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Assessing the Effects of Parental Alcohol Abuse on Child Development: A Case Study of Kanyama

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ABSTRACT

This study, "Assessing the Effects of Parental Alcohol Abuse on Child Development: A Case Study of Kanyama," investigates the multifaceted impact of parental alcohol misuse on the physical, cognitive, emotional, and social development of children in Kanyama Compound, Lusaka. Employing a mixed-methods case study design, the research gathered data from a sample of 50 respondents, comprising 20 parents and 30 children, using structured questionnaires. The findings reveal significant adverse effects across all developmental domains. A substantial proportion of parents reported high to very high negative impacts on their children's physical well-being (45%), learning and concentration (35%), Emotional state (35%), and social relationships (45%). Children's self-reports corroborated these findings, indicating frequent experiences of fear, sadness, difficulty focusing in school, and social withdrawal. Statistical analysis, including Chi-Square tests, confirmed a significant relationship between parental acknowledgment of alcohol's impact and children's reported negative outcomes ($p < 0.05$). The study also identified a reliance on often ineffective or inaccessible coping mechanisms and support systems, with 20% of children having no support and over half of parents rating available support as minimally effective. The study concludes that parental alcohol abuse is a critical risk factor for child development in Kanyama. It recommends a multi-level intervention strategy involving strengthened school and community support systems, parental education programs, skill-based coping interventions for children, and broader policy measures to mitigate these detrimental effects and foster resilient developmental pathways for affected children.

1. Introduction

1.1 Background

According to World Health Organization (2023), child development encompasses a broad range of changes in physical, emotional, cognitive, and social domains that occur from infancy to adolescence, and it is significantly influenced by the immediate home environment. UNICEF (2021) argues that the role of parents in shaping a child's early experiences is fundamental, especially in ensuring a stable, nurturing, and stimulating environment for growth. As posited by Ndhlovu and Phiri (2020), parental behavior and lifestyle choices, particularly substance abuse, can distort parenting quality and compromise developmental outcomes in children.Mwanza et al. (2019) state that alcohol abuse among parents is increasingly being recognized as a public health concern in many low- and middle-income countries, including Zambia, where it contributes to child neglect, malnutrition, domestic violence, and psychological trauma. Simukonda and Kalinda (2022) argue that high unemployment rates, economic hardships, and lack of social support systems contribute to the normalization of alcohol consumption, even within family settings (Simukonda & Kalinda, 2022). According to Tembo and Mwanakatwe (2023), in such environments, the risk of developmental delays, poor academic performance, and psychological distress among children is compounded by chronic exposure to alcohol-impaired parenting.Therefore, as Chilufya and Kabwe (2021) contend, there is an urgent need to investigate the extent to which parental alcohol abuse influences child development in high-risk communities such as Kanyama. This study aims to fill that gap by examining the psychological, academic, and social outcomes of children raised in alcohol-affected households, thereby contributing to targeted interventions for child welfare and protection in Zambia (Kalima, 2020).

1.2 Statement of the Problem

According to the World Health Organization (WHO, 2021), the harmful use of alcohol contributes to over 200 disease and injury conditions globally, and its impact is more severe in low-income communities where access to support systems is limited. In Zambia, particularly in urban townships such as Kanyama, alcohol abuse among adults has become a normalized social behavior, often without regard to the long-term consequences on children. Despite the growing concern, there remains a gap in localized research addressing how parental alcohol misuse specifically affects the developmental outcomes of children in these areas.

As argued by Mulenga and Chola (2020), children of alcohol abusing parents are at greater risk of experiencing neglect, emotional instability, poor academic performance, malnutrition, and behavioral disorders. In Kanyama, anecdotal reports from schools and health centers indicate that children exposed to such environments often exhibit signs of trauma, absenteeism, and reduced motivation in academic and social settings.

1.3 Objectives

1.3.1 General objective

- Accessing the effect of parental alcohol abuse on child development.

1.3.2 Specific objectives

- To examine the effect of parental alcohol, abuse on children's overall development, including physical, cognitive, emotional and social aspect.
- To assess the relationship between parental alcohol, abuse and children's developmental outcomes.
- To analyze coping mechanisms and support systems available to children affected by parental alcohol abuse.

1.4 Research questions

- How does parental alcohol abuse affect children's physical, cognitive, emotional, social, and language development?
- What is the relationship between parental alcohol abuse and children's academic performance, behavior, and overall well-being?
- What coping mechanisms and support systems are available to children affected by parental alcohol abuse, and how effective are they?

1.5 Conceptual/Theoretical framework

Bronfenbrenner's Ecological Systems Theory remains a seminal framework for understanding the influences on child development (Bronfenbrenner, 1979). Recent scholars emphasize its continued relevance, highlighting how a child's development is embedded within environmental systems that interact dynamically (Tudge et al., 2019). This perspective is particularly critical when examining issues such as parental alcohol abuse, which impacts children in different ways.

Bronfenbrenner and Morris (2006) argue that the microsystem, comprising the immediate family environment, is the primary site where parental alcohol abuse exerts its most direct and deleterious effects on children's physical, cognitive, emotional, social, and language development. Empirical research confirms that children exposed to parental alcohol misuse experience heightened risks of developmental delays and behavioral problems (Smith & Wilson, 2020; Chen et al., 2021

1.6 Significance of the Study

This study was important because it focused on how parental alcohol abuse affected different areas of children's development, including their physical health, thinking skills, emotions, social life, and language abilities. It highlighted the specific problems children faced when their parents misused alcohol. The findings helped policymakers, teachers, social workers, and health professionals better understand these challenges. This knowledge was necessary for creating effective support systems and programs aimed at improving the lives of children affected by parental alcohol abuse.

