged 19–20. The 16–18 age group was the most represented in both exposure categories. The Chi-square shows that there was no statistically significant relationship between age and exposure to parental alcoholism (p=0.510). Thus, adolescents of various ages in the study were similarly distributed between exposed and non-exposed groups.

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In contrast, a significant relationship was observed between family structure and exposure status. Of the adolescents exposed to parental alcoholism, 19 lived with both parents, 24 lived with one parent, 11 lived with a guardian, and 2 respondents did not indicate their living arrangements. On the other hand, among those not exposed, 81 lived with both parents, 52 with one parent, and 12 with a guardian, with no unknowns. The Chi-square result implies that the difference in the distribution of participant's family structure and exposure to parental alcoholism is statistically significant (p=0.003). This indicates a meaningful association between family structure and exposure to parental alcoholism. Adolescents who lived with one parent or a guardian were more likely to be exposed to parental alcoholism, while those living with both parents were more often found in the non-exposed group. This finding highlights the potential role of family stability in buffering against or contributing to alcohol-related adversity.

Lastly, socioeconomic status was also found to be significantly associated with exposure. In the exposed group, 11 adolescents had both parents employed, 36 had one parent employed, and 9 had both parents unemployed. Among the non-exposed, 62 reported both parents employed, 69 had one parent employed, and 14 had both parents unemployed. The Chi-square test indicates a statistically significant association between parental employment status and exposure to parental alcoholism (p=0.008). The data suggests that adolescents whose parents had less stable employment—particularly in households where only one parent was employed—were more represented in the exposed group. This may reflect the stress and instability associated with lower socioeconomic conditions that could contribute to or exacerbate alcohol use within families.

In conclusion, this cross-tabulation analysis revealed that while gender and age did not show significant relationships with exposure to parental alcoholism, both family structure and socioeconomic status demonstrated strong, statistically significant associations. Adolescents from less stable family environments and lower socioeconomic backgrounds were disproportionately affected by parental alcohol use. These insights are crucial for informing targeted interventions and psychosocial support programs within school settings.

4.2 Psychosocial Issues Experienced by Adolescents with Alcoholic Parents

The second objective of the study was to assess the specific psychosocial issues experienced by adolescents with alcoholic parents. To achieve this, the Strengths and Difficulties Questionnaire (SDQ) was utilized. The SDQ is a widely used screening tool designed to evaluate emotional and behavioral difficulties in children and adolescents. It consists of five key subscales, each measuring different aspects of psychosocial well-being: Emotional Symptoms, Conduct Problems, Hyperactivity/Inattention, Peer Relationship Problems, and Prosocial Behavior. Emotional Symptoms assess issues such as anxiety and depression, while Conduct Problems evaluate behavioral challenges like aggression and rule-breaking. The Hyperactivity/Inattention subscale measures impulsivity and difficulties in concentration, whereas the Peer Relationship Problems subscale examines challenges in forming and maintaining social relationships. Lastly, the Prosocial Behavior subscale assesses positive social behaviors such as empathy, sharing, and helpfulness.

The SDQ consists of 25 items, with each subscale containing five questions. Responses are rated on a 3-point Likert scale: Not True (0 points), Somewhat True (1 point), and Certainly True (2 points). Each subscale has a possible score ranging from 0 to 10, where higher scores on Emotional Symptoms, Conduct Problems, Hyperactivity/Inattention, and Peer Relationship

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Problems indicate greater difficulties, while a higher score on the Prosocial Behavior subscale reflects stronger positive social behavior. A Total Difficulties Score is calculated by summing the scores from the first four subscales (Emotional Symptoms, Conduct Problems, Hyperactivity/Inattention, and Peer Relationship Problems), resulting in a total score between 0 and 40, with higher scores indicating greater levels of psychosocial distress.

In this study, adolescents completed the SDQ based on their personal experiences, providing valuable insights into the impact of parental alcoholism on their emotional and behavioral well-being. Their responses helped identify patterns of psychosocial difficulties, enabling a better understanding of how parental alcoholism influences adolescent development.

The analysis focuses on five psychosocial issues which include emotional problems, conduct problems, hyperactivity, peer problems, and prosocial problems, experienced by adolescents exposed to parental alcoholism.

Table 2: Frequency of psychosocial issues experienced by the respondents

	Normal		Borderline		Abnormal	
Variables	Frequency	Percent	Frequency	Percent	Frequency	Percent
Emotional Problems	130	64.7	25	12.4	46	22.9
Hyperactivity	171	85.1	19	9.5	11	5.5
Peer Problem	120	59.7	53	26.4	28	13.9
Conduct Problem	93	46.3	45	22.4	63	31.3
Prosocial Problem	145	72.1	21	10.4	35	17.4
Total Difficulty Score	105	52.2	57	28.9	39	19.4

Table 2 offers a detailed view of the psychosocial issues experienced by adolescents exposed to parental alcoholism. In terms of emotional problems, 130 adolescents were within the normal range, while 25 were borderline and 46 fell into the abnormal category. This indicates that although a majority did not report significant emotional distress, a notable number of adolescents—nearly a quarter—exhibited signs of emotional difficulties such as anxiety, sadness, or withdrawal, which are often associated with the instability and stress of living with an alcoholic parent.

