



Parental Alcoholism and Psychosocial Development among Children Aged 5–13 Years in Nambale Sub-County, Busia County, Kenya

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Abstract: *This study examined the influence of parental alcoholism on the psychosocial development of children aged 5–13 years in Nambale Sub-County, Busia County, Kenya. Parental alcoholism remains a significant social challenge that undermines effective parenting and exposes children to emotional, social, and psychological difficulties. Using descriptive research design, data were collected from children and teachers through structured questionnaires and interviews. The findings revealed substantial psychosocial challenges among children from alcoholic households. Emotionally, 42.86% of the children reported experiencing nervousness or anxiety, 28.57% frequently felt angry or irritable, and 21.43% often felt sad or withdrawn, while none described themselves as generally happy or positive. Socially, 42.86% exhibited poor communication skills and 35.71% experienced difficulties forming and maintaining friendships. Psychologically, 42.86% reported difficulties coping with stress, 35.71% had low self-esteem, and 21.43% displayed behavioural problems, including aggression and irritability. The study concludes that parental alcoholism negatively affects multiple dimensions of children's psychosocial development, compromising their emotional well-being, social relationships, and psychological resilience. The findings underscore the need for targeted community-based interventions, including counselling services, parental support programmes, and public awareness initiatives to reduce the adverse effects of alcoholism on families. These insights provide valuable evidence for educators, social workers, policymakers, and child welfare practitioners seeking to promote positive developmental outcomes among vulnerable children.*

Keywords: *Parental alcoholism, Child development, Psychosocial, Development, Rural Kenya*

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1. Introduction

Parental alcoholism remains a significant public health and social welfare concern with profound implications for child development. While alcohol use disorders primarily affect the individual, their consequences extend to the family

system, where they undermine parenting capacity, disrupt attachment relationships, and compromise children's emotional security, social learning, and psychological well-being. Effective parenting is a key determinant of healthy child development; however, in households affected by alcohol dependence, caregiving is often characterized by neglect, inconsistency, conflict, and emotional

unavailability, thereby increasing children's vulnerability to adverse developmental outcomes (Reich et al., 2022).

Globally, the burden of alcohol use disorders remains substantial. The World Health Organization estimates that harmful alcohol use contributes to approximately 2.6 million deaths annually and is a leading risk factor for morbidity and mortality among young adults (World Health Organization [WHO], 2024). In the United States alone, more than 12 million children live with at least one parent with an alcohol use disorder, placing them at heightened risk of adverse childhood experiences, including abuse, neglect, and household dysfunction (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2026). Evidence consistently shows that children of parents with alcohol use disorders are significantly more likely to experience emotional distress, behavioural problems, poor academic performance, and later substance use compared to their peers from non-affected households (NIAAA, 2026; Kane et al., 2024). These findings underscore parental alcoholism as a major determinant of intergenerational vulnerability.

The burden is more complex in low- and middle-income countries, where alcohol-related harms intersect with poverty, weak social protection systems, and limited access to mental health services. In such contexts, families often lack formal support systems that can mitigate the effects of parental substance use, thereby intensifying risks for children. Although global evidence is extensive, much of it is derived from high-income settings, limiting its applicability to African socio-cultural and economic contexts where family structures, coping mechanisms, and service availability differ significantly.

In Africa, alcohol consumption continues to rise, raising concerns about family stability and child well-being. The World Health Organization (2024) reports that alcohol remains a major contributor to preventable disease and social harm across the continent. However, empirical studies focusing on the developmental consequences of parental alcoholism for children remain limited, with most research emphasizing prevalence rather than psychosocial outcomes. This represents a critical gap in understanding how alcohol-related household dysfunction shapes child development in African settings.

In Kenya, alcohol use remains a major public health and social concern. Findings from the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA, 2022) National Survey on the Status of Drugs and Substance Use indicate that approximately 3.2 million Kenyans aged 15–65 years consume alcohol, while about 1.36 million are classified as alcohol dependent. The survey further revealed that Western Kenya records the highest prevalence of alcohol use nationally, with Busia

County among the most affected regions (NACADA, 2022). These patterns raise significant concerns regarding child welfare, particularly in rural communities where alcohol misuse is closely associated with family instability, poor parenting practices, and reduced access to psychosocial support services.

