

**PARENTING STYLES AND SUBSTANCE USE AMONG YOUTH: A CASE OF
SELECTED REHABILITATION CENTRES IN KAMPALA, UGANDA**

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**A RESEARCH DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIEREMENT OF THE AWARD OF A MASTERS DEGREE IN
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DECLARATION

I AtwineNaome declare that this dissertation titled “*Parenting Styles and Substance Use Among Youth: A Case Study of Selected Rehabilitation Centres in Kampala, Uganda*” was a result of my efforts and to the best of my knowledge.

Sign

.....

ATWINE NAOME

Date

.../.../.....

APPROVAL

This is to certify that this research report was under my supervision and it is ready to be submitted to the Faculty of Human and social sciences, department of psychology at University of Kisubi.

Signature

Date:

.....

.....

DR.KIYINGI FRANK PIO.

DEDICATION

This research report is dedicated to my family and every youth who is trying to overcome the challenge of substance use.

ACKNOWLEDGEMENT

With great thanks, I acknowledge the contribution all the people that have assisted me to carry out this research to its completion and in a special way I convey my heartfelt thanks to the following;

I thank the God for the gift of life, wisdom, protection and providence He has given me to this very time for without Him, Kiyingi Frank Pio who devoted much of his time to me.

I give special thanks to my husband Mr. Babigumira Vincent, my sister inlaw Baitwabaabo Secondina for the financial and moral support they have offered me during my studies.

May the good lord reward you abundantly.

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LIST OF ABBREVIATIONS

NACADA: National agency for the campaign against drugs

NDA: National drug authority

NGO's: Non-governmental organizations

UYDEL: Uganda youth development link

WHO: World Health Organization

ABSTRACT

The study evaluated the influence of parenting styles and substance use in Uganda. The objectives of the study were to assess the relationship between authoritative parenting style and Substance use, to examine the relationship between authoritarian parenting style and substance use, to find out the relationship between permissive parenting style and substance use, to determine the relationship between neglectful parenting style and substance use. The study was cross sectional in nature. The study sample size was 80 basing on the population of 100 and respondents were selected from rehabilitation centres using purposive sampling and simple random sampling. Data was collected using structured questionnaires and inferential statistics were used to analyze data.

Study findings established high level of substance use among youths aged 18 – 35 years in Kampala ($M = 3.95$, $SD = 1.21$). The study results showed moderate levels of authoritative, authoritarian, permissive, and neglectful parenting styles. Study established that on the overall, parenting styles are related to substance but only permissive parenting style had a statistically positive relationship with substance use among youths in Kampala ($\beta = 0.939$, $p = 0.000$). This study concluded that understanding permissive parenting style is crucial in designing interventions that curtailing substance use among youths in Kampala. From the study, it is recommended that the Ministry of health should enhance specific rules and if possible, ban the sale of psychoactive substances in the country. This should be aimed at reducing access and thus use of substances by youths, and that parents should practice some level of control of their children and try to avoid being over permissive among other recommendations.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter presents the influence of parenting styles on substance use among the youth in selected rehabilitation centers in Kampala Uganda. This chapter includes background of the study about parenting styles and substance abuse, problem statement, purpose of the study, specific objectives, research questions/hypotheses, scope, conceptual framework and significance of the study and the conclusion.

Ministry of Gender Labor and Social Development came up with the national parenting guidelines and a manual that offers tips to parents on how to raise their children to be responsible citizens. This is contributes to the apparent moral decay which leading to increased tales of intolerance, unnecessary strikes and demonstrations, corruption and domestic violence. From the national parenting guidelines parents are required to express love, spend quality time with children, instill cultural values, live by example, and inculcate the value of wealth creation and saving (Gender Ministry Draft Manual Guidance on Parenting, 2017). This requires parents to be involved in all actions of their children.

1.1 Background of the Study

It is reported by United Nations Office on Drugs and Crime, (2017) that substance use among adolescents is a worldwide health issue In Brazil, the magnitude of the occurrence of this consumption among teenagers is mainly shown in epidemiological studies (Galdos, et al, 2010; Carlini, et al, 2007). National surveys on the use of drugs by students in 2004 and 2010, carried out by the Brazilian Center for Information on Psychotropic Drugs (CEBRID), showed a

significant increase in the use of illicit drugs and a worrisome prevalence at an early age (Galdos, et al, 2010). Moreover, alcohol experimentation is most common among 12-14-years old teens according to Malta et al (2011). In addition, socioeconomic inequalities in Brazil have been associated with substance use among adolescents, where the higher risk of abuse and dependence are evidenced in less favored socioeconomic classes (United Nations Office on Drugs and Crime, 2017). These data are worrisome, as early adolescent drug use dramatically increases the risk of lifelong substance use disorder (SUD), interferes with ongoing neurodevelopment, and may induce neurobiological changes that further augment SUD risk (Burrell. et al, 2014). Therefore, the issue of substance use among the youth becomes critical.

Substance abuse is an ever-expanding problem and is recognized as a threat with serious effects on people's health, security, social-economic and cultural welfare. In Nigeria, students have consistently shown that there is considerable prevalence of drug and substance use; with varying preference rates found for both overall and specific drug abuse (Abdulkarim, 2005). Some of these commonly abused substances include tobacco, Miraa (khat), bhang, alcohol, cocaine, mandrax and heroine (NACADA, 2006). This depicts a similar situation even in Uganda.

In studying the relationship between parenting style and substance use in Ethiopia, Malik (2005), Baumrind (1991) and Holly (2012) reported that there is evidence that parents may have an influence adolescents behavior via their style of parenting, basically Baumrind's early research created the parenting typologies of authoritative, authoritarian, permissive and disengaged parents along the two dimensions of demandingness and responsiveness. Demandingness denotes the expectation of parents for mature behavior from their adolescent children by setting and consistently enforcing reasonable rules and standards for their behavior. Responsiveness refers to parental warmth and demonstration of physical affection towards the child.

Authoritarian parents attempt to shape, control and evaluate the behavior and attitudes of children based on absolute sets of standards, respect for authority and obedience. Authoritarian parents are more likely to use harsher forms of punishment and are less responsive to the children. Authoritative parents encourage verbal give and take, explain the reasons behind demands and discipline, and expect the child to be independent and self-directing. Thus, authoritative parents are both demanding and responsive. Permissive parents are more likely to give way to the child's impulses, desires and actions. Permissive parents are less demanding and more responsive and could be indulgent while disengaged parents are neither demanding nor responsive and could be termed as neglectful parents (Malik, 2005; Baumrind, 1991; Holly B. Shakya, 2012). Therefore, parenting styles need to be critically addressed in order to circumvent the alarming rate and increased use of substance among the youth.

According to NACADA (2007) as cited in Weldon (2013), the culture of drug abuse is growing among the youth and adolescent students in Kenya. A report by NACADA (2009) indicates that, the national prevalence for drugs among young people in Kenya is at 60 % alcohol, 58% tobacco and 23% cannabis among others. Another report by NACADA (2012) indicates that majority of students in all levels of education engage in the risks of drug abuse. The problem of drug among adolescent students affect both boys and girls with 9.0% of those aged 15-24 involved in smoking out of whom, 20.9 % are males while 1.3% are females (Otieno, Kariuki&Mwenje, 2013). Drug abuse among the students jeopardizes their health in addition to lowering their academic performance thus diminishing their contribution towards the countries' economic growth.

In a study done by National Drug Authority (NDA) in Uganda among secondary school students, findings indicated that 22% of the students had ever taken substances that included; alcohol,

smokeless tobacco, cigarettes, and shisha (NDA, 2013). The sensitization exercise that was implemented revealed that; there was an increase in percentage of students taking substances such as alcohol, smokeless tobacco by 23 percent (NDA 2015). In the same line, the Uganda Police Annual Report (2014) revealed an increase in substance abuse in the country which might expose the youth to the risk of getting involved in externalized problem behavior. Referring the studies by Uganda Youth Development Link (UYDEL) revealed that substance abuse among secondary school adolescents in Uganda is a major concern for school administrators and parents (UYDEL, 2008). The same study reported that, in Kampala, parents are over occupied with work due to costs of living and have less time to attend to their children. This might affect youth since they are likely to face problems like parental separation, divorce, conflict and others that lead to substance use which include Heroin, Marijuana and alcohol (UYDEL, 2008). Finally, the report revealed that in 2017, there was an increase of substance users and parents were complaining about substance use among their children (UYDEL, 2008). Most parents could have like three children all using substances which were affecting their lives. The researcher wanted to find out whether parenting styles have an influence on substance use.

1.1.1 Historical perspective

There are two philosophers who influenced the child development and parenting concepts. The first scientist called John Locke (1970) stated that the early experiences children go through are very important to their development throughout life (Spera, 2005). The second scientist was called Jean-Jacques Rousseau (1962) who proposed that children should primarily interact with the environment so that they can learn from their surroundings and more specifically from their parents and home environment instead of studying the reality from books.

In the case of substance use as an early experience, the use of substances like alcohol, tobacco and illicit drugs remains evident worldwide and is projected to cause an estimated one billion deaths within the twenty first century (Murray et al., 2012).

Many studies however focused on parent-child interaction and its importance over the life span of children. Dreikurs (1957) proposed that in early childhood, children's misbehavior is caused when a child perceives him or herself as not welcomed by the social circle which is determined by the parenting style. Dreikurs (1957) argued that the child seeks attention from others and if the child does not receive it, the child will try to assume power, revenge and feel themselves as inadequate. Dreikurs emphasized that authoritative family style is very important to promote adequate individual development. Therefore, parents influence on their children's behavior through investigating parenting styles is critical.

In Uganda and in particular Kampala evidence shows that an estimated sixty percent in 2002 and of recent to seventy one percent of the youths use substances like the alcohol, cannabis and others (Ovuga, 2016; Kasirye, 2002). There were however no empirical studies that targeted the youths within the rehabilitation centers thus the current study.