Hyperactivity was less prevalent, with 171 respondents scoring within the normal range, 19 falling into the borderline category, and only 11 classified as abnormal. This suggests that the majority of adolescents did not experience significant issues related to impulsivity or attention, although a small group did show concerning levels of hyperactivity, possibly reflecting their attempts to cope with chaotic home environments.

Peer problems showed moderate concern. While 120 adolescents had normal peer relationships, 53 were borderline, and 28 were classified as having abnormal peer difficulties. These findings point to social challenges among a significant number of respondents, indicating that exposure to parental alcoholism may affect adolescents' ability to form and maintain healthy social relationships, leading to isolation or interpersonal conflicts.

Conduct problems revealed some of the most serious psychosocial challenges. Only 93 respondents fell within the normal range, while 45 were borderline and 63 were in the abnormal range. This indicates that a large portion of adolescents exhibited behavioral problems such as defiance, aggression, or rule-breaking—behaviors that may stem from emotional insecurity, lack of parental supervision, or inconsistent discipline at home.

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In terms of prosocial behavior, the results were comparatively more positive. A total of 145 adolescents scored within the normal range, suggesting that many continued to display empathy, cooperation, and helpfulness. However, 21 were borderline and 35 were categorized as abnormal, which highlights that a significant minority may struggle with social responsiveness, possibly as a result of emotional detachment or negative family modeling.

The overall Total Difficulties Score, which combines all subscales except prosocial behavior, showed that 105 adolescents were within the normal range, 57 were borderline, and 39 were in the abnormal range. These results suggest that although over half of the adolescents managed to function within typical psychosocial parameters, nearly one in five were experiencing serious psychological distress, with another significant portion at risk. The SDQ results demonstrate that adolescents exposed to parental alcoholism face a broad range of psychosocial challenges. While many show resilience, others experience emotional, behavioral, and social difficulties that may compromise their development and well-being. These findings underscore the need for early identification and targeted interventions to support adolescents in such vulnerable family environments.

4.4 Distribution of SDQ Subscale Scores by Sociodemographic Characteristics

The multiple-line chart (Figure 2.0) illustrates the distribution of SDQ subscale scores—Emotional Symptoms, Conduct Problems, Hyperactivity, Peer Problems, Prosocial Behaviour, and Total Difficulties Score (TDS)—across various sociodemographic characteristics. Female respondents exhibited higher emotional symptoms and prosocial behaviour compared to males, who scored higher on hyperactivity and peer problems. Age-wise, emotional symptoms were stable in younger groups but declined among respondents aged 19 and above, while conduct and peer problems increased with age. Participants living with guardians or single parents had higher emotional and behavioural difficulties than those living with both parents. Socioeconomic status showed that prosocial behaviour was highest when at least one parent was employed, and lowest when both were unemployed. Interestingly, TDS was highest among older youth, those with single parents, and families with lower SES. Regarding spirituality, higher levels were associated with increased prosocial behaviour but also with slightly higher emotional symptoms, suggesting greater emotional sensitivity. The chart visually emphasizes how psychosocial outcomes vary meaningfully with gender, age, family structure, socioeconomic background, and spiritual orientation. These variations highlight key groups that may benefit from targeted mental health support and intervention strategies.

