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Influence of Alcohol use Disorder on Socio-Family Relationships Among Adolescents in Bujumbura Town Hall, Burundi

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Abstract: *Alcohol use among adolescents may affect not only individual wellbeing but also family and social relationships. This study assessed the influence of alcohol use disorder on socio-family relationships among adolescents in Bujumbura Town Hall, Burundi. A mixed-methods convergent parallel design was adopted. Quantitative data were collected using structured questionnaires from 298 adolescent students, while qualitative data were obtained through interviews with 20 student leaders. Quantitative data were analyzed using descriptive statistics, Pearson correlation, and simple linear regression. Qualitative data were analyzed thematically, and findings from both components were integrated during interpretation. Alcohol use disorder had a mean score of 3.21 (standard deviation 1.16), while socio-family relationships had a mean score of 2.84 (standard deviation 1.18). Alcohol use disorder was significantly and negatively associated with socio-family relationships ($r = -0.536$, $p < 0.001$). Regression analysis showed that alcohol use disorder significantly predicted socio-family relationships ($\beta = -0.536$, $p < 0.001$), explaining 28.7% of the variance. Qualitative findings highlighted limited family communication, inadequate support, alcohol-related conflict, fear, and discomfort in discussing alcohol-related challenges. Therefore, alcohol use disorder was significantly associated with poorer socio-family relationships among adolescents in Bujumbura Town Hall. Interventions should incorporate supportive family communication, parental engagement, and family-centred approaches alongside efforts to address adolescent alcohol use.*

Keywords: *Alcohol use Disorder, Socio-Family Relationships, Adolescents, Bujumbura Town Hall, Burundi*

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1. Introduction

Adolescence is an important period of physical, psychological and social development. During this period, relationships with parents, siblings, peers and other members of the community contribute to socialization and emotional development. Alcohol use during adolescence can interfere with this development and may have consequences that extend beyond the individual to the family and wider social environment. According to the National Institute on Alcohol Abuse and Alcoholism in 2020 report, early and problematic alcohol use can result in physical, psychological and social consequences that may affect adolescent development (Borrego-Ruiz, 2024).

Socio-family relationships encompass the interactions and connections between adolescents, their family members and the wider social environment. Communication, emotional support, trust, parental supervision and conflict resolution are important components of these relationships. Jackson (2019) emphasized that family interactions play an important role in the socialization of young people, while Lees et al. (2020) reported that poor parental relationships and inadequate supervision may contribute to substance use. The relationship may also operate in the opposite

direction, as problematic alcohol use can disrupt family functioning. Pennay et al. (2025) reported that families affected by alcohol-related problems may experience increased conflict, diminished trust and weakened emotional bonds, while alcohol-related behaviour may contribute to domestic tension, emotional distress and communication difficulties.

Research from different settings has identified social and environmental factors associated with adolescent alcohol use. Johnston et al. (2020) reported that peer influence and the normalization of alcohol consumption within families and communities can contribute to early alcohol experimentation. Garcia et al. (2020) similarly associated permissive drinking environments with risky drinking behaviour, weakened family relationships, reduced parental trust and behavioural problems. However, evidence from developed settings may not fully explain the experiences of adolescents in African communities because social, economic, regulatory and family contexts differ.

Evidence from Australia has also demonstrated the relationship between alcohol-related problems and family difficulties. Ainsworth (2023) reported substantial alcohol-related risks among vulnerable children involved in child welfare systems, while Ainsworth and Summers (2021) identified drug and alcohol use as a concern in cases involving family reunification. Laslett et al. (2022) also reported a high occurrence of alcohol-affected parenting among investigated child protection cases. However, these studies primarily examine parental alcohol misuse and child welfare rather than the effects of adolescents' own alcohol use disorder on their socio-family relationships.
Evidence from African settings provides further support for examining the relational consequences of adolescent alcohol use. In South Africa, Mmereki et al. (2022) reported substantial alcohol consumption among school-aged adolescents, while Adebayo (2022) associated adolescent drinking with strained parent-child relationships, emotional distance and reduced parental supervision. In Zambia, Kaseba (2025) found that families of adolescents with alcohol-related problems experienced challenges including conflict over discipline, neglect, stigma and reduced family cohesion. In Uganda, George et al. (2026) reported that social influences and the perceived attractiveness of alcohol contributed to adolescents' intentions to drink. In Kenya, Kamau and Muna (2025) and the National Authority for the Campaign Against Alcohol and Drug Abuse (2019) identified adolescent alcohol use as an important concern and linked it to family dysfunction, emotional and psychological strain, social isolation and weakened family cohesion.

