CHAPTER ONE

INTRODUCTION

1.0 Introduction

This paper focuses on social correlates of adolescent alcohol use. It explores factors related to adolescent alcohol use.

This chapter puts into context the background and the statement of the problem regarding alcohol use among adolescents from global, regional and local level perspectives respectively. This chapter also contextualises the significance of the study, the general objective, specific objectives, research hypotheses, operational definitions, and limitations of the study.

1.1 Background

Alcohol consumption is common place in many countries in the world. Its consumption is a cultural activity and is used in many celebrations and rituals. The Camba of Bolivia only drink within the organisation of their intricate ceremony (Gladwell, 2010). Furthermore (Gumede, 1995) posited that alcohol consumption is the preserve for seniors, traditional practitioners and healers; it was less common among adolescents and women of childbearing age, except when they took part in specific 'rituals and religious ceremonies' (Gumede, 1995). But nowadays alcohol consumption by adolescents is not unusual.

Many countries worldwide however, endeavour to regulate alcohol consumption particularly among adolescents through statutory instruments. In Zambia, alcohol consumption is legal at 18 years and above (Swahn, Ali, Palmier, Sikazwe, & Mayeya, 2011). There are several kinds of alcoholic drinks that are consumed in Zambia. Some traditional alcoholic beverages include: 'Chibuku' or 'shake-shake' brewed from grain or soya beans; 'Kachasu' (a distilled spirit made

especially from maize or sorghum); 'akiki wine', generally made from the combination of water, sugar and yeast, and set for drinking within 24 hours); and 'Mosi' which is a locally produced lager (WHO, 2004). There are many other locally brewed alcoholic beverages and also several exotic alcoholic drinks in Zambia nowadays.

Alcohol is a psychoactive substance and depressant (Bryd, 2011). Despite the fact that alcohol is classified as a depressant, the majority of people consume it for its stimulant effect (http://www.drugfreeworld.org/).

Alcoholic beverages include: Beer, Cider, Wine, Tequila, Rum, Brandy, Gin, Whiskey, Vodka, and Liqueurs (http://www.drugfreeworld.org/). Many people initiated alcohol consumption during early adolescence (Byrd, 2011).

Alcohol is the most extensively consumed of 'all the psychoactive drugs' (Alloy, Riskind & Manos, 2005). According to WHO (2011), the five-year trend of drinking among individuals aged 18 to 25 year olds showed that, out of 82 responding countries, 80% revealed an increase, 11% a decrease, 6% were stable and 12% showed inconclusive trends. Generally, risky and damaging drinking patterns, such as drinking to intoxication and heavy drinking, appear to be on the increase among 'adolescents and young adults' (WHO, 2007).

Adolescent alcohol use has heightened to worrying levels globally. In the same vein Kornblum & Julian (2007) argued that 'one aspect of particularly alarming concern within this social issue, was that of alcohol use by adolescents and teens.' According to Windle (2003) adolescent alcohol use remains a prominent public health problem in the United States of America. It is stated by Federal Health Agencies that alcohol is traditionally and presently the most common substance used and abused by youths in America (Johnston, O'Malley, Bachman, & Schulenberg, 2006; NIAAA, 2005). Towey and Fleming (2006) posited that in the United States of America about 11 million youths

under the age of 21 drink alcohol. NYVP (2000) held that 52% of the eighth graders and 80% of the high school seniors had used alcohol at some time whereas 25% of the eighth graders and 62% of high school seniors had been drunk.

According to the (WHO, 2011), the 2004 GSHS conducted among adolescents aged 13-15 years showed that 55.4% males and 49% females in Argentina drink alcohol; in Africa, Botswana 22.8% males and 18.7% females; Ghana, 26.4% males and 29.3% females; Kenya, 16.8% males and 12.3% females; Seychelles, 62.1% males and 61.2% females drink alcohol. Additionally, data from these different African countries mentioned above ranged from 2003 to 2010 (WHO, 2011). Ogunremi & Rotimi (1989) posited that besides high prevalence of alcohol use among Nigerian teenagers, there was high probability that the rate of alcohol drinking would continue to escalate.

Swahn, Ali, Palmier, Tumwesigye, Sikazwe, Twa-Twa, & Rogers, (2011) contended that despite the heightened adolescent alcohol use being a serious universal public health concern, less consideration has been given to early drinking in low-income, developing countries. This argument indicates the need for developing countries to consider alcohol use among adolescents as a public health problem.

Zambia is not an exception regarding this global social problem of adolescent alcohol use. According to Nzala, Babaniyi, Songolo, Muula, Rudatsikira & Siziya (2011), findings in the Zambia GSHS 2004 indicated that levels of alcohol drinking among school-going adolescents aged between 13 and 15 years were as high as 38.7% among males, and 45.1% among females. Furthermore, Swahn et al. (2011) contended that in Zambia, specifically, 40.8% of adolescents (36.7% of boys and 45.2% of girls) drink alcohol. Nzala et al. (2011) posited that "unless preventative and control measures were set in place, the burden of alcohol would increase considerably in Zambia." Ogunremi & Rotimi (1989) share this argument regarding the likelihood of an increase in alcohol consumption among adolescents.

The 2010 census revealed that sixty-six per cent (66%) of the Zambian population was below 25 years (CSO, 2010) and included all adolescents. We may infer from the above statistics that adolescents constitute the majority of Zambia's population.

There is therefore, need to establish the social correlates of alcohol drinking among adolescents as 40.8% of Zambian adolescents drink alcohol (Swahn et al. 2011). With the increase of the Zambian population from 9.9 million in 2000 to 13.1 million in 2010 (CSO, 2010), it may be speculated that the number of adolescents using alcohol has increased though this is subject to confirmation through research.

Adolescent alcohol use has negative consequences. Some pockets of Zambian society may probably not take the use of alcohol by adolescents as a social problem. However, whether taken regularly or irregularly, alcohol has both immediate and long-term consequences on individuals and subsequently on society, and the nation at large.

Adolescence is a forceful developmental phase, through which young individuals build up behaviours and habits that have an effect on their wellbeing and social events (Higgins, McCann, McLaughlin, McCartan, & Perra, 2013).

Alcohol use is a severe risk factor for chronic diseases and injuries worldwide and accounts for 3.2% of all deaths and 4.0% of the disease burden (Swahn et al., 2011). Nearly 4% of entire global mortalities are ascribed more to alcohol than to HIV/AIDS, violence or tuberculosis (WHO, 2011). The vulnerability associated with alcohol consumption makes it a grave threat beyond the wellbeing of the individual alcohol user and it is a threat to society (WHO, 2011).

Diseases and injuries have social outcomes; including medical costs, which are borne by governments; undesirable effects on productivity; financial and psychological burdens on families (WHO, 2011). Alcohol use is reported to be associated with alcohol dependence, other substance

use, criminal activity, unintentional injuries, and involvement in physical fights, suicidal ideation and attempts (Swahn et al., 2011). Adolescent alcohol use happens together with a variety of other dangerous behaviours that include tobacco use, violence, drinking and driving, and suicide (Windle, 2003). Under the influence of this drug adolescents may be involved in the commission of crime. Towey & Fleming (2006) contend that adolescent alcohol use is linked to youth suicides, homicides, fatal injuries, and to as many as two-thirds of all sexual assaults and date rapes of teenagers.

In Zambia a study established that 26.7% of road traffic accident cases indicated that alcohol concentration in the blood was above the legal limit of 80 mg% (WHO, 2004). Due to various negative effects associated with alcohol consumption, there is profound need for concerted efforts in order to mitigate this social or public health problem.

Alcohol use has effects on the function of the brain. According to Feldman (1996) the memories of alcohol users become impaired, their speeches slurred and incoherent. These effects are evident in the group of careless users (Feldman, 1996).

Alcohol use has a causal effect on diseases. According to WHO (2011) alcohol was a causal factor in 60 kinds of diseases and a constituent cause in 200 other diseases and that more than 30 ICD-10 codes included alcohol in their definition. This demonstrates that alcohol consumption is a prominent etiological factor in many diseases. Additionally, Alcohol Use Disorders (AUDs) are the most significant of those disorders (WHO, 2011).

Major disease categories causally associated with alcohol consist of neuropsychiatric disorders such as epilepsy (Samokhvalov et al. in WHO, 2011). Gastrointestinal diseases like acute and chronic liver cirrhosis and pancreatitis can be attributed to the consumption of alcohol due to the possibility that greater levels of alcohol consumption establish a rapidly growing risk. Baan et al. (as cited in WHO, 2011) held that alcohol consumption is acknowledged as cancer-causing

(carcinogenic) for cancers of the colorectum, female breast, larynx, liver, oesophagus, oral cavity and pharynx.

Hamajima et al. (as cited, in WHO, 2011) argued that the greater the consumption of alcohol, the higher the increase in the risk for cancers that even the drinking of just two drinks each day increased the risk for certain cancers like breast cancer. Diseases of the heart and the blood vessels (Cardiovascular Diseases,) are related to alcohol consumption and the link between alcohol consumption and cardiovascular diseases is multifaceted (WHO, 2011). A 'dual relationship existed between alcohol consumption and diabetes mellitus' (Baliunas et al. as cited in WHO, 2011).

Alcohol use and risky sexual behaviour are related and several studies attest to that. Coleman & Cater (2005) studied how alcohol intake 'over a single session' could affect the probability of safe sex in adolescents through what they called 'five explanations or effects' for dangerous sexual behaviour on a 'continuum of influence'. The five justifications were: (1) 'Alcohol affecting young people's assessment of a person's sexual attractiveness; (2) alcohol used as an excuse for socially unacceptable behaviour; (3) increased confidence and lowering of inhibitions; (4) impaired judgment in accurately recognizing and controlling a potentially risky situation; and (5) complete loss of control, memory loss, and black-out,'(Coleman & Cater, 2005). Coleman (2001) argued that the 'vast majority of the global correlation studies' reported that there are statistically significant correlations between general alcohol consumption and risky sex.

Zablotska et al. (2007) postulated that the use of alcohol before sex is related to physical violence and sexual coercion and both are jointly associated with the risk of HIV infection in young women. It is argued that the use of alcohol during sexual intercourse is linked to no condom use (Siziya, Muula, Kazembe & Rudatsikira, 2008). This argument indicates that alcohol use is associated with non condom use during sexual intercourse, which is an unsafe sexual behaviour. Pithey & Morojele (2002) posited that South Africa has one of the highest rates of HIV in the world

and both alcohol use and misuse have been reported to correlate with risky sexual behaviour. Additionally, Towey and Fleming (2006) held that alcohol use and misuse is associated with risky sexual behaviour and also a major factor in unprotected sex among adolescents increasing their risk of contracting HIV or other STIs.

There is a rising concern in recent years that has heightened regarding the comorbid association of alcohol and drug use with both human immunodeficiency virus spread principally through 'increased sexual promiscuity and drug injection' (Botvin, Malgady, Griffin, Scheier, Epstein, 1998). Lindberg, Burgress, & William (2000) argued that above 90% of the adolescents who use alcohol frequently are involved also in other behaviours such as unsafe sex that can position them or those around them at risk or harm.

HIV/AIDS is a very serious health problem in Zambia. The Zambia Demographic and Health Survey of 2007 found the HIV and AIDS prevalence to be 14% (CSO, 2010). Research showed that 40.8% of adolescents in Zambia had drunk alcohol (Swahn et al., 2011). That is fairly a large percentage implying that under the influence of alcohol many adolescents through unprotected sex or promiscuity can be at risk of contracting the deadly HIV.

In Zambia the estimated HIV prevalence rate stood at 16% among individuals in the age range of 15-49 in 2006 (GRZ, 2006). This scenario mirrored a reduction in the HIV prevalence rate by 2% from 16% in 2006 (GRZ, 2006) to 14% in 2010 (CSO, 2010). Although a reduction in the HIV prevalence can be noted from the above statistics, adolescents still remain the most seriously hit by the pandemic. This health problem is detrimental to progress by Zambian youths in the social, political and economic spheres. The national HIV prevalence rate among adolescents aged between 15 and 19 years in Zambia is 6% for girls and 4% for boys (UNFPA, 2013). Swahn et al. (2011) argued that alcohol use among adolescents increases the risk of contracting HIV.

Studies cited above indicate that alcohol use among adolescents is a social problem in many countries, Zambia inclusive. Subsequently, some governments such as those of the United States and Australia 'identified substance abuse as a priority' (NDCS, 2002; MCDS, 1998). The relationship between adolescent alcohol use and high rates of HIV transmission and contraction in the above cited studies may provide a paradigm relevant to Zambia's comprehension of the correlation between alcohol use among adolescents as a risk factor and high HIV prevalence rates. .

It is therefore, profoundly significant to note from several studies conducted that adolescent alcohol use is menacing and augments impediment to development efforts as adolescents are the engine of any country's future development. The 40.8% Zambian adolescents who used alcohol (Swahn et al., 2011) is significant enough to raise concern for public health intervention at society and national level.

1.2 Statement of the Problem

The pertinent and salient question is what it is that predisposes one to and strengthens the use of alcohol among adolescents. According to SAMHSA (2010) adolescents acknowledged health risks related to alcohol consumption. The percentage of youths aged between 12 and 17 years indicating excessive danger in taking four to five drinks of an alcoholic beverages almost daily rose from 62.2 % in 2002 to 65.9% in 2008, but it declined between 2008 and 2009 to 64.3 % (SAMHSA, 2010). Despite a large number of adolescents using or abusing alcohol and several associated negative effects related to alcohol consumption, little has been done in Zambia to explore the correlates of alcohol use or misuse among adolescents in order to mitigate the prevalence rates of its use among teenagers.

Studies carried out in Zambia show that about 40.8% of adolescents (both males and females) have drank alcohol (Swahn et al., 2011). In Zambia, alcohol consumption among adolescents has

been found to be significantly associated with 'suicide ideation and physical fighting' (Swahn et al., 2011). It is also very significant to note that alcohol use among adolescents is related with the risk of contracting AIDS (Swahn et al., 2011). Kabula (2011) conducted a research based on the relationship between moderate alcohol consumption and cognitive functioning in Zambian population. Zyaambo et al. (2013) studied age, sex and smoking among adults in Kitwe, Zambia as correlates of alcohol consumption.

The above statistics on alcohol use among Zambian adolescents is a base for comprehending the depth and magnitude of the problem, thus establishing the need for research to explore social factors associated with the use of alcohol among Zambian adolescents.

The dearth or paucity of research on social correlates of adolescent alcohol use in Zambia therefore, provides impetus for this study.

1.3 Significance of the study

This research will assist in deepening the knowledge regarding the vulnerability of adolescents to harmful effects of alcohol use. It will also help to explain or document the correlates of alcohol use among adolescents.

The findings of this research will help by adding to the body of knowledge the variables associated with the use of alcohol among adolescents. The findings may subsequently contribute to the mitigation of the effects linked to alcohol use among adolescents. The outcomes of this study will therefore provide or avail policymakers the material necessary for advocacy against adolescent alcohol use. Among several negative effects of adolescent alcohol use, the gravest of them is the contraction of the deadly HIV, the cause of AIDS.

In Zambia, adolescents constitute a substantial percentage of Zambian's youth population and individuals aged between 15 and 49 years are the most hit by the HIV pandemic. More importantly, research findings correlated adolescent alcohol use with the HIV and STIs. This pandemic has detrimental effects on the social, political, and economic development of Zambia.

Research has also shown a link between adolescent alcohol use and commission of crime such as rape, murder, theft, suicide, assault, and road traffic offences. These mentioned offences dissect a country's socio-economic and political dimensions.

In view of the above cited negative consequences related to alcohol use among adolescents, a systematic inquiry regarding the social correlates of adolescent alcohol use becomes profoundly imperative.

1.4 General Objective

To investigate the social correlates of adolescent alcohol use.

1.5 Specific Objectives

1. To examine the relationship between perceived parental alcohol use and adolescent alcohol use.

2. To examine the relationship between perceived permissive parenting and adolescent alcohol use.

3. To examine the relationship between perceived peer alcohol use and adolescent alcohol use.

4. To examine the relationship between perceived alcohol accessibility and adolescent alcohol use.

1.6 Research Hypotheses

1. There will be a positive and significant relationship between perceived parental alcohol use and adolescent alcohol use.

2. There will be a positive and significant relationship between perceived permissive parenting style and adolescent alcohol use.

3. There will be a positive and significant relationship between perceived peer alcohol use and adolescent alcohol use.

4. There will be a positive and significant relationship between perceived alcohol accessibility and adolescent alcohol use.

1.7 Operational Definitions

Adolescent: An individual aged between 13 and 19 years.

Alcohol: Any intoxicating beverage containing alcohol.

Alcohol accessibility: The condition of alcohol being accessible.

Alcoholic drinks: Wine, beer, spirits, ciders, both locally and foreign produced.

