THE RELATIONSHIP BETWEEN PARENTING STYLES AND CONDUCT DISORDER AMONG CHILDREN IN DAGORETTI GIRLS’ AND KABETE BOYS’ REHABILITATION SCHOOLS.

BY

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A thesis report submitted to the School of Humanities and Social Sciences in partial fulfillment of the requirements for the Master of Arts in Clinical Psychology (M.A clinical Psy)

UNITED STATES INTERNATIONAL UNIVERSITY-AFRICA

SUMMER 2018
STUDENT’S DECLARATION
I, the undersigned, declare that this is my original work and has not been submitted to any other institution, or university other than the United States International University – Africa in Nairobi for academic credit.

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Amb (Prof) Ruthie Rono - Deputy Vice Chancellor, Academic and Student Affairs.
DEDICATIONS

I dedicate this thesis to family and friends. I also convey a special feeling of gratitude to my mother, Miss. Jane Wacheke Maina who was my financier and my encourager. She always emphasized on the importance of working smart and never giving up. Dr. Monica Gitonga who assisted me with the Conduct Disorder Scale (CDS). Finally my friends especially Mr. Alex Maina for the encouragement, guidance and support they gave me throughout the entire process.

Thank you all and God bless you.
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ABSTRACT

Adolescence stage is when an individual is in the transitional years from a child to and adult. This stage marks the onset of cognitive, physical and emotional changes therefore a very important time for the child as they try to answer the question who they are and who they want to be in future. Parental love care and supervision is very important to the child because they start question rules and defy them at this stage. The manner in which the parent raise their child determines how they behave towards other people. The purpose of this study was the relationship between perceived parenting styles and conduct disorder among children in Kabete boys’ and Dagoretti girls’ rehabilitational schools in Nairobi and Kiambu counties. The researcher applied descriptive research design to undertake the study. The target population were pupils aged 12-18 years of age from Kabete boys’ and Dagoretti girls’ rehabilitational schools. From this, a sample size of 160 comprising 75 girls and 85 boys was drawn. Data was collected using a self administered structured questionnaire on parenting styles and the conduct disorder scale was used to collect data on conduct disorder. The data was then analyzed using descriptive statistical techniques. Chi square test of independence to test the relationship between perceived parenting style and conduct disorder. The results reveal that there was a relationship between the perceived parenting styles and conduct disorder. The chi- square statistic is $\chi^2 (df) = 68.96, P<0.001$. The p-value is less than 0.5 the researcher accepted the hypothesis that there is a relationship between perceived parenting and conduct disorder. Based on these findings, this study concluded that there is a relationship between perceived parenting and conduct disorder. Extensive studies were suggested on the relationship of parenting styles and conduct disorder among children in all rehabilitation schools in Kenya.
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1.0 Introduction

A family is the basic unit of a society (Eidsmoe, 2010). It is also the main source of basic necessities in the life and health of an individual (Degbey, 2012). There are different types of families: father-based and mother-based single-parent families, intact families, substitute families and father-based and mother-based reconstituted families (Le Blanc, McDuff & Tremblay, 1991).

A parent is a caregiver who does not necessarily have to be biologically related to the child. There are four types of parents commonly known as mother, father, step-parents, and grandparents. According to Pruett (2000), both parents have to be present in a child’s life and the argument is gender inclusivity. In the family, gender inclusivity helps boys to identify/ sharpen their masculinity and to inhibit antisocial behaviors. In girls, fathers play a role in fostering heterosexual femininity and to deter promiscuity.

When a family is expecting a newborn, the parents hope to do their best in raising the child. The parents use their knowledge and skills to the best of their ability to raise their child, for he/she does not come with a manual on how to take care of him or her. Parents/guardians apply parenting skills that they have learned from their environment (Bornstein, 2013). There is no one unique style of parenting. However, different factors lead to different parenting styles. These factors are personality parental background, socioeconomic status, culture, educational level, religion and family size (Cherry, 2012).
Parenting is a process of promoting emotional, physical social and intellectual growth from birth to adulthood (Self Growth, 2012). Parenting styles are the psychological approaches on how parents raise their children, how they respond to their children’s needs and what they demand from their children. Demanding or Control is the ability of a parent to supervise, discipline and confront when a child disobeys. Responsiveness is known also as supportiveness. It is the ability of a parent to nurture self-regulation, individuality, and self-assertion by being supportive to the child needs.

Children learn by exploring the environment around them, by watching and copying other people’s behavior (Over & Carpenter, 2013). In their learning, they might behave in a manner that is socially unacceptable. Parents might decide to correct them but the manner in which they correct them may be too harsh for the child. Some parenting styles used by parents are too harsh as they correct their children. This makes the child learn that conflicts are always handled in an aggressive manner, therefore, interfering with the child’s social skills especially relationships with peers (Wang, 2017).

Conduct disorder is a mental disorder which is diagnosed during teenage years and is associated with serious emotional and behavioral issues. Children suffering from conduct disorder display antisocial behavior. They are unable to follow rules, they violate the rights of others without remorse and destroy properties. They are aggressive and they have delinquent behaviors (Nock, Kazdin, Hiripi & Kessler, 2006).

1.1 Background of the study

Parenting is the process of promoting the growth of an individual from childhood to adulthood. Parenting styles are psychological methodologies that are used by parents in raising their children. In 1971, Baumrind came up with four parenting styles. These are authoritative,
neglectful, authoritarian and permissive parenting styles. The view of parenting style as combinations of different levels of warmth and demandingness was added. Its empirical support followed later (Baumrind, 1966; Maccoby & Martin, 1983; Lamborn, Mounts, Steinberg & Dornbusch, 1991).

The one most recommended type of parenting is authoritative parenting style. (Pinquart & Kauser, 2017). The approach in this parenting style is that parents are more demanding of their children and at the same time they are more responsive to the needs of their children. It, therefore, helps the children to learn how to interact with their peers, respect rules and it promotes morality (Patrick & Gibbs, 2016).

Neglectful parenting is the most discouraged type of parenting because the parents are neither demanding of their children nor responsive to the needs of their children. This type of parenting style makes the child distrustful of the environment and of people around him or her. Children whose parents use this parenting style, learn to depend on themselves even before they are mature enough to do so and they are usually at a high risk of substance use (Bahr & Hoffmann, 2010). Each parent in a family can decide to use one parenting style each to complement one another or they can decide to use a combination of two parenting styles depending on their orientation by culture and religion.

According to Diagnostic and statistical manual of mental disorders 5th Edition (DSM 5) (2013), conduct disorder is a mental disorder where children between the ages of 13 to 18 years exhibit a long-standing pattern of violation of rules, destruction of properties, aggression to people and animals, truancy, stealing and lying.
According to Dryfoos (1990), Conduct disorder rises during adolescent stage. Conduct disorder has a prevalence of 1.5% for girls and 3.6% for boys worldwide (Erskine, et al., 2013). In India, the prevalence of conduct disorder increased at the rate of 4.50% for girls and 4.58% for boys across all social economic groups (Sarkhel, Sinha, Arora & Desarkar, 2006). Disruptive disorders are mental disorders that significantly affect a number of children and adolescents worldwide. Worldwide prevalence of any disruptive disorder was 5.7% in a study conducted in 25 countries worldwide (Polanczyk, Salum, Sugaya, Caye & Rohde, 2015). In Africa, a cross-sectional survey was conducted in southern Ethiopia in Butajira to find out the intensity of specific mental and behavioral disorders in children. The number of children who were interviewed was 1477 and 3.5% of the total population had a mental disorder, comorbidity of mental disorders or a behavioral disorder, disruptive behavior disorder 1.5%. Conduct disorder accounts for about 45% of all the children appearing in the Nairobi juvenile courts (Maru, Kathuku & Ndetei, 2003).