In Burundi, Nkurunziza (2022) reported that adolescent alcohol use was facilitated by access to alcohol, peer influence and social tolerance of drinking. Niyongabo (2020) found that adolescents experiencing alcohol-related problems could have impaired family relationships characterized by conflict, emotional distance and psychological stress. Families may also experience frustration and difficulties in managing alcohol-related behaviours, while the financial costs associated with alcohol-related problems may place additional pressure on household resources (Nahimana, 2019). Despite these findings, the existing literature has not sufficiently examined how alcohol use disorder among adolescents affects specific dimensions of socio-family relationships in Bujumbura Town Hall. This study, therefore, examined the influence of alcohol use disorder on socio-family relationships among adolescents in Bujumbura Town Hall, Burundi. The article reports the prevalence of alcohol use disorder, the socio-family challenges experienced by affected adolescents and their families, the influence of alcohol use disorder on socio-family relationships, and strategies for mitigating its effects.

1.2 Statement of the Problem

Alcohol use disorder among adolescents is an emerging social and public health concern in Bujumbura Town Hall, Burundi. Adolescent alcohol use can extend beyond individual health consequences to affect family relationships, particularly communication and interaction between adolescents and their parents (Nkurunziza, 2019). Problematic alcohol use has also been associated with weakened emotional bonding, mistrust, and increased family conflict (Lippold et al., 2025). Despite growing concern about adolescent alcohol use, its implications for socio-family relationships in Bujumbura Town Hall remain insufficiently documented.

Available evidence confirms the presence of adolescent alcohol use in the study area. Manariyo and Dusabe (2025) reported that approximately 30% of adolescents in Bujumbura Town Hall had consumed alcohol before the age of 18, with some engaging in regular and binge drinking. At the family level, Niyongabo (2020) found that alcoholism was associated with family conflict, communication breakdown, and emotional distancing. However, these studies provide limited evidence on the specific influence of AUD on socio-family relationships among adolescents in Bujumbura Town Hall.

The limited local evidence creates a knowledge gap regarding nature and extent of socio-family disruptions associated with adolescent AUD. It also limits understanding of the challenges experienced by affected families and the adequacy of existing strategies for mitigating these effects. Consequently, families, schools, and other stakeholders may lack sufficient context-specific evidence to design appropriate interventions. Therefore, this study examined the influence of AUD on socio-family

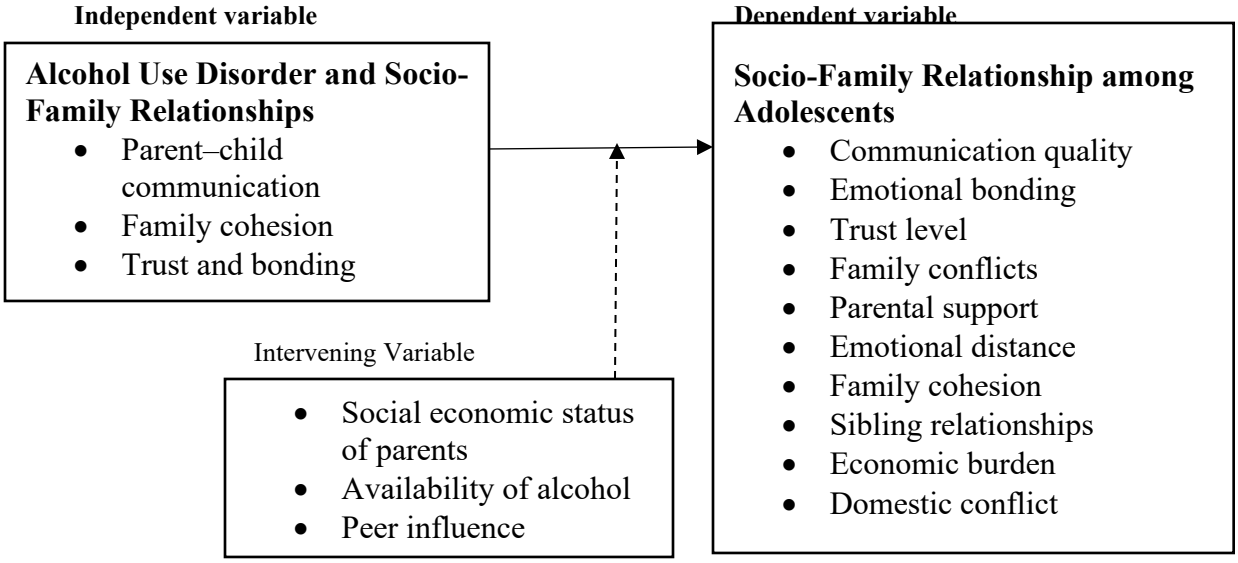
relationships among adolescents in Bujumbura Town Hall, Burundi.