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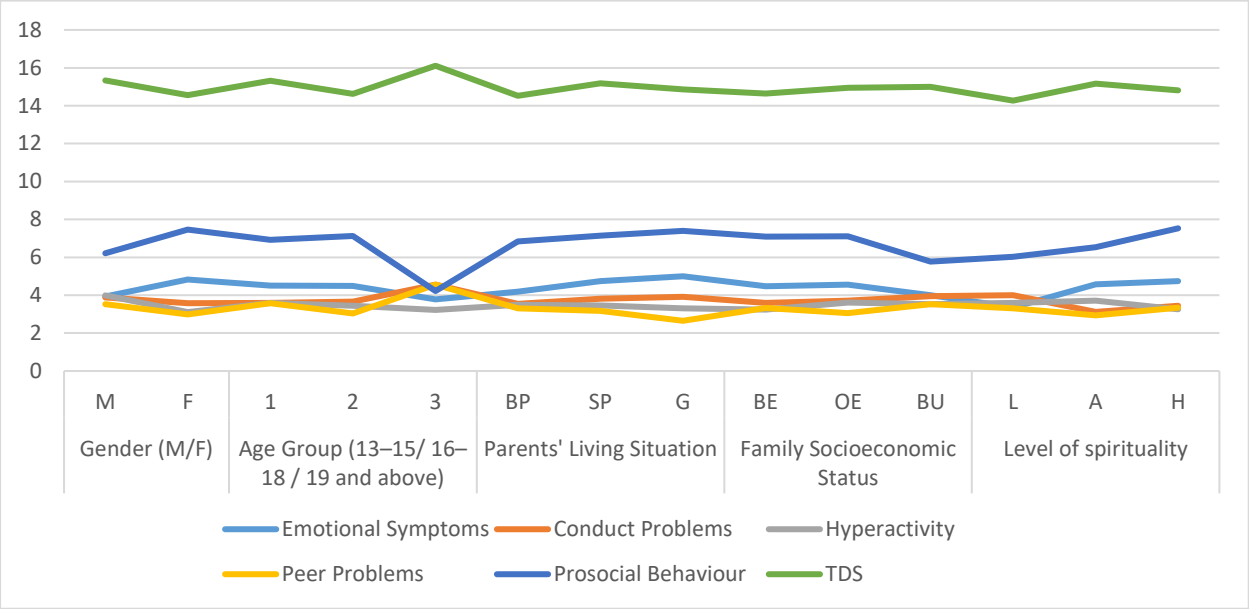
Figure 2: A Multiple-line-Chat Illustrating the Distribution of Each of the Sub-scales Psychosocial Issues and Sociodemographic Characteristics of the Respondents



4.5 Distribution of Psychosocial Issues and Levels of Exposure to Parental Alcoholism

A cross-tabulation was conducted to assess the association between exposure to parental alcoholism and adolescent psychosocial functioning, as measured by the five subscales of the Strengths and Difficulties Questionnaire (SDQ) consisting of Emotional Problems, Conduct Problems, Hyperactivity, Peer Problems, and Prosocial Behaviour. Each subscale was categorized into three levels—Normal, Borderline, and Abnormal—and analyzed across the exposed (n=56) and non-exposed (n=145) groups as indicated in Table 3. Chi-square (χ^2) tests were performed to determine whether observed differences were statistically significant.

Table 3: Distribution of Psychosocial Issues and Levels of Exposure to Parental Alcoholism

Variable	Exposed to parent alcoholism= Σ (56)			Not Exposed to parent alcoholism= Σ (145)					
	Normal	Borderline	Abnormal	Normal	Borderline	Abnormal	χ2	df	Sig
Emotional Problems	34	5	17	96	20	29	2.851	2	0.24
Conduct Problems	19	13	24	74	32	39	5.862	2	0.053
Hyperactivity	45	6	5	126	13	6	2.028	2	0.363
Peer Problem	35	13	8	85	40	20	0.402	2	0.818
Prosocial Problem	17	4	35	18	17	110	9.281	2	0.01

Beginning with Emotional Problems, among adolescents exposed to parental alcoholism, 34 were rated as Normal, 5 as Borderline, and 17 as Abnormal. In the non-exposed group, 96 were

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Normal, 20 were Borderline, and 29 were Abnormal. Although there were more cases of abnormal emotional difficulties in the exposed group relative to its size, the Chi-square test yielded $\chi^2 = 2.851$ with 2 degrees of freedom and a p-value of 0.240, indicating no statistically significant relationship between exposure status and emotional problems.

In the case of Conduct Problems, 19 exposed adolescents were categorized as Normal, 13 as Borderline, and 24 as Abnormal. For the non-exposed group, 74 were Normal, 32 were Borderline, and 39 were Abnormal. While a greater proportion of exposed adolescents fell in the Abnormal range compared to their non-exposed peers, the result approached but did not reach statistical significance, with $\chi^2 = 5.862$, df = 2, and a p-value of 0.053. This suggests a borderline association, hinting that exposure to parental alcoholism may be related to increased conduct problems, but further investigation or a larger sample would be needed to confirm this trend.

Regarding Hyperactivity, the exposed group showed 45 adolescents in the Normal range, 6 in the Borderline range, and 5 in the Abnormal range. The non-exposed group had 126 Normal, 13 Borderline, and 6 Abnormal. The Chi-square test returned $\chi^2 = 2.028$, df = 2, and p = 0.363, indicating no significant relationship between exposure and hyperactivity symptoms. Both groups were largely similar in their distribution, with most adolescents falling in the Normal range.

For Peer Problems, 35 exposed adolescents scored as Normal, 13 as Borderline, and 8 as Abnormal. Among the non-exposed, 85 were Normal, 40 Borderline, and 20 Abnormal. The Chi-square result was $\chi^2 = 0.402$, df = 2, p = 0.818, confirming no meaningful difference between the groups. This suggests that peer-related difficulties were not significantly influenced by whether or not the adolescent was exposed to parental alcoholism.