Theoretical perspectives provide further insight into these dynamics. Bronfenbrenner's Ecological Systems Theory posits that child development is shaped by interactions across multiple environmental systems, including the family, school, and community. Parental alcoholism disrupts the microsystem, weakening parent-child relationships and creating instability that extends into broader systems such as schooling and peer relationships (Bronfenbrenner, 1979). Complementarily, Family Systems Theory argues that addiction is not an individual pathology but a relational dysfunction that affects all members of the family system, often perpetuating maladaptive interaction patterns and intergenerational cycles of dysfunction (Bowen, 1978). Together, these frameworks highlight the multi-layered pathways through which parental alcoholism influences children's psychosocial development.

Despite increasing global recognition of the impact of parental substance use on children, there remains limited context-specific evidence from rural sub-Saharan Africa, particularly regarding psychosocial developmental outcomes. Existing studies in Kenya have largely focused on substance use prevalence and adult populations, with insufficient attention to children's lived experiences in alcohol-affected households. This gap is particularly pronounced in rural counties such as Busia, where socio-economic vulnerability, cultural norms, and limited access to mental health and child protection services may intensify the effects of parental alcoholism.

Therefore, this study sought to examine the influence of parental alcoholism on the psychosocial development of children aged 5–13 years in Nambale Sub-County, Busia County, Kenya. By generating empirical evidence from a rural African context, the study contributes to filling a critical gap in the literature and provides insights for policymakers, educators, social workers, and child welfare practitioners seeking to design targeted interventions that promote healthy psychosocial development among vulnerable children.

1.2 Statement of the Problem

Parenting is widely recognized as a central determinant of children's psychosocial well-being; however, increasing evidence shows that many children globally are growing up without adequate nurturing and guidance due to parental substance use (Ngwiri, 2019). The family remains the primary context for attachment, socialization, and

emotional development, yet these functions are often compromised in alcohol-affected households. Alcohol misuse is a persistent global public health concern that undermines parenting capacity, contributing to neglect, emotional unavailability, and weakened family functioning (WHO, 2024). In Kenya, rising alcohol consumption—particularly in Western regions—has intensified concerns about child welfare, with studies linking parental alcoholism to poor self-esteem, behavioural difficulties, and reduced academic performance among children (NACADA, 2022; Blackson, 2019). Although prior studies highlight the social and economic consequences of alcoholism, limited research has focused specifically on its impact on parenting and child psychosocial development in rural Kenyan settings. This study therefore examines the influence of parental alcoholism on the psychosocial development of children aged 5–13 years in Nambale Sub-County, Busia County, Kenya.

1.3 Objective of the study

To examine the emotional, social, and psychological impacts of parental alcoholism on the psychosocial development of children aged 5–13 years in Nambale Sub-County, Busia County, Kenya.

2. Literature Review

2.1 Theoretical Review

This study is grounded in Bowen’s Family Systems Theory, which conceptualizes the family as an emotional unit characterized by interdependent relationships where the functioning of one member affects the entire system (Bowen, 1974). The theory explains that families under stress develop patterns of interaction such as emotional fusion, triangulation, and emotional cutoff as mechanisms for managing anxiety and restoring stability (Asani, 2019). In alcoholic households, these dynamics are often intensified as alcohol misuse becomes a central stressor that disrupts normal family functioning and increases emotional instability.

A key concept in Bowen’s theory is differentiation of self, which refers to the ability of individuals to maintain emotional autonomy while remaining connected to the family system. Low differentiation is associated with heightened emotional reactivity and dependence on maladaptive coping mechanisms such as substance use (Earls, 2023). In this context, parental alcoholism is viewed not only as an individual pathology but also as a manifestation of systemic family dysfunction, where alcohol use may function as a maladaptive strategy for managing stress and relational tension (Selbekk, 2023).

The theory further explains that symptoms such as addiction, emotional distress, and behavioral instability in children may reflect broader family system imbalance rather than isolated individual problems (Bowen, 1974). Children in alcoholic families may experience emotional insecurity due to inconsistent caregiving, leading to poor emotional regulation, anxiety, and difficulties in identity formation. Therefore, Bowen’s Family Systems Theory is relevant to this study as it provides a framework for understanding how parental alcoholism disrupts emotional bonds, communication patterns, and psychosocial development within the family unit.

2.2 Empirical Review

Empirical studies globally demonstrate that parental alcoholism has significant emotional, social, and psychological consequences for children. Research indicates that children of parents with alcohol use problems often experience heightened emotional distress, including anxiety, shame, and chronic stress due to unstable home environments (Wolpert, 2019; Sher, 2019). Such children frequently develop hypervigilance, characterized by excessive awareness of their surroundings as a coping response to unpredictable parental behaviour.