1.3 Research Objective

Alcohol use can disrupt communication, emotional bonding, trust, and family interactions among adolescents. Examining this relationship was therefore important for understanding the socio-family effects of AUD in Bujumbura Town Hall, Burundi. Therefore, the objective of the study was to examine the influence of alcohol use disorder on socio-family relationships among adolescents in Bujumbura Town Hall, Burundi.

1.4 Conceptual Framework

The conceptual framework illustrates the assumed relationship between alcohol use disorder and socio-family relationships among adolescents. It identifies alcohol use disorder as the independent variable and socio-family relationships as the dependent variable, while highlighting the key dimensions through which the relationship is examined.



Source: *Researcher (2026)*

2. Literature Review

This section reviews empirical literature on adolescent alcohol use disorder and socio-family relationships, synthesizing existing evidence and identifying gaps that informed the study.

2.1 Theoretical Framework

This study was anchored on Family Systems Theory and Social Control Theory, which provide complementary perspectives for understanding how adolescent AUD affects family relationships and how social bonds influence adolescent alcohol use.

2.2.1 Family Systems Theory

Family Systems Theory, developed by Murray Bowen, views the family as an interconnected emotional system in which the behaviour of one member affects the functioning of others (Bowen, 1978). The theory emphasizes relational processes such as communication, emotional attachment, conflict, and patterns of interaction. Its key concepts include differentiation of self, emotional fusion, triangulation, and the family projection process (Kerr & Bowen, 1988).

The theory is relevant to adolescent alcohol use disorder because alcohol use may both reflect and intensify difficulties within family relationships. Poor parent–adolescent relationships, limited parental support, and weak communication have been associated with greater risk of adolescent alcohol use, although evidence on the direction and strength of these relationships is not always consistent (Visser et al., 2012; Yap et al., 2017). Thus, AUD can be understood not only as individual behaviour but also as a concern embedded within family relationships.

In this study, Family Systems Theory guided the examination of how adolescent AUD relates to communication, emotional bonding, trust, and family interactions in Bujumbura Town Hall. The theory was particularly relevant because these dimensions reflect the

quality of relationships within the family system. Evidence that parental monitoring, support, involvement, and parent–child relationship quality are associated with lower levels of adolescent alcohol misuse further supports the relevance of a family-based perspective (Yap et al., 2017).

A key strength of Family Systems Theory is its holistic focus on the reciprocal relationships between individual behaviour and family functioning. This makes it appropriate for examining how adolescent AUD may affect family relationships while also recognizing that family dynamics may influence adolescent alcohol-related behaviour. However, the theory may place greater emphasis on family processes than on individual, peer, and wider social influences. Evidence also suggests that the relationship between parent–child relationships and adolescent alcohol use is not uniformly strong across studies, indicating that alcohol use is influenced by multiple factors (Visser et al., 2012). This limitation was addressed by complementing Family Systems Theory with Social Control Theory, which considers the wider social bonds influencing adolescent behaviour.

2.2.2 Social Control Theory

Social Control Theory, developed by Hirschi (1969), explains deviant behaviour in terms of the strength of an individual's social bonds. The theory identifies four elements of social control: attachment, commitment, involvement, and belief. Strong social bonds encourage conformity to accepted norms, whereas weakened bonds may increase vulnerability to deviant behaviours, including alcohol use (Hirschi, 1969; Costello & Laub, 2020).
The theory is relevant to adolescent alcohol use because strong attachment to parents, parental involvement, and positive parent–child relationships can reduce the likelihood of alcohol misuse. Evidence from a systematic review and meta-analysis of 131 longitudinal studies showed that parental monitoring, relationship quality, support, and involvement were protective against adolescent alcohol misuse (Yap et al., 2017). Thus, the theory provides a basis for examining how weakened social bonds may increase vulnerability to AUD.

In this study, Social Control Theory guided the examination of how family attachment, parental involvement, commitment to conventional activities, and adherence to social norms relate to adolescent AUD and socio-family relationships. It complements Family Systems Theory by extending the analysis from family interaction patterns to the broader social bonds that influence adolescent behaviour.

A key strength of the theory is its focus on social relationships and conventional institutions as mechanisms of behavioural regulation. However, it may give insufficient attention to individual psychological and peer-related influences on alcohol use. Adolescent alcohol use is influenced by multiple factors, and strong social bonds do not necessarily eliminate risky behaviour. Therefore, Social Control Theory was complemented by Family Systems Theory to provide a broader explanation of the relationship between AUD and socio-family relationships.