In Kenya, there is a rise in teenage criminal gangs and the criminal gangs are reported to be engaged in various criminal activities like killing people, destroying properties and stealing (Dahir & Kuo, 2017). About 240 teenagers had been arrested between January and June 2015 for criminal activities (Nairobi News, 2017). Reports from our local dailies on the many strikes in secondary school, deliberately destroying of properties and burning of schools leading to loss of lives at times. A study by Gitonga, Muriungi, Ongaro and Omondi (2017) showed the prevalence of conduct disorder 31.4%. Boys had a prevalence of 36.5% and girls had a prevalence of 26.7%. The reports and the study are evident that conduct disorder is on the rise. The aims of this study was to find the relationship between conduct disorder and parenting styles.
Causes of conduct disorder are grouped into the genetic, social and environmental (Lahey, Moffitt & Caspi, 2003). In environmental, there are factors like peer pressure and poverty. In social, the risk factors are family stress, social isolation, violence and substance abuse. In family stressors, we look deeper into the parenting styles used by parents and their relationship to conduct disorder. The role of parenting style in conduct disorder was that specific parenting style can contribute to the development of conduct disorder (Freeze, Burke & Vorster, 2014).

Tunde-Ayinmode and Adegunloye (2011) stated that there is a relationship between unhealthy parenting styles and child psychopathology. This is supported by a case report of a 12 years old boy from Nigeria who deliberately poisoned himself in an attempt to escape punishment from his father. He had been threatened by his teacher that he would be reported to his father and got scared because his father was a harsh disciplinarian.

1.2 Statement of the problem.

In the traditional African setting, parents had their own ways of raising their children although there was no title to the parenting style. Parenting was informed by their cultures and religious values. There was a functional system that made sure children were raised up to be future responsible members of the society. Everybody in the community made sure that the child learned their customs and respected them, as a child was a community asset (Daro & Dodge, 2009). Times have changed and the system that used to function no longer exists due to urbanization, tough economic times, education and globalization. In most cases both parents are busy working to provide the best for their families. A child no longer belongs to the community but his/her parents. This means that the uncles and aunties who used to advise and help in raising a child are no longer around them as they are busy fending for their families too (United Nations.
do not learn to parent from their culture and its practices like they used to, most learn from
socialization with different communities and borrowing from the western culture. This has
brought in confusion because bits and bits of parenting traits are picked from different
communities and even from the western culture through interaction without understanding the
roots of each culture.

There is a rise in conduct disorders among adolescents worldwide (Dryfoos, 1990) and
in Kenya, the case is not any different. Due to the increase, studies on conduct disorder have
been conducted, (Freeze, Burke & Vorster, 2014; Trudeau, Mason, Randall, Spoth & Ralston,
2012). Most studies conducted on the relationship between conduct disorders and parenting style
were conducted in the western world and very few are from Africa. This study identified the
percieved parenting styles mostly used by Kenyan parents and their relationship with conduct
disorder, this study was deliberately designed as a step to provide more knowledge and insights.

1.3 Purpose of the study

The purpose of this research was to identify how different parenting styles used by the
parents affects children’s lives. This study focused on the relationship between parenting styles
and conduct disorder. It sought to identify which parenting styles predisposes a child to conduct
disorder, which was the commonly used parenting style. The study aimed at educating parents
and the general public at large about conduct disorder, its severity and the challenges the children
go through because of conduct disorder.

1.4 Objective of the study.

The main objective of the study are:

i. To determine the relationship between parenting styles and conduct disorder.
ii. To identify different parenting styles commonly used by the parent of children from Dagoretti girls’ and Kabete boys’ rehabilitation schools.

iii. To identify if the children had conduct disorder.

1.5 Research questions

i. What was the relationship between the different parenting styles and conduct disorder?

ii. What were the different parenting styles commonly used by parents of children from Dagoretti girls’ and Kabete boys’ rehabilitation schools?

iii. What number of children had conduct disorder and to what extent?

1.6 Justification of the study

Due to the increase of the prevalence of conduct disorder in the world and in Kenya, the study sought to find the relationship between parenting styles and conduct disorder. The knowledge was obtained with the help of a questionnaire and a conduct disorder tool that were answered by the children from Kabete boys’ and Dagoretti girls’ rehabilitation schools. The study was intended to inform parents and the general public on conduct disorder, diagnosis and shed light on what the diagnosis meant, its probability and severity. The study may help parents understand children with conduct disorder and would help the parents to adopt a better parenting style. It could bridge the knowledge gap since there are no published studies in Kenya on the relationship of parenting styles and conduct disorder.
1.7 Scope of the study

The study was about the relationship between parenting styles used in Kenya and conduct disorder. The study was conducted in two government rehabilitation schools in Nairobi and Kiambu Counties. These are Kabete boys’ and Dagoretti girls’ rehabilitation schools.

1.8 Definition of terms

*Adolescents* – is a young person who is in the transitional year from childhood to adulthood from 12 to 18 years.

*Parent* - caregiver who is biologically related or with no relation to the child and is tasked with the responsibility of raising a child from childhood to adulthood.

*Guardian* – is a caregiver who is not a parent to a child but takes up the role of raising up a child.

*The Diagnostic and statistical manual of mental disorders 5th Edition (DSM 5)*- this is a book with the classifications of mental disorders. It is used by other health and mental health to make diagnosis and for research purposes.

*Conduct Disorder Scale (CDS)*- is a tool used to evaluate children exhibiting behaviour problems if they have Conduct Disorder.

*National Commission for Science, Technology, and Innovation (NACOSTI)*- This is a state corporation whose mandate is to regulate and assure quality research. It is the licencing body before any research involving humans and animals is carried out.

*Spss* - Is a software package used in statistical analysis of data. it is used by researchers to
perform statistical analysis.

*Poor* – The family that lack of money and can not even affore to cater for their basic needs.

*Middle class* – The family that afford basic needs and other necessities like good health care and education in life.

*Rich* – The family that could take care of their family’s needs with much ease, afford luxuries like vacations abroad and owned plenty of money/ assets.

*Wealthy* - those were considered to have plenty of money and assets, they can survive and maintain their luxurius lifestyles without working working.

**1.9 Abreviations**

SPSS - Statistical Package for the Social Scientists

DSM 5 - The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

CDS – Conduct Disorder Scale

NACOSTI - National Commission for Science, Technology and Innovation

IRB - Institutional Review Board

**1.10 Chapter summary**

The chapter captured the introduction, background information of the study, statement of the problem, research objectives, research questions, and hypotheses of the study, scope of the study, definitions of terms, justification and objectives of the study.
CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In this chapter, the researcher looked at the different discussions on the variables, theoretical review conceptual framework, empirical review and review studies written by different authors on the relationship between parenting styles and conduct disorder.

2.1 Theoretical review

When a child is born, he is born with no knowledge and it is after birth he starts learning from experiences (locke, 1671). For one to get to adolescent stage they go through other stages and they they experience life individually. The experinces form the basis of their decisions, values and behaviours. For one to understand an adolescent, one needs to understand this is a transitioning stage from childhood to adult hood and there are many changes involved. The researcher in this study used an eclectic appraoch Since there is no one theory that could complehensively explain this stage of development from all domains. The domains are: cognitive, psychoanalytic, psychosocial and kholbergs moral understanding.