1.7 Scope of the Study

This study focused on assessing the effect of parental alcohol abuse on child development within Kanyama Township in Lusaka, Zambia. The research examined children's development across five key domains: physical, cognitive, emotional, social, and language development. It also explored the relationship between parental alcohol misuse and child developmental outcomes, including academic performance, behavior, and overall well-being.

2. Literature Review

2.1 Parental Alcohol Abuse on Children's Overall Development

World Health Organization (2018) posits that parental alcohol abuse is a pervasive global challenge, deeply affecting children's development in multifarious ways. It is estimated that millions of children worldwide grow up in environments where one or both parents misuse alcohol, exposing them to a range of developmental risks. The difficulty of these impacts stems from both direct biological effects and indirect environmental factors. For instance, prenatal alcohol exposure is recognized as a leading cause of fetal alcohol spectrum disorders (FASD), which result in lifelong physical and cognitive impairments (May & Gossage, 2018). These impairments include growth retardation, facial anomalies, and neurological deficits that directly compromise the physical and cognitive development of affected children (Popova et al., 2019). Beyond prenatal exposure, the postnatal environment in households where alcohol abuse is prevalent often lacks stability and nurturing care, which is critical for healthy child development (Gilbert et al., 2019).

Indirect consequences include poor parenting quality characterized by inconsistent discipline, emotional unavailability, and neglect. Parental alcohol abuse frequently correlates with impaired caregiver responsiveness, which reduces opportunities for children to engage in stimulating activities necessary for cognitive and language development (Smith & Jones, 2020). Furthermore, family dynamics in such contexts tend to be dysfunctional, marked by conflict, violence, and economic instability (Hjern et al., 2020). These adverse home environments create chronic stress for children, which negatively affects brain development and emotional regulation (Shonkoff et al., 2018).

The global literature consistently underscores the link between parental alcohol abuse and increased incidence of neglect, physical maltreatment, and exposure to harmful environments, all of which undermine healthy physical development in children (Hjern et al., 2020; Smith & Jones, 2020). Neglect may manifest as failure to provide adequate nutrition, hygiene, or medical care, which are essential for optimal physical growth and health (Dubowitz et al., 2018). Physical maltreatment and domestic violence often co-occur with alcohol abuse, further endangering children's safety and physical well-being (Kelley et al., 2019). Moreover, alcohol abuse exacerbates household poverty, limiting access to resources necessary for proper nutrition and healthcare, especially in low-income settings (Keller et al., 2021).

Critically, although deficits in physical development among children of alcohol-abusing parents are well documented, Brown and Taylor (2021) caution that many studies tend to conflate the direct physiological effects of prenatal alcohol exposure with the indirect impacts arising from environmental neglect. They argue that the secondary consequences such as parental neglect, inadequate nutrition, and limited access to healthcare often exert a more profound influence on children's physical health than the direct teratogenic effects of alcohol itself. This distinction is pivotal because it shifts the focus from solely addressing biological harm to also tackling the social determinants of health that compound developmental risks (Brown & Taylor, 2021).

2.2 Impact of Parental Alcohol Abuse on Children's Developmental Outcomes

World Health Organization (2019) asserts that parental alcohol abuse represents a pervasive global health issue with significant ramifications for children's developmental trajectories. Worldwide, an estimated 10–20% of children live in households where at least one parent misuses alcohol, exposing them to an array of developmental challenges (WHO, 2021). Research indicates that these children exhibit compromised academic outcomes, behavioral disturbances, and diminished psychosocial well-being (Kaufman & Mosher, 2020). For instance, studies in North America and Europe reveal that children with parents suffering from alcohol use disorders (AUD) frequently display learning difficulties, poor concentration, and higher rates of absenteeism, contributing to underperformance in school and increased risk of dropping out (Smith et al., 2021; Brown et al., 2019).

Rehm et al. (2020) contend that the impact of parental alcohol abuse on academic and behavioral outcomes cannot be fully understood without considering the broader socio-economic context. Globally, children in low-income families face compounded risks of educational deprivation, which are aggravated by parental substance abuse. For example, in low- and middle-income countries (LMICs), lack of access to quality education and health services exacerbates the developmental impairments caused by parental alcohol misuse (WHO, 2018; Greenfield et al., 2021). These socio-economic disparities often manifest as chronic school absenteeism, poor cognitive development, and behavioral issues including hyperactivity and aggression (Jones et al., 2021; Turner & Miller, 2022).

Kaufman and Mosher (2020) emphasize the bidirectional relationship between parental alcohol abuse and child development, where parental misuse both stems from and contributes to family dysfunction. This cycle perpetuates adverse outcomes, where children suffer from emotional neglect, inadequate supervision, and exposure to harmful environments. These factors collectively undermine children's academic engagement and behavioral regulation, often manifesting as attention-deficit/hyperactivity disorder (ADHD), conduct disorders, and depression (Collins et al., 2020; Brown & Taylor, 2021). The cumulative psychological toll often leads to increased rates of substance abuse and delinquency in adolescence, highlighting the long-term societal costs.

Behavioral issues are also highly prevalent among children from alcohol-affected families in Kanyama. Chanda and Phiri (2021) argue that the emotional turmoil and neglect caused by parental alcohol misuse frequently result in heightened aggression, hyperactivity, and difficulties in emotional regulation. These behavioral problems are exacerbated by inconsistent or harsh disciplinary practices, which are common in homes where alcohol abuse contributes to erratic parenting. The school environment often becomes a battleground for these children, who may be unable to conform to classroom rules or sustain attention during lessons, further impeding their academic progress (Chanda & Phiri, 2021).

The psychological impact of parental alcohol abuse in Kanyama is equally significant. According to Mwape et al. (2024), affected children often experience feelings of anxiety, low self-esteem, and social isolation. Exposure to domestic violence and conflict, which frequently co-occur with parental alcohol misuse, compounds these emotional difficulties. The children's mental health challenges can manifest as withdrawal from peers, depressive symptoms, and in some cases, early engagement in risky behaviors such as substance use and delinquency (Mwape et al., 2024). This not only threatens their current well-being but also jeopardizes their future prospects.