Alcohol use: How often adolescents consume alcohol (Alcohol consumption frequency)

Parental alcohol use: Perceived weekly consumption of alcohol by parents or guardians or carers.

Carer/caregiver: Any guardian other than a biological mother and father, stepmother or stepfather, such as a brother, uncle or aunt.

Peer alcohol use: Adolescents' perceived frequency of alcohol consumption and binge drinking by peers.

Permissive parenting style: Perceived excessive warmth of parents towards their adolescent children.

Shebeen: Illegal liquor outlets, private homes where alcohol is brewed, sold and consumed.

Social correlates: Social factors associated with adolescent alcohol.

1.8 Limitations of the Study

Language barrier reduced the degree of comprehension of the questionnaire as it was in English and some sentences consequently had to be translated at times into the local dialect (Bemba). The research was confined to some parts of Kasama district and therefore, the generalisation of research findings to the general population was limited.

CHAPTER TWO

LITERATURE REVIEW

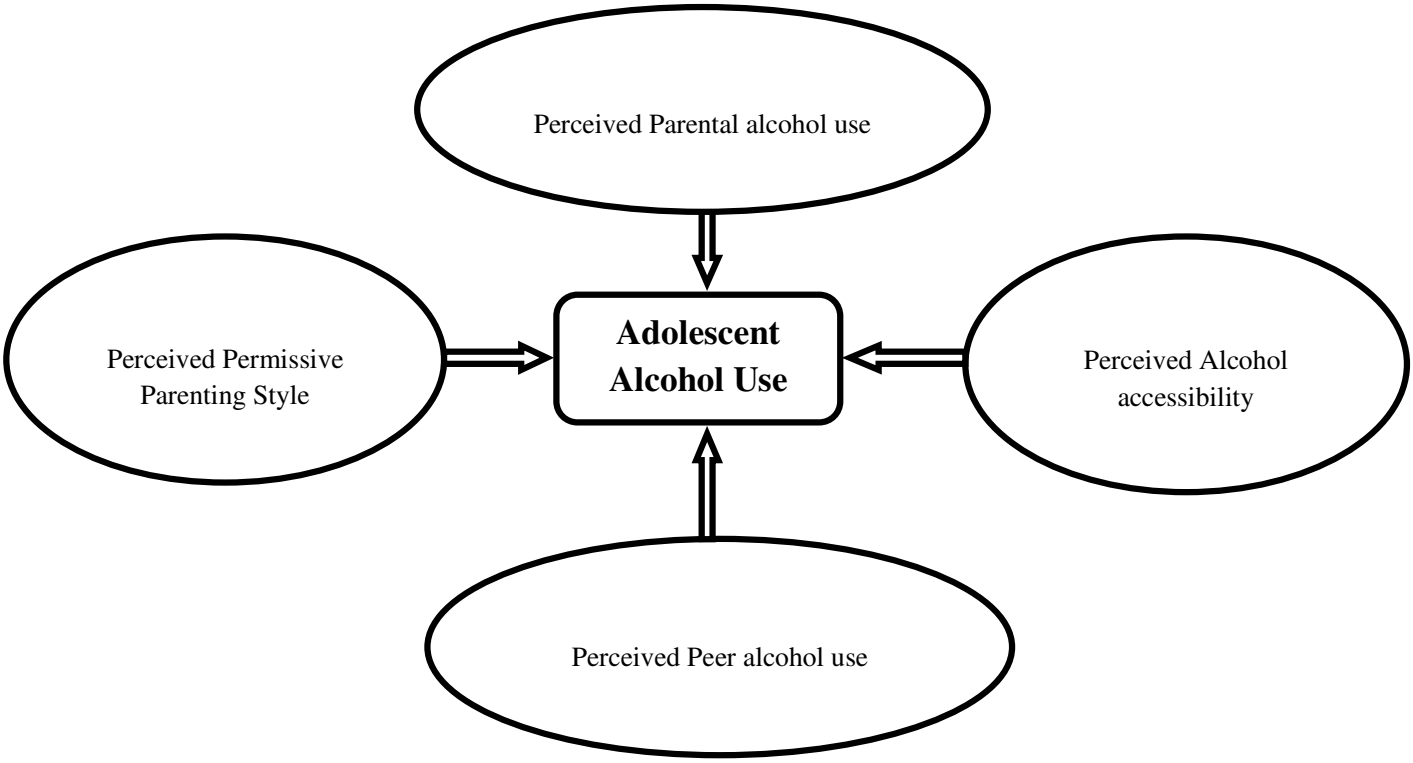

Figure 1 A conceptual framework: Social correlates of adolescent alcohol use.

2.0 Parental Alcohol Use

Parental use of alcohol is associated with alcohol use among teenagers or adolescents. Ledoux, Miller, Choquet & Plant (2002) posited that 'parental use of alcohol was a precursor of the onset of drinking among their offspring.' Alcohol using parents did not have adequate time for controlling the behaviour of their children and hence a high possibility of their children using or misusing substance arises. Ledoux et al. (2002) postulated that low parental support or monitoring was correlated to heightened levels of substance use among adolescents.

Chaveepojnkamjorn & Pichainarong (2010) in a study conducted in Central Thailand, with a sample of 5184 high school boys, argued that 17% had used alcohol in the previous year and families which had members with alcohol problems did not set a good model for children who were at greater risk of drinking. Subsequently, parents with alcohol problems were likely to be associated with adolescents that used or consumed alcohol. Adolescents, after being used to seeing their parents or guardians use the substance might eventually want to try it through what Berk (2003) called 'drug experimentation.'

According to Beyers, Toumbourou, Catalano, Arthur, & Hawkins (2004) parental substance use was related to substance use commencement among adolescents. Epstein, Botvin, Baker, & Diaz (1999) posited that 'other cross-sectional studies' show that parental alcohol use appeared to influence alcohol drinking among black adolescents in the United States of America.

An Australian cross-sectional study Quine & Stephenson (in Hayes, Smart, Toumbourou & Sanson, 2004), with 2336 primary school children in Grades 5 and 6, indicated that to a greater extent young children were significantly more expected than other children to have a general inclination to drink, or to have consumed an alcoholic glass, 'if their parents drank at least weekly.' Additionally Hayes et al. (2004) posited that children whose parents consumed alcohol at least weekly were also more likely than other children to receive a glass of alcohol from a friend.

Hundleby & Mercer (1987) from 40 Ontario schools in their study on a sample of 1,008 male and 1,040 female ninth graders, found a moderate to low-moderate positive correlation between parent's use of alcohol and adolescent's alcohol use.

Medical News (2012) reported that the analysis of 608 Canadian adolescents (42.9% boys) in grades 7-9 showed a mediation effect of alcohol-related memory associations and concluded that parental drinking, as seen by an adolescent, was positively associated with the number of memory associations.

2.1 Permissive Parenting Style

Parents or guardians play a pivotal role with regards to the general behaviours of their children. Some parents may become good role models to their children while some may not. The notion of good or bad role model is contextual. What one society may hold as good moral behaviour may not be conceived as such by another culture.

Parenting styles influence alcohol use among adolescents. Baumrind (1980) posited that there were three categories into which parenting styles fell namely: authoritarian, authoritative and permissive. There is also a fourth parenting style referred to as neglectful. Baumrind (1991) opined that neglecting parents do not exhibit either a demanding or responsive behavior and do not establish time to observe and support their children.

According to Kusmierski, Nichols & McDonnell (2001) the parenting style expressed by a child's parents (mother and/or father) has been found to have an impact on whether he or she will use alcohol. Decreased parental focus on negative consequences of alcohol may explain recent inclinations in adolescents' drug taking (Berk, 2003). Parents may do little to dissuade adolescents from consuming alcohol (Berk, 2003). Therefore some parenting styles may preclude or encourage conventional conduct behaviour among adolescents.

Cohen & Rice (1997) argued that authoritative parents were 'controlling and demanding but also warm and receptive to the child's communication.' Jackson et al. in Kusmierski et al. (2001) further argued that authoritative parents have a particular mixture of demanding behaviour characterised by setting and enforcing clear rules, observing the child's behaviour; creating maturity demands consistent with the child's development, and receptive behaviour patterns like expressing friendliness (warmth); offering comfort and support; being concerned with their child's educational and social development and identifying accomplishments.

Permissive parents are non-controlling, non-demanding, and relatively warm, in other words, they do not play an active role in guiding or shaping the child's behaviour (Cohen & Rice, 1997). Neglecting parents are categorised by neither being demanding nor responsive and they do not establish, observe and support their children's behaviours (Baumrind, 1991). Some studies indicated an association between permissive or indulgent parenting and the probability of alcohol use among adolescents. Wood et al. (as cited in Hayes et al., 2004) found that where parents were additionally permissive regarding the use of alcohol, their adolescent children were more likely to participate in substantial over drinking. Parental permissiveness also appeared to influence peer associations, with a significant relationship between peer influence and alcohol use demonstrated when parents were permissive. Swaim et al. (as cited in Adeyemo, 2007) established that parents who are permissive about discipline and who did not implement any regulations or principles were even more likely to end up with adolescents who drank frequently. The Hazelden Foundation (in Adeyemo, 2007) postulated that some parents were found not to have accorded their adolescent children a solid message discouraging alcohol consumption thereby promoting adolescent alcohol use. This finding by Hazelden Foundation may be a revelation of symptomatic lax behaviour exhibited by permissive parents.

Some studies have however, indicated that authoritative parenting style lessens alcohol use among adolescents. Berns' (2007) findings indicated that adolescents whose parents were warm, affectionate and communicative but set standards of behaviour for their children were less likely to get involved in alcohol use or abuse. Jackson et al. (in Kusmierski et al., 2001) posited that the child's view of the parents' effort-intensive behaviour, as linked to authoritative style parenting, was established to be a powerful inverse prognosticator of the child's alcohol use. However, Kusmierski et al. (2001) posited that despite the hypothetical suggestion that one parenting style would end in specified drinking behaviours, the outcomes indicated that there were no significant differences between authoritative and authoritarian styles in any statistical analyses. This development is

interpreted as proposing that there is a 'common theme' between authoritarian and authoritative parenting styles that of parental firmness or parental strictness resulting in lesser consumption or usage of alcohol by adolescents (Kusmierski et al., 2001).

Other studies indicate a relationship between parenting styles and adolescent predisposition to peer influence. Jackson, Henriksen, & Foshee (1998) established that parenting actions or deeds were important antecedents to adolescent susceptibility to peer pressure. Berns (2007) posited that children raised under authoritative parents develop social responsibility. This implies that adolescents' social responsibility makes them resist peer influence and engage in socially acceptable behaviour such as refusing to take alcohol.

Kusmierski et al.'s (2001) study on a sample of 376 participants, whose mean age for females was 19 years and19.3 for males, indicated that students who categorized themselves as considerably lesser consumers were raised by authoritarian parents. We may speculate that since both authoritative and authoritarian parenting styles involve parental strictness, children raised under these parenting styles would be less likely to engage in alcohol consumption than those raised under permissive or neglectful parenting styles.

Baumrind (1978)'s highly influential and original studies on parenting styles indicated that adolescents under authoritative parenting had higher percentage of competence and psychosocial maturity than those raised by parents who were permissive, authoritarian, or uninvolved. This finding implies that authoritative parenting as is linked to high levels of adolescent proficiency, psychological and social development resulted in adolescents who were less likely to associate with peers engaged in substance use.

A survey study conducted on 1200 adolescents from Enugu State of Nigeria established that authoritarian and authoritative families had lesser disposition to alcohol drinking than those from laissez-faire and uncaring and that the parenting styles adopted in any family set up has significant relationship with adolescent alcohol use (Ezeh, 2013).

Cohen and Rice (1997) studied a sample of 386 grade 8 and 9 students in the United States of America to establish how their perceived parents' parenting styles were related to substance use including alcohol. The findings revealed that children's use of alcohol is associated with their observation of elevated permissiveness in their parents' style of parenting.

Hyatt and Collins (2000) found that students who were in grade nine and perceived their parents as extremely permissive, compared to their peers who perceived their parents to be less permissive were 17 times more likely to develop from no use of substances to elevated use by the time they are in grade ten.

Some studies indicate that permissive parenting lessens the likelihood of adolescent alcohol use.

A rise in parental friendliness is associated with an increase in the parent-adolescent bond, and in turn reduces alcohol use (Mogro-Wilson, 2008).

Garcia & Gracia (2009) conducted a study on a sample of 1,416 teenagers aged 12 to 17 years, 57.2% of whom were females to establish which parenting style was related with ideal results among adolescents of Spanish families and the findings indicated that both the permissive and authoritative parenting styles were associated with better outcomes such as low substance use than authoritarian and neglectful parenting.

2.2 Peer Alcohol Use

Peer alcohol use is another social factor that several studies have found to correlate with alcohol use among adolescents. Keenan, Loeber, Zhang, Stouthamer-Loeber, Van Kammen (as cited in Selvan & Kurpad, 2004) postulated that adolescents' peer group culture or lifestyle played a substantial role in the commencement of risk activities in their life style, and practical explanations indicated 'that having friends or peers who practiced health risk behaviours was a strong prognosticator of teenagers also adopting such behaviours. This presumption by Keenan et al. (as cited in Selvan & Kurpad, 2004) appeared to back the theory of behaviourism that behaviour is

learned and in this case adolescents who associated with peers who consumed alcohol were likely to use alcohol later on in their lives.

Gaviria & Raphael (2001) evaluated the significance of 'school-based peer influences' and found that 'social interactions' played a noticeable role on alcohol consumption and other drugs. Hayes et al. (2004) found that with the sample of 2336 children, 720 children who were categorized as either 'occasional or more frequent drinkers' were suggestively more likely to drink frequently if a close friend also drank, more likely to drink if a sibling drinks, and the significance of parental drinking was third in importance' (Quine & Stephenson in Hayes et al., 2004). It is thus, postulated that the genuine drinking activity was linked to influence of peers, despite the finding that primary intentions to drink were driven by parental alcohol use (Quine & Stephenson in Hayes et al., 2004). The role of peers in adolescent alcohol use initiation was generally accepted as crucial.

Hayes et al. (2004) found that 73% male and 78% female current drinkers had all or most of their friends who consumed alcohol. Additionally, Fabes and Martin (2003) argued that adolescents may learn to use alcohol for dealing with pressure from peers. Furthermore, Beyers et al. (2004) showed that contacts with peers who use drugs facilitated adolescents to perceive them as 'drug-using models' and subsequently learned and reinforced attitudes advantageous to drug use. Several studies indicated that peer alcohol use predicted adolescent alcohol use.

Bahr, Hoffmann, & Yang (2005) using the probability sample of 4,230 adolescents from grades 7–12, employed negative binomial regression to approximate the 'effects of peer and six family variables on the risk of adolescent drug use' and found that peer drug use had comparatively powerful effects of adolescent alcohol use.

Duncan, Duncan, & Strycker (2006) in their study on a sample that consisted 48.4% female, 50.4% African- American, and 49.6% White found that adolescents were more likely to take part in

alcohol use when their peers participated or encouraged such behaviours. Fletcher (http://papers.ssrn.com/sol3/) found that a 10 % rise in the percentage of classmates who drink alcohol increased the probability an adolescent consumed alcohol by 5% points. As part of the population-wide Youth in Iceland program 7430 pupils aged 14 to 15 years (51% girls) attending all Icelandic secondary schools in 2006 were surveyed and most of the explained variance in alcohol use was accounted for by peer use (Kristjansson, Sigfusdottir, James, Allegrante, & Helgason, 2009).

Ali & Dwyer (2012) used data from the National Longitudinal Study of Adolescent Health which consisted of information on adolescents in 132 schools countrywide between grades 7 and 12 on an initial sample of 20,745 out of 90,000 adolescents who were interviewed in their homes with follow-up surveys in 1996 and in 2002, and found that a 10% increase in the proportion of classmates who drink will increase the likelihood of drinking participation and frequency by approximately 4% points. This finding supported the literature that peer effects are significant determinants of drinking behaviour even after controlling for probable preconceptions (Ali & Dwyer, 2012).

2.3 Alcohol Accessibility/Availability

Accessibility to alcohol is the way of obtaining alcohol. Alcohol availability is alcohol obtainability. Research shows that this social factor is associated with adolescent alcohol use and abuse. Schrans, Schellinck & Yi (2009) posited that methods for obtaining alcohol were many and simple such as having others purchase it such as older people, friends and smaller retail outlets that were perceived as easy locations to obtain alcohol. Although almost all of the older adolescents 16-18 years had been in a liquor store, most of them personally knew underage friends who had purchased liquor from a licensed retail location (Schrans, Schellinck & Yi, 2009). Outlets appear to be the cornerstone of adolescent alcohol use.