1.1.2 Theoretical Perspective

There are many factors associated with adolescent drug and alcohol experimentation and abuse, such as personal values (Galdos and Sanchez, 2010) and personality traits (Saiz, 2011; Liraud, 2000). Among these factors, one of the most important is parental style. Maccoby and Martin developed a theoretical model of parenting styles with two fundamental dimensions in parenting practices: demandingness (strictness, imposition, parental firmness) and responsiveness (warmth, acceptance, involvement) (Martinez, 2019). Four parenting styles are defined according to these dimensions: authoritative, neglectful, indulgent and authoritarian. The term authoritative is used

for the parenting style that combines high levels of control and affection. Parents with low responsiveness and few demonstrations of affection are classified as neglectful. Indulgent parents are affectionate, but demand little. Authoritarian parents are very demanding but demonstrate little affection, showing low levels of support for their adolescent children (Domingues, 2011; Becoña, 2011). According to studies made by Montgomery et al, (2008) and Chassin et al, (2005) results show that adolescents are more likely to use drugs when they feel neglected by their parents. At the same time, adolescents are more likely not to use drugs when they feel their parents have authoritative styles (Domingues, 2011; Becoña, 2011; Benchaya. et al, 2011; Berge. Et al, 2016). In particular, studies with Brazilian adolescents showed that not feeling supervised, and never feeling understood by parents were associated with illicit drug use (Antunes. et at 2018). Monitoring of the parents too is an important predictor for the prevention of poly drug use among adolescents (Valente et al, 2019). Therefore, it has been proposed that the authoritative parental style can be considered more protective and beneficial for the normal development of youngsters, resulting in good relationships, academic success, and positive psychosocial adjustment, (Maccoby. et al, 1983) and is therefore likely to prevent drug-related problems. Recent data about indulgent parenting show that higher levels of self-esteem and satisfactory school performance of adolescents are also associated with this style as noted by Calafat. et al, (2014) and Martinez and Garcia (2008). When it comes to authoritarian style, a study showed that these are associated with low levels of self-esteem and high levels of substance use (Martinez and Garcia, 2008). This calls for emphasis on authoritative parenting styles that could help to minimize substance use among the youth.

1.1.3 Conceptual Perspective

On the other hand, the relationship between parental styles and the process of behavioral change toward stopping the use of different types of substances by adolescents remains insufficiently studied. Therefore, information about the style of the parents or of the individuals with a parental role and its influence on behavioral change, mainly the cessation of substance use by their children, is important for the development of treatment strategies for special populations. As the authoritative style can provide a higher level of connection between children and parents and is associated with a protective role against initial drug use (Domingues et al, 2011).

A parenting style is determined by the degree of the parent's responsiveness and demandingness of the children. Parental responsiveness (warmth or supportiveness) refers to the parent's intentional fostering of children's individuality, self-regulation, and self-assertion, by being attuned, supportive, and compliant to the child's special needs and demands. According to Baumrind (1991), Maccoby & Martin (1992) parent's demandingness or behavioral control refers to the claims parents make on children to become integrated into the family whole or system, by their maturity demands, supervision, disciplinary efforts, and willingness /inclination to confront the child who disobeys.

There are four parenting styles; permissive, authoritarian, authoritative and uninvolved parenting styles. But this study will consider the three parenting styles that Baumrind initially suggested (Baumrind, 1991; Maccobi and Martin, 1992). Concretely, parenting styles refers to the respondent's perception of parental behavior with respect to parental control and warmth. According to authoritative parenting style, the parents are both demanding and responsive (warm). These authoritative parents monitor and impart clear standards for their children's conduct, who are assertive, but not intrusive and restrictive. Their disciplinary methods are

supportive, rather than punitive. Baumrind (1991) affirms that most parents want their children to be assertive as well as socially responsible, self-regulated as well as cooperative.

Authoritarian parenting style: The parents are highly demanding, but not responsive. Being obedient and status oriented and oriented, are expected to be obey without explanation (Baumrind, 1991). These parents provide well-ordered and structured environments with clearly stated rules, without much responsiveness.

In permissive parenting style, Parents are low in demandingness and high in warmth. They are non-traditional and lenient, do not require mature behavior, allow considerable self-regulation, and avoid confrontation. Permissive Parenting Style; describes parents who exhibit behaviors that highly support their children and are very lenient to their children. High responsiveness and lack of demandingness are two elements that describe permissive parenting. Parents who are more receptive and less demanding are considered permissive parents.

Neglectful Parenting Style; parents show behavior that is low in monitoring and low in supporting their children. Low responsiveness and low demandingness are two elements that characterize neglectful parenting. Parents who scored lower on responsiveness and lower on demandingness are considered as neglectful parents. This parenting style has also been called 'rejecting-neglecting' (Baumrind, 1991), 'neglectful' (Knutson et al., 2004; Parker & Hadzi-Pavlovic, 2008), 'neglecting parental style' (Hoeve, Dubas, Eichelsheim, van der Laan, et al., 2009), 'neglectful or uninvolved' (Alegre, 2011) and 'disengaged parenting' (Sabattini & Leaper, 2004).

Mild, moderate and severe substance use

Substance users who meet 4 or 5 criteria may have their substance use disorder described as **moderate**, and those who meet 6 or more criteria as **severe**. The DSM-5(2013) includes

specifiers for severity of a substance use disorder . Individuals who meet only 2 or 3 criteria are often deemed to have mild substance use.

Severe substance use; in the researcher's view this is a stage where the user begins to suffer legal, emotional, physical, or social problems. Adults may drink and drive and inmost times suffer problems at work or in their relationships. Teenagers may have bad grades, behavioral problems, a significant change in friends, motor vehicle crashes, or speeding tickets.

1.1.4 Contextual Perspective

In Kampala city, the police report evidence shows that more than 200 youth in Kampala city were arrested because they were involved in reckless behaviors including misconduct in schools and colleges. Some students who were believed to be under the influence of alcohol forced themselves into the premises of schools and colleges around 8 pm and assaulted the gatekeepers, forced themselves into the schools and colleges compound and destroyed property (Ackard et al, 2006). More recent evidence shows that up to 10.5 % of the youths consume within a month but with those youths outside school consuming more than those in school (Kabwama et al., 2021). Studies investigating the youths within the rehabilitation centers however remained scanty even when they are the ones outside school.

Externalized problem behavior has been associated with parenting style. According to Mcmorris (2011), a parent's involvement in a child's life makes a big difference in the way they behave in their community. In a study by Ackard, et al (2006) findings indicated that good parent-child relationships provided protection against adolescent externalizing problem behaviors.

In studying the context of the link between parenting style and children behavior, Gelan (2016) reported that a family is a central socialization agent in preparing children for life. Parents in

every cultural environment raise their children based on their economic resources, socio-political forces in their environment, culture and the way they define their parenting responsibilities. Similarly, children learn about ways of thinking, feeling, and behaving according to their cultural environments (Gelan, 2016). It is, therefore, the responsibility of parents to guide the direction of children.

Parenting is a socialization process through which parents transfer their cultural values, beliefs, traditions, and norms as well as other socially and culturally desirable behaviors to their children, adolescents, and young adults to be good citizens of the society and for the attainment of adult competence as cited in (Elias, 2014). This implies that all parents have a big responsibility to shape the behavior of their children.

1.2 Statement of the Problem

Substance use in any form among youths is undesirable among youths as it is associated with both short-term and long-term physiological effects. However, substance abuse among youth in Kampala city has alarmingly increased with 45 percent of students involved in substance abuse (Ackard et al, 2006). This has persistently increased and worse in the youths estimated at 71% compared to a lower proportion 26.8% of adults (Uganda Bureau of Statistics, 2017; Ovuga, 2016). According to WHO (2013), Uganda was ranked as the world's leading consumer of alcohol per capita. Based on results from 2007, Uganda's overall alcohol consumption was an average of 17.6 liters per capita. This is abnormally high compared to surrounding countries. WHO (2013) notes that the harmful use of alcohol results in 2.5 million deaths each year, 320,000 young people between the age of 15 and 29 die from alcohol-related reasons, resulting in 9% of all deaths in that age group. At least 15.3 million persons have drug use disorders despite the above death rates as indicated by WHO (2011), there is still limited

knowledge due to limited research in the field of drug abuse. Arguably, however, the influence of parenting during adolescence remains a challenge which affects behaviors until adulthood (Hoskins, 2014). Parents' roles in the family environment to prepare children for adulthood through rules and discipline seem to be neglected. The current study, therefore, investigated the relationship between parenting styles and substance abuse among youth in Kampala district with selected rehabilitation centers so as to recommend preventive measures that decrease the likely occurrence of the problem in children's future life.

1.3 Purpose of the Study

The purpose of this study was to investigate the influence of parenting styles and substance use in Uganda so as to come up with appropriate measures that can be used to minimize

1.3.1 Objectives of the Study

- To assess the relationship between authoritative parenting style and Substance use among youths in Kampala Rehabilitation Centers.
- To examine the relationship between authoritarian parenting style and substance use among youths in Kampala Rehabilitation Centers.
- To find out the relationship between permissive parenting style and Substance use among youths in Kampala Rehabilitation Centers
- To determine the relationship between neglectful parenting style and Substance use among youths in Kampala Rehabilitation Centers

1.4 Research questions

- What is the relationship between authoritative parenting style and Substance use among youths in Kampala Rehabilitation Centers?

- What is the relationship between authoritarian parenting style and substance use among youths in Kampala Rehabilitation Centers?
- What is the relationship between permissive parenting style and Substance use among youths in Kampala Rehabilitation Centers?
- What is the relationship between neglectful parenting style and Substance use among youths in Kampala Rehabilitation Centers?

1.5 Research Hypothesis

There was a significant relationship between parenting styles and youths' substance use in selected rehabilitation centres.

1.6 Scope of the Study

Mugenda (2003) basically defines scope of the study as all those things that were covered in the research project. It defines clearly the extent of content that was covered by the means of the research in order to come to more logical conclusions and give conclusive and satisfactory answers to the research. It is presented in terms of geographical, content and time scope.

1.6.1 Geographical Scope

The study was conducted in selected rehabilitation centers in Kampala. Kampala is the largest city and the capital of Uganda. The city was estimated to have a population of 1,680,800 people on 31st July 2019 and is divided into the five divisions of Kampala Central Division, Kawempe Division, Makindye Division, Nakawa Division, and Rubaga Division. This study will be limited to Kampala district and this research will be conducted in Hope and beyond rehabilitation center, Africa retreat center, Pinnacle rehabilitation centre, and life back foundation.

1.6.2 Content Scope

The study focused on four parenting styles (authoritative, authoritarian, permissive, and neglectful) and substance use in youth in selected rehabilitation centers in Kampala Uganda. This study used a psychological approach. This research covered youth between 20-35 years.

1.6.3 Time Scope

The study focused on a period of one year to consistently follow the changes that may take place. The study involved secondary data dated from 2018 to 2020. This was the period when highest cases of substance use among youths was reported in Kampala.

1.7 Significances of the Study

The research will be significant to the youth, families, community rehabilitation centers and other researchers.

Youth: The findings informed interventions to enhance youth with knowledge on parenting styles and how to overcome their life challenges for example substance use.

Families: It is hoped that the research helped families to understand parenting styles together with how they influence substance use in their children.

Community: This research contributed to the body of knowledge about parenting styles and substance abuse.

