Relationship between perceived parenting styles and susceptibility to alcohol abuse among university students in Mafikeng

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DECLARATION

I, Rose Mthembu, hereby declare that the work presented in this mini-dissertation is my own original work and has not been submitted to any other university before, for the purpose of obtaining a degree. All sources of information I have used and consulted are, as far as is humanly possible, acknowledged.

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Rose Mthembu Date

DEDICATION

This study is dedicated to my caring, supportive and loving parents,

Mr K.J. Mthembu and Mrs M. H. Mthembu as well as

my dearest son,

K.K. Mthembu.

ACKNOWLEDGEMENTS

I thank the almighty God for keeping me strong and sane throughout this journey. God, you gave me the patience and wisdom to get to where I am today, Thank You.

- I am grateful to Dr Maepa for her commitment, guidance, selfless spirit and patience with me. Your sacrifices and support are noticed and appreciated. I now understand that what I perceived as harsh in our working relationship was actually love, and without it, I would not have gone this far.
- I thank my family for their continued support and for believing in me even when I felt like giving up. Without you, I would not have been able to complete this journey.
- I extend sincere gratitude to the NWU - Post Graduate Bursary for funding my studies.
- I wish to thank my friends, Motlabeng Fhulufhelo, Dineo Mabusela and Pono Lekone for the support and assistance during my studies. It was thanks to your support and words of encouragement that I was able to complete this journey.
- I thank my son, for being the biggest silent motivation in my studies. Your existence gave me strength and remember, this is for you.
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SUMMARY

The aim of this study was to explore the relationship between perceived parenting styles and susceptibility to alcohol abuse among university students in Mafikeng. A quantitative approach to inquiry, (a correlation design to be specific) was used to establish the relationship between perceived parenting styles and susceptibility to alcohol abuse. The study was guided by the following three hypotheses: Hypothesis 1: there is a relationship between perceived parenting style and susceptibility to alcohol abuse; Hypothesis 2: young adults are more susceptible to alcohol abuse compared to middle-aged and older adults; and Hypothesis 3: males are more susceptible to alcohol abuse. Pearson correlation showed a statistically significant negative relationship between perceived parenting styles and susceptibility to alcohol abuse, Pearson chi-square confirmed hypothesis 2 while t-test confirmed hypothesis 3. Based on the findings of the study, there is a need for the development of intervention programmes with respect to alcohol abuse for university students in particular and the youth in general.

LETTER OF CONSENT

We, the undersigned, hereby give consent that Rose Mthembu may submit the manuscript entitled "THE RELATIONSHIP BETWEEN PERCEIVED PARENTING STYLES AND SUSCEPTIBILITY TO ALCOHOL ABUSE AMONG UNIVERSITY STUDENTS IN MAFIKENG" for the purpose of a dissertation in fulfilment of the requirements for the degree Master of Social Science in Psychology.

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Supervisor: Dr M. Maepa

ABSTRACT

Objectives: The objectives of the study were to: (1) explore the relationship between perceived parenting styles and susceptibility to alcohol abuse; (2) explore age differences to susceptibility to alcohol abuse; and (3) determine gender differences in terms of susceptibility to alcohol abuse.

Method: Using a correlational design, a total number of 350 students were sampled through a convenience sampling technique in order to participate in the study. A sample 350 participants was established (186 females and 164 males). The age of respondents ranged from 18-32 years and grouped into the following categories: young adults (18-22); middle age adults (23-27); and older adults (28-32). The study was guided by the following three hypotheses: Hypothesis 1: there is a relationship between perceived parenting style and susceptibility to alcohol abuse; Hypothesis 2: young adults are more susceptible to alcohol abuse compared to middle-aged and older adults; and Hypothesis 3: males are more susceptible to alcohol abuse. The statistical analyses used to test the hypotheses were as follows: Pearson r correlation was used to test hypothesis 1, Pearson chi-square was used to test hypothesis 2 while t-tests were employed to test hypothesis 3.

Results: The results revealed a negative statistically significant relationship between perceived parenting styles and susceptibility to alcohol abuse among students. Furthermore, young adults reported to be susceptible to alcohol abuse compared to middle age and older adults $\chi 2$ (2, N=350) = 18.12, p<.0059. Male students reported high levels of alcohol abuse compared to female students (t= 0.0034; DF=348; P<0.0116).

It is concluded that there is a statistically significant negative relationship between perceived parenting styles and susceptibility to alcohol abuse among students. There is, therefore, a

need for the development of intervention programmes with respect to alcohol abuse for university students in particular and the youth in general.

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CHAPTER 1

INTRODUCTION

1.1 Introduction and background

Alcoholic beverages existed at least 10 000 BC and have always been common in many cultures as a reflection of cultural, sociological, geographical and religious peculiarities (Charles & Durham, 1952). Alcohol is defined as a colourless flammable liquid ingested through drinking. It encompasses a number of beverages such as wine, beer and distilled liquors (Weiten, 2010). Alcohol falls under the sedative/hypnotic drug category. It is the common known nervous system depressant which causes impairment in perception, motor activity, speech, vision, hearing and judgment (Barlow & Durand, 2005).

Alcohol is consumed because it provides desired effects such as reducing anxiety symptoms, providing mild euphoria and relaxation (Weiten, 2010). Alcohol is also consumed because it relieves stress related to money, school, work and relationships. However, alcohol may exacerbate stressors and could turn drinkers into alcoholics (Staddart, 2013). Aother reason for alcohol consumption is peer pressure. For instance, people are willing to drink to avoid being the odd one out there. This can occur when one is being encouraged to drink by a fellow peer in the name of having fun. People also drink because alcohol helps them to lose their inhibitions and calms them in nervous situations (Staddart, 2013).

The world's highest alcohol consumption levels are found in developed nations and high-income countries. European countries have some of the highest consumption rates and risky patterns of drinking with high levels of alcohol-related deaths and disabilities (World Health Organisation [WHO], 2011). Research has found that in several European countries

40% of university students of ages 17 and 30 reports engaging in 3 episodes of excessive drinking per month (Lorant, Nicaise, Soto& dHoore, 2013). Furthermore, elevated levels of alcohol consumption among university students in the Republic of Ireland and the United Kingdom were reported (Davoren, Demant, Shiely & Perry, 2016), as having significant effects on student's mental and physical health problems, which include risky behaviours, such as violence, road accidents, and social isolation (Mikolajczyk,2016).

African countries also have higher statistics of alcohol consumption with South Africa being the country that consumes most of the alcohol followed by Gabon, Namibia, Nigeria and Uganda (Ramsoomar, 2015).In a study conducted in the University of Abuja, an increase in alcohol use and abuse among students was reported with peer pressure, mass media and observational learning from older figures as the leading cause of excessive drinking (Eze & Uzocghe, 2015). A study conducted in a South African University reported an increase in alcohol intake among its students, with hazardous drinking patterns leading to alcohol related consequences such as poor academic performance, problematic peer relationships, high dropout rates, unprotected sexual activity, physical injuries, rape and suicide (Govender, Nel & Sibuyi, 2016).

Both men and women drink alcohol, with men found to be engaged in more harmful drinking compared to women. This is evident in the findings of the World Health Organisation's report compiled in 2014, where alcohol attributable mortality among men was higher compared to women (Ramsoomar, 2015). Alcohol use among South African men, mainly binge drinking, is reported to be among the highest globally, demonstrating increases in current, binge and hazardous drinking (Ramsoomar & Morojele, 2012).

Research has found that 81% of students at the Harvard School of Public Health engage in binge drinking for the purposes of getting drunk (Weiten, 2010). A survey carried

out in Kenya also revealed that 43.3% of students in Western Cape Province drank alcohol, and about four students in college on average were suspended each term due to drunkenness (Changalwa, Ndurumo, Basara & Poipoi., 2012). In South Africa, a study among students conducted at the University of Venda in 2013 also revealed that of all 209 participants who were university students, about 62.7% reported drinking alcohol against 37.3 % who did not. This serves to show the probability that most university campuses struggle with controlling alcohol consumption by their students (Kyeli & Ramagoma, 2013).

Globally, harmful alcohol usage is common among the youth aged between 15 and 29 years (Ramsoomar & Morojele, 2012). In 2014, in the United States of America, 24.7% of people aged 18 years or older, reported that they engaged in heavy drinking in the past month. Among these were college students aged 18-22, with 12.2% drinking 5 or more drinks on an occasion on 5 or more occasions per month (National Institute of Alcohol Abuse and Alcoholism [NIAAA], 2016). In relation to data from African countries, Burkina Faso reported about 11.6% and Chad 11.0% of alcohol abuse higher than others. Ethiopia recorded 9.3%, Namibia 4.1%, Zimbabwe 2.7% and Ghana 1.9% of alcohol abuse among students (Peltzer, Davids & Njuho, 2011).

Over 30% of South Africans have an alcohol problem or are at risk of having one, with 18-22 years old being the group of heaviest alcohol abuse (Ramsoomar & Morojele, 2012). The most prevalent age for binge drinking in South Africa is between 18 and 35 years and the overall prevalence of binge drinking and hazardous or harmful drinking is 9.6% and 9.0% respectively (Peltzer *et al*, 2011).

Alcohol abuse is one of the social problems that is increasing among the youthful population. Young people are resorting to alcohol, especially secondary school students as alcohol appears to be the most widely used recreational drug in the society. Therefore,

excessive drinking has become a prevalent problem in campuses (Weiten, 2010). Alcohol abuse refers to the usage of alcohol posing threat or danger to individuals and societies (Weiten, 2010). Michaud (2007) defines alcohol abuse as excessive alcohol consumption, also referred to as binge drinking. It is also defined by the American Psychiatric Association [APA] (2000) as a maladaptive pattern of drinking, leading to clinically significant impairment or distress, as manifested by at least one of the following occurring within a 12-month period:

- recurrent use of alcohol resulting in failure to fulfil major role obligations at work, school, or at home;
- recurrent alcohol use in situations in which it is physically hazardous; and
- recurrent alcohol-related legal problems and continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.

Alcohol abuse is also referred to as the excessive use of ethanol consumption accompanied by harmful and negative consequences (American Psychiatric Association [APA], 2013).