The most noteworthy finding emerged from the analysis of the Prosocial Behaviour subscale. Among the exposed group, 17 adolescents were classified as Normal, 4 as Borderline, and a striking 35 as Abnormal. In contrast, the non-exposed group showed only 18 in the Normal range, 17 Borderline, and 110 Abnormal. The Chi-square test produced $\chi^2 = 9.281$, df = 2, and a p-value of 0.010, indicating a statistically significant relationship between exposure to parental alcoholism and prosocial behavior. A much higher number of exposed adolescents were classified as having abnormal prosocial behaviors, reflecting possible difficulties in empathy, helping behaviors, and social cooperation. This could point to the psychosocial toll of living in a stressful or emotionally inconsistent home environment.

4.6 Effect of Parental Alcoholism on the Psychosocial Well-Being of Adolescents

The third objective of the study was to determine the effect of parental alcoholism on the psychosocial well-being of adolescents. To explore this, an independent samples t-test was conducted comparing adolescents who were exposed to parental alcoholism and those who were not, using the Strengths and Difficulties Questionnaire (SDQ) subscales. These included emotional symptoms, hyperactivity, peer problems, conduct problems, prosocial behavior, and the total difficulties score.

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Table 4*:* An Independent Sample T-test showing the Effect of Parental Alcoholism on Psychosocial Well-being

SDQ Subscale	Mean (Exposed)	Mean (Not Exposed)	Mean Difference	t-value	df	p-value	Significant ($p < 0.05$)
Emotional Symptoms	1.6964	1.5379	0.1585	1.202	199	0.231	No
Hyperactivity	1.2857	1.1724	0.1133	1.381	199	0.169	No
Peer Problems	1.5179	1.5517	-0.0339	-0.295	199	0.768	No
Prosocial Behaviour	2.3214	2.6345	-0.3131	-2.608	199	0.01	Yes
Conduct Problems	2.0893	1.7586	0.3307	2.444	199	0.015	Yes
Total Difficulties	1.7679	1.6345	0.1334	1.084	199	0.279	No

As indicated in Table 4.0, the test revealed statistically significant differences in two subscales: conduct problems and prosocial behavior. Adolescents exposed to parental alcoholism reported significantly higher conduct problems ($M = 2.09$) compared to their counterparts who were not exposed ($M = 1.76$), with a t-value of 2.444 and a p-value of .015. This indicates a higher tendency toward behavioral issues such as defiance, aggression, or difficulty following rules among those from alcohol-affected households. Furthermore, exposed adolescents demonstrated significantly lower prosocial behavior scores ($M = 2.32$) than those not exposed ($M = 2.63$), $t = –2.608$, $p = .010$. This suggests that the experience of parental alcoholism may impair adolescents' social responsiveness, empathy, and cooperative behaviors.

Conversely, no statistically significant differences were found in emotional symptoms, hyperactivity, peer problems, or the total difficulties score. Although exposed adolescents generally had slightly higher mean scores in emotional problems and hyperactivity, the differences did not reach statistical significance. This indicates that while parental alcoholism may influence overall psychosocial functioning, its most notable and measurable effects in this study were specifically seen in behavioral regulation and prosocial development. The findings suggest that parental alcoholism is associated with a detrimental impact on adolescents' psychosocial well-being, particularly in their social behavior and conduct. These results highlight the importance of targeted psychological and social interventions for adolescents from alcohol-affected households to address behavioral challenges and support their social development.

A multiple Linear regression analysis was also conducted to investigate the impact of exposure to parental alcoholism on five distinct child behavioural and emotional outcomes assessed via SDQ: emotional problems, conduct problems, hyperactivity, peer problems, and prosocial behaviour.

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Table 5*:* A Multiple Linear Regression Analysis Illustrating the Effect of Exposure to Parental Alcoholism on SDQ Subscale Scores

Outcome Variable	B	SE	β	t	95% CI for B	Model Sig
Emotional Problems	-0.382	0.399	-0.068	–0.956	[-1.170, 0.406]	0.34
Conduct Problems	-0.892	0.283	-0.218	-3.148	[-1.451, -0.333]	0.002
Hyperactivity	-0.655	0.303	-0.152	-2.164	[-1.251, -0.058]	0.032
Peer Problems	0.118	0.316	0.027	0.374	[-0.505, 0.741]	0.709
Prosocial Behaviour	0.657	0.369	0.125	1.778	[-0.072, 1.385]	0.077

Table 5.0 offers a nuanced understanding of how exposure to parental alcoholism interacts with different dimensions of child psychosocial development. The outcomes suggest that not all behavioral or emotional domains are equally affected, highlighting the importance of domain-specific assessments when evaluating the consequences of adverse familial environments. The significant association between parental alcoholism and conduct problems (B = -0.892, p = 0.002) suggests that children exposed to this risk factor may either exhibit fewer conduct issues or that certain protective or compensatory mechanisms are at play, such as increased monitoring by other caregivers or external support systems. However, this counterintuitive finding may also reflect reporting biases or contextual factors not captured in the current model. Similarly, the negative relationship with hyperactivity (B = -0.655, p = 0.032) implies a reduction in hyperactive behaviors among exposed children. This could potentially indicate a withdrawal or internalizing response rather than an actual improvement, as children in high-stress environments sometimes display subdued activity levels as a coping mechanism.