Halverson (2004) postulated that accessibility to alcohol augments the use of this substance proposing that adolescents in rural African-American communities 'have outlets' to assist them in obtaining such substances. Those outlets may be peers with whom they have contact in a rural setting that may have otherwise been avoided given a larger population. Grover (http://socrates.berkeley.) held that the more alcohol was accessible in the surroundings, the more likely it is that the community would have a higher alcohol consumption rate. Grover (http://socrates.berkeley.) postulated that alcohol drinking levels and the degrees of alcohol-associated problems tended to escalate when a larger concentration of outlets and augmented hours of sale increased accessibility to alcohol. Grover further argued that (http://socrates.berkeley.) societies that want to make an impact against accessibility to alcohol ought to understand how alcohol is made accessible in the community; the relationship between outlets for alcohol and problems related to alcohol consumption; and the institutions designated for the management of alcohol accessibility.

During modern times, drinking is fairly widespread among different members of the community. Parry & Bennetts (1998) posited that illicit alcohol outlets, like 'private homes' where alcohol was prepared, retailed and drank, referred to as 'shebeens', were a prevalent traditional and commercial occurrence in the lives of black South Africans specifically.

Beyers et al. (2004) postulated that large accessibility to drugs predicted higher extents of substance use and abuse by adolescents. Accessibility to alcohol by adolescents can without doubt lead to its use and probably subsequent abuse. Dent, Grube & Biglan (2005) showed that 'parties, friends', and adult buyers were the greatest 'common sources of alcohol among adolescents, commercial outlets are also used." Furthermore, Dent et al. (2005) argued that adolescents are engrossed in a larger social environment in which alcohol is readily available and glamorized.' This perspective mirrors the power behind culture.

According to (http://www.alcoholpolicymd.com/alcohol) the lower the alcohol prices and the more readily available alcohol is to adolescents, the more likely underage drinking would occur. Ellickson & Hays (1991) argued in their study that social impacts also supported early binge drinking among the young initiates, but that they mirrored exposure to a wider drug culture as well as a milieu in which alcohol was socially acceptable and available.

Epstein et al. (1991) investigated the effect of social influences and problem behaviour on alcohol use among 4847 Hispanic and black adolescent seventh graders in the United States of America and established that alcohol availability or accessibility was a significant predictor of alcohol use among Hispanic and black adolescent communities. Wagenaar & Toomey (2002) opined that from the survey conducted among adolescents 13 years and older, half or more surveyed, up to 75% stated that they could with no trouble get alcohol or sources to alcohol.

Yeide (2009) opined that in research that focused on attempts to purchase alcohol, 47 % to 97% of retail shops sold to underage children. It is argued that 30.2% of adolescents bought the alcohol the last time they consumed it, 8.2% purchased it themselves whereas 21.8% gave cash to somebody else to buy it (Yeide, 2009). From the group of adolescents that did not purchase the alcohol they last took, 37.2 % obtained it from a person they were not related to of the age of 21 or older, 20.7% from another person under 21, and 19.5% from a parent, guardian, or other adult family member (Yeide, 2009). It is argued that even though adolescents under the age of 18 years cannot lawfully purchase alcohol in the United Kingdom, buying it seems to be comparatively easy. A Home Office report (2006) suggests that about 13 % of 10–15-year olds who had drunk alcohol in the previous year had been successful in purchasing the substance from a shop and 11% from a bar or a pub, although 'off-licences and supermarkets' remain the most significant sources of alcohol, particularly for adolescents aged between 14–15 years (SHEU, 2007).

CHAPTER THREE

METHODOLOGY

3.0 Research Design

This research is a correlational study design to establish the social correlates of adolescent alcohol use. This research endeavoured to establish the relationship between adolescent alcohol use and parental alcohol use, peer alcohol use, permissive parenting styles and alcohol accessibility.

This research was a quantitative cross-sectional study that involved the administration of a questionnaire to measure adolescent alcohol use, parental alcohol use, peer alcohol use, permissive parenting and alcohol accessibility.

3.1 Sample Size

The sample size comprised of a total of 119 adolescents aged between 13 and 19 years from Kasama District in the Northern Province of Zambia. The intended sample size was 120, but only 119 were assessed.

3.2 Sampling Method

This research employed the purposive sampling method. Purposive sampling was used because of the need for a particular characteristic of participants. In this study, the attribute of the population that was sampled was adolescent alcohol use. This aspect of the population was the area of focus. Criterion purposive sampling encompasses searching for participants who meet a particular benchmark; in this research the yardstick required was the use of alcohol by adolescents. Random sampling could not be employed because it would fail to capture an adequate representation of the attribute (adolescent alcohol use) from the population due to the small catchment area, constraints on time and resources.

3.3 Inclusion-exclusion criteria

Inclusion: Adolescents who use alcohol and aged between 13 and 19 years were included in the sample and those who did not meet the stated criteria were excluded.

3.4 Data Collection

Before collecting data, approval to conduct research was obtained from the Humanities and Social Sciences Research Ethics Committee by filling a form (Refer to appendix A). An introductory letter (Refer to appendix D) to conduct research from the University of Zambia was obtained prior to data collection and was presented to the Town Clerk, the District Commissioner and Community Leaders in order to notify them and obtain support and approval from them to conduct research in Kasama district. In order to ensure that participants fully comprehended what this study was about, contents in the Participation Information Sheet were explained to them (Refer to appendix B). In order to obtain permission to collect data, the participants filled in an Informed Consent Form (Refer to appendix C).

Community leaders played a vital role in the data collection process. After explaining the nature of the research (the purpose, significance, and rationality of the study) to the community leaders, they subsequently called on the local people in their respective areas vis-à-vis the research. The local community leaders also informed their subjects that only adolescents who used alcohol and aged between 13 and 19 years would be eligible in the research and would subsequently be rewarded in the form of school learning materials or money after responding to the questionnaires.

The various community leaders were very helpful in that they disseminated information among the adolescents about the intended study and educated them. The local people were also informed by their leaders that only those who had consumed or still took alcohol and were of the age range of thirteen (13) to nineteen (19) years were eligible to participate in the study. Different dates were set

when locals would assemble at agreed places. Many adolescents turned out in large numbers and this made it easy to administer the questionnaires which only took three days to complete.

Major compounds in Kasama District such as Tazara, Kambotole, New Town, Chiba and Mulenga Hills were identified for sampling purpose. After this was done, community leaders (headmen) and Ward Counsellors were paid courtesy calls to inform them about the intended collection of information through questionnaires from their local people.

Three male adults with tertiary education were identified who later on agreed to become research assistants and a verbal contract was entered into. The terms of the contract were monetary in nature. Together with the research assistants, the research questionnaire was studied and analysed prior to administration to the participants for comprehension purposes. The research assistants knew the local communities well and helped in the administration of the questionnaires. Bemba, a local language in Kasama district was used during the administration of questionnaires in order to make the respondents comprehend the questions. Each research participant took note of all the respondents to whom they administered the questionnaires.

After all the questionnaires were completed, the research participants were told to assemble all the respondents at one selected place within each community. Then both the research participants and the respondents were rewarded as agreed.

Data was collected using an adopted questionnaire from a Self-completion Questionnaire developed by Bremner and others (2011) and from another questionnaire developed by Buri (1991) which measured permissive parenting style (Refer to appendix E).

3.5 Data Analysis

Each questionnaire comprised of 30 questions each. After the questionnaires were answered, they were counted and totalled 119. They were then numbered from 1 to 119. Thereafter each question on the questionnaire was coded. The coded questions were then entered on SPSS.

3.6 Reliability Analysis

The Cronbach's Alpha of the 30 items on the Self-Administered Questionnaire (Bremner et. al., 2011) was 0.4 and 0.6 of the 6 items on the Parental Authority Questionnaire (Buri, 1991). According to Leary (2008) generally, researchers need the interim-total correlation between each item and the sum of the other items to exceed .30.

Bivariate analysis is the examination of an association between two variables. After, data was entered on this statistical package, bivariate correlations were run where the dependent variable (adolescent alcohol use) measured by the question 'How often do you usually have an alcoholic drink?' was correlated with perceived parental alcohol use; perceived peer alcohol use; perceived alcohol availability; and perceived parental styles (perceived parental authority). The categories under parents included: the 'Mother', the 'Father', the Stepmother', the 'Stepfather' and the 'Carer/Caregiver'.

CHAPTER FOUR

RESULTS

4.0 Descriptive Statistics

The sample size consisted of 119 adolescents. The mean age for the sample was 16.77(SD=1.929, range: 13-19).

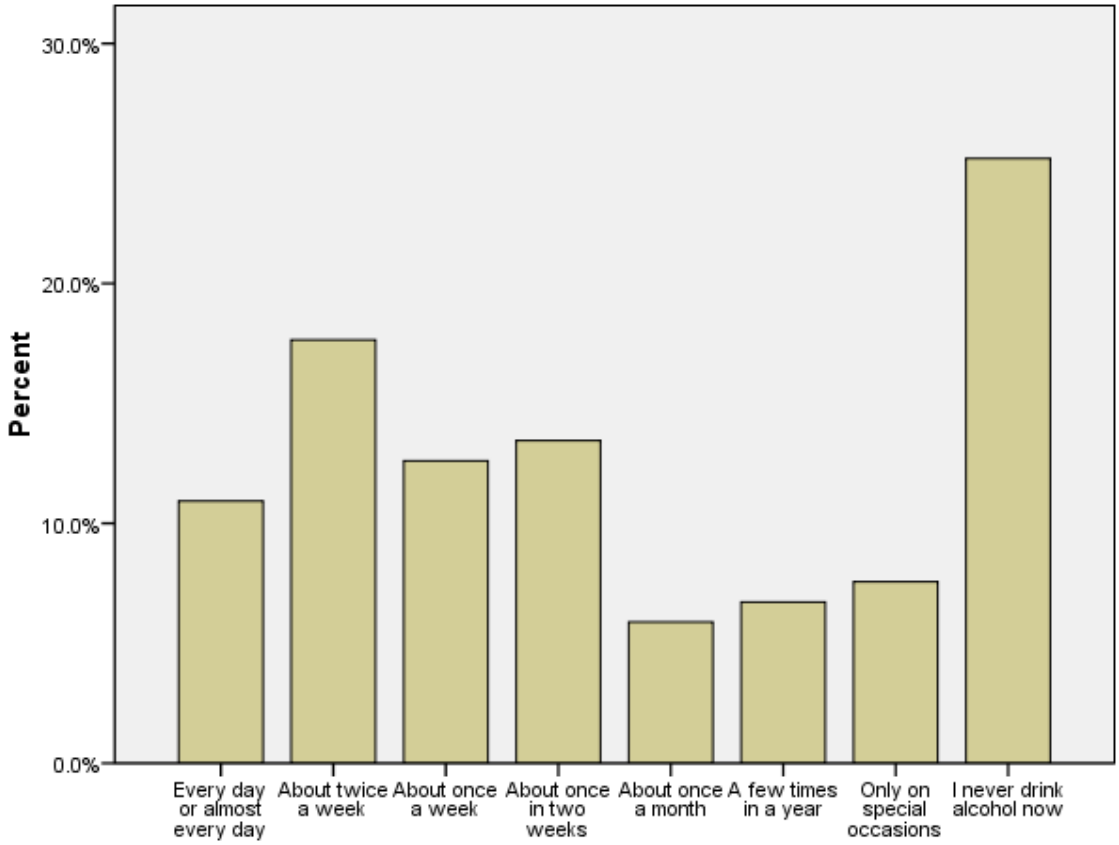

Figure 2 Frequency of consumption of an alcoholic drink

When asked how often they usually had an alcoholic drink, 25.2% of the participants indicated that they never drink alcohol now, 17.6% drank alcohol "about twice a week", 13.4% drank alcohol "about once in two weeks", 12.6% drank alcohol "about once in a week", 10.9% drank alcohol "every day or almost every day", 7.6% drank alcohol "only on special occasions", 6.7% drank alcohol "a few times in a year", and 5.9% drank alcohol "about once in a month".

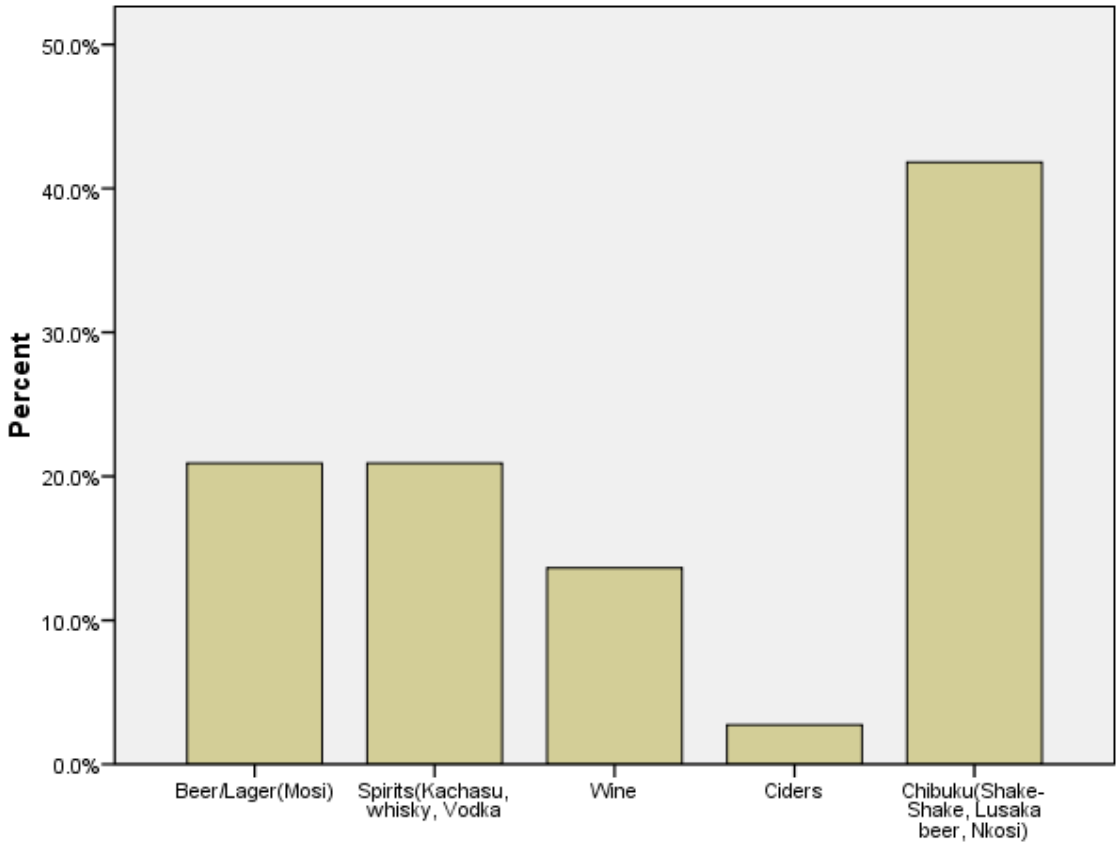

Figure 3 Types of alcoholic drinks taken

When asked about what alcoholic drinks they had taken before, 41.8% indicated “Chibuku”, 20.9% indicated beer or lagers such as “Mosi”, 20.9% indicated “Spirits”, 13.6% indicated “Wine”, 2.5% indicated “Ciders”, and 3 responses were recorded missing.