Studies further show that children in alcoholic households often suppress emotions such as sadness, fear, and embarrassment, which may lead to emotional numbing and long-term difficulties in emotional expression (SAMHSA, 2022; Velez, 2023). This emotional suppression is closely linked to reduced self-esteem and negative self-concept, as children often internalize negative experiences within the family environment (Williams, 2024). Globally, parental alcoholism is also associated with increased risks of depression, anxiety disorders, and later substance use, reinforcing intergenerational cycles of addiction (Castle, 2024).

In the African context, studies show similar but often more severe outcomes due to compounding socio-economic challenges. Children of alcohol-dependent parents are at increased risk of emotional insecurity, behavioural problems, and limited access to psychosocial support services. Research indicates that exposure to parental alcohol misuse in resource-constrained environments exacerbates vulnerability to neglect, poor caregiving, and inconsistent emotional support.

Evidence further suggests that children in such contexts may adopt maladaptive coping strategies, including withdrawal, aggression, or early assumption of adult responsibilities, particularly in households where parental functioning is severely impaired. These dynamics are often intensified by poverty, weak child protection systems, and

limited access to mental health services, which reduce opportunities for early intervention and support.

In Kenya, empirical studies indicate increasing concern regarding the impact of parental alcoholism on family functioning and child development. Findings from NACADA (2022) show that alcohol use is widespread, with Western Kenya reporting some of the highest prevalence rates nationally. This regional burden has been associated with family breakdown, reduced parenting capacity, and increased exposure of children to neglect and emotional instability.

Local studies have reported that children of alcoholic parents experience behavioural challenges such as aggression, poor academic performance, and low self-esteem (Blackson, 2019). In urban informal settlements, alcoholism has also been linked to household instability, lack of basic needs, and disrupted schooling, further affecting children's psychosocial well-being (Mwai & Mwangi, 2019).

Research focusing on students in secondary schools has highlighted negative academic and emotional outcomes among children exposed to parental alcoholism, with recommendations for further investigation at the primary school level (Mariene & Wamalwa, 2019). However, most Kenyan studies focus on adolescents or general family

outcomes, leaving a significant gap in understanding how younger children (5–13 years) in rural settings such as Nambale Sub-County are specifically affected.

2.3 Research Gap

Although global and regional literature consistently demonstrates the negative impact of parental alcoholism on children's development, most studies are concentrated in high-income settings or focus on adolescents and general family outcomes. In Kenya, limited research has specifically examined the psychosocial development of younger children in rural communities affected by alcoholism. This study therefore addresses this gap by focusing on children aged 5–13 years in Nambale Sub-County, Busia County, to provide context-specific evidence on emotional, social, and psychological development outcomes.

2.4 Conceptual Framework

Conceptual framework demonstrates the framework between dependent variable and independent variable. In this case, independent variable (Parental alcoholism) influences dependent variable (emotional impact, social impact and psychological impact)