Relevant NGO's and other government organizations: This research contributed to knowledge which will help NGO's them to focus on prevention and treatment of people affected by drug and substance abuse forexample during sensitization of the youth about substance use.

Future researchers: This research helped future researchers to develop insights into better parent-child relationships and prevent substance use.

The researcher: This research will help the researcher to acquire her award in the master's degree of clinical and psychological counseling of University of Kisubi.

Policy makers: It is hoped that the findings of this study will be used to design interventions to be used in addressing the problem of substance abuse in Kampala city and Uganda generally.

1.8 Limitations and delimitations of the Study

The researcher faced the following limitations:

The population of re-admitted substance users in different rehabilitation centers was small. Therefore, the study was carried out within a timeframe of two months so as to increase the sample for the study.

Secondly, most substance users had cross addictions and might be using other drugs alongside other substances. The researcher assessed for heroin, alcohol, Marijuana and Khat using ASSIST tool.

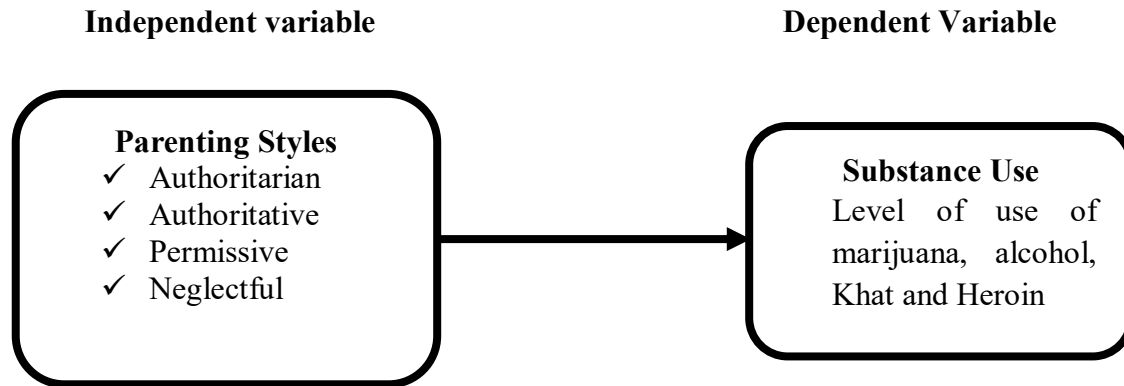
There was a likelihood of receiving inadequate information due to the busy schedules, fear and unwillingness to provide relevant information by informants. To overcome the limitation, the researcher assured confidentiality and anonymity to the respondents.

This research required a lot of money to conduct since it was a period of COVID 19 pandemic.

In abid to follow SOPs, she had to invest in sanitizers and masks.

1.9 Conceptual Framework

The conceptual framework in the present study shows the understanding of parenting styles and substance users.



Source: Constructed by the researcher

Figure 1. 1: Conceptual Framework on Relationships among Study Variables.

Conceptually, figure 1.1 proposes that authoritarian parenting style, authoritative parenting style, permissive parenting style and neglectful parenting style positively or negatively determines substance use among the youth.

Whereas the study presupposes that substance use which include the magnitude of marijuana, alcohol, Khat and Heroin use in terms of mild, moderate and severe (dependent variables) positively or negatively determined by parenting styles.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This section reviews existing literature on parenting styles and substance use.

2.1 Theoretical Review

According to Diana Baumrind was the first scholar to look at parenting styles known as Baumrind's Parenting Typology (Baumrind, 1967). Baumrind explained two dimensions with two possible aspects in each case, describing the behaviors of parents to raise healthy children. These were responsiveness vs. unresponsiveness and demanding vs. undemanding. Responsiveness refers to the extent to which the parents foster individuality, self-regulation, and self-assertion by consenting to or being aware and supportive of children's needs and demands (Rivers, 2006). Demandingness refers to parental efforts to integrate children in the family through maturity demands, supervision, discipline, and willingness to confront behavioral problems (Rivers, 2006). Baumrind categorized three initial parenting styles into authoritative, authoritarian, and permissive.

2.2 An overview of parenting styles

Darling & Steinberg (1993) explained that; parenting styles are a psychological construct of strategies, characterized by patterns of warmth and control, which a parent uses to rear their child. Parenting styles are distinguished by being positive or negative. Positive parenting styles influence the behavior and development of a child positively; while negative parenting styles influence the behavior and development of a child negatively (Clark & Ladd, 2000; Kaiser, &

Pfiffner, 2011). Research indicates that positive parenting is beneficial, yet there are some contextual influences on effective parenting practices (Deater-Deckard et al., 1996; Le et al., 2008). When considering contextual influences, it has been found that the effectiveness of a parenting style may depend on the environment, cultural group or population that a child is exposed to (Kotchick & Forehand, 2002). The purpose of the present study is to assess the effects of parenting styles on substance use among the youth.

Parenting is a complicated occupation that requires many different skills to facilitate the rearing of the child. It is within the first year or two of the child's life that parents begin to attach to a parenting style (Darling & Steinberg, 1993). When researchers attempt to describe these patterns, most rely on Diana Baumrind's concept of parenting styles. In her view, "parenting style is used to capture normal variations in parents' attempts to control and socialize their children" (Baumrind, 1991a, p. 349). Additionally, he examined parental disciplinary patterns and social competence in children and created a theory that included three basic parenting styles: Authoritative, Authoritarian, and Permissive (sometimes referred to as Indulgent).

Maccoby & Martin (1983) expanded this to four and added Uninvolved (sometimes referred to as Neglectful). However, knowledge gaps exist as none of the above studies give a clear overview of the level of substance use in Kampala. This study was set to address this gap.

2.3 Authoritative parenting and substance use among youth

According to Baumrind (1978), Authoritative parents are demanding and responsive. Authoritative parenting style is considered to be the most ideal parenting style typology, associated with healthy child psycho-social development (Baumrind, 1966). This parenting style is characterized by high levels of warmth, control, and cohesiveness (Darling & Steinberg, 1993). Authoritative parent holds high expectations and encourages autonomy and maturity.

Parents of this category demand independence, encourage problem solving, and teach their children how to appropriately regulate their feelings (Baumrind, 1971, 2013; Baumrind, Larzelere, & Owens, 2010; Gray & Steinberg, 1999; Steinberg, 2001). Authoritative parents are nurturing, and they control the limits of their children (Hulbert, 2011). A punishment for inappropriate behavior is always consistent and never violent. Additionally, Authoritative parents will generally explain the motive for a punishment (Steinberg et al., 2013). In a study which was conducted by Baumrind in 1978 and 1991, it was reported that such parents prefer to forgive and teach instead of punish. It was also reported that authoritative parents generally disapprove of drug and alcohol use, which reduced the likelihood of their child using substances. Subsequent studies have produced similar findings (Cohen & Rice, 1997; Darling, 1999; Piko&Balázs, 2012; Weiss & Schwarz, 1996). Similar results have been found for children of Authoritarian parents. However, contextual gaps exist as none of the above studies was carried out from Kampala. The current study was meant to address this gap by carrying out a study in Kampala.

2.4 Authoritarian parenting and substance use among the youth

Authoritarian parenting style refers to the approach some parent's use in directing the behaviors of their children which is characterized by high demandingness and low responsiveness on the child (Baumrind, 2005). The authoritarian parent attempts to shape, control, and evaluate the behavior and attitudes of the child in accordance with set standards and also values obedience as a virtue (Rudy, Duane, Grusec& Joan, 2006). Demandingness refers to the degree of parental control and supervision used in the parenting process over the child and this may include the establishment of rules and boundaries, and the level of direct and indirect parental supervision (Care, Foster, Reginald, Gleeson & James, 2012). Parental responsiveness on the other hand refers to the degree of parental support for the child such as the level of warmth, consistency,

reason and rationality evoked in the relationship between the parent and child (Baumrind, 2005). However, knowledge gaps exist as none of the above studies provides conclusive evidence on the relationship between authoritarian parenting and substance use among the youth.

Latendresse (2008) stated that parents who are active users of alcohol and other drugs have impaired parenting skills that exacerbate the high-risk nature of the family environment which is associated with decreased levels of monitoring and supervision leading adolescents to engage in substance abuse. In the same study it was revealed that the most important social contexts impacting adolescent decisions to use alcohol was the family. Therefore, families with more frequent family conflicts were more likely to have adolescents with substance abuse behaviors compared to stable families (Kristjánsson, Roe, & Allegrante, 2008). Content and knowledge gaps however exist as the above studies did not focus on the impact of authoritarian parenting style youths but rather general family members.

According to Cablova (2015), the level of mutual warmth, support, and control within the parent-adolescent relationship significantly predicted the risk of adolescent substance abuse. In addition, children of authoritarian parents generally report more substance use compared to children who have a positive relationship with their parent which serves as a protective factor, offsetting the risk of substance abuse (Brook, 2006). Generally, parent's alcohol use and attitudes towards adolescent drinking alcohol often increased drinking and other substance use among adolescents (Mcmorris, 2011).

Vermeulen-Smit (2015) found out that restrictive substance-specific parental rules were associated with less adolescent recent substance and lifetime use of other illicit drugs and substances. Authoritarian parenting style where parents exert control while lacking warmth and support was found to increase the risk of adolescent drug and substance use behavior (Becona,

2012). Furthermore, Bowman (2007) affirmed the association between authoritarian parenting style and adolescent substance abuse as one in which the level of mutual warmth, support, and control within the parent-adolescent relationship significantly predicted the risk of adolescent substance abuse. Researchers found out that parental monitoring of the child's whereabouts in early adolescence was longitudinally related to low drug and substance initiation by late adolescence (Bohnert, 2012 & van Ryzin, 2012). In addition, Oesterle (2012) in his study among parents and adolescents found out that parental unfavorable attitudes toward substance use and parents' anger in response to substance use were negatively associated with adolescent substance abuse. Consistent with previous studies, Miller-Day (2008) also stated that parental strategies to deal with substance abuse such as setting a "no tolerance rule" was found to be an effective strategy associated with less drug and substance abuse among adolescents.

According to Barnes (2002), parenting styles can enhance or diminish acceptable behavioral outcomes in children. Authoritarian parenting style has been linked with negative behavioral outcomes including aggressive behavior, decreased emotional functioning, depression and lower levels of self-confidence leading adolescents to engage in drug and substance abuse (Rudy, Duane & Grusec, 2006). Also, other researchers found out that parents have enormous power to be a healthy influence on their children and to help steer them from involvement with drugs and substances (Calafat, 2014). Parents who abstain from drugs and substances have high expectations for their children, monitor their children's whereabouts, know their friends and provide loving support and open communication. Such parents are less likely to have children who abuse drugs and substances (Chassin, 2005). Much as the previous scholars emphasize parenting style on the behavior of the youth, little is mentioned on how these styles can impact on substance in Uganda, which the current study attempts to address.