2.1.1 Psychoanalytic approach.

Sigmound freud developed the psychoanalytic theory from the year 1856 to the year 1939. He proposed that human behaviour is as a result of our unconscious mind. According to freud, the unconcious mind stores our memories, thoughts and emotions. Three components of the mind are the id which is the pleasure seeking principle, the ego which is the reality principle and the super ego which is the moral seeking principle. Personality development is a process and one has to go through the different stages one after the other and in each stage there is an erogenous zone and a possible psychological conflict. Adolencents are in the final stage of the psychosexual
stage. The stage is the Genital Stage and the erogenous zone is Maturing Sexual relationships (Freud, 1910). At this stage, The child develops sexual interest towards the opposite sex. The child’s goal at this stage is to establish a balance between the various life areas because he/she had focused on other areas in the previous stages. Freud believed that the adolescent is controlling most urges so as to conform to the social norms and the demands of reality (White, 1963).

2.1.2 Psychosocial theory

The psychosocial theory was a theory that was proposed by Erik Erikson who was greatly influenced by Freud. For a successful transition from childhood to adulthood, an individual goes through various stages in the psychosocial theory according to Erik Erikson, (1959). The stages are from infancy to late adulthood. Erikson supports that personality develops in a systematic way where it builds upon a previous stage just as Sigmund Freud proposed in his theory. Psychosocial theory has eight stages. The first five stages are from birth to eighteen years and the final three stages are from nineteen to sixty-five and above (McLeod, 2013). In each stage, there is a psychosocial crisis it is the resolution that brings success or failure (Justin, 2009). When an individual successfully goes through a stage, they acquire a virtue (ego strength) depending on the stage and they develop a healthy personality. Failure to go through each stage successfully effects one’s ability to go through other stages in their later life.

Identity versus role confusion is the crisis in the fifth stage of this theory. Individuals in this stages are in the ages between twelve and eighteen years. In this stage, individual tries to seek the sense of who they are as individuals and what they want for themselves in future. This stage is very important for it helps to form an identity and acquire a sense of direction. If one manages to go through this stage well, they develop a sense of fidelity. If he/she does not
successfully go through this stage, they fail to form an identity and acquire a sense of direction at this stage, one develop role confusion (Taubenheim, 1979).

2.1.3 Cognitive theory

Jean Piaget's developed the theory of cognitive development in the year 1936. He explained how a child understands the world around him/her and he did not agree that intelligence was a fixed trait. His idea was that different interactions with the environment and biological maturation lead to the development of cognitive knowledge. According to him, the adolescents are in the formal operational stage where they are able to think abstractly about concepts and they are able to use deductive reasoning to answer questions (Anderson, 1992).

2.1.4 Theory of Moral Development

Lawrence Kohlberg (1927-1987) developed a three stages of moral development theory which describes how people learn to discriminate right from wrong. According to Kohlberg's theory, moral development is gradual process from one stage to the other in a predictable and an ordered sequence. His believes were that each stage reinforced the knowledge and skills gained in the prior stage. Moral development is a lifetime task although many people do not develop the more advanced stages. The theory of moral development has six stage grouped into three levels and each level is also devided into two stages. The levels are: the Pre-Conventional Level, the Conventional Level and the Post-Conventional or the Principled Level (Grusec, & Kuczynski, 1997).

According to Kohlberg theory, early adolescence or most youth are in the mid-level of moral reasoning known as the Conventional Level. At this level, social norms determines morality. When a group of people directly or indirectly agrees on the social norms and rules they help to determine morality of a society. These customs and rules helps to maintains order and
reduces conflicts among the members of the society. The Conventional Level is subdivided into two stages. The stages are stage three also known as the morality of interpersonal cooperation and stage four also known as the social-order-maintaining orientation. At stage three, peer groups and influential individuals determine how moral decisions will be made by the adolescent because they would want to appear favourable to those that they consider important. Stage four is within the Conventional Level, an adolescent gauges morality by determining the best for the majority of people so as to create peaceful coexistence. At this point the adolescent understands and respects the laws and his/her are greatly influenced by the societal standards. Moral development improves as emotional and mental maturity improves. Youths' understanding of right and wrong becomes more refined. The process of moral development might be a challenging time for parents and guardians because the adolescent questions most of the rules and challenges authority. Parents should find comfort in the knowledge that this is an important process for the child's development of beliefs and values. Sometimes the adolescent rebels when they don’t understand the laws and their parents are advised to love, guide and support the children (Waterman, 1982).

2.2 Empirical review

Parenting is a process of socializing an individual from childhood to adulthood. Parenting styles are approaches that psychologists like came up with. These parenting styles are authoritative, authoritarian, permissive and neglectful parenting styles (Steinberg & Silk, 2002).

2.2.1 Types of parenting style

There are a number of known parenting styles and these are; positive parenting, attachment parenting, unconditional parenting/conscious parenting, slow parenting/naturant parenting, spiritual parenting/holistic parenting, helicopter parenting/overparenting, narcissistic parenting,
toxic parenting. there are other four parenting styles and these are; Authoritarian, authoritative, permissive and neglectful parenting styles. The four most common parenting styles used by parents to raise their children. Authoritative parenting style is the type of parenting where parents create rules and guidelines and expect their children to obey. They discipline their children and listen to and respect their children’s opinion. They are more responsive to their children’s needs and they are also more demanding (Baumrind, 2012). These Parents discuss with their children the consequences of not doing what is expected of them.

Authoritative parents let their children learn and there are very supportive of their children. Effects of authoritative parenting style are that children learn to be independent of their parents (Luyckx et al., 2011). Children learn to interact with peers and adults, respect rules and cooperate with peers. This parenting style helps to promote morality and prevent aggressive/deviant behavior (Patrick & Gibbs, 2016; Arsenio & Ramos-Marcuse, 2014). Authoritative is the best parenting style to raise children into healthy and responsible members of the society and it is recommended worldwide (Pinquart & Kauser, 2017). Parents who are more demanding and more responsive to their children help them to be more socially skilled and goal oriented (Ishak, Low, & Lau, 2012). They exercise control and monitor their children activities while giving them a chance to experiment this helps to promote self-autonomy in children and it has the most positive effects on children behavior (Arsenio & Ramos-Marcuse, 2014).

Authoritarian parenting style is when parents are more demanding and less responsive to their children’s needs (Efobi & Nwokolo, 2014). They put in place rules and expect unquestioned obedience. They do not encourage autonomy in their children. They do not explain the reason for the rules but expects their children to follow them (Akinsola, Pamela, & Udoka, 2013). Children are punished by being ashamed in the midst of their peers; love is withdrawn
from them and they are sometimes threatened. Effects of this parenting style on children are aggressiveness and are most likely bullying others, have poor self-esteem and lack independence (Ginsburg, Durbin, García-España, Kalicka & Winston, 2009). Children become less resourceful and a majority have anger management problems (Gómez-Ortiz, Romera & Ortega-Ruiz, 2016). Children raised by authoritative parents are more likely to abuse alcohol (Calafat, García, Juan, Becoña & Fernández-Hermida, 2014). This parenting style might make a child try to commit suicide as a way to escape from their harsh parents (Tunde-Ayyinmode & Adegunloye, 2011).

Permissive parenting is also known as indulgent. Parents are more responsive and less demanding. They are more loving and they hate confronting their children (Baumrind, 1966). They do not set rules or even if there are rules they do not insist on their children following them. Parents who use this parenting style are usually highly uninvolved in their children’s lives and do little to train their children to be more independent. Permissive parenting styles allow their children to make decisions even if they are not mature enough to make them. This parenting style has its effect on children’s behavior, academic performance and risky behaviors in teenage years (Piotrowski, Lapierre & Linebarger, 2013; Underwood, Beron & Rosen, 2009).