Alcohol has been identified as a risk factor that leads to mortality and mobility. It has also been found to account for about 59% of deaths and 51% of total disability adjusted life years annually in the world (World Health Organisation [WHO], 2014). Ramsoomar (2015) states that alcohol has significant implications on health and social wellbeing of populations. It has been identified to lead to acute development of diseases such as atrial fibrillation, clotting and acute cardiac arrests, as well as chronic diseases such as elevated blood pressures, pancreatic damage, liver diseases, different types of cancers and liver cirrhosis. Alcohol also affects social functioning as it causes interpersonal violence, crime, and unemployment and welfare dependence

Although numerous reasons can lead children (as young as 14 years) to be regular drinkers and, in some cases, heavy drinker (Chirisa, 2014), environment (family, home environment, culture, peer and parenting styles) plays a role in the development of alcohol abuse (Changalwa *et al*, 2012). This is because the environment in which a child is brought up plays a role in development and shaping personality. Important factors such as parenting styles have been found to play an important role such as introducing or protecting children from engaging in risky behaviours such as alcohol abuse (Changalwa *et al*, 2012). This is done by putting efforts in helping children develop healthy attitudes towards minimising the risk of alcohol abuse and by providing conscious and unconscious efforts by talking about drinking (NIAAA, 2016).

Parenting styles refers to the standard differences in parenting which includes specific behaviours that work individually together to influence a child's outcome. In 1991 Diana Baumrind, identified three types of parenting styles as follows: Authoritarian; Permissive; and Authoritative as differentiated by certain characteristics (Smith, Cowie, & Blades, 2003). Authoritarian parenting style is characterised by highly demanding and unresponsive attitudes. These parents attempt to mold and control the behaviour and attitudes of their children according to a set of standards. Authoritative parenting style maintains an effective balance between high levels of demandingness and responsiveness. Parents who adopt this style establish and firmly enforce rules and standards for their children's behaviour. Permissive parents demonstrate low levels of demandingness and high levels of responsiveness (Talib, Mohamad & Mamat, 2011).

Parenting styles have been found to be the causes of people's susceptibility to substance abuse, including alcohol (Ahmadi *et al.*, 2008; Lang & Boellner, 2010; Aghaii, Kamaly & Esfahani, 2012). According to the Oxford Dictionary (2010), susceptibility refers to the increased likelihood of being influenced or harmed. Children whose parents are able to

set clear rules against or monitor drinking, are at a lower risk of developing alcohol problems. Parents who have high hostility and set of rules may make children susceptible to alcohol abuse (Smith et.al, 2003). Thus, the general aim of the study was to explore the relationship between parenting styles and susceptibility to alcohol abuse among students.

1.2 Problem statement

Alcohol abuse is the reason behind students not attending their classes, poor academic performance and failure to complete their degrees on time (Kyeli & Ramagoma, 2013). This is because 1 in 4 college students reported academic consequences from drinking, including missing classes, falling behind class, doing poorly on exam papers and receiving lower grades (Wechsler *et Al.*, 2010). There has also been other negative consequences of alcohol at university such as memory loss, increased school drop outs due to alcohol-related illnesses and obtaining lower grades (Tayob, 2012).

Alcohol abuse has negative consequences on the health of students and may predict later substance-related problems and disorders (Maro, 2009). Continued abuse of alcohol may result in alcohol dependence which may make it difficult for people to control and quit drinking despite the consequences tied to drinking (WHO, 2011). Alcohol abuse also has health effects such as: liver cirrhosis; alcoholic hepatitis; and coronary heart disease (Changalwa *et al.*, 2012).

Alcohol is also a risk factor for communicable diseases such as sexually-transmitted diseases (STDs), Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AI DS). Although there has been no evidence found regarding a direct causal relationship between HIV and AIDS and alcohol abuse, it is suspected that alcohol abuse may be a precursor to behaviours that may lead to the spread of HIV and AIDS such as engaging in unprotected sex, faulty condom usage and engaging in sexual activity with multiple

partners (Ramsoomar, 2015; Morojele, Brook & Kachieng, 2006). Another risk associated with alcohol use is that it may lead to unwanted pregnancies, violence and vulnerability to predators which can result in assaults and rape (Chirisa, 2014).

One of the main reasons why students consume alcohol because they feel it relieves stress and boredom (WHO, 2011). Additionally, there are beliefs that alcohol relieves negative emotional states such as feelings of unhappiness, social anxiety, low self-esteem and depression. For example, "when a student believes that he or she is more sociable when drunk, then the likelihood of repeated drinking is inevitable" (Cooper, 2002). Maro (2009) also maintains that other beliefs held against alcohol use among students are that it relieves school-related stress, financial problems, relationship problems and compensates for feelings of shyness and low self-esteem.

On the contrary, alcohol has an impact on the mental functioning of the brain and behaviour. Research has revealed that alcohol affects the frontal lobes (Beck *et al.*, 2011). The frontal lobes are the brain regions that play an important role in memory, voluntary motor behaviour, impulse control, decision-making, planning, concentration and other higher order cognitive functions (White & Swartzwalder, 2005; Beck *et al.*, 2011). These brain functions are important for facilitating the process of learning, problem-solving and academic progression, which are crucial for university students (Gathercole & Alloway, 2007).

Alcohol consumption has also been associated with increased risk taking behaviours (Safford *et al.,* 2007). Some of these behaviours include drinking and driving which leads to road accidents (caused by the slow reaction and voluntary motor control due to the presence of the alcohol in the blood) (Ramsoomar, 2015). Other alcohol-associated risk behaviours are forgetfulness, alcohol-related violence, injuries, suicide, regretted or unprotected sex, car accidents, fatalities and crime, among others (MacArthur *et al.*, 2012).

While a number of studies (Ramsoomar & Morojele, 2012, Ramsoomar, 2015; Kyeli & Ramagoma, 2013) have been conducted in South Africa, they have mostly focused on the prevalence of alcohol abuse on young people and the association of alcohol abuse with parenting styles (Ramsoomar, 2015). Also, studies on alcohol abuse have been conducted at South African universities, however, studies on the North-West University, Mafikeng Campus are limited. Studies conducted on this institution have focused mainly on other aspects of alcohol abuse such as the effects of alcohol abuse on sexual behaviours and strategies to address alcohol abuse (Setlalentoa, Ryke & Strydom, 2015; Mabile, 2009). The aim of this study is, therefore, to examine the association of alcohol abuse and parenting styles, which will go a long way in contributing knowledge in the field of research.

1.3 Aim of the study

The general aim of the study was to explore the relationship between perceived parenting styles and susceptibility to alcohol abuse.

1.4 Objectives of the study

The objectives of the study were to:

- Explore the relationship between perceived parenting styles and susceptibility to alcohol abuse;
- Explore age differences to susceptibility to alcohol abuse; and
- Determine gender differences in terms of susceptibility to alcohol abuse.

1.5 Scope of the study

Participants residing within the vicinity of the North-West University, Mafikeng Campus were considered for the study. Both male and female students participated in the study.

1.6 Significance of the study

The study is intended to create awareness and provide a better understanding on the dangers of alcohol abuse among members of the university community (students, lecturers and other members of the university staff) as well as members of the public. It will also provide information about the different parenting styles, the advantages and disadvantages of each parenting styles as well as their influence on alcohol abuse.

The study will also be beneficial to health professionals in terms of exploring aspects such as parenting styles when dealing with persons suspected of abusing alcohol or abusing alcohol and tailoring them towards intervention programs. This study could also be a motivation for future researchers to explore different parenting styles using other variables. Other researchers may also be encouraged to study concepts used in the current study to further refine and develop theories related to this study. Lastly, the study may also assist in the development of prevention strategies for alcohol abuse.

CHAPTER 2

THEORETICAL FRAMEWORK AND DEFINITION OF CONCEPTS

2.1 Introduction

The theoretical basis guiding the current study is discussed in this chapter as well as a detailed definition of terms used in this study. Furthermore, a brief explanation of how the theories are conceptualised in the study is provided.

2.2 Definition of concepts

- Parenting styles: Refers to the types/patterns of parental techniques used to raise children during upbringing (Papalia & Feldman, 2010). In this study, parenting styles refers to perceived parenting methods used during the childhood of participants and assessed in terms of the scores obtained from the parenting authority questionnaire (Buri, 1991).
- Susceptibility to alcohol abuse: Susceptibility refers to the increased likelihood of being influenced (Oxford dictionary, 2010). Alcohol abuse thus refers to the usage of alcohol in a manner that poses a threat to individual safety and wellbeing (Chalangwa *et al.*, 2012). In this study, susceptibility to alcohol abuse refers to the degree of being highly prone to resort to heavy drinking as assessed by the alcohol use identification disorder test (Barbor *et al.*, 2001).
- Age: This is a noun used to refer to the years someone has lived (Oxford Dictionary, 2010). In the current study, age is grouped into three categories as follows: young adults (18-22); middle aged adults (23-27); and older adults (28-32).

2.3 Theoretical framework and perspectives

2.3.1 Theoretical framework

2.3.1.1 G. L. Engel Biopsychosocial model (1977)

This model states that the manifestation and outcome of a disease or illness occur as a result of the interaction between biological, psychological and social factors (Engel, 1977). The model proposes that multiple pathways exist in understanding various behavioural problems among individuals. An explanation of factors that lead to the development of alcohol abuse is provided for the purpose of this study.

With regard to the biological pathway, a history of alcoholism in families may predispose individuals to alcohol abuse (NIAAA, 1997). This suggests that a genetic and heredity component in alcohol abuse transmission exists (Annani, 1990). For example, in utero genetic inheritance of different alcoholism syndromes, differences in metabolism and reactions to alcohol and other drugs, biochemical and neurological vulnerabilities can be inherited and later increase the likelihood of being susceptible to alcohol abuse (Kumpfer, 1987).

According to Picken *et al* (1991), another biological pathway of alcohol abuse can be understood from familial generations. That is, children of alcoholic parents tend to become alcoholics themselves. These researchers found that children of alcoholic parents were four times highly likely to develop alcohol abuse problems compared to children of non-alcoholic parents.

However, biological pathways should not be considered in isolation as provided by the model. Damage of the foetus in utero could lead to central or autonomic nervous system problems that can make a child temperamentally or psychologically prone to alcohol abuse.

These features could be influenced by sicknesses, traumas, exposure to alcohol, drugs and toxins (Kumpfer, 1987).