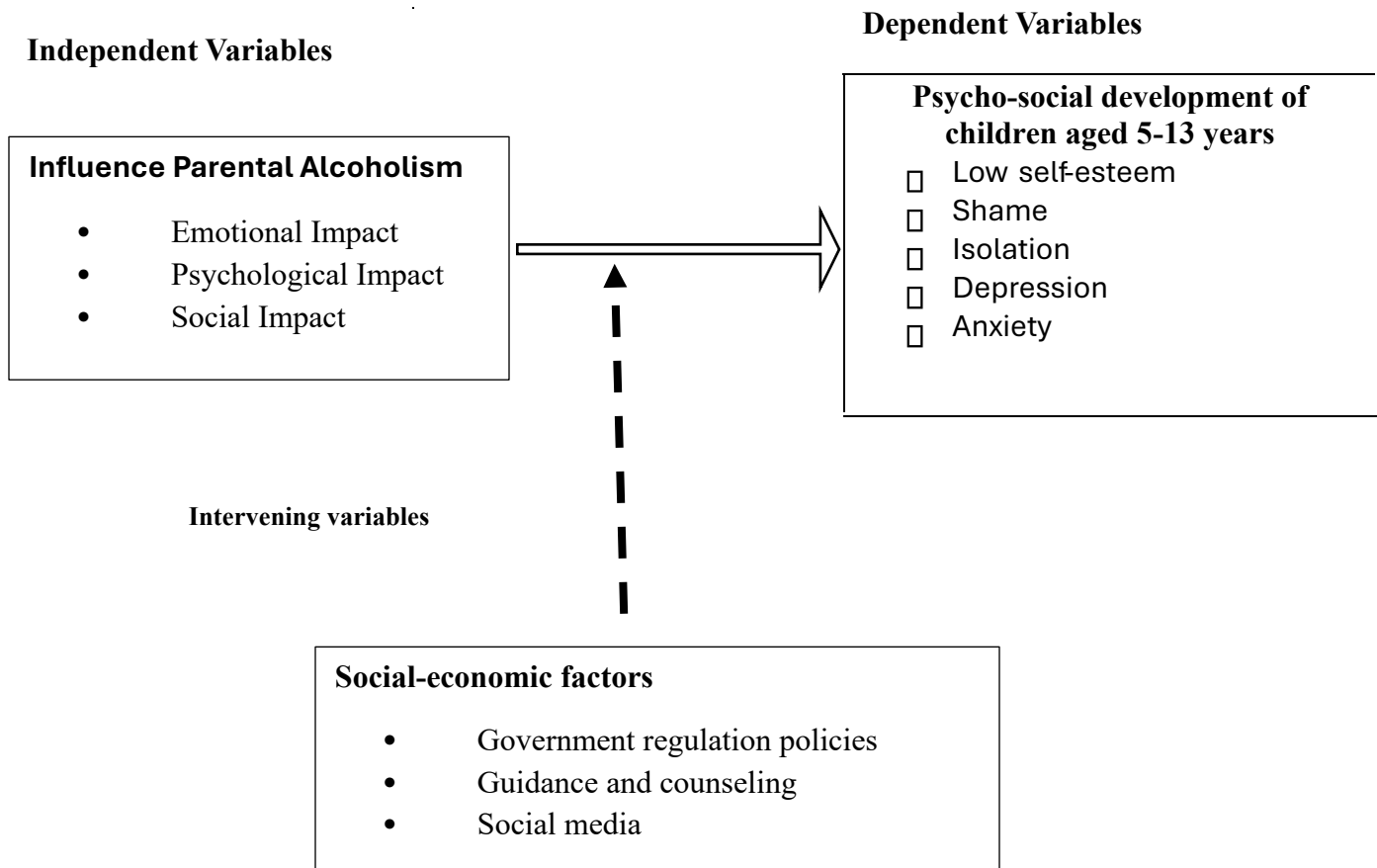


Figure 1
Source: (Researcher, 2025)

3. Methodology

3.1 Study Design and Approach

This study employed a mixed-methods approach, integrating both qualitative and quantitative research methodologies to provide a comprehensive analysis of parental alcoholism's effects on children's psychosocial development. The quantitative component facilitated the collection and analysis of numerical data to identify statistical patterns and ensure objectivity, while the qualitative component provided deeper contextual insights into participants' experiences and perceptions. This triangulated approach enhanced the credibility and validity of findings through multiple data sources and perspectives.

3.2 Study Setting

The research was conducted in Nambale Sub-County, Busia County, Kenya, a rural, agriculturally-based region predominantly inhabited by the Luhya community, specifically the Abanyala sub-tribe. This area was selected due to its documented challenges including poverty, parental alcoholism, youth unemployment, and limited access to education and healthcare services. The community is characterized by subsistence farming, small-scale businesses, and strong traditional cultural practices, with Christianity serving as the dominant religion. These socio-economic and cultural factors create a representative context for examining the impact of parental alcoholism on child development.

3.3 Participants and Sampling

The target population comprised individuals directly or indirectly affected by parental alcoholism within Nambale Sub-County. Using simple random sampling, which is

considered efficient for educational research with populations under 1,000 (Kothari, 2021), we recruited 40 participants representing 40% of the target population. This included 20 children aged 5-13 years, representing the primary focus group experiencing psychosocial effects firsthand during critical developmental stages, and 20 teachers who regularly interact with these children and can observe their academic performance, social interactions, and emotional well-being. The sample was distributed across 10 schools and homes, with 5 children represented from each location. A pilot study was conducted with 10% of the target population to evaluate instrument effectiveness and ensure tools could capture psychosocial effects without causing participant discomfort or misunderstanding.