Uninvolved parenting style also known as neglectful parenting is when parents demand less from their children and their response to the demands of their children are low (Maccoby & Martin, 1983). They offer little or no emotional support to their children and they fail to enforce standards of conduct. They are detached from their children and are emotionally disengaged from their children. Effects of this parenting style are that children learn to provide for self as a way to survive. They fear to depend on other people and are emotionally withdrawn. They are at a high risk for substance use (Bahr & Hoffmann, 2010). Uninvolved parenting is the most negative parenting style in comparison to the others (Hoskins, 2014).
2.2.2 Conduct disorder

Conduct disorder is a mental illness where an individual has a repetitive persistent pattern of behavior that is inappropriate with societal norms (Theule et al., 2016). The individual disrespects the right of others and violates rules in place. It is manifested when three out of fifteen criteria are met for a period of one year. One criterion has to be present for the past six months. The first criterion is when an individual is aggressiveness to people and animals. One does this by threatening or intimidating others; often initiates fights, is physically cruel to animals and people and forces someone into sexual activity. The second criterion is the destruction of property, for example, destroying people’s property by intentionally setting them on fire. The third one is deceitfulness or theft. This is when one breaks into people’s premises; often steals and habitually lies. The fourth criterion is a serious violation of rules. This is when an individual has run away from his/her parent home two times or more, has spent a night out of the parents’ house before one was 13 years despite being forbidden by their parents and often runs away from school. The disorder has to have caused a serious impairment in areas of functioning e.g. School and their social interaction with friends and family (Lochman, 2017). The individual has to be less than eighteen years of age and more than thirteen.

Conduct disorder diagnosis is made with the help of specifiers that ranges from mild, moderate and severe. Mild is determined if a few of conduct symptoms are present in additional to those that are vital to the diagnosis. The symptoms are quite minor and are less likely to harm others e.g. lying. Moderate is determined when conduct symptoms and their effect on others are in-between mild and severe diagnosis e.g. vandalism. A diagnosis is determined as severe when an individual has three or more symptoms and they can cause harm to others e.g. forced sex and use of weapons (APA, 2013).
There are three types of conduct disorders. The first one is childhood-onset type: 312.81 (F91.1). This is when an individual shows at least one symptom of conduct disorder before one is ten years. Adolescent-onset type: 312.82 (F91.2). This is the second type and it is made when an individual shows no conduct disorder symptoms before they are ten years of age. The third one is unspecified onset: 312.89 (F91.9). This diagnosis is made when the criteria of conduct disorder are fully met but there is no information to determine if the first symptom of the disorder appeared before the individual was ten years (APA, 2013).

Conduct disorder diagnosis is specified if the adolescent has limited pro-social emotions. Characteristics show the individual’s usual way of interpersonal and emotional functioning during the period not just on occasion. The second specifier is when there is lack of remorse or guilt. This is when the individual does not feel sorry for any wrongdoing and does not care about the consequences of their actions. Thirdly, one specifies if the individual lacks empathy. He/she is not concerned about others feelings. They are cold and do not care how their actions affect others. The fourth one is when one is not concerned about performance. He/she does not care about the poor performance in school, puts no effort and blames other for their constant failure in school. The fifth and the final one is when an individual shows shallow or deficient affect. This is when an individual does not show emotions and when they do, their goal is to manipulate others with their emotions (Salekin, 2016). For the adolescent to be diagnosed with conduct disorder, he/she has to show three or more symptoms for a period of twelve months but with one symptom that has been present for one month.

Causes of conduct disorder are temperamental, environmental and genetic (Lahey, Moffitt & Caspi, 2003). Temperamental risk factors comprise of lower-than-average intelligence especially verbal IQ and difficult under controlled infant temperament. Environmental factors
include family-level risk factors and community-level risk factors. Family level risk factors include parental rejection and neglect, harsh discipline, physical or sexual abuse, lack of supervision, inconsistent child-rearing practices, early institutional living, frequent changes of caregivers, large family size, parental criminality, and certain kinds of familial psychopathology.

Community-level risk factors include peer rejection, association with a delinquent peer group, and neighborhood exposure to violence. Both types of risk factors are common and severe among individuals diagnosed with childhood-onset subtype (Kimonis, Frick & McMahon, 2014). If a child is predisposed to conduct disorder and its parents use neglectful or authoritarian parenting, the parenting styles might perpetuate the development of conduct disorder. If another parent uses authoritative parenting style on a child who is already predisposed to conduct, it acts a protective factor, therefore, might prevent the disorder from developing.

Conduct disorder is influenced by genetic and environmental factors. The risk is increased if the child has a close relative who has had conduct disorder. The disorder is common in children whose biological parents were or are diagnosed with other mental illness e.g. Schizophrenia, severe alcohol use disorder, depressive and bipolar disorders.

2.2.3 The relationship between parenting styles and conduct disorders

Parenting styles are approaches used by the parents to raise their children informed by their culture, religion. Whichever approach a parent decides to use in raising their children, their goal is to raise a healthy individual from childhood to adulthood. When a child is born, it comes as a blank slate and it learns from the world (locke, 1671). It goes through various stages in and in each stage depending on the parenting style used by parents, there is either a positive or a negative outcome.
Adolescents are children who are transiting to adulthood. This stage is crucial for both the child and the parents. At this stage, there is physical development where a girl starts developing into a woman and a boy start developing into a man (Berk & Meyers, 2016). Cognitively, an adolescent develops advanced reasoning skills and they are able to think abstractly where they are able to understand things like spirituality. They are also able to think about thinking and this helps them to identify and think about their feelings and how others perceive them (Larson & Armstrong, 2014). At this stage, an adolescent is able to think abstractly and reason but has a poor decision-making ability. This is because the pre-frontal cortex which is part of the brain responsible for decision making is not fully developed yet (Dumontheil, 2014). If parents use parenting styles that do not allow adolescents to make decisions at all, then the adolescent might give up trying to show they can think and make good decisions. They might start to rebel to prove to their parents they are grown-ups who can make their own decisions. If the parent supervises them, then allow them to make their decision the adolescent feels the support and are encouraged to continue making his/her decisions.

Psychosocial development of an adolescent is divided into three stages. The first one from is age eleven to fourteen. At this phase, the emphasis of their development is autonomy and establishment of identity and future orientation. They strive to be emotionally independent of their parents and identify more with their peers (Sanders, 2013). The second phase is between ages fifteen to seventeen. In this phase, the peer groups enlarge and they are now sex mixed. They begin to have short intense love relationship but they are not are ready for a permanent relationship. They also develop a sense of self-esteem and self-concept at this phase. The third and the final phase of an adolescent is between the ages of eighteen to twenty-one years. In this phase, if the adolescent has achieved their identity they are likely to move from their parents and
friends and enter into a relationship that is more permanent. Their personal value system is identified and matured therefore they know that they want in future and they work towards achieving it. Emotionally, adolescents learn how to manage their emotions, how to identify their feelings and those of other and how they relate with others (Wang, Hill & Hofkens, 2014).

According to Baumrind (2013), authoritative parenting style has a confronting control that is negotiable, can be reasoned, and is outcome-oriented. It is usually directed at specific child’s behavior which the parent wants to be changed by the child. When parents demand a lot from the child, the child works hard to meet their expectation and therefore they are disciplined and they excel in their academics (Cutrona, Cole, Colangelo, Assouline, & Russell, 1994). In this parenting style, the parent is also responsive to the needs of the child. This makes the child feel loved and supported. The support a child gets helps him/her to solve problems they might be facing as they are growing up or interacting with their peers. This reduces the negative feelings, promotes positive feelings (Alegre, Benson & Perez-Escoda, 2014) and reduces internalizing symptom in the child (Yap, Fowler, Reavley & Jorm, 2015). Other studies have shown that authoritative parenting contributes to a child’s adjustment because it helps child to develop self-control (Wills, Gibbons, Gerrard, Murry & Brody, 2003).