Peer attitudes as well as community attitudes towards alcohol use also contribute to alcohol abuse. This occurs through the adopting of values and standards found in the immediate social environment (Kumpfer, 1987). Environmental influences such as family, peers, culture, social forces and advertising may also lead to alcohol misuse (NIAAA, 1997). This is because the type of environment a child is brought up in has an influence on shaping their behaviour and by encouraging or discouraging certain behaviours that are modeled by children. This is done by setting limits to control acceptable and unacceptable behaviours of children that could be linked to the parenting method used by parents (Baumrind, 1991). Several researchers have found that parenting factors such as low levels of parental emotional support and lack of control and monitoring of child behaviour have been found to lead to alcohol abuse (Barnes, Farrell, & Banerjee ,1994; Wills & Cleary 1996). Consistent with the findings, Jackson, Henrickens, and Dickenson (1997) also found that children raised by parents who lack warmth and are unable to set clear rules about drinking, are more likely to abuse alcohol whereas children raised by parents who are affectionate and able to communicate about alcohol use, are less likely to abuse alcohol. It can, therefore, be argued that individuals are likely to be susceptible to alcohol abuse since there are so many predisposing factors around them.

2.3.2 Theoretical perspectives

2.3.2.1 Diana Baumrind parenting style theory (1966)

Parenting styles are child rearing practices that parents use to control their children's behaviour. Baumrind identified three types of parenting styles as follows: authoritarian; permissive; and authoritative (Changalwa *et al.,* 2012) based on the relationship between parenting practices and child behaviour. She believed that parenting styles play a significant role in developing a child's personality, predict child well-being in the domains of social competence, academic performance, psychosocial development and problem behaviour (Baumrind, 1991).

Baumrind identified these parenting styles based on the level of responsiveness versus unresponsiveness and demanding and undemanding (Baumrind, 1991). According to Power (2013), the authoritative style is characterised by high levels of both responsiveness and demandingness which is associated with assertive and self-reliant child behaviour. The authoritarian style is characterised by low responsiveness and high demandingness and is associated with discontented and withdrawn child behaviour. Lastly, the permissive style is characterised by high responsiveness and low demandingness and is associated with child behaviour characterised by low self-control and low self-reliance.

The relationship between parents and their children can serve as a protective factor against alcohol consumption. However, this can only occur when there is communication about alcohol and controlling alcohol consumption, which depends on the type of parenting style used at home (NIAAA, 2016). Jackson (2002) found that individuals raised by authoritative parents may be more likely to listen to and respect boundaries established against drinking, whereas being raised by permissive and authoritarian parents may be less influenced by what parents say. Sundeli, Ojehagen and Hakansson (2015) also found

authoritative parenting style to be associated with use of less alcohol compared to authoritarian and permissive parenting styles. Their study further revealed that authoritarian parenting style is associated with lower odds of alcohol abuse compared to the permissive style. From this theory, it could be concluded that the different parenting styles can influence outcomes of alcohol abuse. In this study, the theory was used to explore the perceived parenting styles and their influence on susceptibility to alcohol abuse.

3.2.2.2 B.F Skinner operant conditioning theory (1904)

Operant conditioning falls under the group of behavioural theories which see any type of substance abuse as a learned conditioned response or learned behaviour (APA, 2015). Operant conditioning is a type of learning whereby learning occurs as a result of the cause and effect relationship between behaviour and its consequence. The strength of the behaviour is modified by the consequence following the behaviour which may be rewarding or punishing. When the behaviour is rewarded, it increases and when the behaviour is punished, it decreases (Skinner, 1938). Operant conditioning suggests that behaviours followed by encouraging consequences are more likely to be repeated (APA, 2015).

The basis of conditioning models as applied to alcohol intake suggest that alcohol abuse occurs as a pattern of learned behaviour which has been reinforced by its consequence (Hester & Sheeby, 1990). For example, the positive effect provided by the pharmacological effects of alcohol will increase the likelihood of alcohol intake (Miguel- Hidalgo *et al*, 2006). In this study, the theory is used to explain how repeated alcohol intake occurs and how it increases the likelihood of being susceptible to alcohol abuse.

According to the Operant conditioning theory, the environment plays a role in reinforcing and maintaining reinforced behaviour (Hester & Sheeby, 1990), through a process

called environmental learning (Zimmerman, 1989). Environmental learning refers to the ability to learn from the surrounding environment and adopting its beliefs. It provides that learning occurs from observing models such as teachers, parents, peers and the positive outcome of the observed behaviour (Zimmerman, 1989). For instance, learning to use alcohol as a way to cope and mask negative emotions experienced in daily living increases the likelihood of alcohol abuse (Cooper & Rusell, 1988). Beliefs held about drinking, particularly when the behaviour is not punished by the environment, increases the likelihood of behaviour being repeated (Hester & Sheeby, 1990). For example, learning and believing that drinking helps overcome a crisis, increases social attitudes, or increases sexual stamina, increases the risks of alcohol abuse (Essays UK, 2013).

The university environment provides students with the opportunity of freedom away from parental involvement. In this environment, students identify with other peers and adopt their way of life, which increases the chances of vulnerability and to experiment with alcohol and other substances (Abikoye *et al.*, 2014). In South African universities, many students abuse alcohol because of associating with friends and colleagues who are addicted to such (Kyei & Ramagoma, 2013). Since students live in the university environment that lacks rules punishing drinking behaviour, it is thus hypothesised that drinking is rewarded which can make students susceptible to alcohol abuse.

2.3.2.3 Social cognitive theory of gender development, Bussey and Bandura (1999)

The theory was developed to expand the understanding and definition of gender development and differentiation beyond the confines of biology. According to the theory, gender can be understood from a social and psychological point of view such as socially gendered maleness and femaleness or femininity and masculinity (West, 2015). The theory provides that the definition of gender should be understood from the given gender roles,

behaviours and characteristics that are deemed appropriate for either a man or woman and the societal stereotypes that are influenced by the social environment (Bussey & Bandura, 1999).

Moreover, the theory postulates that individuals learn certain stereotypical behaviours from male and female models. These behaviours are observed in the immediate environments through the process of observation, conveying and modelling (Bandura, 1986). Furthermore, society and tradition believes that males are supposed to engage in riskier behaviours compared to females as a reflection of courage and being masculine (Bandura & Ross, 1963).

On the basis of alcohol consumption, research has found that alcohol consumption has been traditionally symbolic of masculinity, that is, many young men think being able to drink excessively is an important aspect of masculinity. As a result, society's view can influence males to engage in more excessive drinking compared to females (Lemle & Mishkind, 1989; Plant, Plant, & Mason, 2002) (as cited in De Visser, Smith & McDonell, 2009). This occurs when males model risk-taking behaviours they have observed from their social environment and convey them (Bandura, 1986). In this study, excessive alcohol intake is conveyed. Therefore, from this theory, it could be concluded that individuals can learn gender stereotypes about drinking from observing different performances of male and female models (Bandura & Ross, 1963). Although males have been found to drink more than females, an increase in alcohol consumption among females has been found. This is suspected to be caused by mass media normalizing drinking through advertising desirable effects of drinking, a reduction in the cost of alcoholic beverages and having sweater flavoured drinks that are tolerable to females (Boseley, 2016). The theory is used in this study to explain how different genders may become susceptible to alcohol abuse in order to understand the role played by the social environment.

2.3.2.4 J. J. Arnett's Theory of emerging adulthood (2000)

The theory was developed to describe a critical transitional period from adolescence to young adulthood, focusing on individuals aged 18-25 years (Arnett, 2000). According to this theory, the transitioning period is marked by a variety of developmental tasks (identity exploration, the age of instability, self-focused age, age of feeling in-between and age of possibilities) which should be completed successfully in order to transition to young adulthood. Failure to master the stage can result in frustration and stress, which can lead to a variety of unhealthy behaviours, including increased use of alcohol (Schulenberg *et al.*, 2003).

Although people start drinking during high school years, drinking patterns increase when they begin college. Drinking during emerging adulthood serve positive functions, such as facilitating friendship formation, but people also experience high rates of alcohol-related problems (Grant *et al.*, 2004). During this period, drinking is normalised and encouraged, and heavy drinking increases, particularly for those attending college (Arnett, 2005).

As years progress, people transition to a new developmental period known as young adulthood. Young adulthood is a period that is more different from the emerging adulthood period in the sense that it applies to people in their thirties. This implies that individuals who are at this period, are still young but they are older than those aged 18-25year. Most individuals in their thirties are more matured and are less likely to engage in risky behaviours such as excessive drinking. The decline in heavy drinking occurs because emerging adulthood into young adulthood primarily results from increased responsibilities associated with marriage, parenthood and careers (Arnett, 2005). According to this theory, it is hypothesised that individuals aged 18-25 years are more likely to become alcohol abusers since they are

faced with numerous developmental tasks that may be challenging to overcome. In the study, it is used to explore the age that is susceptible to alcohol abuse.

CHAPTER 3

LITERATURE REVIEW

3.1 Parenting styles

Parenting is a form of child upbringing, training, rearing and child education. It plays an important role in the stages of development (Papalia & Feldman, 2010). Parenting requires roles that should be implemented through specific behaviours that should work together to influence psychosocial success (Marsiglia, Walczyk, Buboltz & Griffith-Ross, 2007). Research has concluded that the child-parent relationship, particularly the child's perception of it, is important for the psychological development and adjustment of children (Chirisa, 2014). This plays an important role because the type of relationship can act as a buffer towards introduction of risky and protective behaviours, such as the initiation of drinking (Chirisa, 2014). These behaviours have been grouped into clusters called parenting styles (Marsiglia *et al.*, 2007). There are three types of parenting styles namely: authoritarian, authoritative and permissive.

Authoritarian parenting style is described as the parenting style characterised by high level of control, restriction and extreme demandingness (Marsiglia *et al.*, 2017; Charisa, 2014). Parents who are implementing this type of style, expect their children to be obedient to the set rules without questioning or reasoning. These parents constrain children's independence and force them to follow strict rules by threatening and harsh punishment. In instances where there are oppositional opinions about behaviour or set rules, the parents expect their word to be final. In this parenting style, failure to comply with the set rules may result into very strict and forceful consequences, following the type of behaviour. There is neglect of child autonomy because the parents using this type of parenting style believe that

children should not have a say in any decision-making process (Baumrind, 1991; Chirisa, 2014).