According to Baumrind, (1978) authoritarian parents are demanding and unresponsive. Authoritarian parenting is also called strict parenting or totalitarian parenting. According to Baumrind, Steinberg & Cauffman, (2006), this type of parenting is categorized by high expectations, lower warmth, and high control. In Authoritarian parenting, there is generally little open dialogue between the parent and the child (Pelaez et al., 2008; Rudy & Grusec, 2006; Thompson, Hollis, & Richards 2003). Authoritarian parents demand much from their child, but rarely explain the reasoning behind the rules. Such parents rarely allow autonomy, are restrictive and intrusive; and enforce discipline that is punitive and/or harsh discipline (Baumrind, 1978; Reitman et al., 2002; Simons et al., 2007). These parents tend to demand obedience and focus on social status (Lamborn et al., 1991). However, the scholars seem to focus on demandingness and non-responsiveness, no attempt is made on how parenting style could have an influence on substance use among the youth.

Authoritarian parenting has been associated with low levels of substance use among children and adolescents. Baumrind (1991a) conducted a longitudinal study in which she examined parenting styles and substance use. She observed that children who abstained from substance use generally had parents who were warm, supportive, firm, and consistent with discipline (Baumrind, 1991). Weiss & Schwarz (1996), concluded that low levels of substance use among Authoritarian children may be related to the intrusive nature of the parenting style. Weiss & Schwarz (1996) further add that Authoritarian parent's high control practices may contribute to their children's low substance use. Authoritarian parenting has been correlated with low levels of substance use among children. Baumrind (1991) found that children of parents who were controlling, firm, and traditional tended to have low levels of substance use; however, these levels were not as low as those of Authoritative parents.

Children whose parents do not set clear rules against or do not monitor alcohol use by the children could be at a greater risk of alcohol use according to Jackson, Henrickens & Dickenson, (1997). Parenting that is relatively low in warmth and high in hostility predicted greater risk of alcohol and other drug use by the adolescents (John & Pandina 1991). In contrast, positive feedback, encouragement and physical affection from parents predict lower risk of alcohol and other substance use, (Jackson et al, 1997). Arguably, the previous researchers seem to stress the use of alcohol only and ignore other types of substance.

Renata, (2011), believes that authoritarian parents lack warmth towards their own children and they do not explain the reason for their being ruled. They expect their children to obey them without explanation and create strict rules for their children which make it hard for their children to express their emotions. Out of the resulting discomfort a number of them find using drugs as soothing and relieving and end up becoming addicts.

Authoritarian parents establish firm rules and expect their children to obey without question, thus high in discipline but low in responsiveness. Although parents punish disobedience, they are not supportive and democratic and do not expect children to express disagreements with their decisions (Weiss & Schwarz, 1996). According to the researcher, the youth who are raised by authoritarian parents exercise unnecessary criticism, disregard and discredit their own children when they later become parents as well. When fear is instilled in these children and feel threatened, there is always a tendency of fulfilling and satisfying their emotional and physical needs by becoming alcoholics and other substance users.

2.5 Permissive parenting and substance use among youth

The Permissive (Indulgent) parent is responsive but not demanding. This type of parenting style involves strong cohesion and placing very few demands and controls on the child. Permissive

parenting is categorized by high levels of warmth and few behavioral expectations (Baumrind, 1971, 1991a; Johnson & Kelley, 2011). Permissive parents are very nurturing and respectful toward the child's physical and emotional needs (Clyde et al. 1995). Parents rarely require their children to self-regulate. Hay (2001) also notes that these parents have low expectations for self-control and maturity of their child. Permissive parents are lenient toward discipline and prefer to avoid confrontation with the child (Baumrind, 1991a; Frick, 2006). Permissive parents have been described as nontraditional, dismissive, and lax (Aunola, Stattin, & Nurmi, 2000; Beck & Shaw, 2005). Permissive parenting has been associated with high levels of substance use behaviors. Baumrind (1991b) observed that substance use was much higher in children from homes where parents are supportive, lax, and unconventional. Baumrind (1991b) also found that Permissive mothers were more likely to use illicit drugs and to not object to the child's use of drugs and/or alcohol. Other studies have found that children of Permissive parents are at risk for engaging in substance use in adolescence (Cohen & Rice, 1997; Montgomery, Fisk, & Craig, 2008; Patock-Peckham et al., 2001; Weiss & Schwarz, 1996). Additionally, children from Permissive homes are more likely to experiment with substances at a young age (Baumrind, 1991b). Researchers have speculated that substance use among children from Permissive homes may be due to a lack of parental intervention, rule setting, and discipline.

In a study conducted by Kazdin, (1987), it was reported that, permissive parenting style leads to lack of happiness and self-control, early school dropout, girls involving in prostitution and at times end up being criminals. The report also revealed that most of the boys engage in unhealthy risky behaviors of alcohol consumption and drug abuse.

According to Kazdin, (1987), permissive parenting involves a lack of demands and expectations and therefore, children raised by parents with this style tend to grow up without a strong sense of

self discipline. Students/children may be more unruly in schools due to lack of boundaries at home and may be less academically motivated than many of their peers. Since these parents have few requirements for mature behavior, children may lack skills in social settings.

According to Baumrid, (1991), permissive parents tend to be more responsive than being demanding. They are nontraditional and lenient, do not require mature behavior, allow considerable self-regulation and avoid confrontation. This result in children who rank low in happiness and self- regulation and the fact that they are never confronted, they tend to engage in all sorts of illicit behaviors including alcohol and other drug use.

Dwairy, (2004) studied Palestine Arabs and found out that boys who were brought up by permissive parents suffer from low self-esteem, depression and anxiety. William et al (2009) also carried out a study among the American children for over 10 years and found out that some youth pre scholars who were behaviorally withdrawn were more likely to develop depression and anxiety if they were raised by parents who are permissive and indeed a great number of these later get involved in alcohol and heroin use as a coping strategy.

2.6 Neglectful parenting and substance youth among the youth

De Bellis (2002) used a developmental traumatology perspective to discuss the connection between child maltreatment related PTSD and the likelihood of alcohol and substance use among adolescents and adults. Adverse life experiences during childhood made a serious and pervasive impact on biological stress response systems and healthy brain development leading victims to use drugs and alcohol as a response to their previous traumatic experiences. In a study by Dube et al. (2003), findings indicated that the more severe the childhood abuse and neglect, the more likely patients were to report illicit drug use problems, addiction to illicit drugs, and prenatal drug abuse.

From an attachment perspective, neglected children who are unable to cultivate a bonding attachment relationship with their unresponsive early caregivers are more likely to develop a sense of insecurity, poor social skills, and peer problems (Crittenden and Ainsworth 1989; Howes and Eldredge, 1985). These challenges in attachment relationships could potentially lead to the formation of negative models of self, parents, and peers in relationships, and subsequently, deterioration of self-esteem and self-control. In a longitudinal study of peer relationships and self-esteem in maltreated children, results revealed that lack of self-esteem was associated with inadequate and inappropriate parental supervision (Bolger et al. 1998). Low self-esteem has also been found to be connected to adolescent drug and alcohol abuse (Wild et al. 2004). Likewise, Pires and Jenkins (2007) found that parental rejection was positively related to adolescent illicit drug use. In response to a perceived loss of self-esteem and control, as well as a sense of hopelessness, adolescents were found more likely to use drugs as an avenue to “escape” from the realities of their daily lives (Newcomb and Harlow 1986). However, knowledge gaps exist as none of the above studies provide information about the relationship between neglectful parenting style and substance use.

In contrast to physically abused children, neglected children have more serious cognitive deficits, socializing problems, and appear to exhibit more internalizing behaviors instead of externalizing behaviors (Hildyard and Wolfe 2002). Since childhood neglect is associated with effects that are often unique from childhood abuse but no less severe than the effects of physical and sexual abuse (Dubowitz 2007), there is a dire need to conduct research that would distinguish the long term impact of neglect alone on a child from that of other forms of maltreatment. While Widom and White (1997) discovered that childhood maltreatment is significantly related to adult alcoholism and substance abuse, they did not however examine these behaviors during their

critical developmental phase—adolescence, which could very likely shed light on the various pathways that child neglect may lead to drug and alcohol abuse over the entire maturity period from childhood to adulthood.

The Uninvolved (Neglectful) parent is neither demanding nor responsive. An Uninvolved parent is distant, avoidant, and dismissive. Parents of this caliber do not set limits and are low on warmth and control (Shaffer, & Egeland, 2009). There are two different types of Uninvolved parenting: physical and emotional. Physically Uninvolved parenting is described as instances in which the parent is physically absent from the child's life (Claussen & Crittenden, 1991; Glaser, 2002). Conversely, Emotionally Uninvolved parenting involves instances where the parent may be physically present; however, they are emotionally unavailable to the child.

Maccoby & Martin (1983) explain that these uninvolved parents do not encourage appropriate behavior or place demands on the child. Punishments for children may range from harsh to nonexistent (Brenner & Fox, 1999; Zolotor & Runyan, 2006). Children of Uninvolved parents have been considered to be at high risk for engaging in substance use. Generally, uninvolved parents do not supervise or monitor their children's activities, further increasing their risk for substance use (Darling, 1999). Knutson et al., (2005) explain that lack of parental encouragement and limit setting may be a contributing factor to high substance use among this group of children. Additionally, there is a high correlation between parental drug use and uninvolved parenting. Because child expectations and punishment are absent, substance use among children of uninvolved parents is often rampant (Adalbjarnardottir & Hafsteinsson; 2001; Aunola, Stattin, & Nurmi; 2000; Baumrind, 1991b; Lamborn et al., 1991; Weiss & Schwarz, 1996). Finally, Stice, Barrera, & Chassin (1993) conclude that low control and discipline, which is commonly found in both Permissive and Uninvolved parenting, can increase the risk for substance use. The above

studies however, do not provide any clear relationship between neglectful parenting style and substance use among youths

2.7 Summary and Gaps reviewed literature

The researcher reviewed literature from global, regional to local perspectives and in line with the study objectives. Unlike the proposed study, most of the reviewed studies (McLaughlin et al. 2016; Berge et al. 2016; King et al., 2015)) and others had their focus on substance use among adolescents in schools in association with parenting styles. As noted by Onukwufor & Anwuri, (2017), they established that students of permissive parents drank more beer and portrayed with substance use disorders. The present study focused on youths from treatment centers in Kampala district.

research have been done on the role of parents in influencing the future of their children, however, further research was required to find out the role of parents and different childrearing methods on the future children's behaviors. Therefore, this study sought to examine the influence of parenting styles on substance use among youths from treatment centers in Kampala district.