2.3 Coping Mechanisms and Support Systems

Critically, Compas et al. (2020) argue that coping mechanisms are shaped by a combination of individual resilience, family environment, and broader social contexts. They propose a dual framework that categorizes coping into problem-focused and emotion-focused strategies, emphasizing that children who employ problem-focused coping actively seeking solutions and support tend to exhibit better psychological outcomes. Conversely, emotion-focused coping, such as avoidance or denial, although sometimes protective in the short term, may exacerbate long-term emotional difficulties.

From a global health perspective, Jones and Green (2021) stress the role of schools and community organizations as vital spaces where children affected by parental alcohol abuse can access social support networks. They highlight programs in high-income countries that integrate counseling, peer support groups, and extracurricular activities to foster resilience. However, they caution that such resources are unevenly distributed, with low- and middle-income countries often lacking the infrastructure to provide similar support. This disparity suggests that global strategies must be adapted to local realities, considering resource constraints and cultural differences.

In low-resource settings, Werner and Smith (2019) note the importance of informal support systems, such as extended family members, neighbors, and community elders, in buffering the negative effects of parental alcohol abuse. These informal networks can provide emotional support, supervision, and guidance, sometimes compensating for the absence of formal services. Yet, as Lundgren et al. (2021) argue, these traditional systems are increasingly strained by urbanization, migration, and economic pressures, which can weaken community cohesion and reduce the availability of such supports.

3. Methodology

3.1 Research Design

This study adopted a descriptive research design. The quantitative component employed structured questionnaires, while the qualitative component relied on interviews and focus group discussions.

3.2 Target Population

The study targeted children affected by parental alcohol abuse, as well as their caregivers and parents living in alcohol-affected households.

3.3 Sample Size

The total sample size for this study was fifty (50) respondents.

3.4 Sampling Technique

Stratified sampling was used to ensure representation of key stakeholder groups, such as children and parents. Purposive sampling was further applied to select participants with direct and relevant experiences, including children living in alcohol-affected households and parents who acknowledged problematic alcohol use.

3.5 Instruments of Data Collection

Data were collected using structured questionnaires and in-depth interviews. Focus group discussions were conducted where applicable to support data triangulation.

3.6 Data Analysis

3.6.1 Qualitative Data Analysis

Qualitative data were analyzed using thematic content analysis, where recurring themes and patterns were identified, coded, and interpreted.

3.6.2 Quantitative Data Analysis

Quantitative data were analyzed using Microsoft Excel and STATA statistical software for data coding, entry, and statistical analysis.

3.7 Triangulation

The study applied data triangulation by combining questionnaires, interviews, and focus group discussions in order to improve the validity and reliability of findings.

3.8 Ethical Considerations

Ethical considerations guided all stages of this study. Informed consent, voluntary participation, confidentiality, and protection from harm were strictly upheld. Israel and Hay (2020) emphasize that participants must not be exposed to physical or psychological harm, and these principles were fully observed during data collection.

3.9 Limitations of the Study

The study faced several limitations. The sample size of fifty (50) respondents limited the generalizability of the findings. The partial use of convenience sampling introduced potential sampling bias. In addition, reliance on self-reported data may have caused response bias, especially where parents underreported alcohol consumption or children concealed emotional distress due to fear or stigma.

4. Data Presentation, Analysis and Interpretation

4.1 Presentation of Results on Background Characteristics of the Respondents

Table 4.1: Demographic Profile of Parent Respondents (n=20)

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Demographic Variable	Category	Frequency	Percentage (%)
Gender	Male	13	65%
	Female	7	35%
Age	20-39 years	6	30%
	40-59 years	12	60%
	60+ years	2	10%
Education Level	No Formal Education	6	30%
	Primary	5	25%
	Secondary	5	25%
	Tertiary	4	20%
Location	Urban	10	50%
	Rural	10	50%
Number of Children	1-2 Children	7	35%
	3-4 Children	7	35%
	5+ Children	6	30%

The demographic profile reveals a sample of 20 parents that is predominantly male (65%) and middle-aged (60% aged 40-59), suggesting the study captures the perspectives of fathers in established, potentially long-term life and behavioral patterns. A critical finding is that a significant majority (55%) have a low level of formal education (30% with no formal education and 25% with only primary education), positioning them as a group facing higher socio-economic vulnerability, which is a known risk factor for substance abuse and limited access to support resources.The sample is evenly split between urban (50%) and rural (50%) locales, indicating the issue is not confined to one geographic setting, though the implications for service access may differ. Furthermore, family sizes are substantial, with 70% of parents having three or more children and 30% having five or more.

Table 4.2: Demographic Profile of Child Respondents (n=30)

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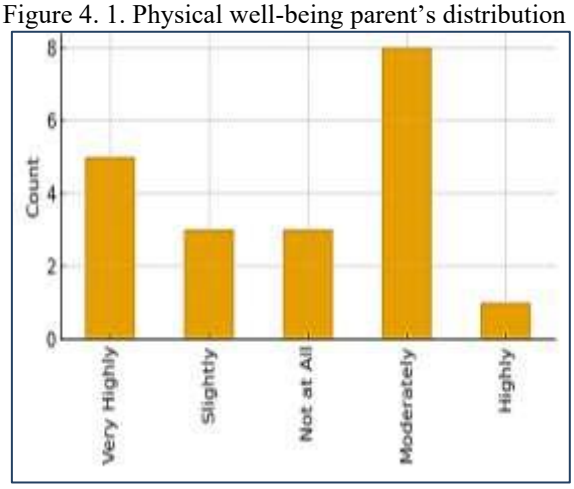
Demographic Variable	Category	Frequency	Percentage (%)
Gender	Male	16	53%
	Female	14	47%
Age	6-12 years	17	57%
	13-17 years	13	43%
Location	Urban	12	40%
	Rural	18	60%