Authoritarian parenting style is the type of parenting style where the parents practice coercive control over their children. Coercive control is a domineering and intrusive parental behavior. Parents use threats and make unreasonable orders to their children (Baumrind, 2013). Parents set rules and expect them to be followed without questions. They do not explain the rules to their children and often utilize punishment than discipline. According to Janssens et al, 2015, harsh ways of controlling the childlike verbal and physical punishment are mostly associated
with negative behaviors in children as they grow up. These parents are cold and harsh to the
children to the extent that they do not negotiate anything with them. They are very controlling
and they do not trust their children to make decisions for themselves. In this phase of life, the
adolescent is seeking to identify who they are and what they want in future. Because of their
parents being too aggressive, their children learn that being aggressive is the only way of
communicating and therefore they become aggressive towards their peers (Richards, 2015). If the
parent is too harsh and does not give the child room to make decisions and mistakes, the child
might start to disobey their parents as a way of reacting to the harshness of their parents (Murray
& Farrington, 2010). Less support from the parent and more negative control leads to increased
risk of conduct disorder (Wabishet & Lauween, 2016). Most studies on authoritarian parenting
indicate that this type of parenting style is harmful for the development of a child and it results to
conduct problems in later life (Thompson, Hollis, & Richards, 2003). A meta-analysis by
Leschied, Chiodo, Nowicki and Rodger (2008) suggests that conduct problems might in future
manifest as criminal behavior in children. This parenting style might make a child try to commit
suicide as a way to escape from their harsh parents (Tunde-Ayinmode & Adegunloye, 2011).

Permissive parenting is when the parent is more responsive to the needs of their child and
they do not demand a lot from their children. Few or no rules are set for the children to follow
and they do not insist on the rules being followed. Parents are lenient with their children’s
behavior and do not insist on their children taking any responsibility. They have a low
expectation of self-control and of maturity. Permissive parenting is associated with poor
behavioral tendencies in children (Milevsky, Schlechter, Netter & Keehn, D. 2007). When a
child grows into an adolescent, he/she prefers relationships that are outside the family circle
(Harris, Vazsonyi & Bolland, 2017). These adolescents have poor relationship skills with other
people for they expect others to treat them as their parent did and if not they easily get frustrated for things have always worked to their favor hence develop an impulsive behavior and might start to consume alcohol (Peckham & Morgan-Lopez, 2006). When things do not work for them they are prone to taking substance and abusing drugs. Parent’s supervision is important to the child at this point in life where they are learning to be more independent (Sanders, 2013). When there is low parental monitoring, sexual risk behaviors and peer risk involvement are high (Wang, Stone, Deveaux, Li & Lunn, 2015). If an adolescent has no supervision and is allowed to do whatever, whenever they want they do not learn to obey rules and to socialize with others becomes difficult.

Neglect is a type of child abuse. Neglectful parenting style is the kind of parenting where parents are not demanding of the child neither are they responsive to the needs of the child. Parents are cold and act indifferent towards the child. They are uninvolved in the life of a child. Outcomes of this parenting style are children might engage in risky sexual behavior (Oluwatosin & Adediwura, 2010). The children become delinquents since they are raised in an environment where there are no rules hence and are unable to follow other rules (Widom & Wilson, 2015). They are likely to take alcohol and abuse other drugs as they try to escape from the reality. Prior to adolescent, a child had made sense of the safety of the world with how reliable and caring its caregiver was. If they were not reliable and caring the child learns not to trust the world hence compromising the next stages in life. During adolescent, a child struggles to form an identity and they do this by being independent of their parent and if the parent is not there then the child has to find a way of forming their identity (Matthys & Lochman, 2010).
2.3 Chapter Summary

The chapter highlighted the studies that have dealt with conduct disorder. Authoritative, authoritarian, permissive and neglectful parenting styles have been discussed in-depth. The relationship between different parenting styles and conduct disorder have been discussed. Adolescents were the focus group in this study because of the developmental stage they are in.
CHAPTER THREE
RESEARCH METHODOLOGY

3.0 Introduction

The focus of chapter is the methodological procedure that was used in the study. The chapter has the following sections: the description of the research design and the rationale for using it, the description of the study site and the units of analysis, the study population and sample selection procedures, data collection techniques, data analysis methods, ethical considerations and limitation of the study. The chapter includes information on the ethical considerations and the limitations of the study.

3.1 Research Design

This was a quantitative study and the researcher used correlational design. Correlational research targets to thoroughly examine the relationship between variables. Correlational research studies assist in describing the relationships. This research design is responsible for finding out the strength of the relationships and the direction of the relationship between variables (Porter & Carter, 2000).

3.2 Unit of Analysis

The most basic part of an idea to be studied is the unit of analysis according to Mulusa, (1990). The units of analysis in this study were the different parenting styles used to raise children from childhood to adulthood.
3.3 Site Description

The research data was sought from adolescent boys and girls whose age’s range from thirteen to eighteen years of age. These pupils were from two government rehabilitation schools in Nairobi and Kiambu Counties. The schools are Kabete boy’s and Dagoretti girl’s rehabilitation school.

3.3.1 Kabete Boys Rehabilitation School

Kabete boy’s Rehabilitation School is a boy’s primary school. It is situated 12 Kilometers from Nairobi City along lower Kabete Road. The rehabilitation school has a capacity of 300 boys but the number varies from time to time. It was established between 1910 and 1912 as Kabete Approved School with the aim of accommodating the youths who did not register with the colonial government or those that did not carry their identity cards. In the institution, the boys would be trained on a variety of courses that were offered within the institution. The courses were: blacksmith, carpentry, tractor driving or plant operations, motor vehicle mechanic, leather work, crop and animal farming, tailoring, masonry, sign writing, and painting. With time, some changes were made and formal education was incorporated. A primary school was started and children were enrolled from standard four in 1980. The secondary school section was started in 1981 and in 2004. The section was phased out so as to implement the national standards which categorized the institution as one offering primary and vocational training.

The school’s objective is to provide psycho-social rehabilitation besides academic and vocational training to the juvenile delinquents. All the programs in place ensure that children are successfully rehabilitated and then reintegrated back into their community. (Kabete, Annual report, 2012 / 2013). The school is under the Ministry of Gender, Children and Social
development-Children’s department. It caters for children who in one way or another have come into conflict with the law as enshrined in the children’s’ Act, 2001 chapter 586 of laws of Kenya.

The school admits children from Getathuru Boys National reception, Assessment, and Classification school. Getathuru is a national reception and transitional center for boys to all the rehabilitation schools in Kenya.

3.3.2 Dagoretti Girls’ Rehabilitation School

Dagoretti Rehabilitation School is a girl’s primary school. The school is situated in Kiambu District but operates administratively under Nairobi Province. It has a capacity of 160 children although the number of students admitted varies from time to time. It was started in 1945 immediately after World War II and later Mau Mau war of 1947-1966 for displaced and homeless children as a boy’s institution but in 2003 it was changed into a girl’s institution. The school was among the legislative institutions that were established under the Office of the Vice President and Ministry of Home Affairs. Today it is under the Ministry of Gender, Children and Social Development. The institution now receives girls from Kerigiti Girls’ Rehabilitation School which serves as a reception center for girls. The purpose of this institution is classified into two categories: welfare for protection/care and rehabilitation institution for child offenders. The main purpose is to rehabilitate young girls who have had conflicts with the authority. (Dagorreti Rehabilitation School, Annual Report, 2012 / 2013).