Some of the qualitative studies, (McLaughlin et al., 2016; Alhya et al., (2015) analyzed their data by use of thematic analysis while others like King et al.,2015; Berge et al., (2016); Mwanja and Njagi, (2017) used logistic regression analyses. Froiland & Whitney, (2015) used Structural Equation Modeling. The present study will use SPSS and to analyze collected data through questionnaires.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

The methodology is a comprehensive procedure used to apprehend the research objectives. It is an attempt to describe how the study is going to be organized and data collected. It presents the research design, study area, population and sample, sampling techniques, the research instruments, validity and reliability, procedure, the data collection methods and data analysis, research ethical consideration and anticipated limitations of the study.

3.1 Research design

According to Gesa (2015), the research design describes the nature and pattern the researcher intends to follow. A research design is defined as the overall strategy that a researcher chooses to integrate the different components of the study in a coherent and logical way, thereby, ensuring effective tackling of the research problem; it constitutes the blueprint for the collection, measurement, and analysis of data (De Vaus, 2006). The study employed cross sectional study design. The researcher used cross sectional design because it was relatively quick, cheap and easy to conduct since no long periods of follow-up and data on all variables was only collected. Quantitative data collection methods were used to collect data from the respondents (Amin 2005). The study mainly used a quantitative research approach which involves quantification of data in numerical and statistical terms.

3.2 Area of the study

The study was carried out in selected rehabilitation centers namely, Hope and Beyond treatment center, Africa retreat centre, life back and Pinnacle rehabilitation centre located in Kampala the

capital city of Uganda. These rehabilitation centers were chosen because of easy accessibility of youth with substance use disorder.

3.3 Study Population

Target population refers to all members of a real or hypothetical set of people, events or objects to which the researcher would wish to generalize the results of the study (Borg & Gall,1989). The study population for this study was the youth from 18 - 35 years and these were substance users who are already enrolled in selected rehabilitation centers in Kampala. Rehabilitation Centers in Kampala have a population of over 500. However, for the purpose of the current study, the accessible population was 100 (Hope and Beyond Rehabilitation Center Records, 2017, Africa retreat centre, 2017; Life back foundation, 2017; Pinnacle rehabilitation centre, 2017). This included 27 from Hope and Beyond, 35 from Africa retreat centre, 25 from Life back rehabilitation centre and 13 from Pinnacle rehabilitation centre. The study involved both male and female substance users who are using Alcohol, Marijuana, Heroin and Khat. The study was carried out at selected rehabilitation centers namely Hope and Beyond Rehabilitation Center, Africa retreat centre, Life back foundation and Pinnacle rehabilitation centre.

3.3.1 Eligibility Criteria

3.3.1.1 Inclusion

The study included youths who were between ages of 18 -35 years on the presumption that this is a stage where youths experience the effects of parenting styles or interpret positively or negatively parenting and end up abusing drugs as a copying mechanism even when they are harmful to their lives. Youths who were in rehabilitation centres were consented to participate in the study.

3.3.1.2 Exclusion

The study excluded respondents who were not willing to participate in the study and those who felt uncomfortable talking about their substance use history.

3.4 Study sample

According to Borg & Gall (1989), sample can be defined as a selected unit (people, organizations) from a population of interest so that by studying the sample we may fairly generalize our results back to the population from which they were chosen. The sample size was 80 as quoted from Morgan and Krejcie Table (1970). Determination of the sampling size by formula.

$$s = \frac{NP(P)(1 - P)}{(NP - 1) \left(\frac{B}{C}\right)^2 + P(1 - P)}$$

Whereby; S=sample size

NP=Population size = 100

P=Number expected to answer a certain way which is 50% =0.5

B=Sampling error = 5% = 0.05

C=Confidence level. The level of confidence used by most researchers is 1.960

Therefore, by substituting the variables and calculating for the sample size, S,

$$s = \frac{100(0.5)(1 - 0.5)}{(100 - 1) \left(\frac{0.05}{1.960}\right)^2 + 0.5(1 - 0.5)}$$

$$S = \frac{25}{99 \times 0.00065077051 + 0.25}$$

$$S = \frac{25}{0.3144262795}$$

$$S = 79.5098935$$

The total sample size is approximately 80

Therefore, sample size is = 80.

To come with the actual size in each stratum, the researcher used proportional sampling method using the formula below.

Actual size = $\frac{\text{Target population}}{\text{Total population}} \times \text{Sample size}$.

Total population

For example, the actual size for Hope and Beyond will be $\frac{27}{100} \times 80 = 22$.

100

Table 1

Target Population and Sample Size

Category	Target population	Actual population size
Hope and Beyond	27	22
Africa retreat center	35	28
Life back rehabilitation centre	25	20
Pinnacle rehabilitation centre	13	10
Total	100	80

3.5 Sampling techniques

The study employed two strategies of sampling techniques in this study namely: purposive and simple random sampling techniques to enroll respondents for the study. Simple random sampling was used to ensure that every member of the sample population has an equal and independent chance of being included in the sample.. In each of the rehabilitation centres, the lottery method was adopted. Identical papers numbered 1 to the accessible population size in that centre were

folded and following consent aa given youth was requested to pick one at random. Any youth who picked a corresponding number to sample size was considered in the study. Simple random sampling was used in the selection of the youths

Table 2

Target Population and Sample Size

Category	Population	Sample size(n)	Sampling Technique
Hope and Beyond	27	22	Simple Random
Africa retreat center	35	28	Simple Random
Life back rehabilitation centre	25	20	Simple Random
Pinnacle rehabilitation centre	13	10	Simple Random
Total	100	80	Simple Random

3.6 Sources of Data

In this study, both primary data and secondary data sources were employed to obtain reliable information about the parenting style and substance use among youth in selected rehabilitation centers in Kampala District, Uganda.

3.6.1 Primary data

Amin (2005) defined primary sources of data as sources of original information that has never existed before. Primary data is data that has been collected directly from the field. It is fresh data for that particular study which were collected using questionnaires.

3.6.2 Secondary data

Secondary data is defined as the data collected from published documents, organization report, past research and any other documents related to the subject under investigation. Secondary data was obtained from published and unpublished documents by library or document search such as text books, journals, internet, press release among others.

3.7 Data Collection Methods and research instruments

The method of data collection adopted was the survey method. This was chosen because it facilitates fastness in in data collection.

Data collection instruments

The study adopted a self-administered Questionnaire to collect data from the youths. Amin (2005) defines the *questionnaire* as a research instrument consisting of a series of questions and other prompts for the purpose of gathering information from respondents. The study used questionnaires to collect primary data. The type of questions in the questionnaire were closed and open-ended, this is because they are more appropriate in collecting information regarding surveys that deal with the perception of the respondents with regard to the study variables, where respondents were able to read and answer questions without being influenced by the researcher. Respondents responded to what was convenient for them without any pressure, and confidential information was not revealed.

The questionnaire was developed using a five likert scale to ease respondent's effort in answering the questions ranging from strongly Agree (SA), Agree (A), Undecided (UD), and Disagree (D), Strongly Disagree (SD) (Mugenda and Mugenda 1999).The interpretation was adopted from Likert (1932) as 4.20-5.00- Very High, 3.40 -4.19- High, 2.60- 3.39-Moderate, 1.80- 2.59-Low and 1.00- 1.79 -Very Low

3.8 Data quality control

The researcher ensured that validity and reliability are achieved. Validity refers to the extent to which research instruments measure what they are intended to measure (Seidman, 1998). The researcher checked for the truthfulness and the consistency of findings by carrying out a prior test of the instrument before the actual study.

3.8.1 Validity of instrument(s)

An instrument is considered valid if it only measures exactly what the researcher intends to measure (Amin, 2005). To ensure validity, the researcher administered questionnaires and made sure that a similar question is phrased using different wordings and this enabled the researcher to get the necessary information. The instrument was considered valid since the CVI was above 0.6

$$CVI = \frac{39}{45} = 86.6$$

3.8.2 Reliability of Instrument

To establish the reliability of the study, a pre-test was conducted at Serenity Center which has the same characteristics as the one where the study took place. Thirty (20) questionnaires were distributed to the respondents. Data obtained were entered into the Statistical Package for Social Sciences research (SPSS) version 26 to determine reliability of the instrument. Cronbach Alpha Coefficient (2004) was used to assess internal consistency.

Cronbach's alpha is a measure of internal consistency, that is, how closely related a set of items are as a group. It is considered to be a measure of scale reliability. A "high" value for alpha does not imply that the measure is unidimensional. If, in addition to measuring internal consistency, you wish to provide evidence that the scale in question is unidimensional, additional analysis can be performed. Exploratory factor analysis is one method of checking dimensionality. Cronbach's alpha is not a statistical test, it is a coefficient of reliability (or consistency) (Statistical Consulting Group, 2016).

Table 3
Reliability Statistics

Reliability Statistics	
Cronbach's Alpha	N of Items
.792	45

For the instrument to be considered reliable, Cronbach's Alpha > 0.7 (Amin, 2005). Reliability coefficient was found to be 0.792 using 20 respondents, the instrument was therefore found reliable.

3.8.3 Training of Research Assistants

The researcher required one research assistant to collect data in the shortest time possible. The research assistant was a graduate with experience in data collection recruited and trained in one day. The research assistant covered the aims of study, terms used, the sampling procedures that were used in the field, interview skills, how to use the research instruments and the easier way to collect data from respondents. The training mainly focused on how to fill the questionnaire and deal with the anticipated limitations of the study. The issues relevant for the study, about confidentiality of the information, seeking of informed consent was also part of the training.

3.8.4 Field editing and supervision

Field supervision is one of the most emphasized quality control techniques that was used during the study. Although the researcher was part of the interview processes, the researcher also took the supervisory role to go through the field questionnaires to look for any missing responses, skipped questions and inappropriately responded to questions. If any is found, the tool was discarded and compensated for the following data during the field exercise.

3.9 Procedure of Data Collection

Data collection refers to the process of gathering information to serve or prove some facts (Amin (2005). The researcher acquired an introductory letter from the university authorities and presented it to the administrators of the selected rehabilitation centers where the study is to be conducted prior to the actual time of the study and seek acceptance from the selected rehabilitation authorities/administrators. Research instruments were prepared by the researcher and presented to the respondents targeted to supply authentic information to the researcher.