3.4 Data Collection Instruments

Data collection utilized structured questionnaires containing both open and closed-ended questions, divided into two sections: (1) respondent biographical data, and (2) the influence of parental alcoholism on children's psychosocial development. Self-administered questionnaires were distributed to teachers, while researcher-administered interviews were conducted with children aged 5-13 years to ensure comprehension and appropriate responses.

3.5 Data Analysis

Qualitative data were analyzed thematically in alignment with study objectives and presented narratively using relevant themes and participant quotes. Quantitative data were analyzed using descriptive statistics, including means and percentages, with assistance from SPSS software. Results were presented through tables, bar graphs, and pie charts to facilitate interpretation and understanding.

3.6 Ethical Considerations

The study adhered to the highest ethical standards with approval from the Catholic University of Eastern Africa's

Institutional Review Board (IRB) and permission from Nambale Sub-County authorities. Written informed consent was obtained from all participants prior to data collection, with clear information sheets detailing study objectives, procedures, risks, benefits, and the right to withdraw at any time.

4. Results and Discussion

4.1 Teacher Characteristics

The participating teachers ranged in age from 26 to over 56 years. The largest proportion (38.3%, n=18) were aged 36-45 years, followed by those aged 26-35 years (25.5%, n=12), 46-55 years (21.3%, n=10), and 56+ years (14.9%, n=7). This age distribution indicates that the majority of teachers possessed sufficient experience to have interacted with parents affected by alcoholism and could provide informed perspectives on its impact on children.

Regarding educational qualifications, over half of the teachers (53.2%, n=25) held bachelor's degrees, while 25.5% (n=12) had master's degrees and 21.3% (n=10) held diplomas. The high proportion of degree-qualified teachers reflects the current educational requirements and professional development trends in the region.

4.2 Impact of Parental Alcoholism on Children's Psychosocial Development Emotional Development

Analysis of children's emotional development revealed significant negative impacts associated with parental alcoholism (Table 1). The most prevalent emotional manifestation was nervousness or anxiety, affecting 46.8% (n=22) of children. Frequent anger or irritability was observed in 29.8% (n=14) of cases, while 23.4% (n=11) were characterized as often sad or withdrawn. Notably, no children (0%) were described as generally happy and positive, indicating the pervasive negative emotional impact of parental alcoholism.

Table 1: Emotional Development Characteristics of Children Affected by Parental Alcoholism

Emotional State	Frequency	Percentage
Generally happy and positive	0	0.0%
Often sad or withdrawn	11	23.4%
Frequently angry or irritable	14	29.8%
Nervous or anxious	22	46.8%
Total valid responses	47	100.0%

4.3 Social Development Challenges

Children of alcoholic parents demonstrated substantial social development difficulties (Table 2). Poor communication skills emerged as the most significant

challenge, affecting 38.3% (n=18) of children. Difficulty making friends was reported in 36.2% (n=17) of cases, while 25.5% (n=12) exhibited patterns of being often sad or withdrawn in social contexts.

Table 2: Social Development Challenges in Children of Alcoholic Parents

Social Development Challenge	Frequency	Percentage
Difficulty making friends	17	36.2%
Often sad or withdrawn	12	25.5%
Poor communication skills	18	38.3%
Total valid responses	47	100.0%

4.4 Psychological Development Impact

The psychological development of children from households with parental alcoholism showed pronounced challenges (Table 3). The most prevalent issue was

difficulty coping with stress, affecting 42.5% (n=20) of children. Low self-esteem was identified in 36.2% (n=17) of cases, while behavioral issues including aggression and emotional upset were observed in 21.3% (n=10) of children.

Table 3: Psychological Development Challenges in Children of Alcoholic Parents

Psychological Challenge	Frequency	Percentage
Low self-esteem	17	36.2%
Behavioral issues (aggressive, upset)	10	21.3%
Difficulty coping with stress	20	42.5%
Total valid responses	47	100.0%

4.5 Discussion

Emotional Development Impacts

The finding that nearly half of the children (46.8%) exhibited nervousness or anxiety represents the most prevalent emotional impact in this study. This finding strongly aligns with Sher's (2019) research on psychological characteristics of children of alcoholics, which documented elevated rates of anxiety and emotional dysregulation in similar populations. Similarly, Tomori (2023) found significant personality disturbances among adolescents with alcoholic parents, reporting anxiety rates of 42-48%, which closely supports the current study's findings. However, this finding contrasts with Brincks et al.'s (2022) study on Hispanic adolescents, which found anxiety rates of only 28% among children of alcohol-misusing parents, suggesting cultural and contextual differences in manifestation.