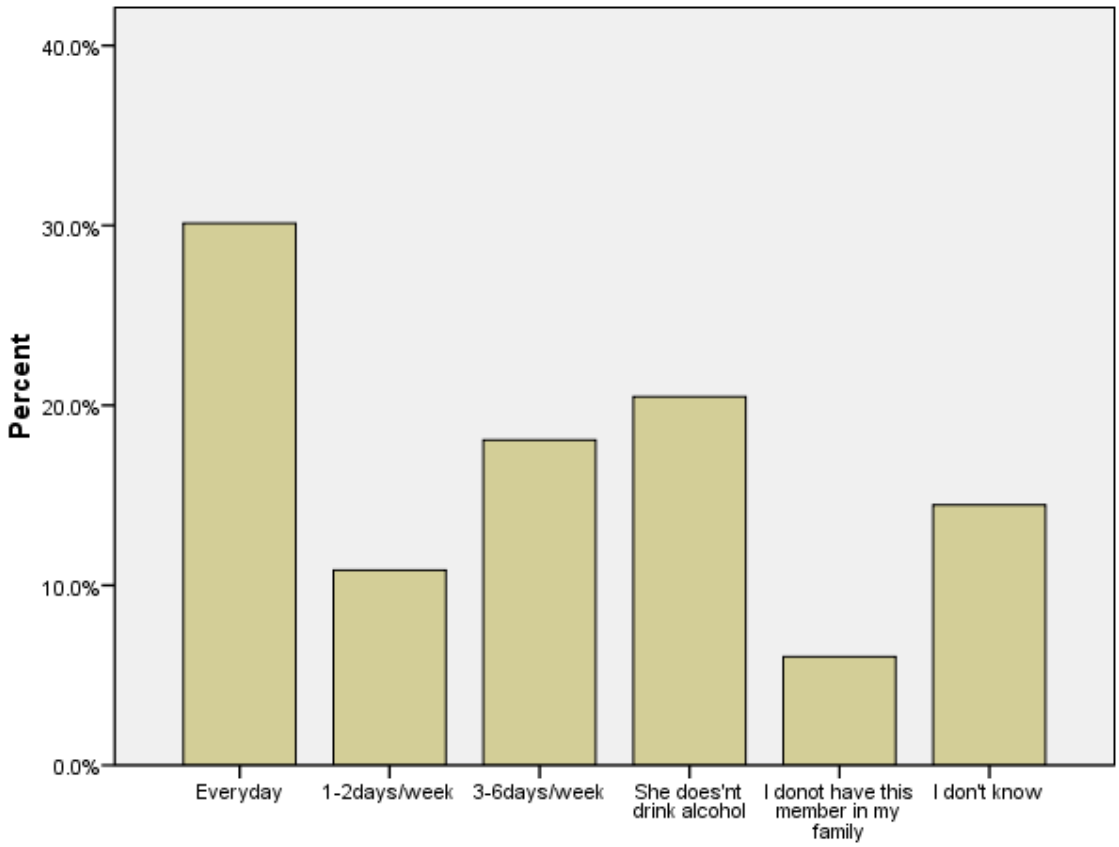

Figure 4 Weekly frequency of mother's alcohol use

Regarding the perceived mothers' alcohol use in a week, 30.1% of the participants reported that their mothers drank alcohol 'every day', 20.5% indicated that their mothers 'did not drink alcohol', 18.1% of the respondents reported that their mothers drank alcohol '3-6 days', 14.5% of the respondents 'did not know', 10.8% of the respondents reported that their mothers drank '1-2 days', 6.0% reported that they did not have this mothers in their family, while 36 responses were recorded missing.

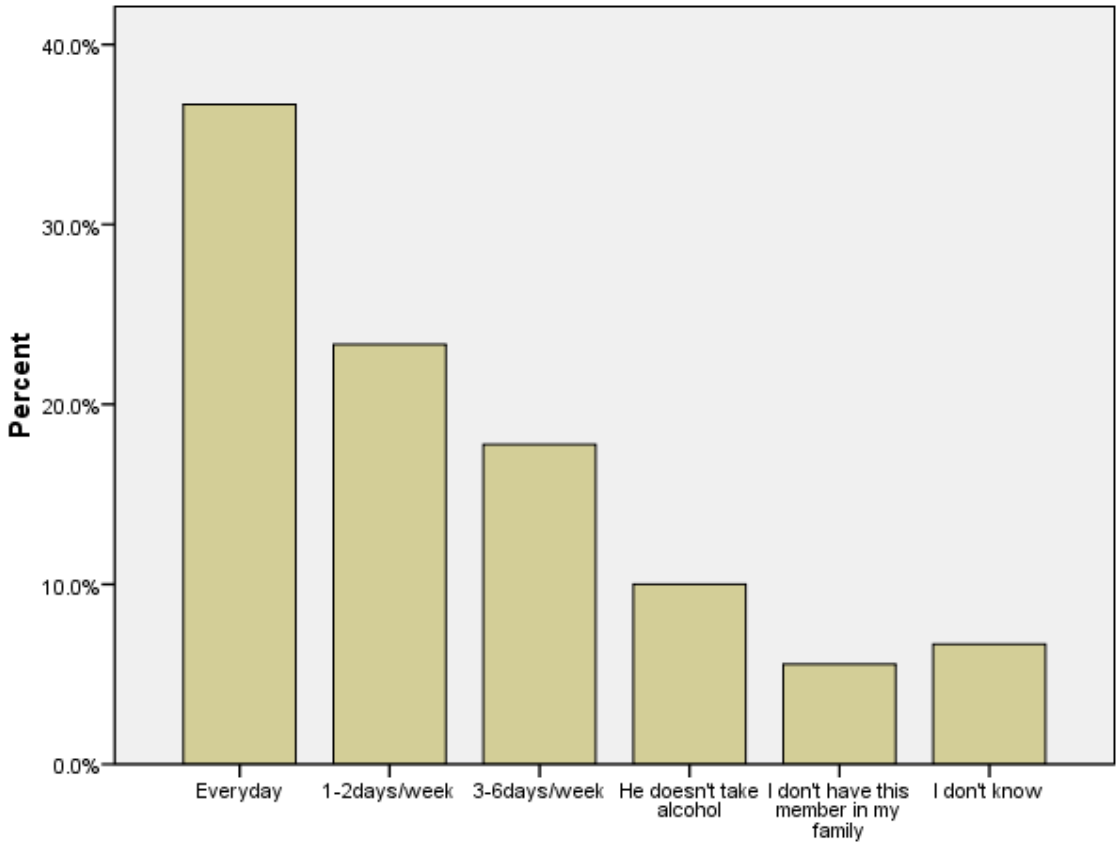

Figure 5 Weekly frequency of father's alcohol use

Regarding the perceived fathers' use of alcohol in a week, 36.7% of the participants reported that their fathers drank alcohol 'every day', 23.3% reported that their fathers drank '1-2 days', 17.8% of the respondents reported that their fathers drank alcohol '3-6 days', 10.0 % did not drink alcohol, 6.7% of the respondents did not know, 5.6 % did not have fathers in their family while 29 responses were recorded missing.

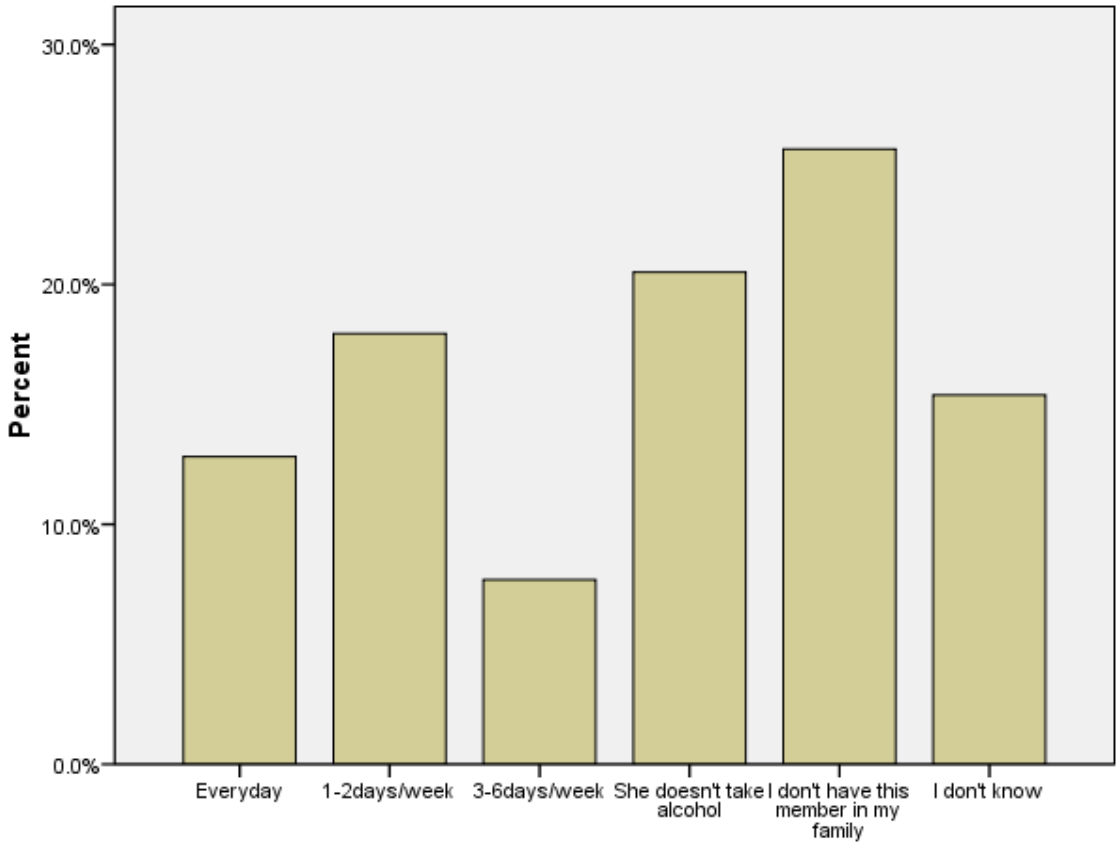

Figure 6 Weekly frequency of stepmother's alcohol use

Regarding the perceived stepmothers' use of alcohol in a week, 25.6% of the respondents reported not having this member in their family, 20.5% reported that their stepmothers did not drink alcohol, 17.9% drank alcohol '1-2 days', 15.4% of the respondents 'did not know', 12.8% of the respondents reported that their stepmothers drank 'every day', 7.7% of the respondents reported that their stepmothers drank '3-6 days', while 80 responses were recorded missing.

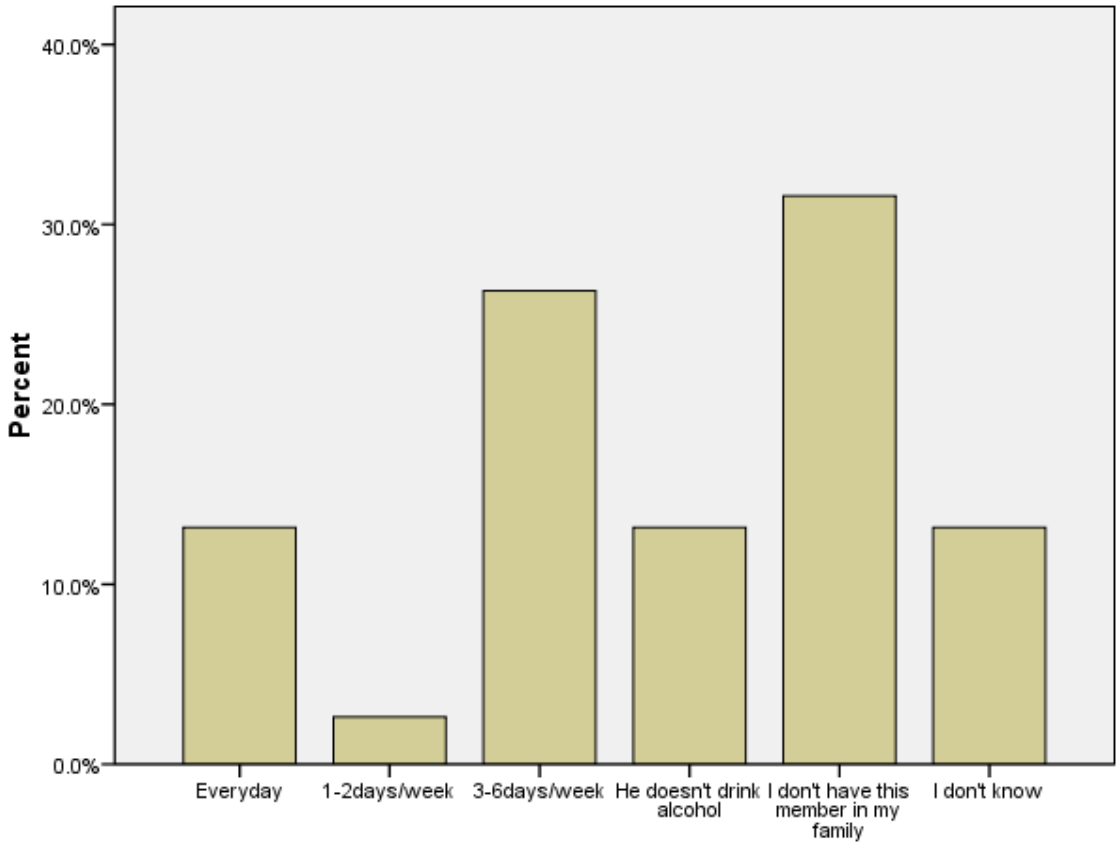

Figure 7 Weekly frequency of stepfather's alcohol use

Regarding the perceived stepfathers' alcohol use in a week, 31.6% of the respondents reported that they did not have stepfathers in their family, 26.3% of the respondents reported that their stepfathers drank alcohol '3-6 days', 13.2% reported that their stepfathers drank 'every day', 13.2% reported that their stepfathers did not drink alcohol, 13.2% respondents did not know, 2.6% of the respondents' stepfathers drank '1-2 days' and 81 responses were recorded missing.

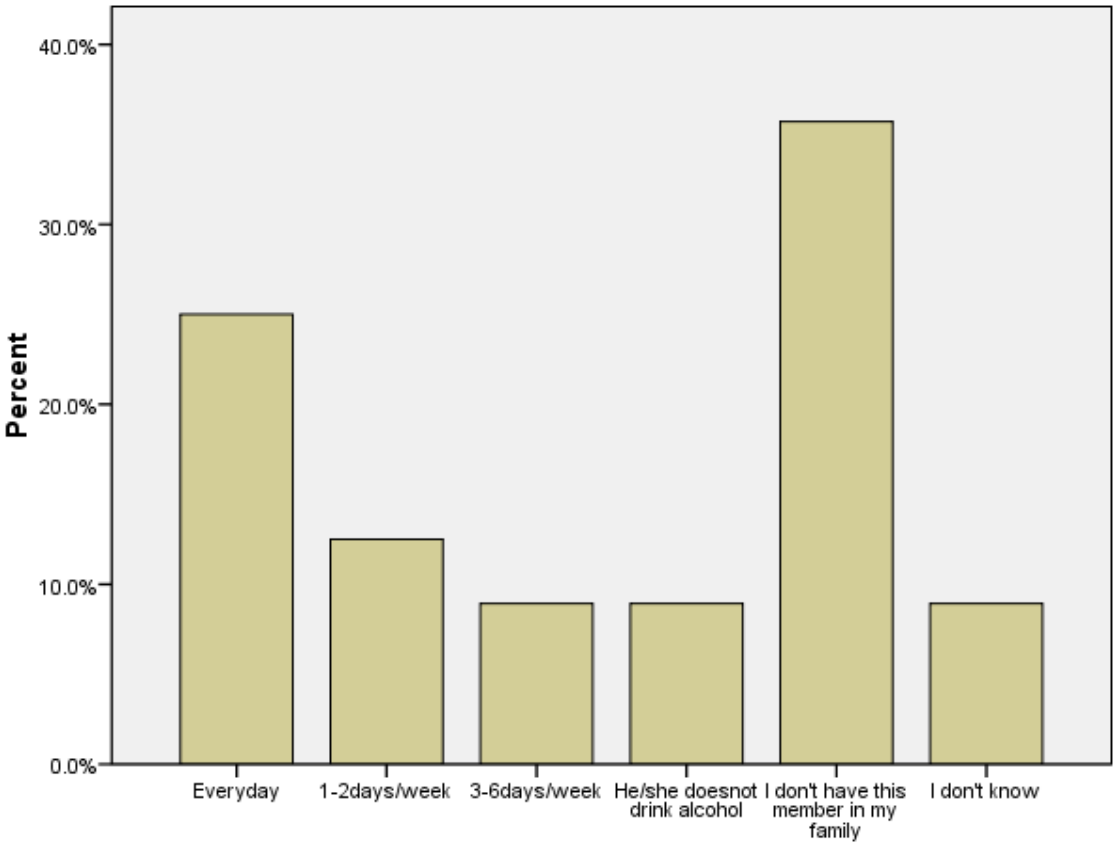

Figure 8 Weekly frequency of carer's alcohol use

Regarding the perceived caregiver's use of alcohol in a week, 35.7% of the participants reported not having this member in their family, 25.0% drank 'every day', 12.5% drank '1-2 days', 8.9% drank '3-6 days', 8.9% did not drink alcohol, 8.9% reported that they did not know while 63 responses were recorded missing.