2.2 Review of Empirical Literature

This section reviews empirical evidence on influence of alcohol use disorder and socio-family relationships among adolescents in Bujumbura Town Hall, Burundi.

2.2.1 Alcohol Use Disorder and Socio-Family Relationships

Alcohol use disorder among adolescents has been associated with disruptions in communication, emotional bonding, trust, and overall family cohesion. Hollis et al. (2020), in the United Kingdom, found that adolescent alcohol use was associated with communication breakdown between parents and adolescents, with parental anxiety and frustration contributing to avoidance, conflict, and emotional distance. Similarly, Miller et al. (2022) reported that families affected by adolescent alcoholism experienced difficulties in expressing emotions and discussing alcohol-related concerns, resulting in misunderstanding and feelings of isolation among adolescents. These findings suggest that alcohol use can weaken both the quality and openness of family interactions.

The effects of adolescent alcohol use may also extend beyond parent-child relationships to broader family functioning. Rossi and Bianchi (2019), in Italy, found that adolescents' alcohol-related problems placed psychological strain on siblings, who experienced reduced parental attention, resentment, and emotional disengagement, thereby weakening family cohesion. In South Africa, Matshaba et al. (2021) similarly found that adolescent alcohol consumption was associated with reduced parental involvement, secrecy, and declining trust between adolescents and parents. Together, these studies indicate that adolescent alcohol use can affect multiple dimensions of socio-family relationships, although the specific manifestations may vary across family and social contexts.

Evidence from Uganda further supports the role of alcohol use in weakening parent-adolescent interactions. Nyakagwa et al. (2020) found that parents of adolescents who used alcohol frequently experienced helplessness and emotional withdrawal, which limited open dialogue and their ability to provide support. In Burundi, Nzeyimana and Ndikumana (2021) reported a significant relationship

between family dynamics, adolescent alcohol use, and parental communication, particularly through increased tension, misunderstandings, and loss of trust. The Burundian evidence is particularly relevant to the present study; however, it focused broadly on family dynamics and parental communication and did not comprehensively examine the wider socio-family effects of AUD among adolescents in Bujumbura Town Hall.

Reviewed studies consistently indicate that adolescent alcohol use is associated with poorer communication, weakened emotional relationships, reduced trust, and diminished family cohesion. However, much of the existing evidence is drawn from contexts outside Burundi, while the available Burundian evidence provides limited attention to the broader dimensions of socio-family relationships. The present study therefore addresses this gap by examining the influence of AUD on socio-family relationships among adolescents in Bujumbura Town Hall, with attention to communication, emotional bonding, trust, and family interactions.

3. Methodology

The study adopted a mixed-methods approach using a convergent parallel design, with quantitative and qualitative data collected and analysed separately and integrated during interpretation. This design enabled the study to examine alcohol use disorder and its influence on socio-family relationships among adolescents.

The study was conducted in Bujumbura Town Hall, Burundi, across four secondary schools, comprising two public and two private schools. The target population was 1,220 participants, comprising 1,200 adolescents aged 12–18 years and 20 student leaders. A sample of 320 participants was selected, comprising 300 adolescents and 20 student leaders. Stratified and simple random sampling were used for adolescents, while student leaders were purposively selected.

Data were collected using structured questionnaires and semi-structured interviews. The instruments were pilot-tested among 32 respondents. The overall Content Validity Index was 0.86, while Cronbach's alpha coefficients ranged from 0.82 to 0.87, indicating acceptable reliability. Quantitative data were analysed using SPSS Version 26 through descriptive statistics, while qualitative data were analysed thematically and integrated with the quantitative findings.

Ethical approval and research authorization were obtained before data collection. Participation was voluntary, informed consent was obtained, and confidentiality and anonymity were maintained throughout the study.

4. Results and Discussion

The study obtained responses from 318 of the 320 targeted participants, representing an overall response rate of 99.4%. Among the adolescent students, 298 of the 300 targeted participants returned completed questionnaires, corresponding to a 99.3% response rate. In addition, all 20 student leaders participated in the interviews, giving a 100% response rate. The high level of participation provided sufficient data for analysis and interpretation of the study findings. Study assessed the influence of alcohol use disorder on socio-family relationships among adolescents in Bujumbura Town Hall. Responses were rated on a five-point Likert scale where 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Always. The findings are presented in Table 1.