3.10 Data Processing, Analysis and Presentation

Quantitative data collected by the questionnaire was first coded. In the coding process, a coding sheet was constructed. A number was then assigned to each answer in the questionnaire with a corresponding number on the coding sheet. Then the same questionnaire was constructed on the computer using Statistical Packages for Social Sciences (SPSS). For objectives 1 to 4, descriptive statistics involving frequency tables, means and standard deviations were first process. Thereafter at inferential level, correlation analysis was done at bivariate and lastly at multivariate level multiple regression analysis was conducted.

of variance, and correlation coefficient were drawn using Statistical Packages for Social Scientist (SPSS), and analysis made there on. Generally, the objectives of the study were analyzed using

both descriptive statistics (frequency, mean and standard deviation) and inferential statistics where Pearson correlation and Regression analysis were used.

3.11 Research Ethical Considerations

There was ensuring that confidentiality is paramount and maintained, all the data collected will be handled with care so that information is not mishandled. There was also no use of names of the questionnaires to avoid bias and contentious information. Considering the questions and importance of ethics in research, the researcher took time to address the issue of confidentiality by explaining to the respondents the reason for conducting the study. Anonymity of participants was guaranteed by the assignment of identification codes or initial to the names of participants.

The researcher undertook the study with a clear gear of professionalism. The researcher was always polite whenever in contact with respondents. No respondent was forced to take part. The researcher got permission from the university and selected rehabilitation centers in Kampala, Uganda to provide informed consent, the researcher explained to the respondents the major purpose of this research which was purely academic.

3.12 Limitations and Delimitations.

The researcher encountered a problem from respondents who expect a token of appreciation in return for their participation in the research study. However, the researcher on several occasions reminded the respondents that it is an educational research aimed to gather knowledge.

The researcher encountered a challenge of certain respondents to receive questionnaires for this research. So the researcher explained to the respondents the purpose of the study and as well provide a consent form to assure the security and confidentiality of the respondent.

The researcher faced the limitation of some questionnaires not to be returned. Therefore, the researchers distributed more than the expected number of the questionnaires.

Finally, the researcher faced difficulty in meeting some of the target people, mostly the busy working class. However, the researcher made appointments via phone calls and one on one arrangement to decide when to meet for data collection.

CHAPTER FOUR

RESULTS, PRESENTATION, AND DISCUSSION

4.0 Introduction

This chapter provides the presentation and discussion of results on the influence of parenting styles and substance use in Uganda. The results and discussion are aligned according to the study objectives were to investigate the effect of authoritative, authoritarian, permissive, and neglectful parenting style on the youth's substance use. The analysis discussed within this chapter involved the use of descriptive statistics which included percentages, means and frequencies. General information was analyzed by descriptive analysis while correlation analyses were employed to establish the relationship between variables.

4.1 Response Rate

In this study, a total of 80 respondents were targeted as the sample size from the rehabilitation centers. During the data collection process however, responses were were received from 61 respondents making a response rate of 76.3% which was considered adequate enough to address the research objectives

4.2 Demographic Characteristics of respondents

The study for purposes of representativeness captured data on the demographic Characteristics of respondents. The demographics captured included age in years, gender; person youth resides with, ethnicity and religion. The results are presented in Table 4

Table 4***Demographic Characteristics of respondents***

Demographic	Frequency N(%)	Percentage (%)
Age in Years		
18-25	38	62.3
26-35	23	37.7
Gender		
Male	44	72.1
Female	17	27.9
Person youth resides with		
Father	11	18.0
Mother	19	31.1
Both Parents	23	37.7
Others	8	13.1
Ethnicity		
Muganda	31	50.8
Mukiga	14	23.0
Musoga	7	11.5
Others specify	9	14.8
Religion		
Catholic	22	36.1
Anglican	10	16.4
Pentecostal	14	23.0
Moslem	12	19.7
Others	3	4.9

Source: Primary data, (2021)

Study findings in Table 4 show that most 38(62.3%) of the youths were aged between 18 – 25 years; 44(72.1%) males, 23(37.7%) residing with both parents, 31(50.8%) Baganda, and 22(36.1%) were Catholics.

4.2 The Level of Substance use among youths aged 18 – 35 years in Kampala

The dependent variable in this study was level of substance use among youths aged 18 – 35 years in Kampala. The descriptive results on the different aspects of Substance use among youths are presented in Table 5.

Table 5

Substance Use among Youths Aged 18 - 35 Years in Kampala

Substance use in past 3 months	Never N(%)	Once/Twice N(%)	Monthly N(%)	Weekly N(%)	Daily N(%)	Mean	Std Dev.	Interpretation
Frequency of Substance use	3(4.9)	10(16.4)	6(9.8)	15(24.6)	27(44.3)	3.87	1.28	Often
Strong desire or urge to use the substance	3(4.9)	6(9.8)	3(4.9)	19(31.1)	30(49.2)	4.10	1.18	Often
Substance use has led to health, social, legal or financial problems	6(9.8)	4(6.6)	11(18.0)	22(36.1)	18(29.5)	3.69	1.25	Often
Failure to do what I am normally expected of due to substance use	6(9.8)	0(0.0)	0(0.0)	29(42.6)	26(42.6)	4.13	1.15	Often
Pooled Mean & Standard Deviation						3.95	1.21	High

Key: 4.20-5.00., (Very High), 3.40 -4.19, (High), 2.60- 3.39 (Moderate), 1.80- 2.59 (Low), 1.00- 1.79 (Very Low)

Source: Primary data, (2021)

Study findings in Table 5 show that there is high level of substance use among youths aged 18 – 35 years in Kampala ($M = 3.95$, $SD = 1.21$). The high substance use among youths in Kampala could be as a result of a number of factors including the parenting styles which are analysed in the subsequent sections. Use of substances among youths is undesirable as it can affect young their general health, physical growth, and emotional and social development. It can also change

how well they make decisions, how well they think, and how quickly they can react. Thus, substance use among youths has to be restrained under all circumstances.

4.3 Authoritative Parenting Style Demonstrated By Parents Of Youths Aged 18 - 35 Years In Kampala

The first objective of the study was to assess the effect of authoritative parenting style on the youth's Substance use. The results are presented in Table 6 below.

Table 6

Authoritative Parenting Style Demonstrated By Parents of Youths Aged 18 - 35 Years In Kampala

Authoritative Parenting Styles	Disagree N(%)	Non-Committal N(%)	Agree N(%)	Mean	Std Dev.	Interpretation
My parents make reasonable demand in every day activity.	34(55.7)	14(23.0)	13(21.3)	2.62	1.16	Sometimes
My parents always set limits in all that I do and insist on obedience.	15(24.6)	7(11.5)	39(63.9)	3.43	1.31	Sometimes
My parents express warmth and affection towards me in everyday life.	37(60.7)	13(21.3)	11(18.0)	2.49	1.13	Sometimes
My parents listen patiently to my point of view and involve me in family decision making	32(52.5)	12(19.7)	17(27.9)	2.66	1.22	Sometimes
My parents deal with issues affecting our family members in a rational and democratic way.	8(13.1)	17(27.9)	36(59.0)	3.67	1.06	Often
I am always lively, happy and self-confident in taking new tasks which come on my way.	16(26.2)	12(19.7)	33(54.1)	3.52	1.26	Often
I am always self-controlled and I have the ability to resist in engaging in disruptive acts.	27(44.3)	14(23.0)	20(32.8)	2.90	1.06	Sometimes
I value life as an adolescent.	16(26.2)	11(18.0)	34(55.7)	3.44	1.30	Sometimes
Pooled Mean & Standard Deviation				3.09	1.19	Moderate

Key: 4.20-5.00., (Very High), 3.40 -4.19, (High), 2.60- 3.39 (Moderate), 1.80- 2.59 (Low), 1.00- 1.79 (Very Low)

Source: Primary data, (2021)

Study findings in Table 6 show that on the overall there is a moderate level of authoritative parenting style demonstrated by parents of youths aged 18 - 35 years in Kampala ($M = 3.09$, $SD = 1.19$). There is need for parents to highly practice an authoritative parenting style as it responds to the emotional needs of children while setting limits and boundaries. As a result, children have the opportunity to learn how to negotiate, become self-reliant, achieve academic success, develop self-discipline, be independent minded, be socially accepted, and have increased self-esteem and consequently may not engage in use of substances.

4.4 The level of authoritarian parenting style demonstrated by parents of youths aged 18 - 35 years in Kampala

The second objective of the study was to examine the impact of authoritarian parenting style on youth's substance use and the results are as presented in Table 7 below.

Table 7***Authoritarian parenting style demonstrated by parents of youths aged 18 - 35 years in Kampala***

Authoritarian	Disagree	Non- Committal	Agree	Mean	Std Dev	Interpretation
	N(%)	N(%)	N(%)			
Did not seem to understand what I needed or wanted	9(14.8)	15(24.6)	37(60.7)	3.70	1.05	Often
Let me decide things for myself	14(23.0)	4(6.6)	43(70.5)	3.89	1.31	Often
Felt I could not look after myself unless she /he was around	37(60.7)	11(18.0)	13(21.3)	2.39	1.23	Sometimes
Did not seem to understand what I needed or wanted	18(29.5)	8(13.1)	35(57.4)	3.41	1.27	Often
Liked me to make my own decisions	14(23.0)	7(11.5)	40(65.6)	3.69	1.19	Often
Was overprotective of me	32(52.5)	12(19.7)	17(27.9)	2.70	1.13	Sometimes
Seemed emotionally cold to me	18(29.5)	12(19.7)	31(50.8)	3.28	1.24	Sometimes
Spoke to me with a warm and friendly voice	15(24.6)	18(29.5)	28(45.9)	3.30	1.17	Sometimes
Pooled Mean & Standard Deviation				3.30	1.20	Moderate

Key: 4.20-5.00., (Very High), 3.40 -4.19, (High), 2.60- 3.39 (Moderate), 1.80- 2.59 (Low), 1.00- 1.79 (Very Low)

Source: Primary data, (2021)

Table 7 results show moderate level of authoritarian parenting style demonstrated by parents of youths aged 18 - 35 years in Kampala ($M = 3.30$, $SD = 1.20$). Authoritarian parents tend to be the most strict parents out there and opposite of permissive parents. Being strict to children might reduce their involvement in consumption of substances. This is because authoritarian parents tend to have unending rules and regulations. While this sounds harsh, most authoritarian parents mean well, and firmly believe their parenting style will produce children who are capable, well-

rounded, high-achieving members of society and thus this type of parenting need to be upheld especially if it means restraining youths from using substances.

4.5 Permissive parenting style demonstrated by parents of youths aged 18 - 35 years in Kampala

The third objective of the study was to ascertain the effect of permissive parenting style on the youth's substance use.