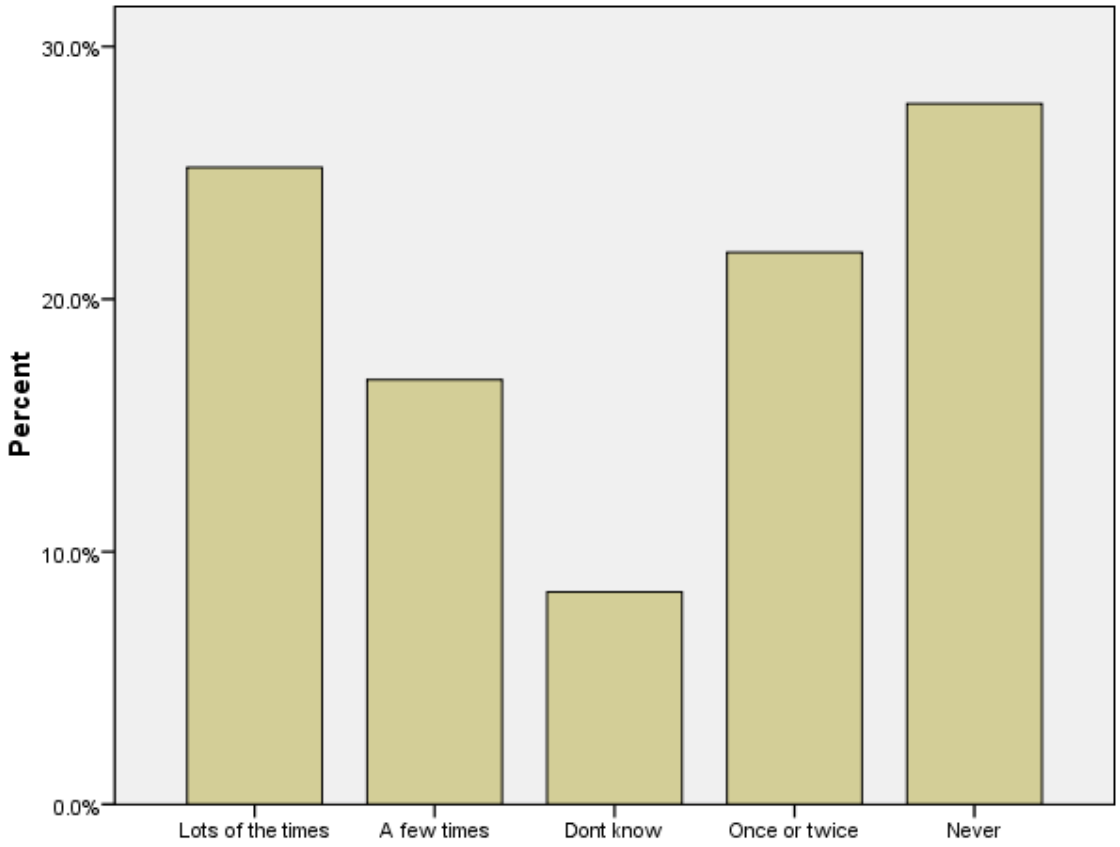

Figure 9 Frequency of one or more of parents/carers drunk

When asked how often respondents had seen their parents drunk, 27.7% indicated they had ‘never’, 25.2% had seen them drunk ‘lots of the times’, 21.8% had seen them drunk ‘once or twice’, 16.8% had seen them drunk ‘a few times’, while 8.4% did not know.

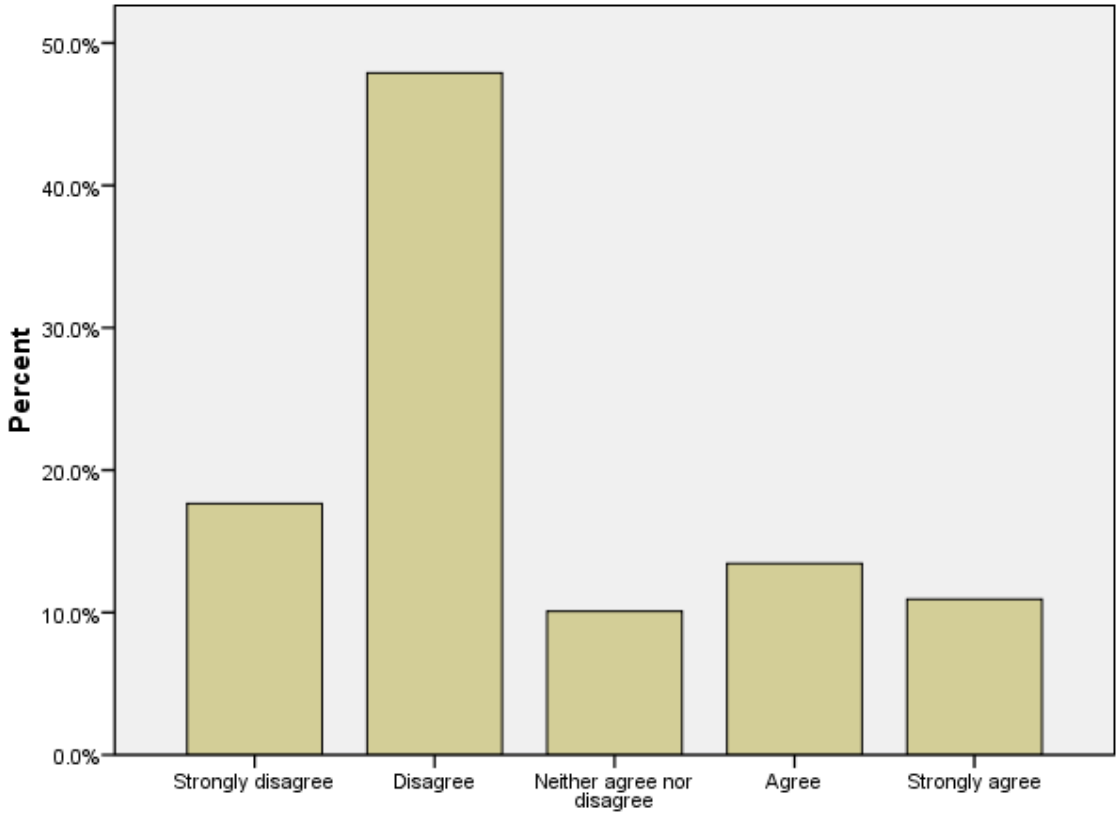

Figure 10 My parents allow me to decide most things for myself without a lot of involvement from them

When asked whether their parents allowed them to decide most things for themselves without a lot of involvement from them, 47.9% 'Disagreed', 17.6% 'Strongly Disagreed', 13.4% 'Agreed', 10.9% 'Strongly Agreed', and 10.1% 'Neither Agreed nor Disagreed'.

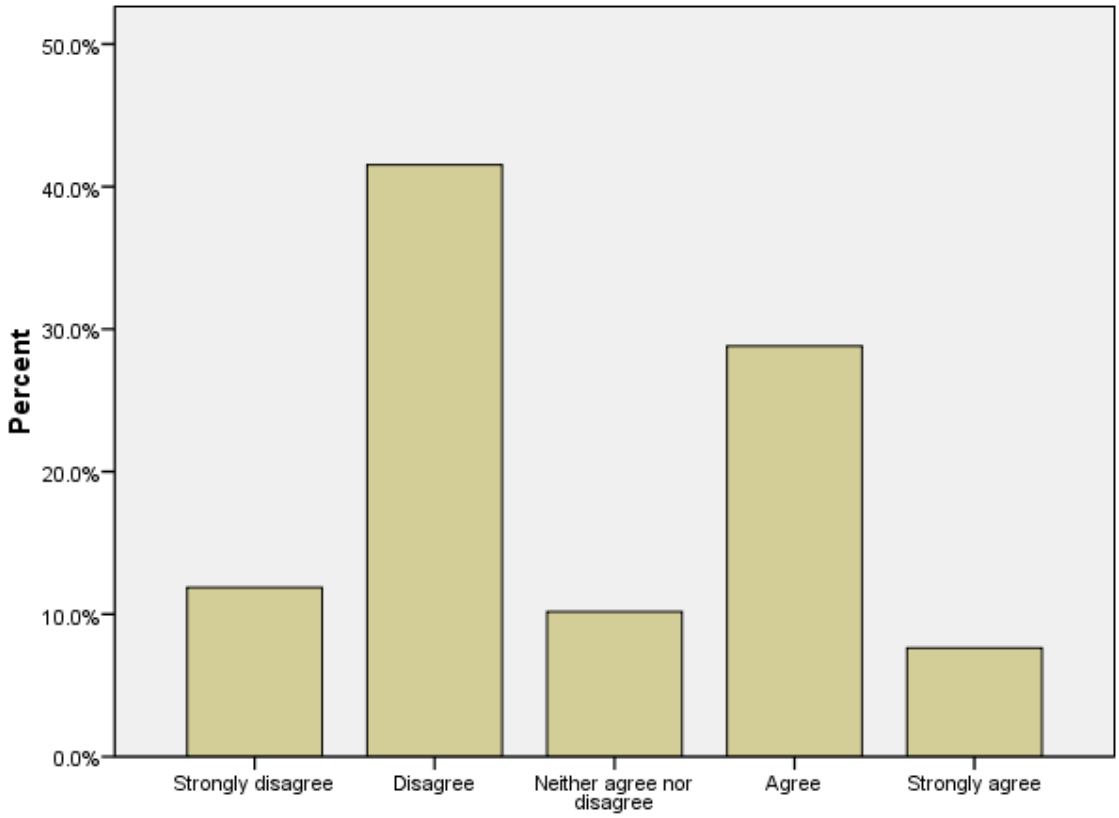

Figure 11 My parents feel that in a good home the children should express themselves as often as their parents do

When asked whether their parents feel that in a good home the children should express themselves as often as their parents do, 41.2% 'Disagreed', 28.6% 'Agreed', 11.8% 'Strongly Disagreed', 10.1% 'Neither Agreed nor Disagreed', 7.6% 'Strongly Agreed' and 1 response was recorded missing.

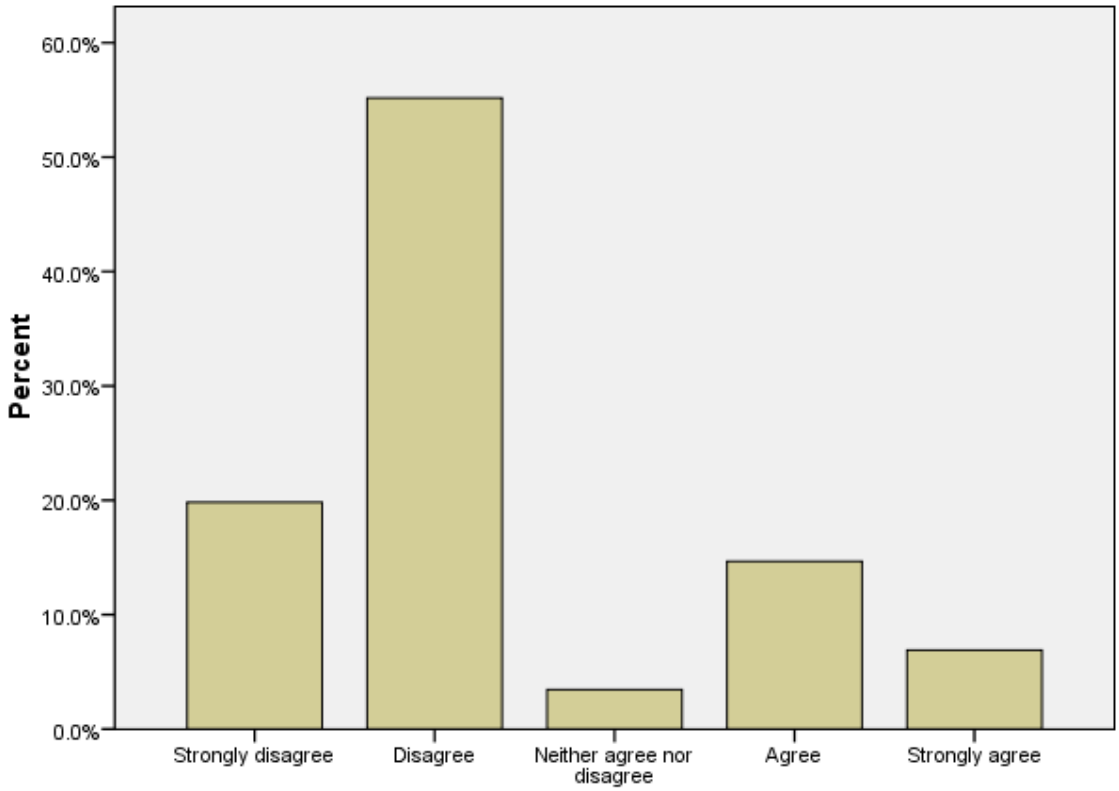

Figure 12 My Parents have always felt that what children need to do is to be free to make their own decisions and to do what they want, even if this does not agree with what their parents might want

When asked whether their parents have always felt that what children need to do is to be free to make their own decisions and to do what they want, even if that did not agree with what their parents might want, 53.8% 'Disagreed', 19.3% 'Strongly Disagreed', 14.3% 'Agreed', 6.7% 'Strongly Agreed', 3.4% 'Neither Agreed nor Disagreed', and 2.5% responses were recorded missing.

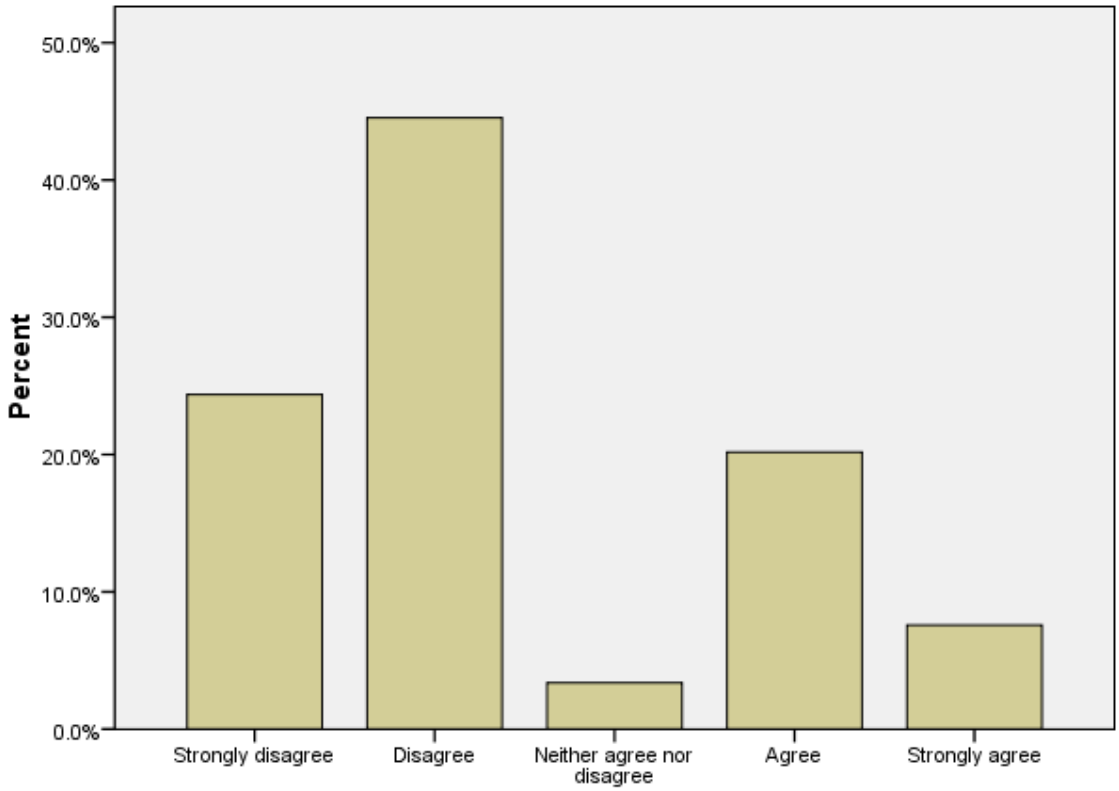

Figure 13 My parents feel that most problems in our community would be solved if parents did not control their children's activities, decisions, and desires as they are growing up

When asked whether their parents feel that most problems in our community would be solved if parents did not control their children's activities, decisions, and desires as they are growing up, 44.5% 'Disagreed', 24.4% 'Strongly Disagreed', 20.2% 'Agreed', 7.6% Strongly Agreed and 3.4% 'Neither Agreed nor Disagreed.'