Table 1: Influence of Alcohol use Disorder on Socio-Family Relationships

n=298

Statements	N % F	R % F	S % F	O % F	A % F	Mean	Std Dvt
How often do you communicate openly with your parents/guardians about personal issues?	21.5 % (64)	24.2 % (72)	25.8 % (77)	18.5% (55)	10.1 % (30)	2.71	1.26
Do your parents/guardians attempt to guide or advise you about alcohol use?	14.8 % (44)	18.1 % (54)	27.9 % (83)	24.8% (74)	14.4 % (43)	3.06	1.24
How often do disagreements about alcohol use lead to tension at home?	18.8 % (56)	22.5 % (67)	26.2 % (78)	20.1% (60)	12.4 % (37)	2.85	1.27

How often do you feel supported by your family in managing peer pressure related to alcohol?	23.2 % (69)	25.5 % (76)	24.8 % (74)	17.4% (52)	9.1% (27)	2.64	1.23
How often do conflicts about alcohol use affected your relationship with siblings or other relatives	20.5 % (61)	23.8 % (71)	25.2 % (75)	19.1% (57)	11.4 % (34)	2.77	1.28
How comfortable do you feel discussing your alcohol-related challenges with family members?	26.8 % (80)	24.5 % (73)	23.5 % (70)	16.1% (48)	9.1% (27)	2.56	1.29
Composite Mean and Standard Deviation						**2.76**	**1.26**

Source: Field Data (2026)

The findings indicate that alcohol use disorder had a moderate influence on socio-family relationships, as reflected by the overall composite mean of M = 2.76 (SD = 1.26). The findings point to difficulties in communication, limited family support, and alcohol-related conflicts within families. These results are consistent with studies showing that adolescent alcohol use can undermine family communication and relational functioning (Miller et al., 2022).

Open communication with parents or guardians recorded a mean of M = 2.71 (SD = 1.26), with 45.7% of respondents reporting that they never or rarely communicated openly with their parents. The qualitative findings reinforced this pattern, as one participant stated, *"I don't tell my parents when I drink because they will get angry."* This suggests that fear of parental reactions may discourage adolescents from disclosing alcohol-related experiences. Hollis et al. (2020) similarly found that adolescent alcohol use can contribute to communication difficulties and emotional distance within families. The findings therefore suggest that AUD may weaken open parent–adolescent communication, limiting opportunities for early guidance and support.

Parental guidance regarding alcohol use recorded the highest mean (M = 3.06, SD = 1.24), with 66.9% of respondents indicating that parents or guardians provided guidance at least sometimes. This quantitative finding was supported by the qualitative response, *"My parents advise me not to drink, but I sometimes ignore them."* The finding indicates that parental guidance was present, although it did not always influence adolescent behaviour. Yap et al. (2017) found that parental monitoring, support, involvement, and positive parent–child relationships were protective against adolescent alcohol misuse. Thus, the present finding suggests that parental guidance may be beneficial, but its effectiveness can depend on the adolescent's responsiveness and the quality of the parent–child relationship.

Disagreements concerning alcohol use and tension at home recorded a mean of M = 2.85 (SD = 1.27). About 32.5% of respondents experienced such tension often or always, while 26.2% experienced it sometimes. The qualitative findings further demonstrated the occurrence of alcohol-related conflict, with one participant stating, *"Some parents fight when they find out their child is drinking."* This finding suggests that adolescent drinking can become a source of disagreement and tension within the household. Matshaba et al. (2021) similarly identified strained family relationships among the challenges associated with adolescent substance use. The quantitative and qualitative evidence therefore converge in showing that AUD may contribute to family tension and conflict.

Family support in managing peer pressure related to alcohol recorded a mean of M = 2.64 (SD = 1.23), with 48.7% reporting that such support was never or rarely available. This finding was reinforced by the qualitative description that some adolescents were "left to make decisions alone." The response suggests that inadequate family support may leave adolescents more vulnerable to peer influence. Nyakagwa et al. (2020) similarly highlighted difficulties in parental support and communication surrounding adolescent alcohol use. The findings underscore the importance of strengthening family involvement in helping adolescents cope with peer pressure.

Conflicts involving siblings and other relatives recorded a mean of M = 2.77 (SD = 1.28), with 30.5% of respondents reporting such conflicts often or always and 25.2% reporting them sometimes. The qualitative finding that "My parents and I sometimes argue, and they get annoyed and angry" further illustrates how alcohol-related behaviour can generate disagreements extending beyond the adolescent. Rossi and Bianchi (2019) similarly reported that adolescent alcohol-related problems may strain relationships among family members. These findings suggest that the effects of AUD may extend across the wider family system rather than being limited to the parent–adolescent relationship.