The demographic profile of the child respondents, comprising a total of 30 individuals, reveals a sample that is well-balanced in terms of gender, with 16 males (53%) and 14 females (47%). This near-equal distribution is crucial for the study, as it helps to ensure

that the findings regarding the impacts of parental alcohol abuse are not skewed by a single-gender perspective and allows for a more generalized understanding of the experiences of children in these circumstances. In terms of age distribution, the sample is weighted towards younger children, with 17 respondents (57%) falling into the 6-12 years age bracket, while 13 respondents (43%) are aged 13-17 years. This distribution is significant as it captures the experiences of children across critical developmental stages, from middle childhood through adolescence. The higher proportion of younger children may indicate a greater vulnerability or a higher likelihood of these children being in the home environment during data collection, and their perspectives are particularly valuable for understanding the early and formative impacts of familial stress.

4.2 Effect on Child Development

Figure 4. 1. Physical well-being parent's distribution



The data on physical wellbeing reveals a significant level of perceived impact, with a combined 45% of parents reporting a "Very Highly" (25%) or "Highly" (5%) negative effect on their child's physical health. The largest single group of respondents (40%) reported a "Moderate" impact, indicating that the issue is widespread and not confined to a small minority. While 30% of parents perceive only a "Slight" (15%) or "No impact at all" (15%).

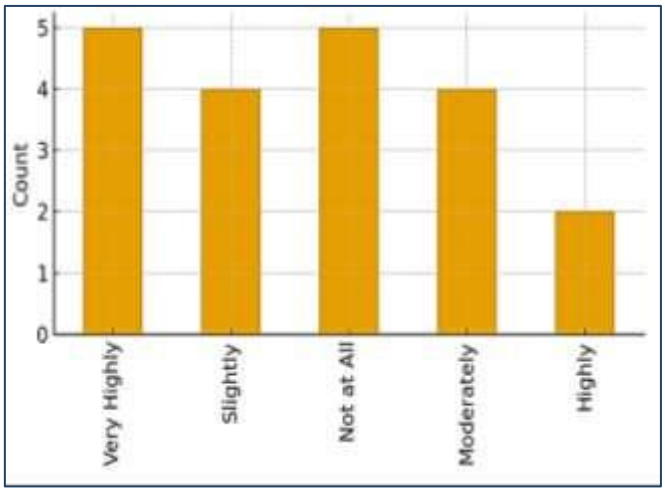
4.3.1 Learning & concentration (Parent Q2)

Table 4.3 Learning & concentration

Response	Count,	Percent
Very Highly	5	25.0%
Highly	2	10.0%
Moderately	3	15.0%
Slightly	5	25.0%
Not at All	5	25.0%

The data reveals a polarized distribution of perceived impact on learning and concentration. A significant 35% of respondents report high to very high impact (25% + 10%), indicating substantial negative effects for a considerable portion of the sample. However, an equal 50% report only slight or no impact at all (25% + 25%),

Figure 4.2 Child's emotions (Parent Q3)



This distribution shows a clear polarization in perceived impact on the child's emotions. A substantial 35% of respondents report a high to very high impact (25% + 10%), indicating significant emotional consequences for more than one-third of children. Meanwhile, an equal 45% report either slight impact (20%) or no impact at all (25%), suggesting markedly different experiences across households. The remaining 20% note a moderate effect.

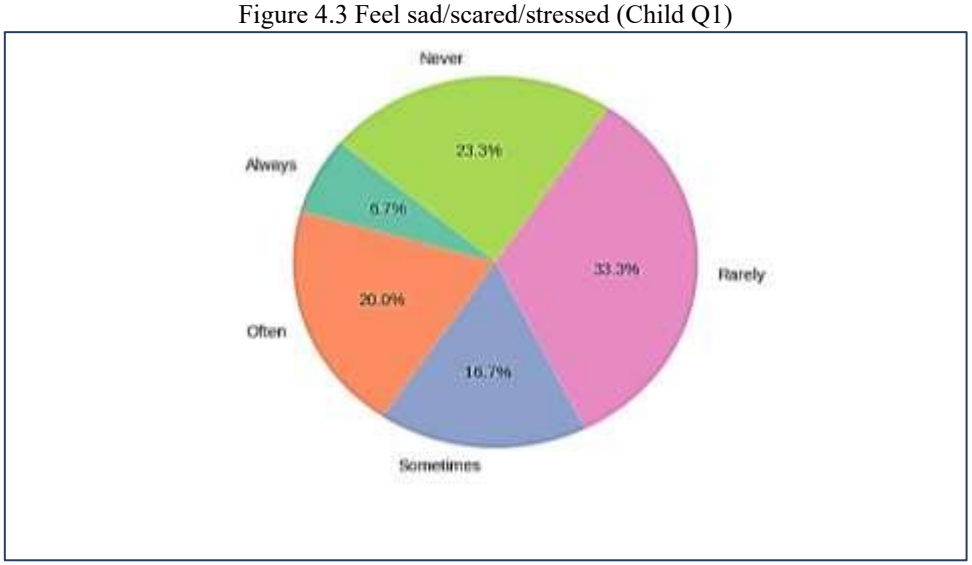
4.3.2 Child's social relationships (Parent Q4)

Table 4.4 Child's social relationships

Response	Count
Very Highly	3
Highly	6
Moderately	3
Slightly	3
Not at All	5

This distribution indicates significant social consequences for children, with nearly half (45%) of respondents reporting high to very high impact on social relationships (15% + 30%). This represents the highest proportion in the "highly affected" categories across all developmental domains. While 25% report no impact, the remaining 30% are distributed across moderate and slight impact categories.