Permissive parenting is a non-restrictive parenting style imposing little maturity demands and exercise high level of responsiveness. They allow children to be self-regulating and free from rules (Marsiglia *et al.*, 2007). Parents using this type of parenting style have little impact in shaping their children's behaviour, avoid punishment, thus leaving the children to do what they desire which increases their level of externalizing behaviours (Hoskins, 2014). There are no expected rules to be followed and expectations for conduct. Parents do not believe in exercising control over their children and do not demand any responsibility (Roman *et al.*, 2016). Permissive parents allow children to make their own decisions at an age that they are not capable of making decisions because they are uninterested (Joseph & John, 2008).

Authoritative parenting style is characterised by an optimal balance of responsiveness and demandingness where children are given directions in a rational, issue-orientated manner by exploring reasons behind rules (Marsiglia *et al.*, 2007). Parents tend to be expressive, involved and reason with their children concerning behaviour and consequences of behaviour. They set out rules and boundaries. They believe in rationalising instead of coerciveness as a means of interacting with their children. They involve the children in the setting of rules, decision-making and setting boundaries. The character of the parents is that of being firm but not strict. The parenting relationship allows autonomy and expression of concerns (Charisa, 2014; Roman *et al.*, 2016; Baumrind, 1991).

Effects of parenting styles: Parenting styles have been found to predict various types of behavioural outcomes. For instance, parenting styles have been found to predict children's wellbeing in the domains of social competence, academic performance, psychosocial

development and risky behaviours (Changalwa *et al.*, 2012). Certain parental characteristics have been associated with certain behavioural outcomes. Parenting practices perceived as rejecting, avoidant, withdrawal, lower-tolerance, coercive and punitive predict children's behaviour problems such as anti-social, external disorder, immaturity, anxiety, withdrawal and drug abuse (Talib *et al.*, 2011).

Moreover, coercive parental control during adolescence has been found to be linked to decreased wellbeing and greater substance abuse (Marsiglia *et al.*, 2007). Additionally, parents who are unable to set clear rules and boundaries also put their children at risk of alcohol use (Changalwa *et al.*, 2012). This is because adequate monitoring and support create a safe and reliable environment, which fosters healthy growth of the individual. Persons in such an environment, develop independence, self-confidence and are realistic and competent in this condition and can establish friendly relations with peers, better coping skills and less susceptible to risky behaviors (Ahmadi *et al.*, 2014).

Children who are raised by authoritative parents, tend to perform better in the society than those raised by permissive or authoritarian parents (Baumrind, 1991). Adolescents raised by authoritative parents, have increased self-esteem, social confidence and are less likely to engage in pro-social or deviant behaviour (Zeinali, *et al.*, 2011).

Hoskins (2014) further maintains that individuals raised by authoritarian parents have been found to exhibit poor social skills, low levels of self-esteem, and high levels of depression in early to middle childhood.

Children of permissive parents are considered to be less responsible, easily influenced by their peers, show less interest in school and are highly likely to engage in delinquency (Berg *et.al*, 2016). Another finding relating to this parenting style is that children often rank

low in terms of happiness and self-regulation. They are found to be more likely to experience problems with authority figures and poor school performance (Joseph & John, 2008).

3.2 Parenting styles and alcohol abuse

Studies have found a significant relationship between parenting styles and alcohol abuse (Newan, Harrison, Dashiff & Daniel, 2008; Changalwa *et al.*, 2012; Ahmadi *et al.*, 2014; Chirisa, 2014; Zeinali, 2013). In particular, the parent-child relationship and interaction has been found to be an important factor in the initiation of risky behaviours such as excessive alcohol use (Safford *et al.*, 2007: Chirisa, 2014). The relationship components such as parental warmth, coldness, acceptance, rejection, autonomy, strictness, control and parenting styles predict risks of alcohol abuse (Newan *et al.*, 2008).

Permissive parenting style: According to Zeinali (2013), childhood experiences perceived as hostile and neglectful have been found to play an important role in children's vulnerability to addictive disorders. The author found that permissive parenting style is directly correlated with alcohol use and abuse. The findings are consistent with those of Newman *et al.* (2008) who found that children raised by neglectful and unengaged parents had an increased risk of drinking.

Baumrind (1991) also found that permissive parenting style is related to high levels of substance use behaviours and the likelihood of children to experiment with substances at a young age. In her study, she observed that substance use was much higher in children from homes where parents are unsupportive, negligent and unconventional. She also maintains that substance abuse by children is influenced by the fact that children come from homes that do not have set rules, discipline and lack of parental involvement.

Permissive parenting style causes increased risks of alcohol consumption and potential for addiction (Aslani, Derikvandi & Dehghani, 2015). Sundei *et al.* (2015) also found similar results that due to the characteristics of permissive parenting style, children raised by such parents had high levels of the onset of drunkenness. These parents allow them to be free from rules, lack limits and are uninterested, hence the children are free to grow without self-control and consequently, indulge in drugs and abuse alcohol (Changalwa *et al.*, 2012).

Authoritarian parenting style: Children of authoritarian parents are more likely to engage in binge drinking. Since authoritarian parents establish firm rules and expert obedience without questioning, they practise high discipline and are low in responsiveness. Such parents use corporal punishment as a means of controlling behaviour, a situation that makes children obey their rules when they are present but revolt against such rules in their absence. As a result, their children resort to excessive drinking that increases risks of alcohol abuse (Changalwa *et al.*, 2012).

Baumrind (1991) also found that authoritarian parenting styles predict alcohol abuse. This is because children raised by such parents had low self-esteem which makes them vulnerable to substance abuse and a tendency towards risky behaviours (Ahmid *et al.*, 2014). Aslani *et al.*, (2015) also found that authoritarian parenting styles increase the potential for addiction. Such parents are low in warmth and have high demands which create an environment that fosters unhealthy life styles for their children. The life styles are associated with rebelliousness and directly predict significant susceptibility to alcohol abuse (Zeinali, 2013).

Authoritative parenting style: Children raised by authoritative parents demonstrate low levels of substance use. They abstain from substance use because parents are warm, supportive,

firm, and consistent with discipline, and disregard drugs and alcohol use, which reduce the likelihood of their children using substances (Baumrind, 1991). The finding is consistent with those of Zeinali (2013) who found that authoritative parenting style is linked to low levels of risky behaviours, alcohol abuse and predict better chances of adjustment compared to other parenting styles.

Authoritative parenting style is less correlated with increased susceptibility to alcohol abuse (Zeinali, 2013; Ahmid *et al.*, 2014; Jenaabadi, Pourghaz &Efteghari, 2014). This is because such parents are able to create a favourable environment that fosters growth and development by making efforts to talk about drinking. This, in return, allows the transfer of cognitive insights about drinking and other risk behaviours which lessen the risk of alcohol abuse (Ahmid *et al.*, 2014). The findings concur with those of Jenaabadi *et al* (2014) that due to authoritative parents, exercising reasonable maturity demands and setting limits to the degree of self–regulation is protective to risks of alcohol abuse. Such children have higher levels of cognitive and social competence, better psychological well-being as well as behavioural exchanges with others and less likely to be influenced by their peers.

Baumrind (1991) also found that children of authoritative parents have good behavioural traits such as emotional regulation which they use to resist peer influences and substances. They are less likely to copy and be influenced by what their peers do. Changalwa *et al.* (2012) had different findings. In his study, it was revealed that students who had high proportions of alcohol abuse, were raised by authoritative parents. As a result, authoritative parenting styles significantly predict susceptibility to alcohol abuse against permissive and authoritative parenting style irrespective of its characteristics.

3.3 Issues related to alcohol abuse

Alcohol abuse has been recorded as one of the most pervasive social problems having implications on the physical, social and psychological health in the world (Abikoye *et al.*, 2014). From an individual perspective, it has been shown to account for high rates of morbidity and mortality, withdrawal syndrome, nervousness, irritability, drowsiness, energy loss, difficulty concentrating, impaired physical performance, headaches, fatigue, irregular bowels, insomnia, dizziness, cramps, palpitation, tremors and cravings (Abikoye *et al.*, 2014; Agrawal *et al.*, 2007).

Additionally, it has also been associated with motor vehicle accidents and fatalities with attendant effects of physical abnormalities and loss of jobs (Abikoye *et al.*, 2014). Moreover, a link has been observed between alcohol abuse and family segregations, intimate partner violence, and psychological impact on the children and alcohol abuse. Children raised from families of alcoholics have been found to have externalising (becoming heavy drinkers, conduct disorders, ADHD) and internalising (anxiety, depression) problems (Kaur & Ajinkya, 2014).

Furthermore, alcohol has an impact on healthy brain development which is important for optimal neurocognitive performances. Any change in brain structural volume, cortical thickness and demyelination will have ample behavioural and emotional consequences and social implications. Social implication refers to pathologies and risk-taking behaviours. Exposure to alcohol sets a stage for cognitive deficits into adulthood and late functional consequences later in life. Several structures, including the hippocampus, cerebral cortex and cerebellum have been identified as being vulnerable to the effects of alcohol use. This is

because these brain regions are still undergoing development throughout adolescence and young adulthood. A study conducted by Bellis in 2000 examined the hippocampal volume of subjects abusing alcohol and arrived at the conclusion that heavy drinking leads to a decreased hippocampal and prefrontal cortex volume (Jacobus & Tapert, 2014). The hippocampus is the brain region that is responsible for memory consolidation, flexible cognitive functioning and learning. A reduction in the hippocampal volume will lead to impairments in memory, navigation, decision making, social judgment and language usage. (Rubin, Watson, Duff & Cohen, 2014). The prefrontal cortex is the brain region that is responsible for high order cognitive functioning, emotional regulation, stimuli integration as well as achieving goal directed behaviour (Briones and Woods, 2013). A reduction of the prefrontal cortex volume will lead to impaired attention, control, cognitive inhibition, inhibitory control, working memory, cognitive flexibility, planning and problem solving (Diamond, 2013).

Another effect of excessive alcohol consumption on the development of the brain is that a decrease in cortical thickness results in reduced synaptic connections. Squeglia conducted a study in 2011 to understand if heavy drinking among adolescents between 16 and 19 years could result in reduced thickening of cortical thickness. The results were positive and it was revealed that it also corresponded to thicker left frontal cortices. The consequence of this is that thicker left cortices lead to poor visuospatial inhibitions, attention and performance. This was found to be higher in females compared to males. The function of the white matter is to allow cortical regions to better communicate and process information efficiently. Another study conducted on adolescents abusing alcohol also found poor integrity in cortical and sub-cortical projection fibers which have an effect on the brain tissue (Stiles & Jerningan, 2010).