3.4 Study Population

Through the department of children’s service in Nairobi and in Kiambu Counties. The researcher purposively chose the two schools Dagoretti girls’ and Kabete boys’ rehabilitation schools. The two schools have adolescent girls and boys with conduct disorder. The two rehabilitation schools were the first rehabilitation schools in Kenya. Kabete receives boys who
have been assessed and classified from Getathuru rehabilitation school while Dagoretti receives girls who have been assessed from Kirigiti rehabilitation school.

### 3.5 Sample Selection Methods

A sample is a small percentage of the population selected in a study (Best and Kahn, 2007). Sampling is the process of selecting the small number of subject to represent the entire population. The maximum number of boys that Kabete boys, rehabilitation can accommodate is 300 boys and the maximum number that Dagoretti girls’ rehabilitation school can accommodate is 160 girls. However, the population varies from time to time. In Kabete boys the maximum number of pupils the school has had was 150 pupils and that was ten years ago. In Dagoretti girls, the maximum number of students they have had 120 pupils.

Sample size,

\[
n = \frac{N}{1 + N(e)^2}
\]

Where \( n \) = sample size

\( N \) = Target population

\( e \) = acceptable margin of error at 5% (STD value of 0.05)

\[
120+150=270
\]

\[
n = \frac{270}{1 + 270(0.05)^2}
\]

\[= 161\]

\[
120/161*100 = 75
\]
150/161*100 = 93

=168

Therefore to calculate sample size for population per strata we used the following formula:

Sample size per strata;

\[ nh = \left( \frac{N_h}{N^*} \right) n \]

Where:

\( nh \) = Sample of the stratum

\( N_h \) = Population of the stratum

\( n \) = Total Sample size (168)

\( N \) = Total Population (270)

Table 3.1: Sampling Frame

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>POPULATION</th>
<th>SAMPLE</th>
<th>PERCENTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dagoretti Girls Rehabilitation School</td>
<td>120</td>
<td>75</td>
<td>45</td>
</tr>
<tr>
<td>Kabete Boys Rehabilitation School</td>
<td>150</td>
<td>93</td>
<td>55</td>
</tr>
<tr>
<td>TOTAL</td>
<td>270</td>
<td>168</td>
<td>100</td>
</tr>
</tbody>
</table>

The sample population of the study was 168 respondents. Respondents from Dagoretti Girls’ Rehabilitation School were 75 and 93 respondents from Kabete Boys’ Rehabilitation
School. The data collected from each institution helped the researcher to establish if there was indeed a relationship between particular parenting styles and conduct disorder. Gathering data from many subjects implied that there are high chances that the measured characteristic can be generalized to the entire population (Mugenda & Mugenda, 2003).

3.6 Methods of Data Collection

The study utilized self-administered structured questionnaires. The questionnaire had four sections, A to C. Section A was to collect the demographic information of the participant. Section B used the likert scale statements on different parenting styles identified by the respondents. Section C was to gather information on conduct disorder.

3.7 Reliability and Validity Indices

The validity of a data collecting instrument is measured if the tool measures what it was intended to measure (Kraska-Miller 34, 2013). There are different types of validity: face validity, construct validity, content validity and criterion validity. The tool which was used in this study was a questionnaire. It represented the study’s objectives. It was easier to read and understand therefore it was appropriate for the target population. The questionnaire was comprehensive enough to collect all the information needed to address the purpose and goals of the study.

Reliability refers to the degree to which similar results would be obtained by a measurement tool and procedure is repeated over and over again. If the procedure was repeated using the same tool and to a different population under the same circumstances then the results should be similar. If the questionnaire used in this study was to be used again on the same population under the same conditions, then the results would be the same because questions are created from characteristics and patterns of different parenting styles (Whitson, 2012). In this study, reliability was established by calculating the reliability coefficient, whereby a coefficient
of 0.7 or more suggested that the instrument was reliable as suggested by Whitson (2012). In order to ensure validity of the instruments to be used, the judgment of the researcher’s relied on.

3.8 Techniques of Data Analysis

The data was analysed using the Statistical Package for Social Sciences (SPSS) IBM version 24. The process started by scoring the questionnaire and coding the data into the SPSS software. The data was entered into the software and the data was cleaned removing the errors that may have occurred during data entry. The actual analysis occurred in two stages. In the first stage, descriptive statistics were employed to determine the mean and percentage frequencies of the dataset. The second stage involved the use of the chi-square techniques to establish the relationship between parenting styles and conduct disorder.

3.9 Ethical Considerations

The researcher ensured that the participant’s integrity was not jeopardized by unethical practices in this study. The researcher strived to ensure that respondent’s voluntary participation, anonymity, and confidentiality was maintained at all stages of the data collection and analysis processes. The researcher ensured that participants voluntarily participated in the study. Parental consent was sought from the rehabilitation schools’ administrators for they are the authorities responsible for the minors. The assent was sought from the participants of the study too. All respondents were well-informed about the relevant benefits and risks of participating in the study before the researcher obtained the consent from respondents. Every respondent who consented to be interviewed was guaranteed anonymity and confidentiality. This was achieved by ensuring that no names required by those interviewed and that the information collected from each respondent was to be utilized only for the purpose it was meant to. All data was safely stored
where only the researcher had access to them. Finally, they were destroyed at the end of the study.

The researcher adhered to the regulations governing research activities in Kenya by obtaining the approval to carry out from the Institutional Research Board in USIU-Africa. The researcher sought permission from the Ministry of Gender, Children and Social Development, the Ministry of Education in Nairobi and Kiambu Counties and National Commission for Science, Technology, and Innovation (NACOSTI). At the report writing stage, the researcher upheld ethical standards by avoiding plagiarism and the manipulation of data. Specifically, ideas/arguments borrowed from other sources were acknowledged using the American Psychological Association citation method.

3.10 Limitations of the study

The study took more time than anticipated before their researcher was allowed to collect data. This was because of the bureaucracies in the government institutions. The bureaucracies were to ensure that the children were protected from any harm that would arise from different research studies where children were their sample population.

3.11 Chapter Summary

This chapter has detailed the methodology applied in undertaking the study. The choice of research design has been explained and justified, the study area and target population has also been described and the sampling technique and sample size discussed. The chapter has also described the type of data, data collection methods, research procedures and data analysis plan. Lastly, the ethical considerations have been made.
CHAPTER FOUR
RESEARCH FINDINGS

4.0 Introduction

In this chapter, results of the study are presented based on the responses to the
questionnaires distributed and answered by the participants. It is organized into four sections.
Section one presents the findings on the demographic characteristics of the respondents. Section
two dealt with establishing the relationship between different parenting styles and conduct disorder. Section three dealt with establishing parenting styles mostly used by parents and guardians. Section four focused on conduct disorder, the degree of severity and probability.