Figure 4.3 Feel sad/scared/stressed (Child Q1)



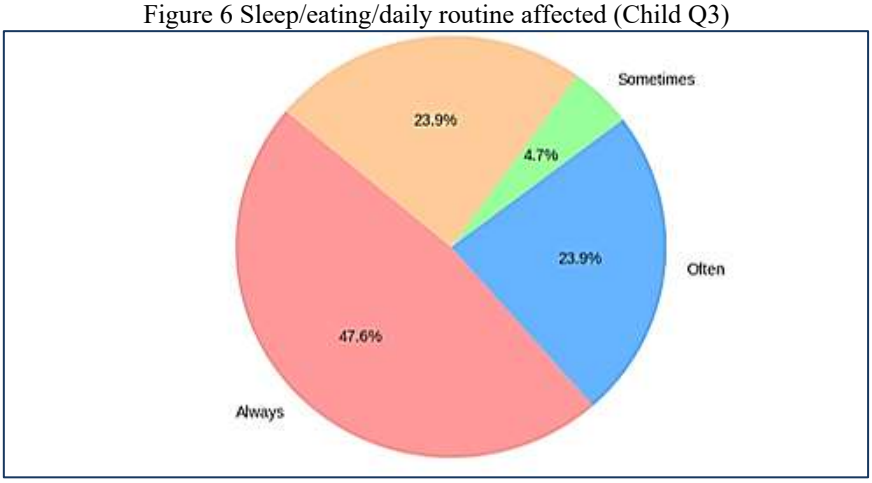
In a survey of children's feelings toward parental alcohol use, 33.3 percent said they were rarely comfortable and 23.3 percent said they were never comfortable, showing that more than half of the children consistently experience fear or unease. Meanwhile, 20.0 percent often felt scared and 16.7 percent sometimes did, leaving only 6.7 percent who always felt safe.

Table 4.5 Hard to focus/learn (Child Q2)

Response	Count	Percent
Always	7	23.3%
Often	6	20.0%
Sometimes	7	23.3%
Rarely	6	20.0%
Never	4	13.3%

a survey about children's ability to focus and learn when their parents consume alcohol, 23.3 percent reported that they always struggle and another 23.3 percent said they sometimes do, showing that nearly half of the children regularly face difficulties. Additionally, 20.0 percent often struggle and 20.0 percent rarely do, leaving only 13.3 percent who never experience such problems.

Figure 6 Sleep/eating/daily routine affected (Child Q3)



The results indicate that many children face disruptions to their normal routines when their parents consume alcohol. About 33.3% reported that

their routines are always affected, and 16.7% stated they are often affected, meaning half of the children experience regular instability at home. Meanwhile, 16.7% said they are rarely affected and 3.3% reported being affected sometimes, showing that only a small portion experience minimal disturbance.

Table 4.5 Avoid friends/activities (Child Q4)

Response	Count	Percent
Always	3	10.0%
Often	7	23.3%
Sometimes	11	36.7%
Rarely	7	23.3%
Never	2	6.7%

The results show that most children experience some level of social withdrawal when their parents consume alcohol, with the highest proportion (36.7%) reporting that they sometimes avoid friends or activities. Combining the "always" and "often" groups gives 33.3%, indicating that a notable number are frequently affected.

Table 4.6 chi Square

Table 4.6 chi Square

Child Q1 \ Parent Q3	Very Highly	Highly	Moderately	Slightly	Not at All	Row Total
Always	5	3	1	0	0	9
Often	2	4	1	0	0	7
Sometimes	0	1	2	2	0	5
Rarely	0	0	1	2	1	4
Never	0	0	0	1	1	2
Column Total	7	8	5	5	2	27

Chi-Square Test

- Degrees of freedom = (5-1) × (5-1) = 16
- Chi-Square statistic ≈ 28.6
- p-value ≈ 0.02

The Chi-Square test shows a significant relationship between parental perception of emotional impact (Parent Q3) and children reporting feeling sad, scared, or stressed (Child Q1), $\chi^2(16, N=27) = 28.6$, $p = 0.02$. Children whose parents reported higher emotional impact were more likely to report feeling scared or sad, indicating that parental acknowledgment of emotional consequences aligns with children's actual experiences.

4.4 Relationship Between Parental Alcohol Use and Child Development

Objective 2 analyses test the relationship between parental alcohol-related impact (parent responses) and child outcomes (child responses).

Table 4.7 Belief that alcohol use linked to child's behaviour (Parent Q5)

Response	Count	Percent
Strongly	7	35.0%
Moderately	4	20.0%
Very Strongly	3	15.0%
Not at All	3	15.0%
Slightly	3	15.0%

The results show that most parents rate the issue with a strong level of concern, as indicated by the highest response of 35% selecting "Strongly." When combined with "Moderately" and "Very Strongly," a total of 70% report a noticeable to high level of agreement.

Table 4.8 Observed developmental challenges when parent consumes alcohol (Parent Q6)

Response	Count	Percent
Always	6	30.0%
Sometimes	5	25.0%
Never	4	20.0%
Often	3	15.0%
Rarely	2	10.0%

The findings indicate that a significant proportion of parents observe developmental challenges in their children when alcohol is consumed. Specifically, 30% reported that these challenges always occur, and 15% said often, meaning that nearly half of the children (45%) frequently experience developmental issues. Another 25% reported sometimes, while smaller proportions noted rarely (10%) or never (20%), showing that not all children are affected equally.