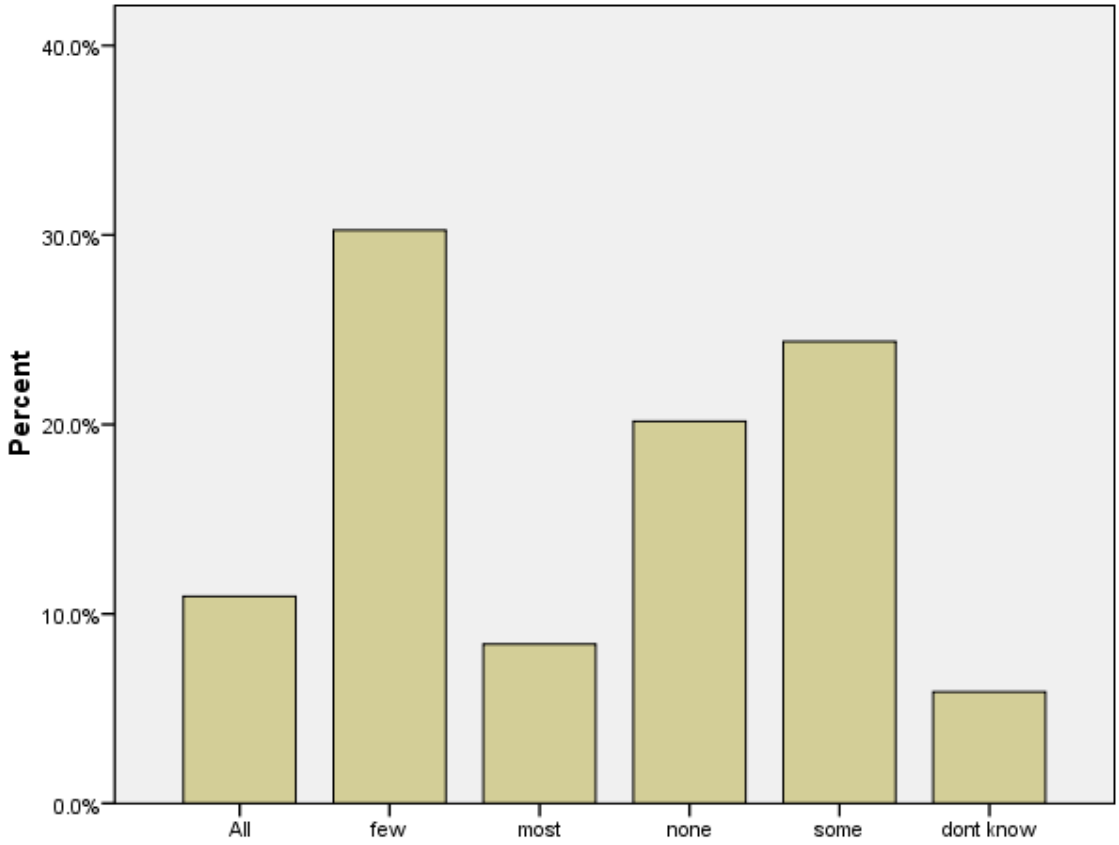

Figure 14 Number of friends who drink alcohol

When asked how many of their friends drank alcohol, 30.3% of the respondents reported that 'few' of their friends drank alcohol, 24.4% had 'some' of their friends who drank alcohol, 20.2% had 'none' of their friends who drank alcohol, 10.9% had all of their friends who drank alcohol, 8.4% had 'most' of their friends who drank alcohol and 5.9% 'did not know' whether their friends drank alcohol or not.

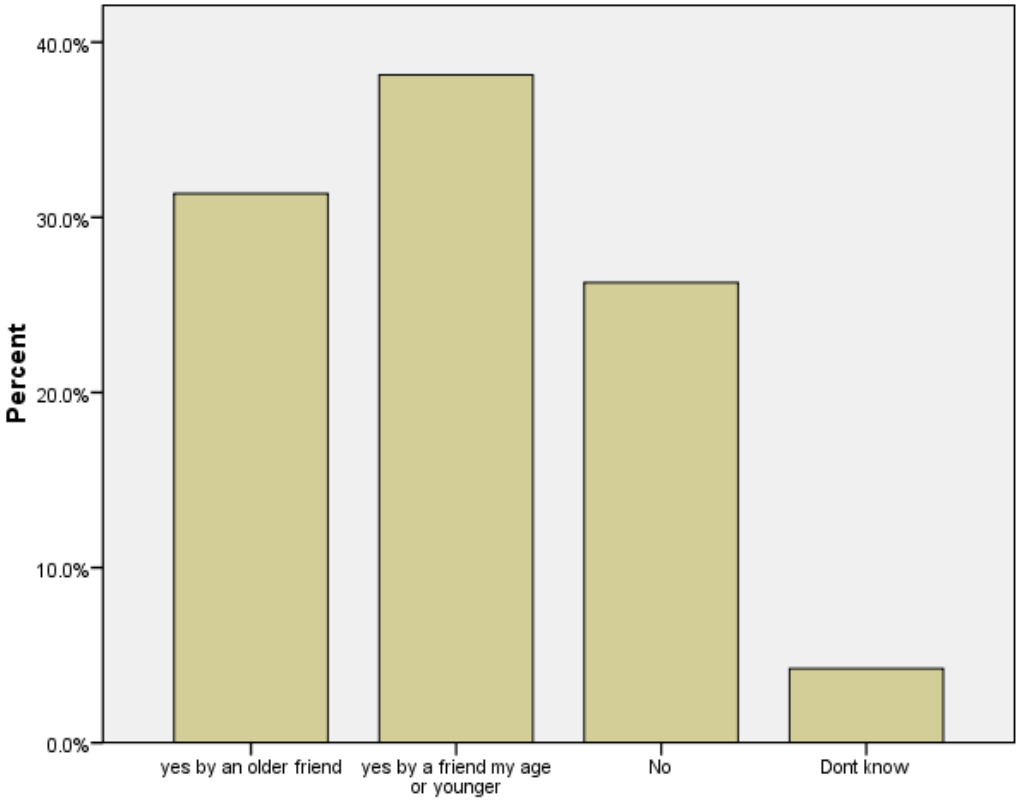

Figure 15 Encouraged by friends to drink alcohol

Regarding having ever felt encouraged by a friend to drink alcohol or drink more, 37.8% responded 'yes' by older friend, 31.1% responded 'yes' by a friend their age or younger, 26.1% responded 'No' and 4.2% responded that they 'did not know'.

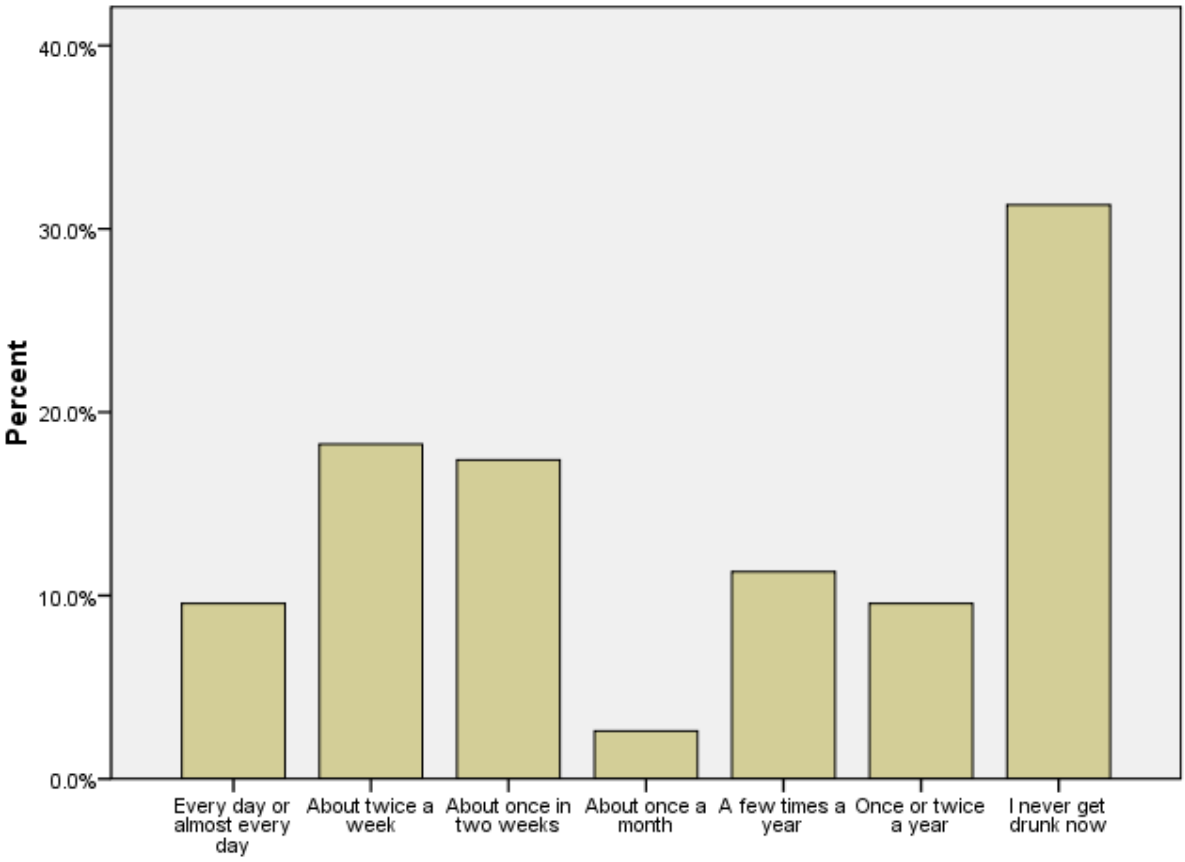

Figure 16 Times drank alcohol with friends to get drunk

When asked how often if at all, do they and their friends drink alcohol to get drunk, 31.3% indicated that they 'never get drunk now', 18.3% indicated 'about twice a week', 17.4% indicated 'about once in two weeks', 11.3% indicated 'a few times a year', 9.6% indicated 'every day or almost every day', 9.6% indicated 'once or twice a year', 2.5% indicated 'about once a month', and 4 responses were recorded missing.

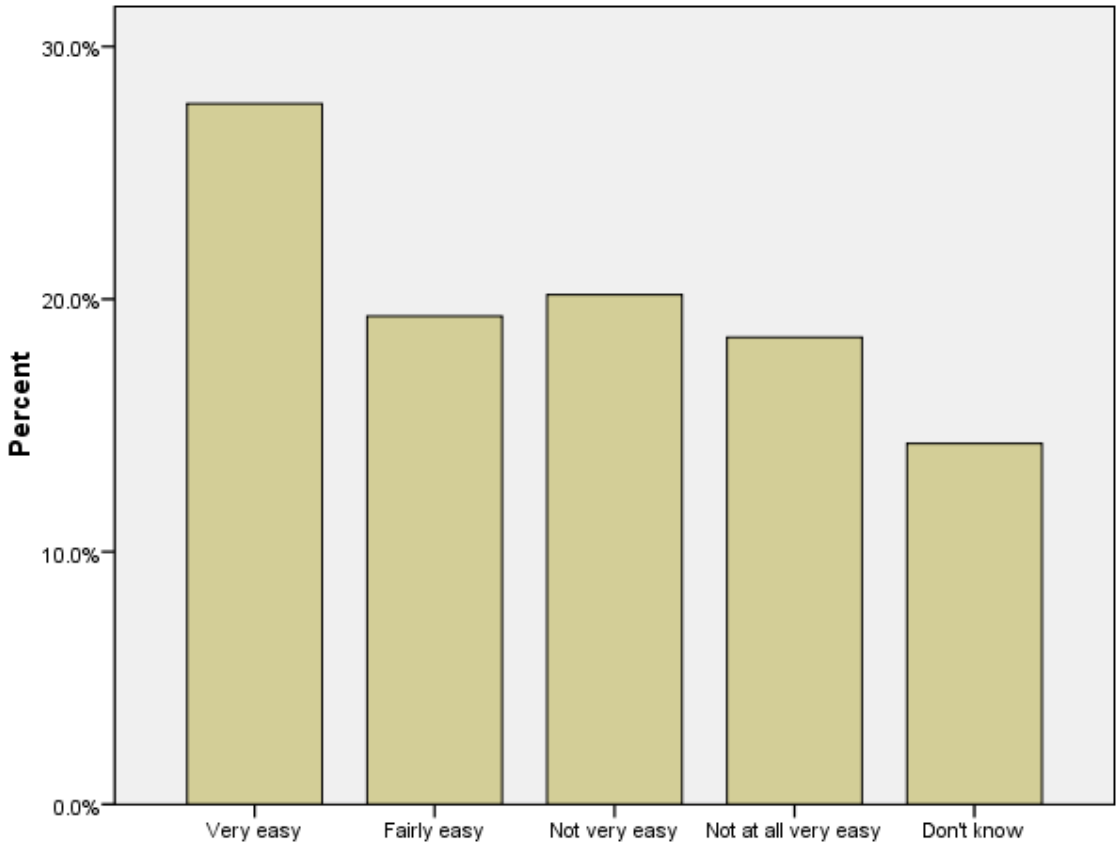

Figure 17 Easiness of getting alcohol

When asked how easy or difficult it was to get alcohol, 27.7% reported ‘very easy’, 20.2% ‘Not very easy’, 19.3% ‘Fairly easy’, 18.5% ‘Not at all very easy’ and 14.3% ‘did not know.’

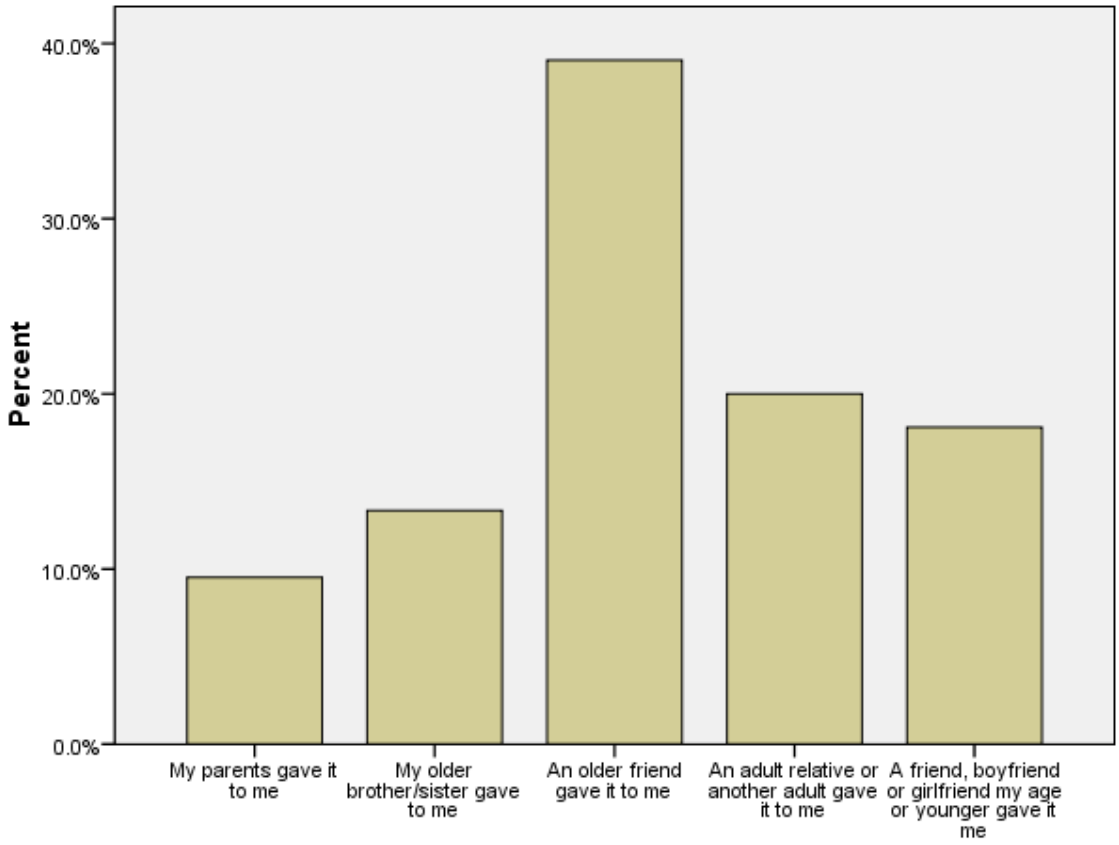

Figure 18(a) Last time drank alcohol given to me by someone

When asked where they got the alcohol the last time they were drank it, 39.0% of the participants reported that they were given by "an older friend", 20.0% by "an adult relative or another adult", 18.1% by a "friend, boyfriend or girlfriend their age or younger", 13.3% by an "older brother or sister", 9.5% by "parents", and 14 responses were recorded missing.