Conversely, the lack of significant effects on emotional problems (B = -0.382, p = 0.34) and peer problems (B = 0.118, p = 0.709) suggests that these areas may be less directly influenced by parental alcohol misuse or may require different contextual or cumulative stressors to manifest significantly. Emotional difficulties, often internalized and less observable, may not emerge in settings where external behavior is the primary focus of concern. Peer problems, often shaped by school and community environments, might be more influenced by external social factors than by familial substance use alone. Prosocial behavior (B = 0.657, p = 0.077) showed a positive trend toward significance, indicating that children exposed to parental alcoholism may, in some cases, demonstrate elevated prosocial tendencies, possibly as a means of adapting to chaotic environments or taking on caregiving roles within the family.

5. Discussion

Objective 1: Prevalence of Alcohol Use Disorder Among Parents

The first objective of the study was to estimate the prevalence of alcohol use disorder among the parents of adolescents attending Gitithia Secondary School in Kiambu County, Kenya. A screening tool, the Children of Alcoholics Screening Test (CAST-6), was utilized to assess parental alcohol use. The CAST-6 tool proved to be an effective method for identifying children affected by parental alcohol use. This tool has been validated in different cultural contexts, including Kenya, and its use in the present study contributed to a reliable estimation of the prevalence of parental alcoholism among adolescents. The ability to screen for parental alcohol use is critical for early identification and intervention, which can mitigate the long-term effects of alcohol misuse on children's development (Obot, 2019).

According to the findings from the current study, a significant portion of the adolescent population at Gitithia Secondary School is exposed to parental alcoholism. An estimated 28% of the adolescents reported being exposed to parental alcoholism. In other words, this current study found the prevalence of parental alcoholism among the adolescents at Gitithia Secondary School was 28%. The proportion of 28% of the adolescents who were exposed to parental alcoholism is consistent with previous empirical studies in sub-Saharan Africa. For instance, a national survey conducted by the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA, 2022) reported that one in five households in Central Kenya had at least one adult with problematic alcohol consumption. Similarly, a study by Mishkah et al. (2020) in Kenya found that 25-30% of adolescents were exposed to parental alcohol use, highlighting the significant impact of alcohol misuse in many families within the region. Additionally, Kiptui et al. (2022) in their study of adolescents from various Kenyan high schools found that approximately 27% of adolescents were exposed to parental alcoholism. This is similar to the findings of this study and underscores the pervasiveness of alcohol use in households across Kenya, particularly in rural and peri-urban areas.

When analysing the sociodemographic factors, gender and age were not significantly associated with exposure to parental alcoholism. The distribution of male and female adolescents across exposed and non-exposed groups was fairly even, and the Chi-square test revealed no significant difference ($p=0.712$). Similarly, age did not significantly differentiate exposure levels, with the majority of adolescents aged 16–18 in both groups ($p=0.510$). These findings suggest that exposure to parental alcoholism cuts across gender and age brackets, indicating the pervasive nature of the issue irrespective of these variables.

However, family structure emerged as a statistically significant factor ($p=0.003$). Adolescents living with one parent or a guardian were more likely to be exposed to parental alcoholism compared to those living with both parents. This finding is consistent with the work of Kiptanui et al. (2022), who observed that family disruption and single-parent or guardian-led households often lacked the stability and oversight necessary to buffer children from substance-related harms. Family structure can play a critical role in either mitigating or exacerbating the effects of parental alcoholism, with two-parent households generally providing more protective oversight.

In addition, socioeconomic status was found to be significantly associated with exposure to parental alcoholism ($p=0.008$). Adolescents from households where only one parent was employed were overrepresented in the exposed group. This finding aligns with Lander et al. (2019), who noted that lower socioeconomic status is a known risk factor for substance abuse due to the financial and psychological stressors it introduces. The data from this study supports the view that economic instability within families may contribute to or result from problematic alcohol use, thereby increasing the risk of adolescent exposure.

The findings from this study are consistent with both Kenyan and global prevalence estimates. This high prevalence suggests that alcohol use disorder among parents is not an isolated issue, but rather a pervasive concern that demands multi-sectoral interventions. These findings underscore the need for targeted preventive and rehabilitative programs at both the family and community levels. Policies that support family cohesion and economic stability, especially for single-parent and guardian-led households, may help reduce the prevalence and impact of alcohol use disorders on adolescents.

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Moreover, the prevalence among this adolescent population signals the need for early identification systems within schools, community-based awareness programs, and enhanced support mechanisms for families dealing with alcoholism. Teachers, religious leaders, and mental health professionals must be sensitized to recognize signs of parental alcohol misuse and collaborate on providing psychosocial support to affected adolescents.