For university students, alcohol intoxication has negative consequences such as memory loss and injuries, engaging in risky sexual behaviours and poor academic performance which may lead to drop out from school due to academic failure or illness (Tayob, 2012). Other alcohol intake implications include missing classes, impaired academic achievement, unsafe sex and violence (Chu, Jahn, Khan & Kraemer, 2015). Alcohol intoxication has also been associated with "impairments in cognitive abilities, including decision-making and impulse control, and impairments in motor skills such as balance and hand-eye coordination" (Boekeloo, Novik & Bush, 2011).

3.4 Gender differences and alcohol consumption

Previous research has revealed that there are several factors that should be considered in association with excessive alcohol consumption irrespective of gender (for instance, biological as well as psychosocial risk factors). Biologically, genetic and gender differences factors with respect to physiological effects of alcohol should not be overlooked (Aristoteles, Alexandras & Konstantinos, 2015). Women have been found to have lower rates of gastric metabolism of alcohol or smaller volumes of body water in which alcohol is distributed than men. As a result, women tend to consume less alcohol than men (WHO, 2005).

Heavy drinking women tend to develop liver cirrhosis, alcohol-induced cardiomyopathy, brain atrophy and cognitive deficits faster than heavy male drinkers (Aristoteles *et al.*, 2015). Women seem to carry a lower genetic risk for alcohol use disorders and tend to suffer more negative biological consequences such as hangovers from drinking compared to men (Nolen-Hoeksema & Hilt, 2010). This makes them reluctant to drink, a characteristic that might reduce alcohol intake for women (WHO, 2005; Patton *et al.*, 2014).

Psychosocially, alcohol consumption has been observed in societies to regulate gender roles. According to Joffe (1998 as cited in WHO, 2005), differences in normative drinking patterns reveal the extent of societies to differentiate gender roles. In society's view, drinking behaviour reflects masculinity which increases the likelihood of men drinking more compared to women. As a result, society's view has an influence on male engaging in more excessive drinking compared to females (De Visser, Smith & McDonell, 2009).

Social sunctions, tradition and gender roles are also suggestive that men appear to be the gender that is mostly affected by excessive drinking (Aristotele *et al.,* 2015). This is because men appear to be more likely than women to manifest certain risk factors for alcohol use and problems. Men have fewer perceived social sunctions for drinking, positive expectancies for alcohol use, personality traits such as impulsivity and fewer protective factors (Nolen-Hoeksema & Hilt, 2010). Women on the other hand, have greater social sunctions for drinking, are less likely to have characteristics of aggression and have certain protective factors such as nurturance (Nolen-Hoeksema, 2004; Nolen-Hoeksema & Hilt, 2010 & Schulte, Ramo & Brown, 2009).

The findings are consistent with those finding of Abikoye *et al.* (2014) who found that gender predicted alcohol abuse, with males found to be more vulnerable than females to abuse alcohol to reflect being masculine. Females have been found to be less vulnerable to alcohol abuse since society views "female drinking" negatively, which reduces the chances of drinking. Furthermore, gender differences in alcohol use have consistently shown that adult males consume more alcohol and have more alcohol-related problems than females (Schulte *et al.*, 2009; CDC, 2016).

Men are more than twice as likely as women to have alcohol use disorders and are more likely to report diagnosable alcohol abuse (WHO, 2005; Ramsoomar & Morojele, 2012;

Ramsoomar, 2015). This is an indication that women also suffer from alcohol-related problems as men, however, men have been found to be worse than women (Schulte, Ramo & Brown, 2009; Maro, 2009).

Differences in the volume of alcohol consumed by females and males in universities have been reported. It was found that male students reported significantly higher alcohol intakes than their female peers, which poses risks on their physical, mental and social health and well-being (Davoren, Shiely, Byrne & Perry, 2014). Tabikoye *et al.* (2014) also found that males drink more in order to cope with stress and academic pressure.

Alcohol use problems are not exclusive to South African Universities. From documented studies, alcohol use problems in South African Universities have reported more alcohol consumption in males than females (Tayob, 2012). Nkhoma and Maforah (1994) conducted a study on drinking patterns among university students and found that 75% of the population reported drinking. Of the 75%, 50% of the population were males who reported moderate to heavy drinking. Consistent findings were also reported by Tayob (2012) who conducted a study among students at the University of Limpopo (Medunsa). The researcher found that male students were twice as likely to consume alcohol compared to their female counterparts. In support of the findings, Kyei and Ramagoma (2013) also found that male on-campus university students met the criteria of alcohol abuse compared to females and reported drinking for the purpose of getting drunk. The findings are consistent with those of earlier studies which confirm clear and consistent differences between genders in terms of alcohol consumption and consequences suffered as a direct result of alcohol consumption (WHO, 2005).

3.5 Alcohol and age differences

Alcohol and drug abuse has become common among adolescents, with findings indicating that most cases of alcohol intake are initiated at the onset of a crucial developmental phase. Alcohol consumption was reported between the ages of 13 and 16 with 17 to 18 year old males reporting high rates of consumption compared to the same age for females (Swendsen *et al.* (2012). Drastic related alcohol consumption harm has also been found to gradually escalate from the ages of 12–20 years (NHS Information Centre, 2008). In support of this finding, Patton *et al.* (2014) found that the younger the age of the consumer, the more adverse effects on the developing brain, increased risks of alcohol dependence, disability and other risky behaviours.

Additionally, in the United States of America, data from the 2011 National Survey on Drug Use and Health show that males aged 18 or older have almost twice the rate of substance dependence as adult females, but among young people aged 12 to 17 years, the rate of substance dependence for both genders is the same. For example, males are more likely than females to report alcohol as a primary substance that is abused between the ages of 12 and 17 years. Also, between the ages of 25 and 35 years, only a small portion of females report alcohol as their primary substance of abuse compared to males, which is an indication that males of all ages struggle with the use of alcohol (Substance Abuse and Mental Health Services Administration, Centre for Behavioral Health Statistics and Quality, 2014).

University students become exposed to more drinking, higher levels of peer drinking and positive attitudes towards alcohol as they transition from high school to college (Borsari and Carey, 2001). College campus environment promotes heavy drinking hence, many

students in college drink excessively (Toomey& Wagenaar, 2002) and students aged 18-25 years old reported heavy drinking (Schulte *et al.*, 2009). Chu *et al.* (2015) posit that the university environment offers the opportunity of making personal choices about risky behaviours and, as a result, alcohol consumption has been observed as growing among the age group of students attending university. They also found that students in universities consumed more alcohol than the other general population. According to the Centre for Science in the Public Interest (2012), students aged 20 and above drank more than those of lower ages. The findings had strong correlations with peer pressure in explaining the consumer age. From the findings, it was also revealed that students aged 18-22 years and residing in on-campus residences, reported abusing alcohol compared to students residing in off-campus residences.

In South African, alcohol is the most highly used substance with the user age ranging from childhood to adulthood. Most prevalence of alcohol consumption has been found among South African University students aged 18-29 years. University students between the ages of 18 years and 22 years have been found to consume more alcohol than other age groups. Apart from having the highest prevalence of alcohol consumption, students aged 18 to 22 years old consume more alcohol than their peers who do not attend university (Tayob, 2012).

According to Arnett (2005), 18-25 year old students engage in more binge drinking. It is argued that substance use within this age group is that of "less matured group" compared to substance use of individuals in their thirties. Individuals in their thirties experience a decline in alcohol consumption as they are in the process of reaching maturity. Kyei and Ramagoma (2013) found contradictory findings regarding age differences and alcohol consumption. In their study, it was discovered that older adults aged 30 and above consumed more alcohol and were at risk of alcohol abuse since they could afford buying alcohol. They were also

encouraged by the society because society condones alcohol consumption within this age group than other age groups.

3.6 Hypotheses

- Hypothesis 1: There is a relationship between perceived parenting styles and susceptibility to alcohol abuse.
- Hypothesis 2: Young adults are more susceptible to alcohol abuse compared to middle-aged and older adults.
- Hypothesis 3: Males are more susceptible to alcohol abuse compared to females.

CHAPTER 4

METHODOLOGY

4.1 Introduction

The research methodology used in conducting this study is presented in this chapter as well as the design. A brief description of the instruments and psychometric properties of instruments used to collect data from the participants is also provided. The sampling procedure and the proportions of the sample size are explained as well as the procedure and ethical considerations followed in the study.

4.2 Methodology

A quantitative research approach was used in conducting this study. A quantitative research methodology refers to the systematic objective process of using numerical data from only a selected sub-group of a population to generalise findings to the population that it studies (Creswell *et al.*, 2007).

4.3 Research design

A correlation research design was used in order to explore the relationship between perceived parenting styles (independent variables) and susceptibility to alcohol abuse (dependent variable) among university students. A correlation research design focuses on the relationship between variables. The relationship gives a degree and direction with no implications of any causal associations (Marilyn & Simon, 2011). The aim of using the design was to generalise findings obtained from a representative sample obtained from the population.

4.4 Sampling

Participants selected for the study consisted of students attending at the North-West University, Mafikeng Campus. Convenience sampling was used to select participants for the study. Convenience sampling is a type of non-probability sampling where samples of the target population meeting the required criteria are selected to participate in the study based on their availability during data collection (Etikan, Musa, & Alkassim, 2015). For the purpose of this study, participants were selected due to their availability at their residences during data collection.

Every student residing on campus had a fair and equal chance of participating in the study regardless of their level of study or ethnicity. The participants belonged to different ethnic groups such as, Black Africans, Caucasians and Coloured. The ages of the participants were between 18 and 32 years. The students were grouped into three categories as follows: young adults (18-22); middle-age adults (23-27); and older adults (28-32). The number of completed questionnaires was as follows: males (164); and females (186) representing a total of 350 participants. Table 1 below illustrates a summary of the demographic variables of the study.

Table 1

Frequencies and Percentages of the Demographic Variables of Respondents (N=350).

Demographic Variable	Frequency	Percentage	Mean	SD
Gender				
Male	164	46.86	11.8415	10.4141
Female	186	53.14	8.8710	8.4094
Age				
18-22	162	46.29	3.7	5.9
23-27	153	43.71	3.7	5.1
28-32	35	10	3.7	4.9
History				
Yes	182	52		
No	168	48		

The study had unequal numbers of participants. It had more female participants as compared to male participants. It had a total of 186 (53.14%) females and a total of 164 (46.86%) males.