4.1 Response rate

Out of the 168 respondents, a total of 160 responses were obtained from the pupils in Kabete boys’ and Dagorretti girls’ rehabilitation schools. Out of this number 85(50.6 %) were boys, 75 (44.6 %) were girls and the number of the missing respondents was 8(4.8 percent). The response rate was 95 percent. However, 5.0% (8) of the respondents did not complete the questionnaire. The reasons were three pupils were over 18 years and therefore they did not qualify as respondents, seven did not complete the questionirs and one pupil had gone home to attend a family event.
Table 4.1: Respondents rate

<table>
<thead>
<tr>
<th>Responses Rate</th>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successful responses</td>
<td>Kabete boys’</td>
<td>85</td>
<td>50.6</td>
</tr>
<tr>
<td></td>
<td>Dagoretti girls’</td>
<td>75</td>
<td>44.6</td>
</tr>
<tr>
<td>Unsuccessful responses</td>
<td>Kabete boys’</td>
<td>8</td>
<td>4.8</td>
</tr>
<tr>
<td></td>
<td>Dagoretti girls’</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>168</td>
<td>100</td>
</tr>
</tbody>
</table>

4.2 Demographic data

The results show 85(53.1%) were boys and 75(46.9%) were girls. The pupils were of different ages ranging from 13 years to 18 years. The result also showed that 20 (12.5%) were 13 years old pupils, 34(21.3%) were 14 years old, 37(23.1%) were 15 years old, 40(25.0%) were 16 years old, 21(13.1%) were 17 years old and 8(5.0%) were 18 years old.

From the study, 80(50%) did not know their mothers age, 8(5%) were mothers in the age bracket of 25-30 years, 45(28%) were mothers in the age bracket of 31-40. In the age bracket of 41-50, the mothers were 24(15%), 2(1%) were in the age bracket of 51-60 and 1(0.6%) was in the age bracket of 61 and above. Pupils who did not know their fathers ages were 87(55%), 1(0.6%) were in the age bracket of 25-30 years while in the age bracket of 31-40 years they were 18(11%). the fathers who were in bracket of 41-50 years were 38(24%), the fathers who were in the age bracket of 51-60 years were 12(8%) and 4(3%) were in the age bracket of 16 and above.

Only 3(2%) pupils were under the care of their guardians and the guardians were in the age bracket of 61 and above. The number of the pupils who did not know of their parents/ guardians
ages was 84(53%). The researcher hoped to find out if parental age affected parenting styles and also which age group was more affected.

According to the results from the questionnaires, pupils from a family whose social economic status was considered poor were those that could not afford basic needs was 26(16%). Those that were considered to come from a middle-class family level were those that their parents/guardians could afford basic needs and other necessities like good health care and education in life was 110(69%). Those from rich social-economic families were those that could take care of their family’s needs with much ease, afford luxuries like vacations abroad and owned plenty of money/assets was 18(11%). The wealthy families were those considered to have plenty of money and assets, they can survive and maintain their luxurious lifestyles without working was 6(4%). Low social economic is a factor in the causes of conduct disorder and the researcher hoped to find out the pupils’ family social economic level. The findings of the study were majority were from middle class and only a few were poor. This demographic characteristic did not add value to the research.

Table 4.2: Family social economic status

<table>
<thead>
<tr>
<th>Family Social economic status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>poor</td>
<td>26</td>
<td>16</td>
</tr>
<tr>
<td>middle class</td>
<td>110</td>
<td>69</td>
</tr>
<tr>
<td>rich</td>
<td>18</td>
<td>11</td>
</tr>
<tr>
<td>wealthy</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>160</td>
<td>100.0</td>
</tr>
</tbody>
</table>

When the pupils were asked who among their parents/guardian was active in their lives their responses were: mothers who were active in their children life were 63(40%), fathers who
were actively involved in their children’s lives were 28(18%), guardians were 5(3%), both parents were 59(37%) and none, situations where no one was active in the child’s life, were 5(3%). The researcher hoped to identify if the parents are active in the lives of their children and the conclusion was most mothers were actively followed by a situation where both parents were active in the lives of the children. This was a positive response although the researcher could not identify the parenting styles used by the mothers and by both parents.

Parents/guardian marital status was as follows; never married were 9(6%), married were 71(44%), separated were 28(18%), divorced were 29(18%) and widowed were 23(14%). The researcher hoped to find out the marital status of the parents so as to find out the situation at home.

4.3 To establish the types of parenting styles commonly used by parents.

The researcher provided a self-administered structured questionnaires to the pupils to answer with the intentions of identifying the perceived parenting style which was commonly used by their parents. The parenting style questionnaire had questions about each parenting style. Pupils filled what most applied to them and then the researcher scored the parenting styles. Percentages of each parenting style were computed in each questionnaire. The parenting style that had the highest percentage was picked as the dominant parenting style. The results were 49(31%) parents used authoritative parenting style, 53(33%) used authoritarian parenting style, 35(28%) used permissive perenting style and 23(14%) used neglectful parenting style.
4.4 To establish if conduct disorder is present, its severity and probability.

Conduct disorder is a childhood disorder characterized of lying to obtain favor or goods, running away from home, truancy, destruction of people’s property, aggressive behavior towards people and animals, ignoring parents curfews, theft and breaking into people’s properties. The
The researcher adopted an assessment tool for conduct disorder to help identify if respondents had the condition.

The assessment tool used was Conduct Disorder Scale (CDS). The author is James E Gilliam and he published it in 2002. It is an assessment tool that can be administered to individuals between the ages of 5-22 years for 5-10 minutes. It has 40 items in behavioral checklist format which are divided into 4 subscales. The scales are representatives of core symptoms of conduct disorder according to the DSM 5 manual. The subscales have psychometric properties with a reliability coefficient of 0.94 in aggressiveness, Hostility has a coefficient of 0.91, Deceitfulness and theft has a coefficient of 0.79 and Rule violation have a coefficient of 0.74. Coefficient all the scales is 0.96 (Gillian, 2002).

Table 4.3: Conduct Disorder Scale

<table>
<thead>
<tr>
<th>CD</th>
<th>Quotient: Degree of Severity</th>
<th>Probability of CD</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥100</td>
<td>Severe</td>
<td>Highly probable</td>
</tr>
<tr>
<td>85 – 99</td>
<td>Moderate</td>
<td>Probable</td>
</tr>
<tr>
<td>70 – 84</td>
<td>Mild</td>
<td>Likely</td>
</tr>
<tr>
<td>≤69</td>
<td>Not applicable</td>
<td>Unlikely</td>
</tr>
</tbody>
</table>

From the CDS, 131 (82%) pupils had scored 70 and above which showed there was a likelihood of mild conduct disorder. The highest scores were a total of 120. Those pupils that scored less than 69 were 29(18%) which meant they did not have the conduct disorder and the probability of conduct disorder was unlikely. This is because the institutions are not only for children who have committed crimes but also those who needed care and protection. The total number of the pupils whose degree of severity was mild were 56(35%), 63(39%) had a severity of moderate. Children who were severe were 12(8%).
### 4.5 To establish the relationship between parenting styles and conduct disorder

The researcher used the chi square test of independence because 5 cells (31.2%) had an expected count less than 5. The rule is no more than 20% of the cells have expected value of less than 5. The alpha level of significance is 0.05.

Table 4.5: Contingency table of the relationship between parenting styles and conduct disorder.