Objective 2: Psychosocial Issues Experienced by Adolescents

The second objective of this study was to assess the specific psychosocial issues experienced by adolescents exposed to parental alcoholism. These issues were measured using the Strengths and Difficulties Questionnaire (SDQ), which assessed five key domains: emotional symptoms, conduct problems, hyperactivity, peer problems, and prosocial behavior.

In the emotional problems domain, 30.4% of adolescents in the exposed group fell into the abnormal category, compared to 20% of their non-exposed peers. The mean emotional symptoms score was also slightly higher among the exposed (M = 1.70) than the non-exposed (M = 1.54), although this difference was not statistically significant, suggesting a modest trend toward heightened emotional distress in alcohol-affected households.

In the conduct problems domain, 42.9% of exposed adolescents were in the abnormal range compared to 26.9% of those not exposed. This was supported by a significantly higher mean score in the exposed group (M = 2.09) versus the non-exposed group (M = 1.76), ($t = 2.444$, $p = .015$), indicating more pronounced behavioral issues such as defiance, rule-breaking, or aggression among those exposed to parental alcohol use.

For hyperactivity, 8.9% of the exposed adolescents scored in the abnormal range compared to 4.1% of the non-exposed group, with slightly higher mean scores observed in the exposed group (M = 1.29) than the non-exposed group (M = 1.17). However, these differences were not statistically significant, implying that hyperactivity was not a primary concern in this sample.

In the peer problems domain, 14.3% of the exposed and 13.8% of the non-exposed adolescents were in the abnormal category. Mean scores were nearly identical (M = 1.52 for exposed and M = 1.55 for non-exposed), indicating minimal variation in peer relationship difficulties between the two groups.

The most striking difference emerged in the prosocial behavior domain, where a significant 62.5% of adolescents from alcohol-affected homes and an even higher 75.9% of non-exposed adolescents fell into the abnormal category ($p = 0.010$). Mean prosocial behavior scores were significantly lower among the exposed (M = 2.32) compared to the non-exposed (M = 2.63), ($t = -2.608$, $p = .010$), suggesting that both groups exhibited challenges in empathy, cooperation, and helping behaviors—though adolescents from alcoholic homes showed even greater difficulties.

Overall, the data show that conduct and prosocial behaviors are the most affected psychosocial areas among adolescents in this study, particularly for those exposed to parental alcoholism.

These findings point to elevated conduct issues and reduced prosocial behavior among adolescents from households with alcoholic parents. The significantly higher conduct problem score suggests that these adolescents may struggle with behavioral regulation, possibly exhibiting aggression, defiance, or difficulty following rules. The significantly lower prosocial behavior score further indicates difficulties in empathy, sharing, and cooperative behavior—key components of healthy social functioning.

These findings are aligned with the results of Kiptanui et al. (2022), who found that Kenyan adolescents with alcoholic parents were more likely to exhibit externalizing behaviors, including aggression and school discipline issues. Their study emphasized that inconsistent discipline and emotional neglect in such households contributed to behavioral maladjustment.

Likewise, Orczyk et al. (2021) reported that Polish adolescents from alcohol-affected families exhibited significantly more behavioral problems and emotional distress, reinforcing the global relevance of the issue. The Polish study also found impaired peer relationships and reduced prosocial behaviors—similar to what was observed in the current study.

Furthermore, Lander et al. (2019) noted that adolescents exposed to parental substance use often assume distorted family roles, such as "the caretaker" or "the lost child," leading to psychosocial challenges like isolation, hyper-responsibility, and suppressed emotions. These dynamics may partially explain the reduced prosocial behaviour and increased conduct problems observed in this study.

From a psychological standpoint, these findings have significant implications. Firstly, they underscore the need for early screening and intervention among adolescents showing signs of behavioural dysregulation—especially those from homes with known alcohol-related issues. Psychologists working in school settings or community mental health programs must be attuned to behavioural cues that may signal deeper familial dysfunction. Interventions such as cognitive-behavioural therapy (CBT), trauma-informed care, and social skills training may be crucial in helping these adolescents develop healthier coping mechanisms and social functioning.

Additionally, the diminished prosocial behaviour among affected adolescents calls for structured psychoeducational and peer support programs to build emotional intelligence and relational skills. These programs can foster empathy and interpersonal awareness, mitigating the long-term social consequences of growing up in an alcohol-disordered household.

Conversely, emotional symptoms and hyperactivity scores were slightly higher among exposed adolescents, the differences were not statistically significant. This contrasts somewhat with (Hoffman & Miller, 2020) who reported strong associations between parental substance abuse and adolescent internalizing symptoms (e.g., anxiety and depression). The lack of significance in the current study may be attributed to cultural coping mechanisms, social support systems, and high level of spirituality as 50.2% of the respondents reported or underreporting due to stigma.