4.5 Instrumentation

A structured questionnaire was used to collect data. The questionnaire was divided into three sections (A, B and C). Section A focused on the demographic characteristics of respondents, Section B focused on the alcohol use disorder identification test while Section C was based on the parenting style dimensions questionnaire.

4.5.1 Alcohol use disorder identification test

The scale was developed by the World Health Organisation in 1982 to identify persons with dangerous and harmful patterns of alcohol consumption. It was developed as a method to screen for heavy drinking and a framework to help drinkers stop or reduce alcohol consumption as well as the harmful consequences of their drinking. The scale yielded a correlation coefficient of .86 (Barbor *et al.*, 2001).

The scale consists of 10 items based on three factors: hazardous alcohol use (item 1-3); dependence symptoms (item 4-6); and harmful alcohol use (item 7-10). It is measured on a 5 point Likert scale with responses such as 0 - never, 1- monthly or less, 2-2 to 4 times a month, 3-2 to 3 times a week and 4-4 or more times a week. It contains questions such as how often do you have a drink containing alcohol? (Barbor *et al.*, 2001).

The overall score is a sum of all item responses. The scores range from 0 to 4 on each of the questions. The total score sums up to 40. A total score of 8 or more indicates hazardous or harmful drinking. A score of 8 to 15 represents a medium level of alcohol problems that would warrant an intervention. A score of 16 and above indicates a high likelihood of alcohol

problems. Lastly, a score of 20 and above indicates a critical level of alcohol consumption that warrants a diagnostic evaluation for alcohol abuse (Barbor *et al.*, 2001).

The scale has proved to be accurate to use among both male and female genders, specifically adolescents and young adults as well as university students. The scale has been used before in South Africa by du Preez, Pentz and Lategan and it yielded a Cronbach's alpha score of 0.83 (du Preez, Pentz & Lategan, 2016). In the current study, it yielded a reliability coefficient of .93. In the social sciences, this reflects good reliability, particularly because acceptable reliability ranges from .70 to .95 (Tavokol, 2011).

4.5.2 The Baumrind parenting authority questionnaire (PAQ)

The instrument was developed in 1971 by Buri, J.P. to measure three types of parenting styles as follows: permissive parenting, authoritative parenting and authoritarian parenting. It consists of 30 items where 10 items measure each type of parenting style. It was developed to evaluate parental authority for both mothers and fathers and it is appropriate to use on adolescents and older adults. It uses a 5 point Likert scale with responses ranging from 1- strongly disagree and 5- strongly agree. It has items such as "when I was growing up, my mother/father felt that in a well-run home, the children should have their way in the family as often as parents do". The PAQ is scored by summing the individual items to comprise the subscale scores. Scores on each subscale may range from 10 to 50. The parenting style is, therefore, determined by a higher score scored among the three parenting styles (Buri, 1889). The measure has yielded high reliability of .81 for permissive parenting, .86 for authoritarian parenting and .78 for authoritative parenting for mothers. Also, a reliability of .77 for permissive parenting for .85 authoritarian and .92 for authoritativeness for fathers was also obtained (Buri, 1889).

It has been used before in South Africa and it yielded a reliability of .88 for authoritative parenting style, .79 for authoritarian parenting style and .54 for permissive parenting style for mothers. For fathers, it yielded a reliability of .96 for authoritative parenting style, .89 for authoritarian parenting style and .74 for permissive parenting style (Roman, Makwakwa & Lacante, 2016). In the current study, it yielded a reliability of .87 for permissive parenting, .84 for authoritarian and .82 for authoritative styles.

4.6 Data analysis

Data was analyzed using the SAS JMP software to compute Pearson correlation, Pearson chi-square and T-test. The SAS JMP software is a computerized program that uses graphical user interface for statistical data analysis, hypothesis testing and other analytical methods (SAS Institute, 2016). Pearson correlation, Pearson Chi-square and T-test were used to test the hypotheses. Pearson correlation is a statistical tool used to determine a linear relationship between two variables (Creswell *et al.*, 2007). Pearson correlation was used to explore the relationship between perceived parenting styles and susceptibility to alcohol abuse (hypothesis 1). Pearson Chi-square is a statistical tool used to determine differences between a set of categorical data (Creswell *et al.*, 2007). It was used to test age differences and susceptibility to alcohol abuse (hypothesis 2). T-test is a statistical tool used to measure the degree of opportunity and likelihood of the p-value that can be used to determine the population's means (Creswell *et al.*, 2007). It was used in the current study to test gender differences and susceptibility to alcohol abuse (hypothesis 3).

4.7 Procedure

The researcher appointed a research assistant to help with the data collection. The researcher explained the aim and objectives of the study as well as the questionnaire to the

assistant. The assistant was requested to observe the researcher during data collection with some respondents before embarking on the process. After several days of observing, the assistant then had to collect the data under the supervision of the researcher.

Data was collected at any time of the day based on the availability of participants in their respective residences. Questionnaire items were carefully explained to all participants. Participants were requested not to disclose their identities on the completed questionnaires, which were later collected by the researcher and the research assistant. The data was captured by the researcher and sent for data analysis.

4.8 Ethical considerations

Ethical approval for the study was requested and obtained from the North-West University, Mafikeng Campus (NWU-00336-17-A 9). The aim and objectives of the study as well as voluntary participation was explained to all participants. The right to withdraw from participating at any point during data collection was also explained to participants. Anonymity and confidentiality were ensured by not asking participants to write their real names but instead circle representative codes that were created by the researcher in order to have clarity in terms of demographic information.

CHAPTER 5

RESULTS

5.1 Introduction

The study was guided by the following three hypotheses: Hypothesis 1: there is a relationship between perceived parenting style and susceptibility to alcohol abuse; Hypothesis 2: young adults are more susceptible to alcohol abuse compared to middle-aged and older adults; and Hypothesis 3: males are more susceptible to alcohol abuse. To explore the relationship between perceived parenting styles (permissive, authoritarian & authoritative), Pearson correlation was performed in order to test hypothesis 1. To explore age differences with respect to alcohol abuse, Pearson Chi-square was performed to test hypothesis 2. Lastly, to determine gender differences in terms of alcohol abuse, t-test was performed to test for hypothesis 3.

5.2 Hypothesis one: There is a relationship between perceived parenting styles and susceptibility to alcohol abuse

Table 2

Correlations of perceived parenting styles and susceptibility to alcohol abuse

	Alcohol	Permissive	Authoritarian	Authoritative
Alcohol	1.000			
Permissive	-0.3139 ***	1.000		
Authoritarian	-0.3680 ***	0.7388 ***	1.000	
Authoritative	-0.3687 ***	0.7325 ***	0.8315 ***	1.000

*** p< .0001

Hypothesis one stated that there is a relationship between perceived parenting styles and susceptibility to alcohol abuse. This hypothesis was tested using Pearson correlation and the results revealed a significant statistical negative relationship between perceived parenting styles and susceptibility to alcohol abuse: permissive (r= -.3139, p< .001); authoritative (r= -.3680, p<.001); and authoritarian (r= -.3687, p< .001). The results indicate that hypothesis one is accepted.

5.3 Hypothesis two: Young adults are more susceptible to alcohol abuse compared to middle-aged and older adults

Table 3

Chi-square of age differences and susceptibility to alcohol abuse

Test	df	N	Chi-square	Prob>ChiSq
Likelihood Ratio			18.309	0.0055
Pearson	2	350	18.129	0.0059

****p< 0.0059

Hypothesis two stated that young adults are more susceptible to alcohol abuse compared to middle-aged and older adults. To test proportion differences in each age group, Pearson Chi-square ($\chi 2$) was performed at p. The results were as follows: $\chi 2$ (2, N=350) = 18.12, p<.0059.

Table 4

Contingency analysis for recoded age by alcohol zones

	0-7 Zone 1	8-15 Zone 2	16-19 Zone 3	20-40 Zone 4	Total
18-22 years of age					
Count	81	35	9	**36**	161
Total %	23.21	10.03	2.58	10.32	46.13
Col %	54.73	32.11	33.33	55.38	
Row %	50.31	21.74	5.59	**22.36**	
23-27 years of age					
Count	55	59	16	**23**	153
Total %	15.76	16.91	4.58	6.59	43.84
Col %	37.16	54.13	59.26	35.38	
Row %	35.95	38.56	10.46	**15.03**	
28-32 years of age					
Count	12	15	2	**6**	35
Total %	3.44	4.30	0.57	1.72	10.03
Col %	8.11	13.76	7.41	9.23	
Row %	34.29	42.86	5.71	**17.14**	
Total	148	109	27	**65**	349
	42.41	31.23	7.74	**18.62**	

To test proportion differences in each age group against alcohol abuse contingency analysis was computed. Table 5.3 above shows that 36 students aged 18-22 years were more susceptible to alcohol abuse (22.36%) compared to 23 students aged 23-27 year old (15.03%) and 6 students aged 28-32 year old (17.14%). The results indicate that hypothesis 2 is accepted.

5.4 Hypothesis three: Males are more susceptible to alcohol abuse compared to females

Table 5

Gender t-test and alcohol abuse

Level	Number	Mean	Std Dev	Std Err Mean	df	t-values	P
Male	164	11.8415	10.4141	0.81320	348	0.0034	0.0116
Female	186	8.8710	8.4094	0.61661			

*** p< 0.0116

Hypothesis three stated that males are more susceptible to alcohol abuse compared to females. The results revealed that males are more susceptible to alcohol abuse (t= 0.0034; DF=348; P<0.0116) than females. A closer look at the descriptive statistics revealed that males (M=11.8415, SD=10.4141) are susceptible to alcohol abuse compared to females (M=8.4034, SD=8.4094). The results indicate that hypothesis three is accepted.

CHAPTER 6

DISCUSSION AND CONCLUSIONS

6.1 Introduction

The aim of the study was to explore the relationship between perceived parenting styles and susceptibility to alcohol abuse among university students. The results, conclusions drawn, limitations and recommendations are presented in this chapter.