Comfort in discussing alcohol-related challenges recorded the lowest mean (M = 2.56, SD = 1.29), with 51.3% of respondents reporting that they never or rarely felt comfortable discussing such challenges with family members. This was further supported by the qualitative statement, *"I feel ashamed to talk about drinking with my parents."* The finding indicates that shame and fear of

negative reactions may discourage adolescents from seeking family support. Miller et al. (2022) emphasized the importance of communication in addressing adolescent alcohol-related concerns, while Nzeyimana and Ndikumana (2021) linked family communication and relationship dynamics with adolescent alcohol use in Burundi. Limited comfort in discussing alcohol-related problems may therefore reduce opportunities for family-based intervention.

Inferential Statistics Findings

Descriptive statistics were first used to establish the levels of alcohol use disorder and socio-family relationships. Pearson correlation was then used to determine the direction and strength of their association, while simple linear regression assessed the predictive influence of AUD on socio-family relationships.

Table 2: Descriptive Statistics for Alcohol Use Disorder and Socio-Family Relationships

Variable	N	Mean (M)	SD	Interpretation
Alcohol Use Disorder	298	3.21	1.16	Moderate
Socio-Family Relationships	298	2.84	1.18	Moderate

The results indicate a moderate level of AUD among adolescents (M = 3.21, SD = 1.16). Socio-family relationships also recorded a moderate level (M = 2.84, SD = 1.18). This suggests that the adolescents experienced some alcohol-related difficulties alongside challenges in family communication, emotional bonding, trust, and interaction. The findings show that adolescents experienced moderate levels of AUD, which were accompanied by moderate challenges in socio-family relationships, particularly in communication, emotional bonding, trust, and family interaction.

Table 3: Pearson Correlation between Alcohol Use Disorder and Socio-Family Relationships

Variables	AUD	Socio-Family Relationships
Alcohol Use Disorder	1.000	−0.536
Socio-Family Relationships	−0.536	1.000
Sig. (2-tailed)	—	0.000
N	298	298

Pearson correlation revealed a moderate, negative, and statistically significant relationship between AUD and socio-family relationships ($r = -0.536$, $p < .001$, $N = 298$). This indicates that higher levels of AUD were associated with poorer socio-family relationships among adolescents. The statistically significant association provided a basis for further examining whether AUD significantly predicted socio-family relationships.

Table 4: Regression Model Summary

Model	R	R^2	Adjusted R^2	Std. Error
1	0.536	0.287	0.285	0.995

Predictor: Alcohol Use Disorder

The regression model produced $R = 0.536$ and $R^2 = 0.287$, indicating that AUD explained 28.7% of the variation in socio-family relationships. The remaining 71.3% was attributable to other factors not included in the model. The findings indicate that AUD accounted for 28.7% of the variation in socio-family relationships, suggesting a substantial contribution of AUD to differences in adolescents' socio-family relationships. However, 71.3% of the variation was explained by other factors not included in the model.

Table 5: ANOVA for Regression Model

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	88.42	1	88.42	89.33	<.001
Residual	292.87	296	0.989		
Total	381.29	297			

The findings indicate that the regression model was statistically significant ($F(1,296) = 89.33$, $p < .001$), meaning that AUD significantly predicted variations in socio-family relationships among the adolescents. Thus, the observed relationship was unlikely to have occurred by chance.

Table 6: Regression Coefficients

Predictor	B	Std. Error	Beta (β)	t
Constant	4.38	0.17	—	25.76
Alcohol Use Disorder	−0.48	0.05	−0.536	−9.45

The regression coefficient shows that AUD had a significant negative influence on socio-family relationships ($\beta = -0.536$, $t = -9.45$, $p < .001$). The unstandardized coefficient ($B = -0.48$) indicates that a one-unit increase in AUD was associated with a 0.48-unit decrease in the socio-family relationship score. The regression equation was therefore: $Y = 4.38 - 0.48X$, where Y represents socio-family relationships and X represents alcohol use disorder.

Findings demonstrate that higher levels of AUD were significantly associated with poorer socio-family relationships and that AUD explained 28.7% of their variation. Therefore, the null hypothesis that alcohol use disorder has no statistically significant influence on socio-family relationships among adolescents was rejected.

5. Conclusion and Recommendations

5.1 Conclusion

The study concludes that alcohol use disorder (AUD) significantly influences socio-family relationships among adolescents in Bujumbura Town Hall, Burundi. The findings indicate moderate levels of AUD and socio-family relationship challenges, particularly in communication, emotional bonding, trust, and family interaction. The moderate negative relationship between AUD and socio-family relationships ($r = -0.536$, $p < .001$) demonstrates that higher levels of AUD are associated with poorer socio-family relationships. Regression analysis further established that AUD significantly predicted socio-family relationships, accounting for 28.7% of their variation.