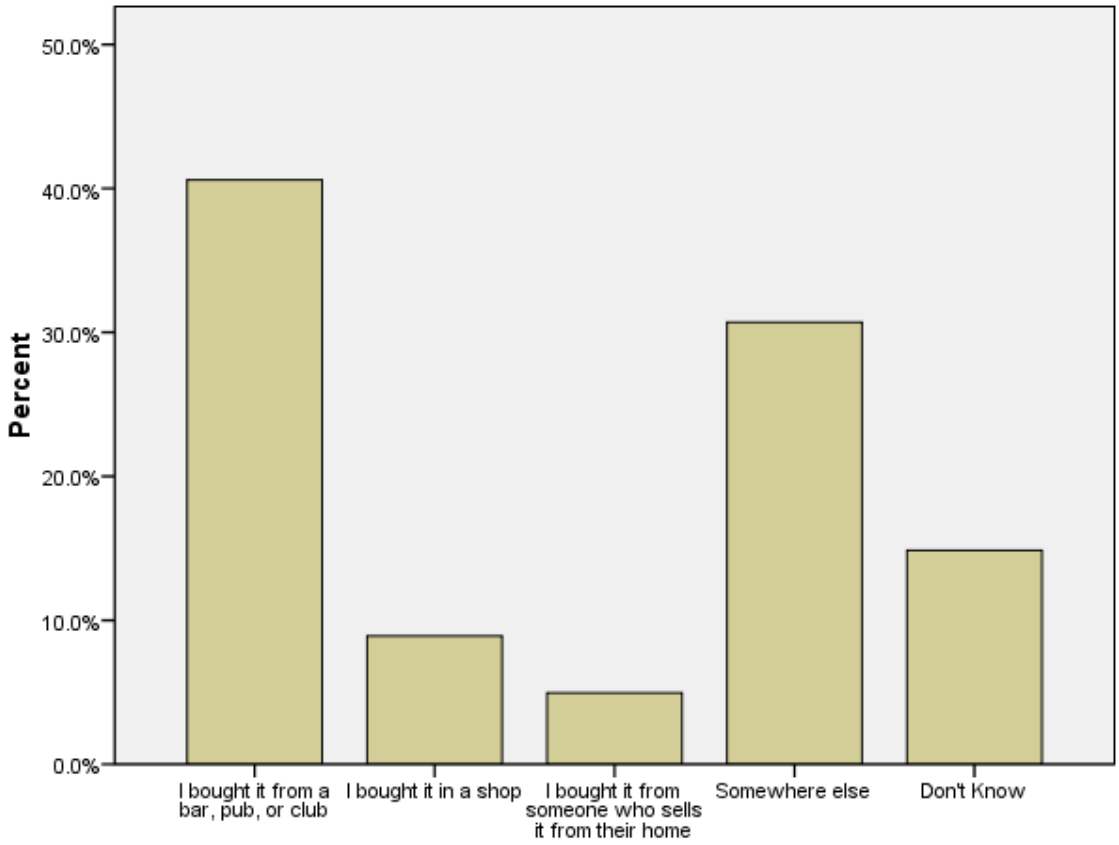

Figure 18(b) Last time drank alcohol that I bought

When asked where they got the alcohol the last time they drank it, 40.6% of the respondents indicated that they 'bought it from a bar, pub, or club', 30.7% indicated that they bought it 'somewhere else', 14.9% 'did not now', 8.9 % 'bought it in a shop', 5.0% 'bought it from someone who sells it from their home', and 18 responses were recorded missing.

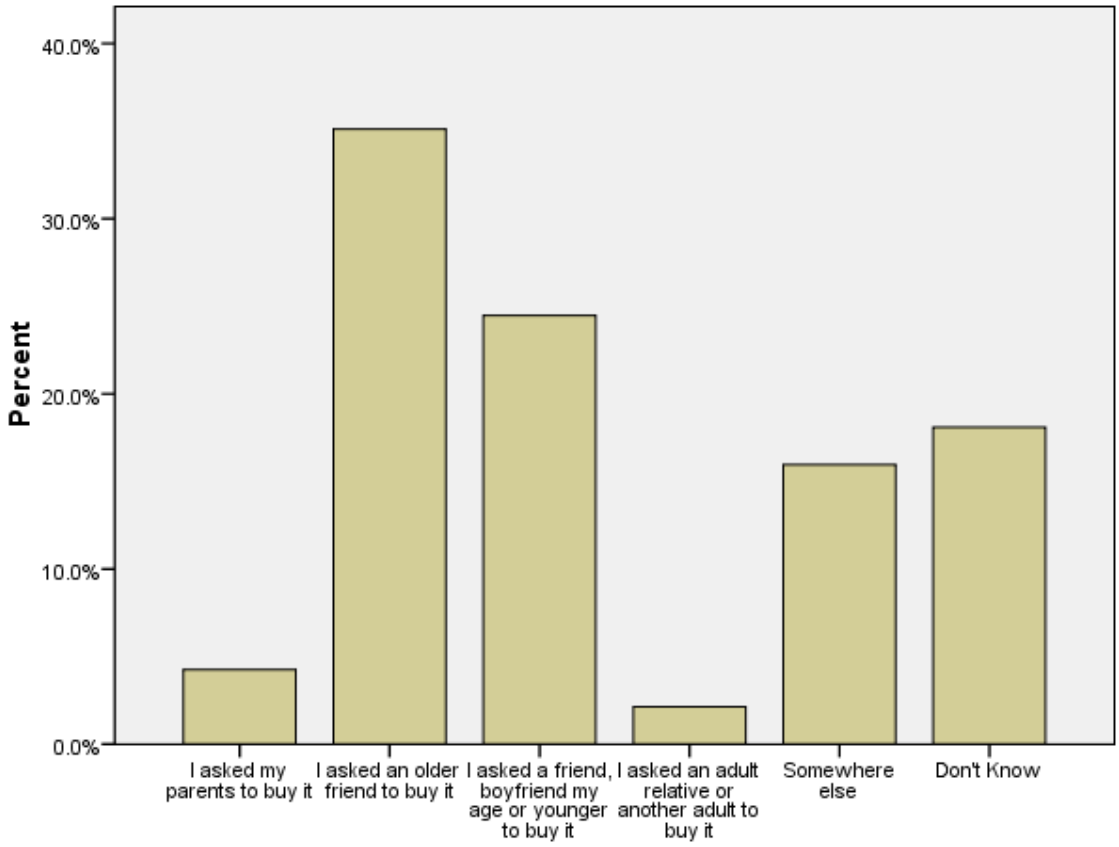

Figure 18(c) Last time drank alcohol I bought through someone else

When asked where they got the alcohol the last time they drank it, 35.1% of the participants indicated that they 'asked an older friend to buy it' for them, 24.5% asked a 'friend, boyfriend their age or younger,' 18.1% 'did not know,' 16.0% got it 'somewhere else,' 4.3% asked their parents to buy it for them, 2.1% 'asked an adult relative or another adult to buy it' and 25 responses were recorded missing.

4.1 Correlation Results

The correlations were computed and the correlation matrices for social factors (perceived peer alcohol use, perceived parental alcohol use, perceived alcohol accessibility/availability, perceived parenting style) and adolescent alcohol use were generated.

Table 1 Correlation between perceived parental alcohol use and adolescent alcohol use.

	Adolescent Alcohol Use
Perceived Parental Alcohol Use	
Mother's weekly alcohol use	.102
Father's weekly alcohol use	.187
Stepmother's weekly alcohol use	.254
Stepfather's weekly alcohol use	.284
Caregiver's weekly alcohols use	.345**
How often parents/carers seen drunk	.221*

The results in table 1 indicated that for the variable of the 'mother' there was a positive and insignificant correlation ($r = .102$, $p > 0.05$,); for the variable for the 'father' there was a positive and insignificant correlation ($r = .187$, $p > 0.05$); for the variable of the 'stepmother' the was a positive and insignificant correlation ($r = .254$, $p > 0.05$); for the variable of the 'stepfather', there was a positive correlation ($r = .284$, $p > 0.05$) but insignificant; for the variable of 'carer', there was a positive correlation ($r = .345$, $p < 0.01$) and significant; and there was a positive and significant correlation ($r = .221$, $p < 0.05$) for the frequency when the parents/carers were seen drunk.

Table 2 Correlation between perceived parenting style and adolescent alcohol use.

	Adolescent Alcohol Use
Perceived Parenting Style	
My parents allow me to decide most things for myself without a lot of their involvement	-.242**
In good home children should express themselves as their parents do	.141
My parents always felt children free to make their own decisions, do what they want…	-.189
My parents feel that most problems in our community would be solved if parents did not control their children…	-.381**

The results in table 2 indicated that for the variable of 'my parents allow me to decide most things for myself without a lot of their involvement' there was a negative but significant correlation ($r = -.242$, $p<0.01$); for the variable 'my parents feel that in a good home the children should express themselves as often as possible as their parents do' there was a positive but insignificant correlation ($r = .141$, $p>0.05$); for the variable 'my parents have always felt that what children need to do is to be free to make their own decisions and to do what they want, even if this does not agree with what their parents might want', there was a negative and insignificant correlation ($r = -.189$, $p>0.05$); and

for the variable ‘my parents feel that most problems in our community would be solved if parents did not control their children’s activities, decisions, and desires as they are growing up, there was a negative but significant correlation (r = -.381, p<0.01).

Table 3 Correlation between perceived peer alcohol use and adolescent alcohol use.

	Adolescent Alcohol Use
Perceived Peer Alcohol Use	
No. of friends who drink alcohol	.283**
Encouraged by a friend to drink alcohol	.352**
How often if at all, do you & your friends drink alcohol to get drunk?	.643**

The results in table 3 indicated that for the variable ‘how many of your friends drink alcohol?’ there was a positive and significant correlation (r = .283, p<0.01); for the variable of ‘have you ever felt encouraged by a friend to drink alcohol, or to drink more, there was a positive and significant correlation (r = .352, p<0.01); for the variable ‘how often if at all, do you & your friends drink alcohol to get drunk?’ there was a positive and significant correlation (r = .643, p<0.01).

Table 4 Correlation between perceived alcohol accessibility and alcohol use and adolescent alcohol use.

	Adolescent Alcohol Use
Perceived Alcohol Accessibility/Availability	
How easy is it to get alcohol?	.297**
I bought it	.459**
Someone else bought it	.206*
Someone gave it to me	.-070

Last time you were drunk where were you?	.294**

The results for table 4 indicated that for the variable 'how easy it is to get alcohol' there was a positive and significant correlation ($r = .297$, $p<0.01$); for the variable 'I bought alcohol' there was a positive and significant relationship ($r = .459$, $p<0.01$); for the variable 'someone else bought it' there was a positive and significant correlation ($r =.206$, $p<0.05$); for the variable someone gave it to me' there was a negative and insignificant correlation ($r = -.070$, $p>0.05$); and for the variable 'the last time you were drunk where were you?' there was a positive and significant correlation ($r = .294$, $p<0.01$).

** Correlation is significant at 0.01 level (2-tailed)
* Correlation is significant at 0.05 level (2-tailed)
Dependent variable: Adolescent Alcohol Use

CHAPTER FIVE
DISCUSSION OF THE FINDINGS

5.0 Introduction

The preceding chapter presented the findings regarding the correlation between the four independent variables (perceived parental alcohol use, perceived parenting style, perceived peer alcohol use and perceived alcohol availability/accessibility) respectively and the dependent variable (adolescent alcohol use).

This chapter discusses of the findings of the study, with reference to the related reviewed literature. This discussion is partitioned into four hypotheses. The first segment discusses hypothesis 1 which stated that there will be a significant relationship between perceived parental alcohol use and adolescent alcohol use. The second segment discusses hypothesis 2 which stated that there will be a significant relationship between perceived parenting style and adolescent alcohol use. The third segment discusses hypothesis 3 which stated that there will be a significant relationship between perceived peer alcohol use and adolescent alcohol use and the fourth segment discusses hypothesis 4 which stated that there will be a significant relationship between alcohol accessibility and adolescent alcohol use.

This model is based on the conceptual framework that there will be positive and significant relationships between the four independent variables and the dependent variable.

5.1 Discussion

Hypothesis 1 stated that there would be a positive and significant relationship between perceived parental alcohol use and adolescent alcohol use. As indicated in table 1, out of the six correlations that were run between perceived parental alcohol use and adolescent alcohol use, two were positive and significant while the rest of the correlations were positive but insignificant. These two positive correlations were low-to-moderate and thus support hypothesis 1 and the literature reviewed.

Hundleby & Mercer (1987) found that there was a moderate to low-moderate positive correlation between parental alcohol use and adolescent alcohol use. Hayes et al. (2004) opined that children whose parents consumed alcohol at least on a weekly basis were more likely than other children to accept a glass of alcohol from a friend.

Hypothesis 2 indicated that there will be a positive and significant relationship between perceived parenting style and adolescent alcohol use. Two out four correlations were negative but significant as indicated in table 2. One correlation was positive and insignificant, while the other one was negative but insignificant. The two negative and significant correlations support hypothesis 2 in terms in terms of significance but not in terms of direction of the correlation. Adolescent alcohol use decreases as perceived permissive parenting increases and vice versa. Adolescent alcohol use is less likely to occur with increased parental permissiveness. The literature reviewed indicates that correlations between permissive parenting style and adolescent alcohol use are positive and significant. Cohen and Rice (1997)'s study revealed that children's use of alcohol is linked to children's perception of elevated permissiveness in their parents' style of parenting. The inverse correlation is this study probably could have been as a result of cultural influences in Kasama district and the fact that most of the research in the literature reviewed is not Afro-centric. This suggestion is subject to research.

Hypothesis 3 indicated that there will be a positive and significant relationship between perceived peer alcohol use and adolescent alcohol use. All of the three correlations that were run were positive and significant as is indicated in table 3. These findings support hypothesis 3 and the literature reviewed. Hayes et al. (2004) indicated that adolescents who consumed alcohol had all or most of their friends who drank alcohol. Duncan, Duncan, & Strycker (2006) found that adolescents were more likely to drink alcohol when their peers either partook or encouraged such activities. Kristjansson et al. (2009) held that most of the explained variance in alcohol use was accounted for by peer alcohol use among three other variables.

Hypothesis 4 indicated that there will be a positive and significant relationship between alcohol accessibility/availability and adolescent alcohol use. From the five correlations that were run, four were positive and significant and one was negative and insignificant.

The positive and significant correlations thus support hypothesis 4 and the literature reviewed. Epstein et al. (1991) established that alcohol availability or accessibility is a significant predictor of alcohol use among Hispanic and black adolescent communities in the United States of America. The whole literature reviewed fully supports this hypothesis. Other researches support this hypothesis. Yeide (2009) found out that 47 % - 97% of retail outlets sold alcoholic beverages to juveniles. Yeide (2009) further found that some adolescents obtained accessed alcohol from persons not related to them of the age of 21 or older, from other persons under 21, from a parent, guardian, or from other adult family members. Generally, the results of this study support the researcher's expectations that there would be significant relationships between the four above stated independent variables and the dependent variable.

5.2 Conclusions

The study concludes that most of the relationships between the four independent variables and the dependent variable were significant. The four independent variables were: (1) Perceived parental alcohol use (2) Perceived parenting styles (3) Perceived peer alcohol use and (4) Perceived alcohol accessibility/availability and the dependant variable was Adolescent alcohol use.

This study examined the relationship between the above stated independent variables and adolescent alcohol use. However, despite the correlation co-efficients ranging from low-to-moderate, most of the relationships between the above stated independent variables and dependant variable were significant.

Despite being significant, two out of four correlations regarding perceived permissive parenting style were negative and were not supported by the literature reviewed. This finding suggests that adolescent alcohol use is negatively associated with permissive parenting. This inverse correlation

could have been the result of cultural practices in Kasama district. However, generally the reviewed literature supports the four hypotheses.

5.3 Recommendations

Based on the findings of the study, the following recommendations were established:

1. The government should initiate sensitization programs at community and national level and also champion government policies regarding child development. In Zambia, many caregivers/carers (brothers, sisters, uncles or aunts) have nowadays taken over the guardianship of orphans left behind by the scourge of AIDS and other related illnesses. The findings in this study regarding the positive and significant correlation between the frequency parents/caregivers' were seen drunk and adolescent alcohol use thus attracts the need for stakeholders to put concerted efforts in fighting drunkenness so that children do not see their parents or caregivers in the state of drunkenness.

2. Permissive parenting style in this study negatively and significantly correlated with adolescent alcohol use. However, more research is needed with a bigger sample to see whether permissive parenting style would still correlate negatively and significantly with adolescent alcohol use.

3. The Ministry of Education, Science, Vocational Training and Early Education should incorporate Alcohol Related Topics in Secondary Schools Curriculum especially in Grades Eight and Nine to sensitize pupils on the effects of alcohol use in adolescence. Research indicates that substance use is associated with early adolescence. In Zambia, generally, young adolescents ranging from 13 to 15 years are usually in the above stated grades.

4. The Ministry of Local Government and Housing, the Ministry of Home Affairs and other stakeholders should collaborate in implementing policies that regulate adolescents' accessibility to alcohol country wide.

5. More research with a bigger national sample is required to add more comprehensive knowledge.

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APPENDIX - A

UNZAREC FORM 1

The University of Zambia

DIRECTORATE OF RESEARCH AND GRADUATE STUDIES
HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE

Telephone:	290258/291777	P O Box 32379
Fax:	+260-1-290258/253952	Lusaka, Zambia
E-mail	drgs@unza.zm	Your Ref:
		Our Ref:

APPLICATION FOR ETHICAL APPROVAL FOR PROPOSED RESEARCH INVOLVING HUMAN PARTICIPANTS

1. **TITLE OF STUDY**:

2. Principal Investigator:

Name: Qualifications:

Present Appointment/Affiliations:

3a. **OTHER INVESTIGATORS**:

Name: Qualifications:

Present Appointment/Affiliations:

Name: Qualifications

Present Appointment/Affiliations:

(Other names to be included on a separate page)

3b. **SUPERVISORS**:

Name: Qualifications:

Present Appointment/Affiliations:

Name: Qualifications:

Present Appointment/Affiliations:

3c. Co-Supervisor/Mentor in Zambia (This section is for all researchers outside Zambia)

Name: Qualifications:

Present Appointments/Affiliations:

Name: Qualifications:

Present Appointments/Affiliations:

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4. **SUMMARY OF PROPOSED RESEARCH**

A summary of the project proposal should include background to the study, aims and objectives, participants to be studied and research methods to be used. Technical terminology should be avoided as much as possible.