6.2 Hypothesis 1: There is a relationship between perceived parenting style and susceptibility to alcohol abuse

Hypothesis 1 stated that there is a relationship between perceived parenting styles and susceptibility to alcohol abuse. The results revealed that there is a significant statistical negative relationship between perceived parenting styles and susceptibility to alcohol abuse. The results are consistent with those of other studies which found a significant relationship between perceived parenting styles and susceptibility to alcohol abuse (Baumrind, 1991; Newan *et al.*, 2008; Changalwa *et al.*, 2012; Ahmadi *et al.,* 2014; Zeinali, 2013; Chirisa, 2014; Aslani *et al.*, 2015).

The results also revealed that there is a negative relationship between perceived permissive parenting styles and susceptibility to alcohol abuse. The results are consistent with the findings of Zeinali (2013) that childhood experiences perceived as hostile and neglectful, played an important role on children's vulnerability to addictive disorders and, as a result, permissive parenting style is directly correlated to alcohol abuse. Sundei *et al.* (2015) maintain that since these parents allow children to be free from rules, lack limits and are uninterested, their children had high levels of the onset of drunkenness. Newman *et al.* (2008) also maintain that these parents allow their children to be free from rules, are ignorant and

unengaged hence, such children have an increased risk of drinking. This could be due to high levels of stress they experience, thus resorting to drinking as a coping mechanism (Tabikoye *et al.*, 2014).

The results also revealed a significant negative relationship between perceived authoritarian parenting style and susceptibility to alcohol abuse. The results concur with those obtained by Ahmadi *et al.* (2014) that children raised by authoritarian parents have a potential to addiction. Baumrind (1991) also found that authoritarian parenting style predicted alcohol abuse. This is because children raised by such parents have low self- esteem which makes them vulnerable to substance abuse and the tendency towards risky behaviours (Ahmid *et al.*, 2014).

Children of authoritarian parents are more likely to engage in binge drinking since authoritarian parents establish firm rules and expert obedience without question, they practise high discipline and are low in responsiveness (Baumrind, 1991). They use corporal punishment as a means of controlling behaviour, a situation that makes children obey their rules when they are present but revolt against such rules in their absence. This makes children rebellious and engages in ill behaviours (Changalwa *et al.*, 2012).

The results also revealed a significant negative relationship between perceive authoritative parenting styles and susceptibility to alcohol abuse. The results concur with those obtained by Changalwa *et al.* (2012) that an authoritative parenting style predicts alcohol abuse. Therefore, setting limits, being warm and supportive and using reasoning and verbal communication in order to reach an agreement with children is insufficient to control alcohol abuse. Borawski, Ievers-Landis, Lovegreen and Trapl (2003) observed that this is the case because such students tend to drink more during their free unsupervised time which increases their chances of becoming susceptible to alcohol abuse. Therefore, there is a need

for constant supervision of the free time they have (Jackson, Henrickson & Foshee, 1998). These parents can also influence alcohol intake of their children through overt modelling, advising against experimentation with alcohol, instituting the effects of alcohol use and modifying substance abuse beliefs (Borsari, Murphy & Barnett, 2007).

The results contradict those of several other studies which found desirable effects from authoritative parenting style and alcohol abuse (Baumrind, 1991; Sundeli *et al.*, 2015; Jenaabadi et.al, 2014). According to these studies, authoritative parenting styles predict low levels of substance use because they have parents who are warm, supportive, firm, and consistent with discipline, and disregard drugs and alcohol use, which reduce the likelihood of children using substances (Baumrind, 1991). Such parents exercise reasonable maturity demands and setting limits to the degree of self –regulation is protective to risks of alcohol abuse (Jenaabadi et.al, 2014). It is thus hypothesized that the contradictory results of the current study could be explained by the closely reported variations between the parenting styles.

Theoretically, the results concur with Baumrind's theory of parenting styles (Baumrind, 1991) and the Biopsychosocial model (Engel, 1977). The theory of parenting styles states that different parenting styles play a significant role in developing a child's personality, predict a child's well-being in areas such as social competence, academic performance, psychosocial development and problem behaviour. The Biopsychosocial model states that the type of environment a child is brought up in has an influence in terms of shaping their behaviour (accepting or rejecting certain behaviours) which is linked by the type of parenting style used (Baumrind, 1991). In this study, the characteristics of the perceived parenting styles have shown an influence on susceptibility to alcohol abuse. The

perceived parenting styles revealed a weak negative relationship with susceptibility to alcohol abuse. This suggests that the perceived parenting styles weakly predict susceptibility to alcohol abuse, which is an indication that other variables also have an influence on susceptibility to alcohol abuse among students. Additionally, since the university environment offers an opportunity of freedom away from parental involvement, it is likely that students will consume more alcohol (Abikoye *et al.*, 2014) since the environment does not reject drinking behaviours. In such environment, students identify with other peers and adopt their way of life which increases their vulnerability and chances of experimenting with alcohol and other substances (Abikoye *et al.*, 2014). Consequently, students will learn that drinking helps in overcoming stressors which increases their risks of alcohol abuse (Wall *et al.*, 2003).

6.3 Hypothesis 2: Young adults are more susceptible to alcohol abuse compared to middle-aged and older adults

Hypothesis 2 stated that young adults are more susceptible to alcohol abuse compared to middle-aged and older adults. The results revealed that young adults are more susceptible to alcohol abuse. The result are consistent with those of Chu *et al.* (2015) that the university environment offers the opportunity of making personal choices about risky behaviours and, as a result, alcohol consumption has been observed to grow among university students. The results are also consistent with those of the NIAAA (2016) that students aged 18-22 drank 5 times more on five occasions per month. Furthermore, Ramsoomar and Morojele (2012) maintain that students aged 18-22 years are at risk of developing alcohol-related problems. The results are an indication that alcohol use and alcohol-related harm gradually increase from the ages of 12–20 years (NHS Information Centre, 2008).

According to Tayob (2012), university students between the ages of 18 and 22 years have been found to consume more alcohol than other age groups. Apart from having the highest prevalence of alcohol consumption, the 18 to 22 year age group consume more alcohol than their peers who do not attend university. The findings of this study concur with those of previous studies since students from the North-West University aged 18-25 reported susceptibility to alcohol abuse. Contrary to these findings, Kyei and Ramagoma (2013) found that older students (30 years and more) are more likely to abuse alcohol than younger ones because they can afford. This is mainly because post-graduate students have bursaries and some of them have worked before, which gives them the advantage of being able to afford to buy alcohol compared to undergraduate students. Furthermore, such students are more at risk of alcohol abuse because society does not condemn their drinking behaviour compared to younger students.

The results of this study are also in agreement with the theory of Emerging adulthood (2000), which holds the view that drinking is normalised because it serves a positive function, such as facilitating friendship formation. Drinking is also encouraged in universities and is particularly common for those attending college (students aged 18-25 years). Young students tend to abuse alcohol because they are transitioning and adjusting to a different academic environment, coupled with numerous challenges (Tayob, 2012) such as the need to fit in, peer pressure and lack of parental control (Maggs & Schulenberg, 2005) that increases the chances of alcohol abuse. Additionally, alcohol use for first year students is used as a self-medicating technique to cope with worries, challenges and demands of the university (Borsari *et al.*, 2007). However, Rutledge and Sher (2001) argue that alcohol intake reduces when students progress with their level of study as they become more mature and learn adaptive coping strategies. The findings of this study are in line with the theory of emerging adulthood regarding the view that individuals in their thirties have decreased level of excessive alcohol

consumption compared to those aged 18-25 years old. The results of this study concur with the above findings since 36 students aged 18-25 years reported alcohol abuse and only 6 aged 28-32 reported alcohol abuse.

6.4 Hypothesis3: Males are more susceptible to alcohol abuse

Hypothesis 3 stated that males are more susceptible to alcohol abuse. The results revealed a significant difference on susceptibility to alcohol abuse between male and female students. The results are consistent with those of Ramsoomar (2015) and Ramsoomar and Morojele (2012) who found that males are more than twice as likely to engage in hazardous drinking and have more alcohol attributable mortality compared to females.

In addition Davoren *et al.* (2014) found that male students reported significantly higher alcohol intakes than their female peers and this poses risks on their physical, mental and social health and well-being. Abikoye *et al.* (2014) reported that males drank more than females as a way to cope with stress and academic pressure. Nkhoma and Maforah (1994) also found that drinking patterns among university students were higher in males than in females. In their study, 75% of the population reported drinking, 50% of the population were males who reported moderate to heavy drinking. Consistent with the findings, Tayob (2012) conducted a study among University of Limpopo (Medunsa) students and found that males reported to be twice as likely to consume alcohol as their female counterparts.

Additionally, Kyei and Ramagoma (2013) found that male on-campus university students met the criteria of alcohol abuse compared to females and reported drinking for the purpose of getting drunk. The findings of this study are consistent with those of these researchers because on-campus males reported more alcohol abuse. This, therefore, is an indication that male students are generally susceptible to alcohol abuse compared to their

female counterparts. In this study, significant statistical differences were found between male and female susceptibility to alcohol abuse. Significant statistical differences were established regardless of the unequal sample size between males and females with a higher number of females compared to males.

Theoretically, the results are consistent with the theory of Social Cognitive Theory of Gender Development (Bussey & Bandura, 1999). The Social Cognitive Theory of Gender Development states that individuals learn certain stereotypical behaviours from male and female models that are observed in the immediate environments through the process of observation, conveying and modelling. The theory further postulates that society and tradition believes that males are supposed to engage in riskier behaviours compared to females as a reflection of courage and being masculine (Bandura & Ross, 1963). Susceptibility tendencies are explained in this theory since males reported to be more susceptible to alcohol abuse than females. This could be due to the fact that males learn gender stereotypes from their environment where males model risk-taking behaviours than females as a reflection of masculinity (Lemle & Mishkind, 1989; Plant, Plant, & Mason, 2002) which increases the likelihood of men drinking more than women (WHO, 2005). Therefore, as a result of society's view, males engage in more excessive drinking compared to females (De Visser, Smith & McDonell, 2009) because it is societally acceptable for males to have fewer perceived social sunctions for drinking, positive expectancies for alcohol use, personality traits such as impulsivity and have fewer protective factors compared to females (Nolen-Hoeksema & Hilt, 2010). This will then make males more susceptible to alcohol abuse.