Table 8

Permissive Parenting Style Demonstrated By Parents of Youths Aged 18 - 35 Years In Kampala

Permissive Parenting Style	Disagree N(%)	Non- Committal N(%)	Agree N(%)	Mean	Std Dev	
My parents are quite accepting in whatever I do	36(59.0)	7(11.5)	18(29.5)	2.57	1.45	Rarely
My parents cannot impose demands on me in whatever situation	29(47.5)	11(18.0)	21(34.4)	2.84	1.31	Sometimes
My parents show no control in whatever I engage in everyday life though they give emotional support	14(23.0)	21(34.4)	26(42.6)	3.25	1.16	Sometimes
I'm allowed / free to make decision at my own pleasure	16(26.2)	16(26.2)	29(47.5)	3.33	1.18	Sometimes
I can eat and sleep at any time I feel like	20(32.8)	11(18.0)	30(49.2)	3.28	1.27	Sometimes
I do not need to follow a given routine	16(26.2)	17(27.9)	28(45.9)	3.26	1.40	Sometimes
I suppose my parent feel I am above them, and they cannot control me	28(45.9)	11(18.0)	22(36.1)	2.80	1.26	Sometimes
Sometimes I find it difficult to control my impulses/emotions	27(44.3)	6(9.8)	28(45.9)	3.10	1.47	Sometimes
Pooled Mean & Standard Deviation				3.05	1.31	Moderate

Key: 4.20-5.00., (Very High), 3.40 -4.19, (High), 2.60- 3.39 (Moderate), 1.80- 2.59 (Low), 1.00- 1.79 (Very Low)

Source: Primary data, (2021)

Table 8 results indicate moderate level of permissive parenting style demonstrated by parents of youths aged 18 - 35 years in Kampala ($M = 3.05$, $SD = 1.31$). In this parenting style, parents are warm, but lax. They fail to set firm limits, to monitor children's activities closely or to require appropriately mature behavior of their children. Thus, children whose parents demonstrate permissive parenting style are most likely to adopt unhealthy behaviours including use of substances. This is because children raised with this parenting style tend to be impulsive, rebellious, aimless, domineering, aggressive and low in self-reliance, self-control and achievement. Therefore, permissive parenting style should be applied at minimal level especially where parents are not involved in all actions of their children.

4.6 Neglectful parenting style demonstrated by parents of youths aged 18 - 35 years in Kampala

The fourth and last objective of this study was to determine the effect of neglectful parenting style on the youth's substance use. The findings are as presented in Table 9 below.

Table 9:***Neglectful Parenting Style Demonstrated By Parents of Youths Aged 18 - 35 Years In Kampala***

Neglectful Parenting Style	Disagree	Non- Committal	Agree	Mean	Std Dev	Interpretation
	N(%)	N(%)	N(%)			
I find my parents undemanding and unresponsive.	11(18.0)	13(21.3)	37(60.7)	3.66	1.17	Often
My parents show little commitment to care and minimum effort required to feed and clothe me.	11(18.0)	15(24.6)	35(57.4)	3.64	1.14	Often
My parents have little time to spare for me.	37(60.7)	16(26.2)	8(13.1)	2.26	1.09	Rarely
My parents can do what they can for me to avoid inconveniences.	16(26.2)	11(18.0)	34(55.7)	3.43	1.24	Often
My parents do respond to my demands for easily accessible objects, but show no efforts that involves long – term goals.	17(27.9)	9(14.8)	35(57.4)	3.46	1.25	Often
My relationship with my parent displays low warmth and control.	27(44.3)	11(18.0)	23(37.7)	2.9	1.23	Sometimes
There is no conversation between my parents and me, and they take little interest in my life at school and are seldom aware of my whereabouts.	26(42.6)	12(19.7)	23(37.7)	2.98	1.35	Sometimes
Hardly do my parents listen to me or give any encouragement.	34(55.7)	18(29.5)	9(14.8)	2.39	1.07	Rarely
Pooled Mean & Standard Deviation				3.09	1.19	Moderate

Key: 4.20-5.00., (Very High), 3.40 -4.19, (High), 2.60- 3.39 (Moderate), 1.80- 2.59 (Low), 1.00- 1.79 (Very Low)

Source: Primary data, (2021)

Table 9 results also reveal moderate level of neglectful parenting style demonstrated by parents of youths aged 18 - 35 years in Kampala. In neglectful parenting style, parents tended to be unresponsive, unavailable and rejecting. As such, children raised with this parenting style tend to have low self-esteem and little self-confidence which may make them to resort to use of substances.

4.7 Relationship between Parenting Styles and substance use levels among youths aged 18 - 35 years in Kampala

Study objectives 1 – 4 were to determine the effect of parenting style on the youth's substance use. This was attained by subjecting the descriptive results for both the dependent and

independent variables to correlational and multivariate analysis. The results are presented in Tables 10 and Table 11.

Table 10

Correlational Results for the Relationship between Parenting Styles and Substance Use among Youths Aged 18 - 35 Years in Kampala

Correlations		Substance use level
Authoritative parenting	Pearson Correlation	-.016
	Sig. (2-tailed)	.905
	N	61
Authoritarian parenting style	Pearson Correlation	.139
	Sig. (2-tailed)	.284
	N	61
Permissive parenting style	Pearson Correlation	.514**
	Sig. (2-tailed)	.000
	N	61
Neglectful parenting	Pearson Correlation	.015
	Sig. (2-tailed)	.909
	N	61

*****Significant at 0.05 level***

Study findings in Table 10 show that among the parenting styles, permissive parenting styles ($r = 0.514$; $p = 0.000$) was positively and significantly related with substance use among youths aged 18 - 35 years in Kampala. This implies that the more permissive a parent is, the more chances the child uses the substances. Other styles of parenting that included authoritarian parenting ($r = 0.139$; $p = 0.284$) and neglectful parenting ($r = 0.015$; $p = 0.909$) styles showed positive but insignificant relationship with substance use among youths aged 18 - 35 years in Kampala. The results further showed that authoritative parenting styles ($r = -0.016$; $p = 0.905$) had a negative but insignificant relationship with substance use among youths aged 18 - 35 years in Kampala.

Table 11***Multivariate Linear Regression Results for the Influence of Parenting Styles on Substance Use Levels Among Youths Aged 18 - 35 Years In Kampala***

Model	Coefficients ^a			t	Sig.
	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta		
(Constant)	2.916	.660		4.420	.000
Authoritative parenting	-.306	.277	-.172	-1.105	.274
Authoritarian parenting style	-.134	.249	-.091	-.540	.592
Permissive parenting style	.939	.187	.681	5.032	.000**
Neglectful parenting	-.145	.235	-.099	-.617	.540
R= .582					
R Square= .338					
Adjusted R Square= .291					
F= 7.156					
P-Value 0.000					

a. Dependent Variable: Substance use level

Study results in Table 11 indicate that on the overall, parenting styles had a positive relationship with substance use among youths aged 18 - 35 years in Kampala based on a Multiple Correlation coefficient of $R = .582$ and $p = 0.000$. The results further show that parenting styles collectively explain 29.1% of substance use among youths aged 18 - 35 years in Kampala (Adjusted $R^2 = 0.291$). This implies that 70.9% of substance use among youths aged 18 - 35 years in Kampala is accounted for by other factors not considered under this study.

In regard to the specific types of parenting style, the study findings in Table 4.8 indicate that only permissive parenting style ($\beta = 0.939$, $p = 0.000$) had a positive relationship with substance use among youths in Kampala. This shows that permissive parenting promotes substance use among youths aged 18 - 35 years. This could be attributed to the fact that permissive parents do not control their children's behavior. As such, their children are less aware of the limits of acceptable behavior and could easily engage in substance use. In the case of permissive parenting the parents are overly tolerant, are very accepting and place high value on personal

freedom for children. The children in this case have problems with attachment, cognitive development, play and social and emotional skills and exhibit delinquent behavior, also experiment with drugs and alcohol. Thus, much as parents are free to be permissive to their children, they need to be involved in controlling and restraining their children's behaviors that may result in substance use. The finding of the current study is similar to the findings of the previous studies that have shown that permissive parenting is associated with high levels of substance use behaviors. For example, Baumrind (1991b) asserted that substance use was much higher in children from homes where parents are supportive, lax, and unconventional. In addition, Baumrind (1991b) also found that permissive mothers were more likely to use illicit drugs and to not object to the child's use of drugs and/or alcohol. Other similar studies have found that children of permissive parents are at risk for engaging in substance use in adolescence (Montgomery, Fisk, & Craig, 2008; Patock, Peckham et al., 2001; Weiss & Schwarz, 1996). These other studies further confirm that permissive parenting is a significant predictor of substance use among youths aged 18 - 35 years.

However, authoritative parenting, authoritarian parenting, and neglectful parenting styles had negative insignificant relationship with substance use among youths aged 18 - 35 years in Kampala.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter provides the summary of the findings on the effect of parenting styles on substance use among youths aged 18 – 35 years in Kampala. It also contains the conclusions and recommendations drawn from the key study findings.

5.1 Summary of findings

Study findings established high level of substance use among youths aged 18 – 35 years in Kampala ($M = 3.95$, $SD = 1.21$). The study results showed moderate levels of authoritative, authoritarian, permissive, and neglectful parenting styles. Study established that on the overall, parenting styles indicated a weak positive relationship with substance use among youths aged 18 - 35 years in Kampala ($\beta = 2.916$, $p = 0.000$).

The results further show that parenting styles collectively explain 29.1% of substance use among youths aged 18 - 35 years in Kampala (Adjusted $R^2 = 0.291$). This implies that 70.9% of substance use among youths aged 18 - 35 years in Kampala is accounted for by other factors not considered under this study.

The study established that only permissive parenting style ($\beta = 0.939$, $p = 0.000$) was positively and related with substance use among youths in Kampala.

5.2 Conclusions

Conclusions were made in line with the study objectives from the findings of the study.

5.2.1 The effect of authoritative parenting style on the youth's Substance use.

There is need for parents to highly practice an authoritative parenting style as it responds to the emotional needs of children while setting limits and boundaries. As a result, children have the opportunity to learn how to negotiate, become self-reliant, achieve academic success, develop self-discipline, be socially accepted, and have increased self-esteem. This gives room for children to share freely and learn from their mistakes or correct their mistakes easily. This can easily deter them from engaging in use of substances.

5.2.2 The impact of authoritarian parenting style on youth's substance use.

Authoritarian parents tend to be the most strict parents and the opposite of permissive parents. Being strict to your children might reduce their involvement in consumption of substances. This is due to parents who tend to have lots of rules and regulations. While this sounds harsh, most authoritarian parents mean well, and firmly believe their parenting style will produce children who are capable, and high-achieving members of society and thus this type of parenting need to be upheld especially if it means restraining youths from using substances.