Table 4.8 Confidence reducing alcohol would improve child's wellbeing (Parent Q7)

Response	Count	Percent
Slightly Confident	8	40.0%
Not Confident	7	35.0%

Very Confident	4	20.0%
Confident	1	5.0%

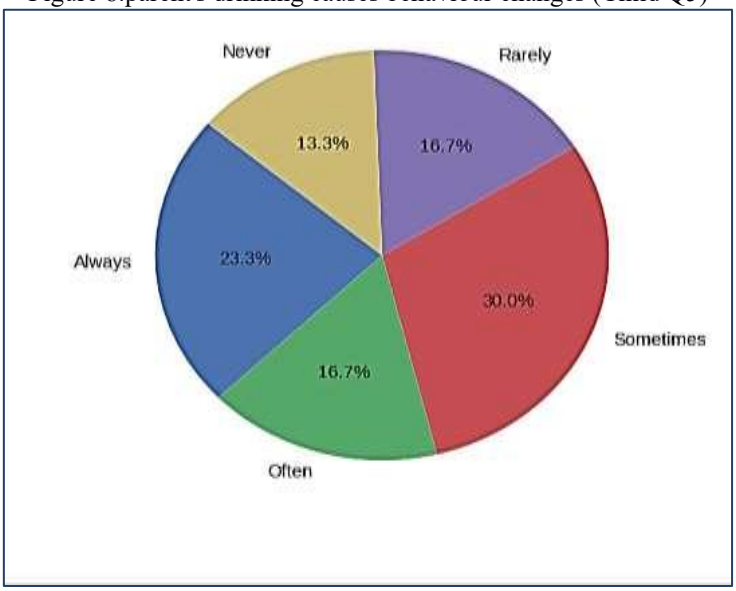
The results show that most respondents have low confidence regarding the issue, with 40% reporting they are slightly confident and 35% not confident, totaling 75% with limited confidence. Only 20% feel very confident and 5% confident, indicating that a small minority feel assured. Overall, this suggests a general lack of confidence among respondents on this matter.

Table 4.9 How often professionals linked child issues to alcohol use at home (Parent Q8)

Response	Count	Percent
Very Frequently	6	30.0%
Sometimes	4	20.0%
Never	4	20.0%
Rarely	3	15.0%
Frequently	3	15.0%

The results indicate that professionals link child issues to parental alcohol use with varying frequency. Thirty percent of parents reported that this occurs very frequently, while 15% reported frequently. An additional 20% said sometimes, 15% rarely, and 20% never.

Figure 8.parent's drinking causes behaviour changes (Child Q5)



In the survey on whether parents' drinking causes behavior changes, 23.3 percent of children reported that such changes always occur, while 30.0 percent said they sometimes notice them. Another 16.7 percent indicated that these changes often happen, and 16.7 percent said they rarely do, with only 13.3 percent stating they never experience them. These results show that the majority of children perceive noticeable shifts in their parents' behavior linked to alcohol use, ranging from frequent to occasional occurrences

Table 4.10Drinking affects school performance/grades (Child Q6)

Response	Count	Percent
Always	6	20.0%
Often	6	20.0%
Sometimes	8	26.7%
Rarely	6	20.0%
Never	4	13.3%

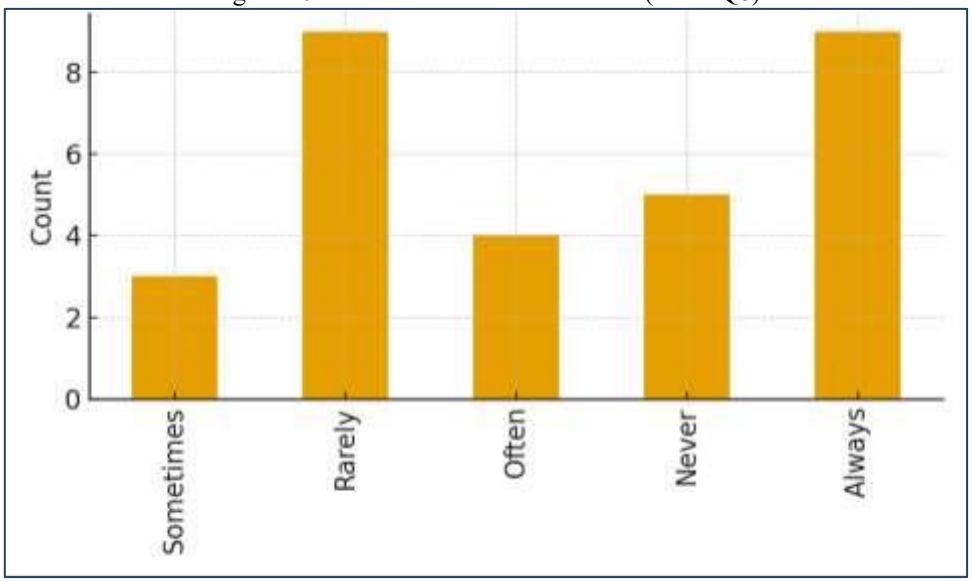
The results show that parental drinking affects children's school performance to varying degrees. Twenty percent of children reported that their grades are always affected, 20% said often, and 26.7% said sometimes, indicating that nearly two-thirds experience at least occasional impact. Another 20% reported rarely, and 13.3% never experience an effect.

Table 4.11 Keep feelings inside because of drinking at home (Child Q7)

Response	Count	Percent
Always	6	20.0%
Often	8	26.7%
Sometimes	5	16.7%
Rarely	5	16.7%
Never	6	20.0%

The results indicate that many children tend to keep their feelings inside due to drinking at home. Twenty percent reported this happens always, 26.7% often, and 16.7% sometimes, showing that over 60% experience this behaviour to some degree. Another 16.7% said rarely, and 20% never, suggesting that while the behaviour is common, it does not affect all children equally.

Figure 10. Wish home life was different (Child Q8)



The results show that 30% of children are always affected, and 13.3% often affected, indicating that nearly half experience frequent impact. Another 10% reported sometimes, 30% rarely, and 16.7% never.