Based on the findings of this study, the following conclusions are made:

- There is relationship between parenting styles and susceptibility to alcohol abuse. Based on the results of this study, it is concluded that all parenting styles negatively predict susceptibility to alcohol abuse.
- Age has a significant influence on alcohol consumption, with young adults scoring higher with regard to susceptibility to alcohol abuse.
- Gender significantly influences susceptibility to alcohol abuse, with males scoring higher on susceptibility to alcohol abuse.

6.5 Limitations of the study

One of the limitations of the study is that there was unequal number of the respondents who were compared against each other. For example, females (184) were more than males (164). A control and experimental group in relation to alcohol consumption was not collected among students residing in the university residences, which is not representative of all students studying at the North-West University, Mafikeng Campus. The results could have been representative of all the student population if it was collected on off-campus (home residence and university off-campus residences) and on-campus students. The study only explored the relationship between parenting styles and susceptibility to alcohol abuse. There are other factors that could be related to susceptibility to alcohol abuse, such as academic expectations, socio-demographic factors, striving to belong in a university context and mental health conditions which were not explored.

6.6 Recommendations

- Considering the limitations of the current study, future research should be conducted in order to explore other variables and different populations.
- It is recommended that universities develop policies on alcohol use within institutions. This could assist in terms of punishing excessive alcohol intake, which might reduce the likelihood of students becoming susceptible to alcohol

abuse. This is because the environment plays a role in reinforcing and maintaining behaviour, particularly when behaviour is not punished, it increases the likelihood of being repeated (Hester & Sheeby, 1990). The university should develop a compulsory policy regarding alcohol use on the on-campus residence.

- There is a need for the development of intervention programmes with respect to alcohol abuse for university students in particular and the youth in general.
- There is a need to develop awareness campaigns indicating the dangers of alcohol use for the university community (students, lecturers and other university staff members).
- Parenting styles should also be considered by professionals as a significant influence when developing intervention programmes.

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LIST OF APPENDICES

APPENDIX A

SECTION A

DEMOGRAPHIC QUESTIONNAIRE

Instructions: Below are two boxes. Tick in the first box the appropriate gender. In the second box, just indicate your age.

Gender

MALE 1

FEMALE 2

Age

Any history of alcohol use by parents?

Y ☐

N ☐

APPENDIX B

SECTION B

Parental Authority Questionnaire

Instructions: For each of the following statements, circle the number of the 5-point scale (1 = strongly disagree, 5 = strongly agree) that best describes how that statement applies to you and your mother. Try to read and think about each statement as it applies to you and your mother during your years of growing up at home. There are no right or wrong answers, so don't spend a lot of time on any one item. We are looking for your overall impression regarding each statement. Be sure not to omit any items.

1 = Strongly disagree

2 = Disagree

3 = Neither agree nor disagree

4 = Agree

5 = Strongly Agree

1. While I was growing up my mother felt that in a well-run home the children should have their way in the family as often as the parents do.	1 2 3 4 5
2. Even if her children didn't agree with her, my mother felt that it was for our own good if we were forced to conform to what she thought was right.	1 2 3 4 5
3. Whenever my mother told me to do something as I was growing up, she expected me to do it immediately without asking any questions.	1 2 3 4 5
4. As I was growing up, once family policy had been established,my mother discussed the reasoning behind the policy with the children in the family.	1 2 3 4 5
5. My mother has always encouraged verbal give-and-take whenever I have felt that family rules and restrictions were unreasonable.	1 2 3 4 5
6. My mother has always felt that what her children need is to be free to make up their own minds and to do what they want to do, even if this does not agree with what their parents might want.	1 2 3 4 5
7. As I was growing up my mother did not allow me to question any decision she had made.	1 2 3 4 5
8. As I was growing up my mother directed the activities and decisions of the children in the family through reasoning and discipline.	1 2 3 4 5
9. My mother has always felt that more force should be used by parents in order to get their children to behave the way they are supposed to.	1 2 3 4 5
10. As I was growing up my mother did not feel that I needed to obey rules	

and regulations of behavior simply because someone in authority had established them.	1 2 3 4 5
11. As I was growing up I knew what my mother expected of me in my family, but I also felt free to discuss those expectations with my mother when I felt that they were unreasonable.	1 2 3 4 5
12. My mother felt that wise parents should teach their children early just who is boss in the family.	1 2 3 4 5
13. As I was growing up, my mother seldom gave me expectations and guidelines for my behavior.	1 2 3 4 5
14. Most of the time as I was growing up my mother did what the children in the family wanted when making family decisions.	1 2 3 4 5
15. As the children in my family were growing up, my mother consistently gave us direction and guidance in rational and objective ways.	1 2 3 4 5
16. As I was growing up my mother would get very upset if I tried to disagree with her.	1 2 3 4 5
17. My mother feels that most problems in society would be solved if parents would not restrict their children's activities, decisions, and desires as they are growing up.	1 2 3 4 5
18. As I was growing up my mother let me know what behavior she expected of me, and if I didn't meet those expectations, she punished me.	1 2 3 4 5
19. As I was growing up my mother allowed me to decide most things for myself without a lot of direction from her.	1 2 3 4 5
20. As I was growing up my mother took the children's opinions into consideration when making family decisions, but she would not decide for something simply because the children wanted it.	1 2 3 4 5
21. My mother did not view herself as responsible for directing and guiding my behavior as I was growing up.	1 2 3 4 5
22. My mother had clear standards of behavior for the children in our home as I was growing up, but she was willing to adjust those standards to the needs of each of the individual children in the family.	1 2 3 4 5
23. My mother gave me direction for my behavior and activities as I was growing up and she expected me to follow her direction, but she was always willing to listen to my concerns and to discuss that direction with me.	1 2 3 4 5
24. As I was growing up my mother allowed me to form my own point of view on family matters and she generally allowed me to decide for myself what I was going to do.	1 2 3 4 5

25. My mother has always felt that most problems in society would be solved if we could get parents to strictly and forcibly deal with their children when they don't do what they are supposed to as they are growing up.	1 2 3 4 5
26. As I was growing up my mother often told me exactly what she wanted me to do and how she expected me to do it.	1 2 3 4 5
27. As I was growing up my mother gave me clear direction for my behaviors and activities, but she was also understanding when I disagreed with her.	1 2 3 4 5
28. As I was growing up my mother did not direct the behaviors, activities, and desires of the children in the family.	1 2 3 4 5
29. As I was growing up I knew what my mother expected of me in the family and she insisted that I conform to those expectations simply out of respect for her authority.	1 2 3 4 5
30. As I was growing up, if my mother made a decision in the family that hurt me, she was willing to discuss that decision with me and to admit it if she had made a mistake.	1 2 3 4 5

APPENDIX C

SECTION C

The alcohol use disorders identification test

Self-Report Version PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Place an X in one box that best describes your answer to each question.

QUESTIONS	0	1	2	3	4
1. How often do you have Never Monthly 2-4 times 2-3 times 4 or more a drink containing alcohol? or less a month a week times a week	Never (skip to Questions 9 & 10)	Monthly or less	Two to four times a month	Two to three times per week	Four or more times a week.
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Monthly or less	Two to four times a month	Two to three times per week	Four or more times a week.
4. How often during the last year have you found that you	Never	Monthly	Two to four	Two to three	Four or more

were not able to stop drinking once you had started?		or less	times a month	times per week	times a week.
5. How often during the last year have you failed to do what was normally expected from you because of drinking?	Never	Monthly or less	Two to four times a month	Two to three times per week	Four or more times a week
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Monthly or less	Two to four times a month	Two to three times per week	Four or more times a week.
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Monthly or less	Two to four times a month	Two to three times per week	Four or more times a week.
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Monthly or less	Two to four times a month	Two to three times per week	Four or more times a week.

9. Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year.
10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year.
Total					

APPENDIX D

Consent form

I hereby give consent to the researcher to use the information provided for her study on

"The relationship between perceived parenting styles and susceptibility to alcohol abuse among university students in Mafikeng". I understand that:

1. That participation is voluntary;
2. I will not provide my name and surname
3. Questionnaire will be filled;
4. I have the right to withdraw at any time of data collection if I wanted to
5. That results obtained in the study will be strictly confidential and not used for promotion purposes

Signature .....

Date.....

Appendix E

Ethics Clearance Form

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

Private Bag X6001, Potchefstroom,
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Web: http://www.nwu.ac.za

Institutional Research Ethics Regulatory Committee
Tel: +27 18
299 4849
Email :
Ethics@nwu.a
c.za

ETHICS APPROVAL CERTIFICATE OF PROJECT

Based on approval by the **Human Sciences Research Ethics Committee (HSREC) on 13/02/2017**, the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby **approves** your project as indicated below. This implies that the NWU-IRERC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: The relationship between parenting styles and susceptibility to alcohol abuse among University students in Mafikeng.

Project Leader/Supervisor: Dr M Maepa Student: R Mthembu

Ethics number:

N	W	U	-	0	0	3	3	6	-	1	7	-	A	9
Institution				Project Number						Year			Status	

Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation

Application Type: Master's

Commencement date: 2017-02-13 **Expiry date**: 2020-02-13 **Risk:** N/A

Special conditions of the approval (if applicable):

x Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HSREC (if applicable).

x Any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HSREC. Ethics approval is required BEFORE approval can be obtained from these authorities.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

x *The project leader (principle investigator) must report in the prescribed format to the NWU-IRERC via HSREC:*

- *annually (or as otherwise requested) on the progress of the project, and upon completion of the project*
- *without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.*
- *Annually a number of projects may be randomly selected for an external audit.*

x *The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the HSREC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.*

x *The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-IRERC via HSREC and new approval received before or on the expiry date.*

x *In the interest of ethical responsibility the NWU-IRERC and HSREC retains the right to:*

- *request access to any information or data at any time during the course or after completion of the project;*
- *to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.*
- *withdraw or postpone approval if:*
  - *any unethical principles or practices of the project are revealed or suspected,*
  - *it becomes apparent that any relevant information was withheld from the HSREC or that information has been false or misrepresented,*
  - *the required annual report and reporting of adverse events was not done timely and accurately,*
  - *new institutional rules, national legislation or international conventions deem it necessary.*

x *HSREC can be contacted for further information via Estie.Emtoch@nwu.ac.za or 018 289 2873.*

The IRERC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the IRERC or HSREC for any further enquiries or requests for assistance.

Yours sincerely

Digitally signed by

Prof LA Du Plessis

Prof LA Du Plessis

Date: 2017.02.21 15:48:36 +02'00'

Prof Linda du Plessis

Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)