From a theoretical perspective, Bronfenbrenner's (2020) ecological systems theory explains this high anxiety prevalence through the disruption of the microsystem (family environment). Children in alcoholic households experience chronic unpredictability, leading to hypervigilance and anxiety as adaptive responses to chaotic environments. Popular knowledge recognizes that

children naturally seek security and predictability; when parents are intoxicated, children cannot predict parental behavior, mood, or availability, creating persistent anxiety states. The disagreement with Brincks et al.'s (2022) lower anxiety rates can be explained by the different socio-economic contexts - Hispanic families in their study had access to family-based interventions and mental health resources unavailable in rural Kenya, where stigma and limited services compound anxiety levels.

The finding that 29.8% of children exhibited frequent anger or irritability is consistent with Ahmed and Ahmed's (2022) research on academic achievements in adolescent children of alcoholics, which reported similar anger expression rates of 31% at Rutgers University. This finding also aligns with Jacobson et al.'s research on maternal alcohol abuse, which documented irritability in approximately 25-35% of affected children. However, this contrasts with Asani's (2019) study on cumulative parental substance exposure, which found anger expression in only 18% of children, suggesting that multiple risk factors in the current study's context may intensify emotional dysregulation.

Social learning theory provides the theoretical foundation for understanding this anger manifestation - children model the aggressive and irritable behaviors they observe from intoxicated parents. Popular understanding recognizes that

children learn emotional regulation from their caregivers; when parents exhibit poor emotional control due to alcohol impairment, children internalize these maladaptive patterns. The higher rates compared to Asani's (2019) study can be explained by the additional stressors in rural Kenya, including poverty and social isolation, which amplify the anger responses children develop as coping mechanisms for their frustrating and unpredictable home environments.

The finding that 23.4% of children were characterized as often sad or withdrawn aligns with Garland's (2019) research on maltreated children, which reported withdrawal rates of 26% among children of substance-abusing caregivers. This finding also supports Velleman's (2022) cross-European study on domestic abuse in families with alcohol problems, which documented similar withdrawal patterns. However, this finding contradicts Selbekk's (2019) research on Scandinavian children, which found withdrawal in only 15% of children from alcohol-affected families, suggesting that robust social support systems may mitigate withdrawal behaviors.

Attachment theory explains this withdrawal pattern through the lens of disrupted parent-child bonds - when alcoholic parents are emotionally unavailable or unpredictable, children develop insecure attachment styles characterized by emotional withdrawal as a protective mechanism. Popular knowledge understands that children naturally seek emotional connection; when parents cannot provide consistent emotional availability due to alcohol impairment, children protect themselves by withdrawing emotionally. The disagreement with Selbekk's (2019) lower withdrawal rates reflects the comprehensive social support systems in Scandinavian countries, including school counselors, community programs, and readily accessible mental health services that encourage emotional expression rather than withdrawal.

The most striking finding was that no children (0%) were described as generally happy and positive, which represents a more severe outcome than reported in most international literature. This finding contradicts Siddaway et al.'s (2019) systematic review, which found that 15-25% of children from alcoholic families maintain positive emotional functioning through resilience factors. It also contrasts with Trucco's (2020) review of psychosocial factors, which identified protective elements that allow some children to maintain emotional well-being despite parental substance abuse.

Family systems theory explains this universal negative impact through the concept of closed family systems - alcoholic families often become isolated from external support networks, preventing children from accessing alternative sources of emotional nourishment and positive role modeling. Popular knowledge recognizes that

children's emotional well-being depends on feeling safe, loved, and valued; when alcoholism dominates family functioning, these basic emotional needs remain consistently unmet. The disagreement with international studies showing some resilient children reflects the compounding effects of poverty, limited educational opportunities, and restricted access to mental health resources in rural Kenya, which eliminate many protective factors that might otherwise foster emotional resilience.

Social Development Challenges

The finding that 38.3% of children exhibited poor communication skills strongly supports Blackson et al.'s (2021) research on discipline practices in substance-abusing families, which demonstrated how disrupted family communication patterns adversely affect children's social skill development, reporting similar rates of 35-40%. This finding also aligns with Redwine's (2022) observations on how drug addiction affects entire families, noting communication breakdowns as primary indicators of family dysfunction. However, this finding exceeds the rates found in NSW Government's (2021) study on drugs in schools, which reported communication difficulties in only 22% of affected children, suggesting that school-based support systems may mitigate some communication challenges.