(Use not more than one additional A4 sheet if necessary)

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5. **ARE THE PARTICIPANTS DEPENDENT ON ANY OF THE INVESTIGATORS**

As students: Yes ☐ No ☐ As employees: Yes ☐ No ☐

As patients: Yes ☐ No ☐ In other ways: Yes ☐ No ☐

If 'Yes' to any of the above, give details

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6. **POSSIBLE BENEFITS TO PARTICIPANTS**:

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7. **POSSIBLE RISKS TO PARTICIPANTS**

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8. **POSSIBLE BENEFITS TO THE COMMUNITY**

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9. **BUDGET**

(a) Financial support (requested or granted): Yes ☐ No ☐
SPONSOR

☐ ☐

(b) Are there costs which will be carried by other institutions Yes No

(c) Are there costs which will be carried by the participants involved (e.g. travel, accommodation, meals, treatment)? Yes ☐ No ☐

If 'Yes' to any of the above, give details:

---

10. SUBMISSION (Please take note of UNZAREC Forms1a and 1b)

A. **For Normal Review** at regular monthly meetings**,** attachments should include:

(i) 5 copies of Full Protocol Yes ☐ No ☐

(ii) 15 copies of Summary of Protocol Yes ☐ No ☐

(iii) 15 copies of Questionnaire and/or interview schedules Yes ☐ No ☐

(iv) 15 copies of Information Sheet Yes ☐ No ☐

(v) 15 copies of Consent Form Yes ☐ No ☐

(vi) 15 copies of letter approving of or giving ethical clearance to the project proposal if it is a sponsored research related to another University Yes ☐ No ☐

(vii) 15 copies of Budget

(viii) 15 copies of Time Line

B. For Expedited Review, attachments should include:

(i) 5 copies of Full Protocol (to include the following): Yes ☐ No ☐

(ii) Summary of Protocol Yes ☐ No ☐

(ii) Questionnaire and/or interview schedules Yes ☐ No ☐

(iii)	Information Sheet	Yes ☐	No ☐
(iv)	Consent Form	Yes ☐	No ☐
(v)	Letter approving the project proposal if it is a sponsored research related to another University	Yes ☐	No ☐
(vi)	Budget	Yes ☐	No ☐
(viii)	Time Line	Yes ☐	No ☐

11 DECLARATION

I……

(Full Name) Apply to the Humanities and Social Sciences Research Ethics Committee of the University of Zambia for approval of the above research proposal involving human participants, as conforming with recognized ethical standards and as not impinging on the rights of the individuals.

Signed: ……. Date: ……...

PRINCIPAL INVESTIGATOR

Contact Address: ……..

……....

..……..

……

Local Contact Address: ……..……..

……..

……..

Telephone No: …… Fax No: …….

Cell phone No: …….

E-mail address: ……

Full name and address of Local Co-Supervisor/Member (if applicable): ……...

……..

……..

……..

Signed: …… Date: ……

Full name and address of Head of Department or Head of relevant Organisation: …….

……..

……..

Signed: …….. Date: ……

Full name of Dean (if proposal from Head of Department): ……

……

……...

Signed: ……. Date:…….....

APPENDIX - B

UNZAREC FORM 1a

DIRECTORATE OF RESEARCH AND GRADUATE STUDIES

Telephone:	290258/	P O Box 32379
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E-mail	Director@drgs.unza.zm	

HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE

PARTICIPANT INFORMATION SHEET

TITLE OF RESEARCH:

PURPOSE OF THE STUDY:

DESCRIPTION OF THE STUDY AND YOUR INVOLVEMENT:

CONFIDENTIALITY:

VOLUNTARY PARTICIPATION AND WITHDRAWAL:

RISKS AND BENEFITS:

INFORMED CONSENT:

CONTACTS FOR QUESTIONS (Names, addresses, phone numbers and E-mail of the following):

1. Principal Investigator
2. Chairperson, Humanities and Social Sciences, Research Ethics Committee, University of Zambia
3. The Director, Directorate of Research and Graduate Studies

APPENDIX - C

UNZAREC FORM 1b

THE UNIVERSITY OF ZAMBIA

DIRECTORATE OF RESEARCH ND GRADUATE STUDIES

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E-mail drgs@unza.zm

HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE

CONSENT FORM

(Translated into vernacular if necessary)

TITLE OF RESEARCH:

REFERENCE TO PARTICIPANT INFORMATION SHEET:

1. Make sure that you read the Information Sheet carefully, or that it has been explained to you to your satisfaction.
2. Your permission is required if tape or audio recording is being used.
3. Your participation in this research is entirely voluntary, i.e. you do not have to participate if you do not wish to.
4. Refusal to take part will involve no penalty or loss of services to which you are otherwise entitled.
5. If you decide to take part, you are still free to withdraw at any time without penalty or loss of services and without giving a reason for your withdrawal.
6. You may choose not to answer particular questions that are asked in the study. If there is anything that you would prefer not to discuss, please feel free to say so.
7. The information collected in this interview will be kept strictly confidential.
8. If you choose to participate in this research study, your signed consent is required below before I proceed with the interview with you.

VOLUNTARY CONSENT

I have read (or have had explained to me) the information about this research as contained in the Participant Information Sheet. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction.

I now consent voluntarily to be a participant in this project and understand that I have the right to end the interview at any time, and to choose not to answer particular questions that are asked in the study.

My signature below says that I am willing to participate in this research:

Participant's name (Printed):
…….....…….....

Participant's signature: ……Consent Date: ……

Researcher Conducting Informed Consent (Printed)
…….

Signature of Researcher: ……..……..Date…….

Signature of parent/guardian: ……Date:……

APPENDIX - D

THE UNIVERSITY OF ZAMBIA

DEPARTMENT OF PSYCHOLOGY

Telephone: +260-211-252514/292884

Fax: +260-2011-253952

P.O. BOX 32379

Lusaka, Zambia

29th August, 2012

TO WHOM IT MAY CONCERN

PERMISSION TO CONDUCT RESEARCH

I hereby wish to advise that Mr/Mrs/Ms.....

Computer no.....is a student at the University of Zambia undertaking MA in Child and Adolescent Psychology.

He/She is required to undertake a research in order to for him/her to be awarded the Masters Degree and I hereby request for your assistance in allowing him/her to undertake the research. His/her topic is Social Correlates of Adolescent Alcohol Use.

For further information you may contact the undersigned on Cell Phone No. 0975-496-346

Dr. S.O.C. Mwaba

SUPERVISOR

LECTURER DEPARTMENT OF PSYCHOLOGY

APPENDIX - E

Self-Completion Questionnaire (Bremner et al., 2011)

Please read this page before you start the survey

The results will help researchers learn your views on alcohol. Everything you write will be confidential. No-one at your school or at home will see your answers. You will not be asked to put your name on this form – this makes sure that **NO ONE** knows who has filled in each form.

How to fill in this survey

Please read each question and take your time to answer. If you have any questions as you fill in the survey, please ask the interviewer.

Most of the questions can be answered simply by putting a **tick** in the box next to your answer. Please try to make sure your **tick** is inside the box as this makes sure we read your answers correctly. This is not a test and there are no right or wrong answers. This survey is all about you so it is really important to the researchers that you are as honest as possible. Please don't worry about other people seeing your answers – that won't happen, so please answer truthfully. If you see a question that you cannot answer, or you are unhappy about answering, please tick don't know or move onto the next question.

Please do try to answer as many questions as you can.

Thank you very much.

First of all we would like to ask some questions about you.

1. Are you male or female? PLEASE TICK ONE BOX ONLY

Male ☐ Female ☐

2. How old are you? PLEASE TICK ONE BOX ONLY

13years ☐ 15years ☐ 17years ☐ 19years ☐

14years ☐ 16years ☐ 18years ☐

We would like to know your views on alcohol. Please remember that your answers are confidential and PLEASE BE AS HONEST AS YOU CAN when answering these questions.

3. How many of your friends drink alcohol? PLEASE TICK ONE BOX ONLY

All ☐ A few ☐ Most ☐ None ☐

Some ☐ Don't Know ☐

---

4. Have you ever felt encouraged by a friend to drink alcohol, or to drink more? PLEASE TICK AS MANY BOXES AS NEEDED

Yes by an older friend ☐ Yes, by a friend my age or younger ☐

No ☐ Don't know ☐

5.

hinking about a normal week, how often, if at all, do the following members of your family usually drink alcohol? PLEASE TICK ONE BOX FOR EVERY LINE

	Every Day	3-6 days a week	1 or 2 days a week	He/she does not drink alcohol	I don't have this member in my family	Don't Know
(a)Your mother	☐	☐	☐	☐	☐	☐
(b) Your father	☐	☐	☐	☐	☐	☐
(c)Your stepmother	☐	☐	☐	☐	☐	☐
(d)Your stepfather	☐	☐	☐	☐	☐	☐
(e) Your carer	☐	☐	☐	☐	☐	☐

---

6. How often, if at all, have you seen one or more of your parents/carers drunk? PLEASE TICK ONE BOX ONLY

Lots of Times ☐ A few times ☐ Don't Know ☐

Once or twice ☐ Never ☐

---

7. If you wanted to get alcohol, how easy or difficult would it be? PLEASE TICK ONE BOX ONLY

Very easy ☐ Fairly easy ☐ Not very easy ☐ Not at all easy ☐ Don't Know ☐

---

8. How would you compare your level of drinking of alcohol with other people your age?

I drink more than most other people my age ☐

I drink around the same amount as other people my age ☐

I drink less than most other people my age ☐

Don't Know ☐

---

9. Have you ever had an alcoholic drink- a whole drink, not just a sip? PLEASE TICK ONE BOX ONLY

Yes ☐ No ☐

We would like to know about your experience of drinking alcohol. Please remember that your answers are confidential and no-one else in your school will see your questionnaire

10. How old were you when you had your FIRST alcoholic drink? WRITE IN THE BOX

YOUR AGE THEN IN NUMBERS NOT WORDS

I was ☐ years old

---

11. Was there an adult present when you had your FIRST alcoholic drink or not? By adult, we mean someone 18 years or older. PLEASE TICK ONE BOX ONLY

Yes ☐ Don't know ☐ No ☐

---

12. When you had your FIRST proper alcoholic drink, were you celebrating a special family or religious event e.g. a birthday, wedding, baptism? PLEASE TICK ONE BOX ONLY

Yes ☐ Don't know ☐ No ☐

---

13. How often do you USUALLY have an alcoholic drink? PLEASE TICK ONE BOX ONLY

Every day or almost every day ☐ About twice a week ☐ About once a week ☐

About once in two weeks ☐ About once a month ☐ A few times a year ☐

Only on special occasions ☐ I never drink alcohol now ☐

---

14. When did you LAST have an alcoholic drink? PLEASE TICK ONE BOX ONLY

In the last week ☐ 2-3 weeks ago ☐ 1 month ago ☐ 2 months ago ☐

3-6 months ago ☐ 7-12 months ago ☐ Over a year ago ☐ Don't know ☐

---

15. Thinking about the LAST TIME you were drinking alcohol, approximately how many drinks did you have? Please count any whole drinks such as glasses, bottles or cans, rather than sips. PLEASE TICK ONE BOX ONLY

Less than a whole drink ☐ 1 drink ☐ 2 drinks ☐ 3 drinks ☐

4 drinks ☐ 5drinks ☐ 6 or more drinks ☐ Don't know ☐

---

16. The last TIME you were drinking alcohol, who were you with? PLEASE TICK AS MANY BOXES AS NEEDED

My mother ☐ My Father ☐ My step-mother ☐ My step-father ☐

Friend(s) or boyfriend/girlfriend older than me ☐ Someone else ☐

Friend(s) or boyfriend of my age or younger than me ☐ Don't Know ☐

17. The LAST TIME you were drinking alcohol, where were you? PLEASE TICK AS MANY BOXES AS NEEDED

At home ☐ At an older friend's or boyfriend/girlfriend's home ☐

At a friend or boyfriend/girlfriend who is my age or younger's home ☐

At a relative's home ☐ At a neighbour's / friend of parents' home ☐

Outside (e.g. in the street, in a park or other open area ☐

In a bar or pub ☐ In a club ☐ In a restaurant ☐

Somewhere else ☐ Don't know ☐

18. The LAST TIME you were drinking alcohol, where did you get it?

(a)**Someone gave it to me** (Tick only one box)

My parents gave it to me ☐ My older brother/sister gave it to me ☐

An older friend gave it to me ☐ An adult relative or another adult gave it to me ☐

A friend, boyfriend or girlfriend my age or younger gave than me gave it me ☐

(a) **I bought it** (Tick only one box)

I bought it from a bar, pub, or club ☐ I bought it in a shop ☐

I bought it from someone who sells it from their home ☐ Somewhere else ☐

Don't know ☐

(b) **I asked someone else to buy it for me** (Tick only one box)

I asked my parents to buy it ☐ I asked an older friend, boyfriend or girlfriend to buy it

I asked a friend, boyfriend or girlfriend my age or younger to buy it ☐

I asked an adult relative or another adult to buy it ☐

Somewhere else ☐ Don't know ☐

---

19. We want to know what alcoholic drinks you have had. PLEASE TICK AS BOXES MANY NEEDED

Beer/Lager(Mosi) ☐ Spirits (Kachasu, whisky, Vodka ☐ Wine ☐ Ciders ☐
Chibuku (Shake-Shake, Lusaka beer, Nkosi)

We want to know more about your experience of being drunk

20. Thinking about the FIRST TIME you were drunk, how old were you? WRITE IN THE BOX HOW OLD YOU WERE THEN

I was ☐ years old

---

21. Thinking about the LAST TIME you were drunk, who were you with? PLEASE TICK AS MANY BOXES AS NEEDED

My mother ☐ My father ☐ My step-mother ☐ My step-father ☐

My older brother(s) or step-brother(s) ☐ My older sister(s) or step-sister(s) ☐

My younger brother(s) or step-brother(s) ☐ My younger sister(s) or step-sister(s) ☐

Friend(s) or boyfriend/girlfriend older than me ☐

Friend(s) or boyfriend/girlfriend my age or younger ☐

An adult relative (e.g. uncle, aunt, grandparent) ☐ My cousin(s) ☐

An adult friend (e.g. family friend, neighbour) ☐ Someone else ☐ Don't know ☐

---

22. In the last four weeks, how many times, if any, have you been drunk?

None ☐ One ☐ Twice ☐ Three or more times ☐ Don't know ☐

23. And the LAST TIME you were drunk, where were you? PLEASE TICK AS MANY BOXES AS NEEDED

At home ☐ At an older friend's or boyfriend/girlfriend's home ☐

At a friend or boyfriend/girlfriend who is my age or younger's home ☐

At a relative's home ☐ At a neighbour's home / friend of parents' home ☐

Outside e.g. in the street, in a park, on or other open area ☐ In a bar or pub ☐

In a disco or club ☐ In a restaurant ☐ Somewhere else ☐ Don't know ☐

---

24. How often if at all, do you and your friends drink alcohol to get drunk?

Every day or almost every day ☐ About twice a week ☐

About once in two weeks ☐ About once a month ☐ A few times a year ☐

Once or twice a year ☐ I never get drunk now ☐

Parental Authority Questionnaire (Buri, 1991)

If your parents were separated or divorced before you reached age 12, think about the parent with whom you spent the most time when you answer the questions.
For each of the following statements, put a **tick** in the box your answer that best describes how that statement applies to you and your parents.

25. My parents feel that in a good home the children should express themselves as often as their parents do.

Strongly disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐

Strongly agree ☐

26. My parents have always felt that what children need to do is to be free to make their own decisions and to do what they want, even if this does not agree with what their parents might want.

Strongly disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐

Strongly agree ☐

27. My parents do not feel that I need to obey instructions and regulations concerning how I should behave simply because someone who has authority has made them.

Strongly disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐

Strongly agree ☐

28. My parents feel that most problems in our community would be solved if parents did not control their children's activities, decisions, and desires as they are growing up.

Strongly disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐

Strongly agree ☐

29. My parents allow me to decide most things for myself without a lot of involvement from them.

Strongly disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐

Strongly agree ☐

30. My parents allow me to make my own decisions on family issues and they generally allow me to decide for myself what I want to do.

Strongly disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐

Strongly agree ☐

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