Additionally, the non-significant difference in peer problems suggests that school and peer environments may serve as protective buffers for some adolescents, particularly in tight-knit communities. This observation is supported by Kang'ethe & Wambui, (2021) who found that adolescents in Nairobi often relied on peer and religious support to mitigate the effects of family dysfunction.

The study found that adolescents with alcoholic parents experienced higher levels of conduct problems and reduced prosocial behaviour compared to their peers. These patterns are consistent with both local and global research, underscoring the adverse effects of parental alcoholism on youth psychosocial development. The findings highlight the need for early identification and psychosocial support for at-risk adolescents, particularly in school and community-based settings.

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Objective 3: Effect of Parental Alcoholism on the Psychosocial Well-being of Adolescents

The third research objective was to establish the impact of parental alcoholism on the psychosocial development of adolescents. Applying the independent samples t-tests, and multiple linear regression analyses, the two distinct differences were identified in two areas, namely, conduct problems and prosocial behaviors. The findings were that adolescents exposed to parental alcoholism had higher scores in conduct problems and lower scores in prosocial behaviors than those not exposed to parental alcoholism.

The findings for conduct problems among the adolescents revealed that the alcoholic-affected households had a higher score ($t = 2.444$, $p = 0.015$) for aggression, defiance, and rule-breaking. The results are consistent with Ndeti et al. (2019) who found that adolescents from alcohol-affected homes in Nairobi exhibited higher incidences of behavioral issues, particularly aggression, defiance, and poor social adjustment. The current study's finding of higher conduct problems supports this pattern, suggesting that parental alcohol misuse may lead to impaired boundaries, inconsistent discipline, and emotional neglect, which are risk factors for conduct issues.

Further, the results suggest that the exposed group has a lower level of prosocial behavior ($t = -2.608$, $p = 0.010$) meaning that adolescents from alcoholic households may have difficulties in the development of such values as empathy, cooperation, and responsibility for the community. This is concerning because prosocial behaviors are important in social interactions, particularly in adolescents. This may result in the adolescents being withdrawn from other people; thus, it would be difficult for them to find friends who would encourage them to embrace prosocial behaviors.

The lower prosocial behavior among adolescents exposed to parental alcoholism is similarly supported by Kiptanui et al. (2022), who noted diminished empathy, cooperation, and peer engagement in adolescents from alcohol-involved households. These adolescents may experience emotional numbing, and mistrust, or assume adult roles prematurely, making it harder to engage in developmentally appropriate prosocial behaviors.

Subsequently, Hoffman and Miller (2020) and Orczyk et al. (2021) both affirmed the variability of psychosocial responses among adolescents exposed to parental alcoholism, emphasizing that external behaviors (e.g., conduct) are often more observable and therefore more frequently reported in such research, while internal experiences (e.g., emotional distress) may remain hidden, especially in cultures where emotional expression is stigmatized. This means adolescents may suppress emotional pain, which can later manifest as behavioral issues or even somatic complaints.

As a psychologist, these findings emphasize the importance of comprehensive assessments that go beyond surface behaviors to also consider emotional well-being. Screening tools should be culturally sensitive and include both self-report and observational components to capture the full range of psychosocial difficulties. The presence of elevated conduct issues and reduced prosocial behavior may reflect deeper emotional disruptions such as attachment insecurity, low self-worth, or chronic stress stemming from unpredictable or neglectful family environments (Lander et al., 2019).

Moreover, the multiple linear regression analysis confirmed the significance of parental alcoholism as having a negative effect on conduct problems (-0.892, p-value 0.002) and hyperactivity (-0.655, p-value 0.032). The negative correlation between exposure and hyperactivity was not anticipated so it can be inferred that adolescents in alcoholic households

exhibit less hyperactivity, perhaps due to repression or withdrawal. This deserves further analysis because it may be true that some adolescents internalize stress instead of expressing it.

The negative association with hyperactivity may appear counterintuitive. However, Lander et al. (2019) and Orczyk et al. (2021) observed similar trends, where some children in dysfunctional households may develop internalizing behaviors such as emotional withdrawal, depression, or emotional blunting, rather than externalizing behaviors like hyperactivity. This could explain the subdued activity levels noted in the present study.

Additionally, the non-significant effects on emotional and peer problems suggest that these aspects of psychosocial functioning may be influenced by other environmental or protective factors, such as church involvement, teacher support, or peer networks. Kang'ethe and Wambui (2021) posited that adolescents involved in faith-based communities in Kenya might access emotional and spiritual support, which could buffer the emotional impacts of family dysfunction.

The findings from this study affirm that parental alcoholism significantly affects the psychosocial functioning of adolescents, particularly increasing conduct problems and reducing prosocial behaviors. These outcomes reflect a disrupted home environment where adolescents may struggle with behavior control, emotional regulation, and social engagement. These results underscore the need for early identification and psychosocial support for adolescents from alcohol-affected families, incorporating school-based interventions and community programs that foster healthy behavior development, emotional resilience, and peer integration.