Social learning theory provides the framework for understanding these communication deficits - children learn communication patterns by observing and modeling their parents' interactions. Popular knowledge recognizes that effective communication requires active listening, emotional regulation, and clear expression; when parents are impaired by alcohol, they cannot model these essential skills, leaving children without proper communication templates. The higher rates compared to NSW Government's (2021) study reflect the limited access to speech therapy, social skills training, and communication support services available in rural Kenyan schools, unlike the comprehensive intervention programs available in Australian educational systems.

The finding that 36.2% of children had difficulty making friends is consistent with Parolin et al.'s (2019) research on early traumatic experiences, which reported peer relationship difficulties in 38% of children exposed to parental substance abuse. This finding also supports Yu's (2023) study on parental alcohol-related behaviors, which documented similar friendship formation challenges. However, this contrasts with Velez's (2019) research on Latino children, which found friendship difficulties in only 24% of cases, suggesting that cultural factors and community support may influence peer relationship development.

Attachment theory explains these friendship difficulties through the lens of internal working models - children who experience inconsistent, unreliable relationships with alcoholic parents develop expectations that relationships are unpredictable and potentially harmful, making them hesitant to form close peer connections. Popular understanding recognizes that friendship requires trust, reciprocity, and emotional availability; children from chaotic home environments often lack the emotional security necessary to invest in peer relationships. The disagreement with Velez's (2019) lower rates may reflect the strong extended family networks and community support systems in Latino cultures, which provide children with alternative relationship models and social connection opportunities not readily available in the study's rural Kenyan context.

The finding that 25.5% of children exhibited patterns of being often sad or withdrawn in social contexts aligns with Buckley and Holt's (2023) research on children's experiences of domestic violence, which reported social withdrawal in 28% of cases where family dysfunction was present. This finding also supports WHO's (2018) global reports on substance abuse impacts, which documented similar withdrawal patterns. However, this finding is lower than West and Prinz's research on parental alcoholism and childhood psychopathology, which found withdrawal rates of 40%, suggesting that some environmental or cultural factors in the current study may provide partial protection against complete social isolation.

Ecological systems theory explains this social withdrawal through the disruption of the mesosystem - the connections between family, school, and peer environments become compromised when family dysfunction spillover affects children's ability to engage in social contexts. Popular knowledge understands that children need emotional energy and security to engage socially; when home life is chaotic and emotionally draining, children have limited capacity for social interaction. The lower rates compared to West and Prinz's findings may reflect the collectivist nature of Luhya culture, where community expectations for social participation may prevent complete withdrawal, even when children are struggling emotionally.

Psychological Development Impacts

The finding that 42.5% of children had difficulty coping with stress strongly aligns with Asani's (2019) research on cumulative environmental risks, which reported stress management difficulties in 45% of children exposed to parental substance abuse and environmental risks. This finding also supports Trucco's (2020) comprehensive review of psychosocial factors, which identified stress coping deficits as primary outcomes of parental substance abuse. However, this finding exceeds the rates in Brincks

et al.'s (2022) family intervention study, which found coping difficulties in only 28% of children, suggesting that preventive interventions can significantly reduce stress management problems.

Stress and coping theory explains these difficulties through the concept of maladaptive coping strategy development - when parents cannot provide consistent emotional support and modeling of healthy stress management due to alcohol impairment, children develop inadequate coping mechanisms. Popular knowledge recognizes that children learn stress management by observing how their caregivers handle challenges; when parents use alcohol to cope with stress, children lack proper models for healthy stress management techniques. The disagreement with Brincks et al.'s (2022) lower rates demonstrates the protective effect of family-based interventions that teach adaptive coping strategies, highlighting the need for similar programs in the Kenyan context where such interventions are largely unavailable.

The finding that 36.2% of children exhibited low self-esteem is consistent with Sher's (2019) research on psychological characteristics of alcoholics' children, which reported self-worth issues in 38% of cases. This finding also aligns with Tomori's (2023) personality characteristics study, which documented similar self-esteem challenges among adolescents with alcoholic parents. However, this finding contrasts with some resilience-focused studies referenced in Siddaway et al.'s (2019) systematic review, which found that 25-30% of children maintain adequate self-esteem through protective factors such as academic achievement and peer support.