5.2.3 The effect of permissive parenting style on the youth's substance use.

The study also concludes that permissive parenting style is a significant predictor of substance use among youths aged 18 - 35 years in Kampala. The study further concludes that permissive parents need to control or regulate their children's behavior so as to make their children to be more aware of the limits of acceptable behavior and could easily engage in substance use.

5.2.4 The effect of neglectful parenting style on the youth's substance use.

In neglectful parenting style, parents are unresponsive, unavailable and rejecting. As such, children raised with this parenting style tend to have low self-esteem and little self-confidence which may make them to resort to use of substances yet if parents are available and responsive, children will have a high self-esteem and guided behavior of rejecting peer groups which influence them to use substances meaning that availability of parents is important in reducing chances of youth's substance use.

5.3 Recommendations

For policy:

Ministry of health should enhance specific rules and if possible, ban the sale of drugs and substances in the country. This should be aimed at reducing access and thus use of substances by youths.

Selective family intervention strategies for youth that address substance use should consider parent management training programs for children with permissive parents that focus on demand.

For practice

Parents should practice some level of control of their children and try to avoid being over permissive

Parents need to apply some strictness in parenting rules in their parenting styles such that children are not left to indulge in actions such as use of substances which are destructive to their health and general lives.

5.4 Areas for further research

Researchers may study the effect of parenting styles on deviant behavior among youth.

Also, researchers may explore the different interventions to be implemented to eradicate the substance abuse among youth.

Researchers may study the causes and effects of substance abuse

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APPENDICES

Appendix A: Informed Consent form

Dear respondent,

I am **ATWINE NAOME**, a student of Masters of **Master of Science in Clinical and Psychological Counseling of University of Kisubi**. This form is meant to seek for your consent before you take part in this study which will be used for academic research purposes only. My topic is: **“Parenting Styles and Substance Use among Youth: A Case of Selected Rehabilitation Centers in Kampala, Uganda”**. You have been randomly selected to participate in this study.

I----- of ----- agree to participate in this study and I understand that my participation is voluntary. I am aware *that* I have a right to withdraw from the exercise at any time if I feel that I am not comfortable without being asked to give a reason.

By signing below I am indicating my consent to participate in this study and I understand that the data collected from my participation will be used primarily for a Master’s degree dissertation, and may also be used in summary form for journal publication, and I consent for it to be used in that manner.

Signed

.....

Date...../...../.....

Appendix B: Questionnaire for Youths

Dear respondent,

I am *AtwineNaome*, a student doing a *Master of Science in Clinical and Psychological Counseling of University of Kisubi*. My topic is: ***“Parenting Styles and Substance Use Among Youth: A Case Study of Selected Rehabilitation Centres in Kampala, Uganda”***. The information you will provide will be treated with utmost confidentiality and will be used for academic research purposes only.

Thank you.

Section A: Demographic information

(Please write in the space or tick in box where applicable)

1. Name of the Rehab.....

2. Age of Person

3. Sex: a) Male (b) Female

4. I stay with my:

(a) Father

(b) Mother

(c) Both Parents

(d) Others.....

5. Ethnicity.....

6. Religion (a) Catholic (b) Anglican (c) Moslem (d)
Pentecostal (e) Other

Section B: Parenting Style

Read each statement carefully and tick (✓) the alternative answer that best describe your feelings in the spaces provided by using the following scale Key: SA= Strongly Agree A= Agree U=Undecided D= Disagree SD= Strongly Disagree

N°	Authoritarian	SA	A	U	D	SD
	Did not seem to understand what I needed or wanted					
	Let me decide things for myself					
	Felt I could not look after myself unless she /he was around					
	Did not seem to understand what I needed or wanted					
	Liked me to make my own decisions					
	Was overprotective of me					
	Seemed emotionally cold to me					
	Spoke to me with a warm and friendly voice					
Authoritative Parenting Styles		SA	A	U	D	SD
1	My parents make reasonable demand in every day activity.					
2	My parents always set limits in all that I do and insist on obedience.					
3	My parents express warmth and affection towards me in everyday life.					
4	My parents listen patiently to my point of view and involve me in family decision making					
5	My parents deal with issues affecting our family members in a rational and democratic way.					

6	I am always lively, happy and self-confident in taking new tasks which come on my way.					
7	I am always self-controlled and I have the ability to resist in engaging in disruptive acts.					
8	I value life as an adolescent.					
Permissive Parenting Style		SA	A	U	D	SD
1	My parents are quite accepting in whatever I do.					
2	My parents cannot impose demands on me in whatever situation.					
3	My parents show no control in whatever I engage in everyday life though they give emotional support.					
4	I'm allowed / free to make decision at my own pleasure.					
5	I can eat and sleep at any time I feel like.					
6	I do not need to follow a given routine.					
7	I suppose my parent feel I am above them, and they cannot control me.					
8	Sometimes I find it difficult to control my impulses/emotions.					
Neglectful Parenting Style		SA	A	U	D	SD
1	I find my parents undemanding and unresponsive.					
2	My parents show little commitment to care and minimum effort required to feed and clothe me.					
3	My parents have little time to spare for me.					
4	My parents can do what they can for me to avoid inconveniences.					
5	My parents do respond to my demands for easily accessible					

	objects, but show no efforts that involves long – term goals.					
6	My relationship with my parent displays low warmth and control.					
7	There is no conversation between my parents and me, and they take little interest in my life at school and are seldom aware of my whereabouts.					
8	Hardly do my parents listen to me or give any encouragement.					

**SECTION C: Substance Use- Alcohol, Smoking and Substance Involvement Screening Test
(ASSIST).**

The following questions explore the struggles you have experienced when using substances, and gain a better understanding of how it is affecting you. Please think about the last few struggles you have had with substance use then rate your agreement with the statements below about your substance use habits.

1. In your life, which of the following substances have you ever used? (*NON-MEDICAL USE ONLY*)
 - a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.) Yes () No ()
 - b. Alcoholic beverages (beer, wine, spirits, etc.) Yes () No ()
 - c. Cannabis (marijuana, pot, grass, hash, etc.) Yes () No ()
 - d. Cocaine (coke, crack, etc.) Yes () No ()
 - e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) Yes () No ()
 - f. Inhalants (nitrous, glue, petrol, paint thinner, etc.) Yes () No ()
 - g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) Yes () No ()
 - h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) Yes () No ()
 - i. Opioids (heroin, morphine, methadone, codeine, etc.) Yes () No ()
 - j. Other - specify: _____

2. In the past three months, how often have you used the substances you mentioned (*FIRST SUBSTANCE, SECOND SUBSTANCE, ETC*)? Please tick the appropriate option

Items	Never	Once or Twice	Mont hly	We ekl y	Daily or almost Daily
Tobacco products (cigarettes, chewing tobacco, cigars, etc.)					
Alcoholic beverages (beer, wine, spirits, etc.)					
Cannabis (marijuana, pot, grass, hash, etc.)					
Cocaine (coke, crack, etc.)					
Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)					
Inhalants (nitrous, glue, petrol, paint thinner, etc.)					
Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)					
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)					
Opioids (heroin, morphine, methadone, codeine, etc.)					
Other - specify:					

3. During the past three months, how often have you had a strong desire or urge to use (*FIRST SUBSTANCE, SECOND SUBSTANCE, ETC*)? Please tick the appropriate option

Items	N e v e r	O n c e or T w ic e	M o n t h l y	W e e k l y	Daily or almos t Daily
Tobacco products (cigarettes, chewing tobacco, cigars, etc.)					
Alcoholic beverages (beer, wine, spirits, etc.)					
Cannabis (marijuana, pot, grass, hash, etc.)					
Cocaine (coke, crack, etc.)					
Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)					
Inhalants (nitrous, glue, petrol, paint thinner, etc.)					
Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)					
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)					
Opioids (heroin, morphine, methadone, codeine, etc.)					
Other - specify:					

4. During the past three months, how often has your use of (*FIRST SUBSTANCE, SECOND SUBSTANCE, ETC*) led to health, social, legal or financial problems? Please tick the appropriate option

Items	Never	O nc e or T w ic e	M o n t h l y	W e e k l y	Daily or almos t Daily
Tobacco products (cigarettes, chewing tobacco, cigars, etc.)					
Alcoholic beverages (beer, wine, spirits, etc.)					
Cannabis (marijuana, pot, grass, hash, etc.)					
Cocaine (coke, crack, etc.)					
Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)					
Inhalants (nitrous, glue, petrol, paint thinner, etc.)					
Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)					
Hallucinogens (LSD, acid, mushrooms, PCP,					

Special K, etc.)					
Opioids (heroin, morphine, methadone, codeine, etc.)					
Other - specify:					

5. During the past three months, how often have you failed to do what was normally expected of you because of your use of (*FIRST SUBSTANCE, SECOND SUBSTANCE, ETC*)? Please tick the appropriate option

Items	N e v e r	O nc e or T w ic e	M o n t h l y	W e e k l y	Daily or almos t Daily
Tobacco products (cigarettes, chewing tobacco, cigars, etc.)					
Alcoholic beverages (beer, wine, spirits, etc.)					
Cannabis (marijuana, pot, grass, hash, etc.)					
Cocaine (coke, crack, etc.)					
Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)					
Inhalants (nitrous, glue, petrol, paint thinner, etc.)					
Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)					
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)					
Opioids (heroin, morphine, methadone, codeine, etc.)					
Other - specify:					

7. Have you ever tried and failed to control, cut down or stop using (*FIRST SUBSTANCE, SECOND SUBSTANCE, ETC.*)? Please tick the appropriate option

Items	No	Yes,	Yes, but
	,	in the	not in the
	ne	Past 3	past 3
	ve	month	months
	r	s	
Tobacco products (cigarettes, chewing tobacco, cigars, etc.)			
Alcoholic beverages (beer, wine, spirits, etc.)			
Cannabis (marijuana, pot, grass, hash, etc.)			
Cocaine (coke, crack, etc.)			
Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)			
Inhalants (nitrous, glue, petrol, paint thinner, etc.)			
Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)			
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)			
Opioids (heroin, morphine, methadone, codeine, etc.)			
Other - specify:			
Have you ever used any substance by injection? (<i>NON-MEDICAL USE ONLY</i>) Please tick the appropriate option			

Thank you for your participation

Appendix F: The Sample Size Determination Table by Krejcie& Morgan

N	S	N	S	N	S
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	322
80	66	420	201	3500	327
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367

130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

“N” refers to population Size

“S” refers to Sample Size