The qualitative findings reinforce this conclusion, with adolescents reporting difficulties in openly discussing alcohol use with parents, limited family support in managing peer pressure, disagreements at home, and feelings of shame when discussing alcohol-related challenges. Although some parents provided guidance on alcohol use, adolescents indicated that such advice was not always followed. These findings demonstrate that AUD can disrupt family communication, weaken trust and emotional connection, and contribute to conflict among adolescents and their families.

The findings are consistent with Family Systems Theory, which views the family as an interconnected system in which changes in one member's behaviour can affect other members and overall family functioning. They also support Social Control Theory, which emphasizes the role of family attachment, involvement, and social bonds in shaping adolescent behaviour. Therefore, strengthening parent-adolescent communication, family support, monitoring, and positive social bonds may help reduce alcohol-related problems and promote healthier socio-family relationships among adolescents.

5.2 Recommendations

Based on the findings of the study, the following recommendations are made:

1. Strengthen family-based interventions addressing alcohol use.

Parents, guardians, and family support organizations should strengthen family-based interventions that promote open communication, emotional support, trust, and constructive engagement between adolescents and their families. Parents should be encouraged to create non-judgmental environments where adolescents can openly discuss alcohol use, peer pressure, and related challenges. These measures would help reduce communication barriers, family conflict, and emotional distance associated with adolescent alcohol use.

2. Strengthen school-based alcohol prevention and counselling programmes.

School administrators, teachers, and counsellors should strengthen alcohol prevention, counselling, and peer-support programmes targeting adolescents. Such programmes should provide accurate information on the risks of alcohol use, develop adolescents' decision-making and coping skills, and address peer pressure. Regular counselling and early identification of alcohol-related problems would help prevent escalation of AUD and its effects on family relationships.

3. Strengthen early identification and support services for adolescents with AUD.

Health facilities, social service providers, and community organizations should strengthen screening, counselling, referral, and follow-up services for adolescents experiencing alcohol-related problems. Particular attention should be given to adolescents experiencing family conflict, poor communication, social isolation, or difficulties managing peer pressure. Early intervention

would improve access to appropriate support and reduce the negative effects of AUD on socio-family relationships.

4. Promote positive social bonds and community support for adolescents.

The Bujumbura Town Hall authorities, schools, community leaders, and youth organizations should promote programmes that strengthen positive relationships among adolescents, families, schools, and communities. Such programmes should encourage constructive peer networks, parental involvement, mentorship, and healthy recreational activities. Strengthening positive social bonds would provide adolescents with supportive alternatives to alcohol use and reinforce protective family and community relationships.

References

Adebayo, A. M., & Omotayo, M. (2022). Adolescent alcohol consumption and family dynamics in Nigeria: A community-based study. *Journal of Alcohol and Drug Education, 66*(1), 10–24.

Ainsworth, F. (2023). Drug use by parents: The challenge for child protection and drug and alcohol services. *Children Australia, 29*(3), 4–10.

Ainsworth, F., & Summers, A. (2021). *Family reunification and drug use by parents: Research report for the Care for Children Advisory Committee*. Department of Family and Children's Services.

Bowen, M. (1978). *Family therapy in clinical practice*. Jason Aronson.

Costello, B. J., & Laub, J. H. (2020). Social control theory: The legacy of Travis Hirschi's *Causes of Delinquency*. *Annual Review of Criminology, 3*, 21–41.

Garcia, O. F., Serra, E., Zacares, J. J., Calafat, A., & Garcia, F. (2020). Alcohol use and abuse and motivations for drinking and non-drinking among Spanish adolescents: Do we know enough when we know parenting style? *Psychology & Health, 35*(6), 645–664.

George, A., Nassaka, J., Nabulya, A., Palmier, J., Dumbili, E. W., & Swahn, M. H. (2026). Young Women's Perspectives on Alcohol Environments in Urban Informal Settlements in Kampala, Uganda: An Exploratory Photovoice Analysis. *International Journal of Environmental Research and Public Health*, *23*(8), 975.

Hirschi, T. (1969). *Causes of delinquency*. University of California Press.

Hollis, R., Roberts, J., & Brewster, K. (2020). Parent-child communication and adolescent drinking: Exploring the connection in the UK. *Health & Social Care in the Community, 28*(3), 777–785.