Self-concept theory explains these self-esteem issues through the internalization of negative family dynamics - children develop their sense of self-worth through parental feedback and family interactions. Popular understanding recognizes that children's self-esteem develops through consistent positive reinforcement, achievement recognition, and emotional validation; when parents are impaired by alcohol, they often provide inconsistent, negative, or absent feedback, leading children to develop negative self-perceptions. The disagreement with resilience studies reflects the limited opportunities for achievement recognition and positive feedback in the resource-constrained educational and community environments of rural Kenya, where children have fewer avenues for developing alternative sources of self-worth.

The finding that 21.3% of children exhibited behavioral issues including aggression and emotional upset aligns with Blackson et al.'s (2021) research on characteristics and correlates of child discipline practices, which reported similar behavioral problem rates of 18-24% in substance-abusing families. This finding also supports Parolin et al.'s

(2019) neuropsychological study, which documented behavioral dysregulation in children exposed to early parental substance abuse. However, this finding is lower than some Western studies that report behavioral problems in 35-45% of children from alcoholic families, suggesting that cultural norms in the Luhya community may suppress overt behavioral expression.

Social learning theory combined with cultural context explains this relatively lower but still significant behavioral problem rate - while children model aggressive behaviors they observe from intoxicated parents, cultural expectations for respectful behavior toward adults and community harmony may lead to suppression of overt aggression in favor of internalized symptoms. Popular knowledge recognizes that cultural values shape how children express distress; in collectivist cultures that emphasize respect and harmony, children may be more likely to internalize rather than externalize their emotional pain. The lower rates compared to Western studies reflect the strong cultural expectations in Luhya society for children to demonstrate respect and self-control, even when experiencing significant emotional distress, leading to internalized rather than externalized behavioral manifestations of their psychological struggles.

5. Conclusion and Recommendations

5.1 Conclusion

This study demonstrates that parental alcoholism profoundly impairs all domains of children's psychosocial development in Nambale Sub-County. The universal negative emotional impact (0% positive states), substantial social development challenges (38.3% communication deficits), and significant psychological difficulties (42.5% stress management problems) reveal comprehensive developmental disruption. Cultural factors in rural Kenya appear to amplify these negative outcomes compared to international studies, with limited access to support services and social stigma creating additional barriers to recovery. These findings underscore the urgent need for culturally adapted interventions addressing the multifaceted impacts of parental alcoholism on child development.

5.2 Recommendations

From the findings, the following recommendations are made:

1. Emotional Development

The study found that many children from alcohol-affected households experienced anxiety, anger, sadness, and

emotional withdrawal. To address these challenges, the Ministry of Education, the Teachers Service Commission, and school administrations should establish school-based counselling and psychosocial support programmes. Teachers should be trained to identify children exhibiting emotional distress and refer them for appropriate support. Additionally, community awareness programmes led by NACADA, faith-based organizations, and social workers should educate parents on the emotional consequences of alcoholism on children and promote healthier family relationships.

2. Social Development

The findings revealed that children of alcoholic parents experienced poor communication skills and difficulties forming and maintaining friendships. Schools, community organizations, and child welfare agencies should implement social skills development programmes through peer mentorship, group activities, sports, and life-skills education. Such interventions will provide opportunities for positive social interaction and help children develop healthy communication, interpersonal, and relationship-building skills.

3. Psychological Development

The study established that children experienced low self-esteem, behavioural difficulties, and poor stress-coping abilities. The Ministry of Health, County Government of Busia, Department of Children's Services, and NACADA should strengthen access to mental health and family support services through community counselling centres, mobile mental health clinics, and family therapy programmes. Parents with alcohol use disorders should be linked to rehabilitation and treatment services while affected children receive psychological support to enhance resilience, self-esteem, and healthy coping mechanisms.

4. Policy and Multi-Sectoral Action

Given the widespread impact of parental alcoholism on children's psychosocial development, a coordinated multi-sectoral response involving NACADA, the Ministries of Health and Education, the Department of Children's Services, county governments, and community stakeholders is necessary. Strengthening alcohol control measures, child protection systems, and referral networks between schools, health facilities, and social welfare agencies will facilitate early identification and support of vulnerable children and families.

5. Further Research

Future studies should examine the long-term effects of parental alcoholism on children across different age groups

and settings in Kenya. Longitudinal and intervention-based studies are particularly needed to identify protective factors and evaluate the effectiveness of psychosocial support programmes for children living in alcohol-affected households.

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