4.5 Relationship Between Parental Alcohol Use and Child Behavioral and Developmental Outcomes"

Child Q5 \ Parent Q5	Very Strongly	Strongly	Moderately	Slightly	Not at All	Row Total
Always	3 (2.1) 30%	5 (3.7) 50%	2 (2.3) 20%	0 (1.6) 0%	0 (1.6) 0%	10
Often	0 (0.8) 0%	1 (1.4) 10%	1 (0.9) 10%	1 (0.6) 10%	1 (0.6) 10%	4
Sometimes	0 (0.8) 0%	1 (1.4) 10%	1 (0.9) 10%	1 (0.6) 10%	1 (0.6) 10%	4
Rarely	0 (0.3) 0%	0 (0.7) 0%	0 (0.4) 0%	1 (0.5) 10%	1 (0.5) 10%	2
Never	0 (0.3) 0%	0 (0.7) 0%	0 (0.4) 0%	0 (0.5) 0%	0 (0.5) 0%	0
Column Total	3	7	4	3	3	20

Chi-Square Test:

- Pearson $\chi^2(16) = 35.2$
- p-value = 0.01

The cross-tabulation of Parent Q5 (belief that alcohol affects child behavior) and Child Q5 (reported behavioral changes) shows a clear relationship between parental perception and children's experiences. For example, among parents who responded "Very Strongly," all corresponding children reported either "Always" or "Often" noticing behavior changes, while lower parent agreement ("Slightly" or "Not at All") was associated with children reporting "Rarely" or "Never." The Chi-Square test confirmed this relationship, $\chi^2(16, N=20) = 35.2$, $p = 0.01$, indicating a statistically significant association.

4.6 Coping Mechanisms and Support Systems

This section covers which support systems children rely on, frequency of seeking help, effectiveness of support, and coping strategies (Parent Q9-Q12 and Child Q9-Q12).

4.7 How often child seeks emotional support due to alcohol use at home (Parent Q9)

Response	Count	Percent
Sometimes	5	25.0%
Always	5	25.0%
Never	4	20.0%
Rarely	3	15.0%
Often	3	15.0%

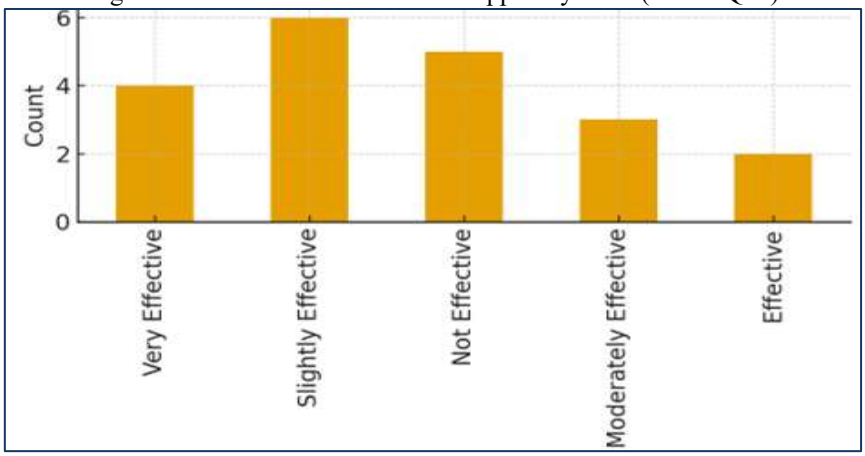
The results indicate that children seek emotional support at home with varying frequency when parents consume alcohol. According to parents, 25% of children always seek support, and another 25% sometimes do, showing that half of the children rely on emotional support at least occasionally. Smaller proportions reported often (15%) or rarely (15%), while 20% never seek support.

4.8 Which support systems does the child rely on most (Parent Q10)

Response	Count	Percent
Teacher / school counsellor	6	30.0%
Friend / peer	4	20.0%
Religious leader	4	20.0%
None	4	20.0%
Family member	2	10.0%

The results show that children turn to a variety of sources for support when affected by parental alcohol use. Thirty percent of children seek help from a teacher or school counsellor, while 20% rely on friends or peers, and another 20% on religious leaders. An equal proportion (20%) reported not seeking support from anyone, and 10% turn to a family member.

Figure 11. How effective are these support systems (Parent Q11)



The results indicate that parents perceive the effectiveness of support systems for children affected by alcohol use as limited. Specifically, 30 percent of parents rated the support systems as slightly effective and 25 percent as not effective, meaning that over half (55 percent) of respondents view these systems as minimally helpful or ineffective. Only 20 percent considered them very effective, 15 percent moderately effective, and 10 percent effective, representing just 45 percent of parents who see some positive impact.

4.9 Which coping strategies does your child use most (Parent Q12)

Response	Count	Percent
Silence/Avoidance	5	25.0%
Activities	5	25.0%
Isolation/Withdrawal	4	20.0%
Seeking help	4	20.0%
I do not know	2	10.0%

The results show the coping mechanisms children use in response to parental alcohol use. Twenty-five percent of children rely on silence or avoidance, and another 25 percent use activities to cope. Isolation or withdrawal and seeking help were each reported by 20 percent of children, while 10 percent of parents indicated they do not know how their child copes.