Jackson, D. (2019). Interactional theory in the practice of psychotherapy. In W. Ray (Ed.), Don D. Jackson – Interactional Theory in Clinical Practice – Selected Papers (Vol. 2). Zeig, Tucker & Theisen.

Johnston, L. D., Miech, R. A., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Patrick, M. E. (2020). Monitoring the future national survey results on drug use, 1975 -2019. University of Michigan.

Kamau, P. M., & Muna, W. (2025). Alcohol control policy and regulation of underage drinking: A case study of Nyandarua County, Kenya. International Academic Journal of Arts and Humanities, 2(1), 194–212.

Kaseba, S. D. M. (2025). effects of alcohol abuse on family life: a case Study of parishes in Kabwe Catholic diocese, Zambia. *multidisciplinary journal (Zaoumj)*, 75.

Kerr, M. E., & Bowen, M. (1988). *Family evaluation: An approach based on Bowen theory*. W. W. Norton.

Laslett, A.-M., Ferris, J., Dietze, P., & Room, R. (2022). Social demography of alcohol-related harm to children in Australia. Addiction, 107(6), 1082–1089.

Lees, B., Meredith, L. R., Kirkland, A. E., Bryant, B. E., & Squeglia, L. M. (2020). Effect of alcohol use on the adolescent brain and behavior. Pharmacology, Biochemistry, and Behavior, 192, 172906.

Lippold, M. A., Hall, W., Williams, D. Y., Jenkins, M., Dawes, H., & Mills-Koonce, R. (2025). Parenting and queer youth mental health and substance use: A systematic review and meta-analysis. *Adolescent Research Review*, *10*(1), 145-168.

Manariyo, E., & Dusabe, B. (2025). Prevalence and associated effects of substance use among adolescents in Burundi, East Africa. *Current Journal of Applied Science and Technology, 44*(4), 179–188.

Matshaba, M., Masango, M., & Chikanda, A. (2021). The effects of adolescent alcohol use on family dynamics in South Africa. *South African Journal of Psychology, 51*(4), 600–613.

Miller, J. R., Karlsson, A., & Lindström, M. (2022). Emotional communication in families dealing with juvenile alcoholism. *Family Relations, 71*(1), 123–138.

Nahimana, P. (2019). Economic impact of substance abuse in Burundian households. Journal of Public Health in Burundi, 12(3), 67–79.

National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) (2019) National Authority for the Campaign Against Alcohol and Drug Abuse. (2019). Tenth edition of biannual report on the status of alcohol and drug abuse control in Kenya Reporting period 1 January–30 June 2019. Nairobi, Kenya: NACADA.

Niyongabo, R. (2020). Alcohol use disorder and family breakdown in urban Burundi. Bujumbura Journal of Social Studies, 22(4), 87–105.

Nkurunziza, A. (2019). Patterns of alcohol consumption among youth in Bujumbura. *Burundi Health Monitor, 17*(4), 45–61.

Nkurunziza, A. (2022). Youth alcohol consumption patterns in Burundi. Burundi Health Monitor, 18(1), 55–61.

Nyakagwa, E., Kiyingi, J., & Mpanga, K. (2020). Emotional responses of parents to adolescent alcohol use in Uganda. *African Journal of Mental Health, 25*(2), 78–87.

Nzeyimana, C., & Ndikumana, J. (2021). Family communication and adolescent alcohol use in Burundi. *African Journal of Mental Health, 10*(3), 89–104.

Pennay, A., Caluzzi, G., Cook, M., & Livingston, M. (2025). Risk versus pleasure: Understanding changing attitudes of non- and light-drinking young people as they age. *Drugs: Education, Prevention and Policy*, 32, 409–420. https://doi.org/10.1080/09687637.2025.2578238.

Rossi, L., & Bianchi, G. (2019). Alcohol use disorder and sibling relationships in Italy. *Italian Journal of Mental Health and Family Dynamics, 10*(3), 123–132.

The NACADA Act is a separate legal source and should not be cited as "NACADA (2019)" if you are referring to the 2019 status report. The 2019 version of the Act is available through Kenya Law.

Visser, L., de Winter, A. F., & Reijneveld, S. A. (2012). The parent-child relationship and adolescent alcohol use: A systematic review of longitudinal studies. *BMC Public Health, 12*, 886. https://doi.org/10.1186/1471-2458-12-886

Yap, M. B. H., Cheong, T. W. K., Zaravinos-Tsakos, F., Lubman, D. I., & Jorm, A. F. (2017). Modifiable parenting factors associated with adolescent alcohol misuse: A systematic review and meta-analysis of longitudinal studies. *Addiction, 112*(7), 1142–1162.