6. Conclusion

This study was conducted to examine the impact of parental alcoholism on the psychosocial well-being of adolescents at Gitithia Secondary School in Kiambu County, Kenya. The investigation was guided by three specific objectives: First, to estimate the prevalence of alcohol use disorder among parents of adolescents in the school using the Children of Alcoholics Screening Test (CAST-6); second, to assess the specific psychosocial issues experienced by adolescents with alcoholic parents, focusing on domains such as emotional symptoms, conduct problems, hyperactivity, peer relationship issues, and prosocial behavior using the Strengths and Difficulties Questionnaire (SDQ); and third, to determine the effect of parental alcoholism on the psychosocial well-being of adolescents by comparing those exposed to parental alcoholism with those who were not. These objectives collectively aimed to provide a comprehensive understanding of how parental alcohol use disorder influences adolescent mental and social functioning within the school environment.

The findings revealed that 28% of the respondents were exposed to parental alcoholism, as determined through the Children of Alcoholics Screening Test (CAST-6). This indicates that nearly one in three adolescents in the sampled school experience some form of alcohol-related dysfunction in their home environments. This prevalence is consistent with previous research conducted in Kenya and elsewhere, highlighting the widespread and often underreported nature of alcohol abuse among parents (Kiptanui et al., 2022; Ndeti, 2019).

Adolescents exposed to parental alcoholism demonstrated elevated psychosocial challenges across several SDQ domains. These included emotional symptoms, such as anxiety, sadness, and internalized stress; conduct problems, such as rule-breaking and aggression; and hyperactivity, marked by impulsivity and poor concentration. Notably, they also reported more

peer problems, including social isolation and difficulty forming trusting relationships, and significantly lower prosocial behavior, indicating reduced empathy and cooperation.

The independent samples t-test conducted to determine the effect of parental alcoholism on these psychosocial domains showed statistically significant differences in conduct problems and prosocial behavior, suggesting that adolescents from alcohol-affected households are more likely to exhibit externalizing behaviors and struggle with interpersonal relationships. Though differences in emotional symptoms, hyperactivity, and peer problems were not statistically significant, they were directionally consistent with the hypothesis and reflected meaningful trends.

Further analysis using multiple linear regression affirmed a significant negative relationship between parental alcoholism and conduct problems and hyperactivity, pointing to both behavioral dysregulation and potential withdrawal or internalizing responses. Interestingly, prosocial behavior showed a positive but not statistically significant relationship, suggesting that some adolescents may adopt compensatory or caregiving roles in response to parental dysfunction.

These findings align with both local (Ndeti, 2019) and international research (Lander et al., 2019; Orczyk et al., 2021) that have consistently shown that children of alcoholics are at heightened risk for poor psychosocial outcomes. The evidence underscores the complex and multifaceted impact of parental alcoholism on adolescent development, encompassing emotional, behavioral, and social dimensions.

The study provides compelling evidence that parental alcoholism significantly affects the psychosocial well-being of adolescents. It highlights the urgent need for early identification, psychosocial support, and school-based interventions targeting affected adolescents. Programs that focus on resilience-building, emotional regulation, positive peer interactions, and family-based therapy should be prioritized to mitigate the long-term consequences of growing up in alcohol-affected environments.

7. Recommendations

Based on the findings of this study on the effects of parental alcoholism on the psychosocial well-being of adolescents, the following recommendations are proposed:

1. Implementation of school-based counseling programs

Given the emotional, behavioral, and social difficulties reported among adolescents exposed to parental alcoholism, schools should establish or strengthen guidance and counseling departments. These services should focus on early identification, emotional support, and referral of students experiencing psychological distress related to family issues.

2. Parental awareness and community outreach

The study found that 28% of adolescents were exposed to parental alcoholism, indicating a need for targeted interventions at the family level. Schools, in collaboration with local administration and health departments, should organize awareness campaigns and workshops for parents on the harmful effects of alcohol use on children's psychosocial development.

3. Integration of psychosocial support services into school systems.

Adolescents from alcohol-affected households exhibited higher conduct problems and lower prosocial behavior. To address these challenges, psychosocial support services, such as peer

support groups, mentorship programs, and teacher sensitization workshops, should be integrated into the school system to promote a supportive environment for vulnerable students.

4. Policy Formulation and strengthening.

The Ministry of Education, in partnership with child protection and mental health stakeholders, should develop policies that prioritize mental health screening and intervention for adolescents, especially in alcohol-prevalent regions. Schools should be supported in creating safe spaces and protocols for reporting family-related challenges.

5. Church and faith-based involvement

Considering the significant role of spirituality among respondents, faith-based organizations should be encouraged to provide pastoral counseling and support groups for families grappling with alcohol use disorders. This can help reduce stigma and foster healing in a culturally acceptable manner.

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