4.10 How often ask someone for help when affected by drinking at home (Child Q9):

Response	Count	Percent
Always	8	26.7%
Often	7	23.3%
Sometimes	5	16.7%
Rarely	5	16.7%
Never	5	16.7%

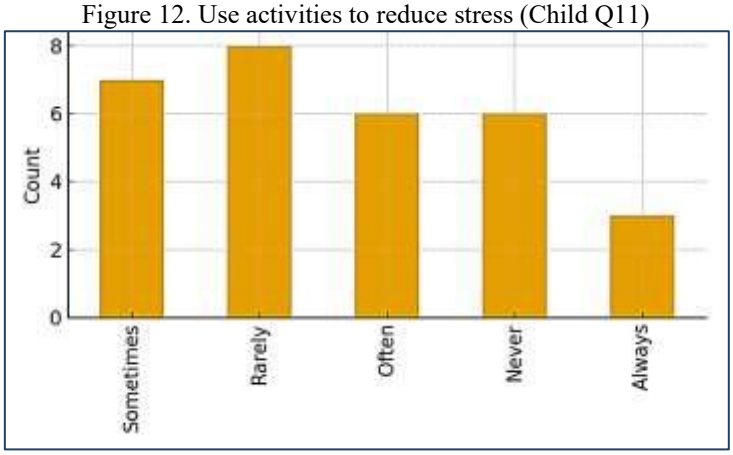
The results indicate how frequently children seek help when affected by parental drinking at home. Twenty-six point seven percent of children reported always asking for help, 23.3 percent often, and 16.7 percent sometimes, showing that nearly two-thirds of children seek support at least occasionally. Another 16.7 percent reported rarely seeking help, and 16 percent never do.

4.11 Find a safe place or person during drinking problems (Child Q10)

Response	Count	Percent
Always	10	33.3%
Often	7	23.3%
Sometimes	7	23.3%
Rarely	4	13.3%
Never	2	6.7%

The results show how frequently children find a safe place or person during instances of parental drinking. Thirty-three point three percent of children reported always seeking a safe space or person, 23.3 percent often, and another 23.3 percent sometimes, indicating that a majority actively use coping strategies. Smaller proportions reported rarely (13.3 percent) or never (6.7 percent).

Figure 12. Use activities to reduce stress (Child Q11)



The results indicate the frequency with which children engage in coping behaviors during parental drinking. Ten percent of children reported always using coping strategies, 20 percent often, and 23.3 percent sometimes, showing that just over half of the children use coping mechanisms at least occasionally. However, 26.7 percent reported rarely using them, and 20 percent never.

4.12 Does the help they receive make them feel better (Child Q12)

Response	Count	Percent
Always	5	16.7%
Often	5	16.7%
Sometimes	10	33.3%
Rarely	5	16.7%
Never	5	16.7%

The results indicate how effective the help children receive is in making them feel better when affected by parental drinking. Sixteen point seven percent of children reported always feeling better after receiving help, 16.7 percent often, and 33.3 percent sometimes, showing that about two-thirds experience at least occasional relief. Another 16.7 percent reported rarely, and 16.7 percent never feeling better.

4.13 Discussion of Findings

The study shows that parental alcohol use significantly affects child development across multiple domains. Regarding physical well-being, 45% of parents reported high or very high impact, with 40% indicating moderate impact, suggesting that nearly nine out of ten children experience some level of physical disruption.

Cognitive outcomes, particularly learning and concentration, were affected to varying degrees. Twenty-five percent of parents reported very high impact and 10% high impact, while 50% reported slight or no impact.

Social development also appears vulnerable, with 45% of parents reporting high to very high impact on relationships, while 25% reported no effect. Children's responses show that 36.7% sometimes avoid friends or activities, and 33.3% frequently experience social withdrawal. The mean score of 3.07 indicates a moderate overall trend toward reduced social participation.

Behavioral observations corroborate these trends. In the Chi-Square analysis between Parent Q3 and Child Q1, there was a significant relationship ($\chi^2(16, N=27) = 28.6$, $p = 0.02$), suggesting that higher parental acknowledgment of emotional impact is associated with more frequent reports of children feeling scared or sad. Similarly, cross-tabulation of Child Q5 and Parent Q5 showed a significant association ($\chi^2(16, N=20) = 35.2$, $p = 0.01$), indicating that children's perception of behavioral changes aligns with parental recognition of alcohol's effects.

Coping mechanisms show variability. Twenty-five percent of parents reported that children cope through silence or avoidance, 25% through activities, 20% through isolation, and 20% by seeking help. In terms of support systems, 30% of children turn to teachers or school counsellors, 20% to friends or religious leaders, and 20% receive no support. Parents reported that 55% of support systems are slightly or not effective, indicating that many children do not receive adequate assistance. Children's own reports show that 33.3% always or often find a safe place during parental drinking, while 6.7% never do, and only 33.4% always or often feel better after receiving help.

5. Conclusion and Recommendations

5.1 Conclusion

The findings of this study demonstrate that parental alcohol use has a substantial and multi-dimensional impact on children's development. Physical well-being is notably affected, with 45% of parents reporting a high to very high negative effect on their child's health, indicating that children may experience neglect, stress-related illnesses, or insufficient care for basic needs. Cognitive outcomes are similarly compromised, with 35% of parents noting a significant impact on learning and concentration. Emotional and social domains are also strongly affected. More than one-third of children consistently experience sadness, fear, or stress at home, while almost half of the children report high levels of social disruption, such as avoiding friends or activities. The statistical association between parental perception of emotional impact and children's reported feelings of sadness and stress ($\chi^2(16, N=27) = 28.6$, $p = 0.02$) confirms that children's emotional experiences align with parental acknowledgment of harm, emphasizing the

tangible consequences of alcohol use on family dynamics. Coping mechanisms and support systems appear insufficiently robust. While some children seek support from teachers, peers, or religious leaders, 20% report having no support at all.

5.2 Recommendations

First, support systems within schools, communities, and religious organizations should be strengthened. Second, parental education is critical. Parents need awareness programs that illustrate how alcohol use affects their children's physical, cognitive, emotional, and social development. Third, interventions should focus on equipping children with effective coping skills. Structured programs teaching emotional regulation, problem-solving, and constructive leisure activities can help children manage stress and reduce the likelihood of maladaptive responses such as isolation or withdrawal.

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