<table>
<thead>
<tr>
<th>Status</th>
<th>Authoritarian parenting</th>
<th>Authoritative parenting</th>
<th>Permissive parenting</th>
<th>Neglectful parenting</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe conduct</td>
<td>O (3)</td>
<td>E (3.9)</td>
<td>(o-e)²/e = 0.21</td>
<td>O (1)</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>E (3.75)</td>
<td>(o-e)²/e = 2.02</td>
<td></td>
<td>O (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E (2.62)</td>
<td>(o-e)²/e = 0.15</td>
<td></td>
<td>O (6)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E (1.72)</td>
<td>(o-e)²/e = 1059</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate conduct</td>
<td>O (16)</td>
<td>E (20.48)</td>
<td>(o-e)²/e = 0.98</td>
<td>O (19)</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>E (19.69)</td>
<td>(o-e)²/e = 0.02</td>
<td></td>
<td>O (17)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E (13.78)</td>
<td>(o-e)²/e = 0.75</td>
<td></td>
<td>O (11)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E (9.06)</td>
<td>(o-e)²/e = 0.42</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild conduct</td>
<td>O (31)</td>
<td>E (18.20)</td>
<td>(o-e)²/e = 9.00</td>
<td>O (6)</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>E (17.50)</td>
<td>(o-e)²/e = 7.56</td>
<td></td>
<td>O (14)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E (12.25)</td>
<td>(o-e)²/e = 0.56</td>
<td></td>
<td>O (5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E (8.05)</td>
<td>(o-e)²/e = 0.25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No conduct</td>
<td>O (2)</td>
<td>E (9.43)</td>
<td>(o-e)²/e = 5.85</td>
<td>O (24)</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>E (9.06)</td>
<td>(o-e)²/e = 24.6</td>
<td></td>
<td>O (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E (6.34)</td>
<td>(o-e)²/e = 2.97</td>
<td></td>
<td>O (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E (4.17)</td>
<td>(o-e)²/e = 2.41</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>52</td>
<td>50</td>
<td>35</td>
<td>23</td>
<td>160</td>
</tr>
</tbody>
</table>
The chi-square statistic is $\chi^2 (df) = 68.96 P < 0.001$. Since the p-value is less than 0.05, the researcher accepted the hypothesis that there is a relationship between perceived parenting and conduct disorder.

4.6 Chapter summary

This chapter has analysed and interpreted the findings of the study. It comprised of a descriptive analysis of demographic information, conduct disorder and perceived parenting styles. Quantitative on the relationship between perceived parenting styles and conduct disorder among children in Kabete boys’ and Dagoretti girls’ rehabilitation schools.
CHAPTER FIVE
SUMMARY OF FINDINGS, RECOMMENDATIONS, AREAS FOR FURTHER RESEARCH AND CONCLUSIONS

5.0 Introduction

The overall aim of this study was to establish if there is a relationship between parenting styles and conduct disorder among children in Kabete boys’ and Dagoretti girls’ rehabilitation schools. This chapter summarizes and discusses the main findings of the study, and provides conclusions, and suggestions for further research.

5.1 Summary of Findings

A total of 160 pupils from Kabete boys’ and Dagoretti girls’ rehabilitation schools answered the questionnaire for this study. The study target sample was children aged 12-18 years. boys were 85(53%) and 75(47%) were girls.

The first objective was to identify the types of parenting styles used by parents. According to the findings, authoritarian parenting was 53(33%) and it was the most used type of parenting style by parents among the four parenting styles. The second most common parenting style was authoritative parenting style which was 49(31%). The two least used type of parenting were permissive parenting style which had 35(28%) and neglectful parenting style however neglectful parenting style was used by 23(14%) parents.

The second objective was to find out if the children had conduct disorder and the severity. The researcher used a conduct disorder scale instrument to help find out if the pupils had conduct disorder. The scores identified that 131(82%) pupils of the participants had conduct disorder. The pupils who had mild conduct disorder were 69(43%) and 51(32%) had moderate
conduct disorder. The pupils who had severe conduct disorder were 11(7%) and 29(18%) pupils did not have conduct disorder. This is due to the fact that the rehabilitation schools were not meant for rehabilitation purposes only but also for child protection purposes.

The third objective was the relationship between the perceived parenting style and conduct disorder. The data was analysed using the chi-square test to find out the relationship between two categorical variables. The findings from the study showed that there was a relationship between the perceived parenting and conduct disorder. The chi-square statistics was \( \chi^2 = 68.9571 \) and the P value was <0.00001. Since the P value was less than 0.5, then the researcher accepted the hypothesis that there is a relationship between the perceived parenting styles and conduct disorder.

5.2 Discussion of Findings

The findings of the study on the relationships between parenting styles and conduct disorder confirmed the researcher’s hypothesis. The first objective was to identify the type of parenting styles used by parents. The study findings were authoritarian parenting style was used more than other parenting styles. Neglectful parenting style was the least used by parents of children in Kabete boys’ and Dagoretti girls’ rehabilitation schools. Authoritarian parenting style permissive parenting and neglectful parenting style are unhealthy ways of parenting and from the findings 111(69%) of the parents used them. The parents that used authoritative parenting style which is considered the best parenting style were 49(31%).

The second objective was to find out if the children had conduct disorder and the severity. The findings were 131(82%) had conduct disorder and 29(18%) did not have conduct disorder. Those that had conduct disorder were ranging in their severity. The severity were mild, moderate and severe conduct disorder.
The final objective was the relationship between conduct disorder and perceived the parenting styles. The findings were there is a relationship between conduct disorder and parenting styles. The most recommended parenting is authoritative parenting and the least recommended parenting style were Authoritarian, permissive and neglectful parenting styles. The findings shows that the least recommended parenting styles were used by 111(69%) parents/guardians represented in the study. The conduct disorder is present in 131(82%) out of 160 children. Although there are other factors that perpetuate the emergence of conduct disorder to a child, parenting styles are a very important factor because they make the environment condition favourable to the growth of conduct disorder symptoms in an already predisposed individual.

5.3 Conclusions

Based on the results of this study, a number of conclusions can be drawn. First, majority of the parents and guardians of children in Kabete boys’ and Dagoretti girls’ rehabilitation schools used the least recommended parenting styles to raise their children. The second conclusion that can be drawn from the study, majority of the children in Kabete boys’ and Dagoretti girls’ rehabilitation schools have conduct disorder ranging from mild to severe. The third conclusion based on the results of this study was there is a relationship between perceived parenting styles and conduct disorder.

5.4 Suggestions for Further Research

The results of this study suggest that there is a need for further research in Kenya focusing on this subject matter. The research focused only on two schools while there are up to ten rehabilitation schools in Kenya. I would suggest a study in the future on the relationship
between parenting styles and conduct disorder in all the ten schools and find out if the findings will be similar to the ones of this study.

The findings in this study did not consider other factors that could have contributed to the results because the researcher found nothing conclusive, especially on the demographics. I would suggest for a study in the future where the researcher would do a comprehensive study including all those other variables in their demographics.

5.5 Chapter summary

This chapter has summarized the key findings of the study and discussed the findings of the study. The chapter has revealed that authoritarian was the most used parenting style by the children’s parents. It has also shown that from the report that majority of the children had conduct disorder. The study was concluded that there is a relationship between conduct disorder and the perceived parenting styles. Based on these findings, the researcher suggested the areas of further research.
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APPENDIX I: ASSENT FORM

SURVEY OF THE RELATIONSHIP BETWEEN PARENTING STYLES AND CONDUCT DISORDER AMONG CHILDREN AT DAGORETTI GIRLS’ AND KABETE BOYS’ REHABILITATION SCHOOLS.

Dear Respondent,

My name is Ann Njambi Wacheke, a student studying for the Master of Arts degree in Clinical Psychology at the United States International University-Africa (USIU-A). I am conducting a study titled “The relationship between parenting styles and conduct disorder among children at Dagoretti Girls Rehabilitation School and Kabete Boys Rehabilitation School” As partial fulfillment of the requirements of the M.A. Clinical Psychology degree.

I request you to complete a short questionnaire that will take about 20 minutes. Your participation in this study is voluntary and you can decide not to volunteer or to stop participating in the study at any time. The information you provide will not be shared with anyone and will be kept confidential. All surveys will be destroyed at the end of the study. There are no possible risks because of your participation.

I agree to participate in this research project and I have received a copy of this form

Respondent’s code ______________________________________

Respondent’s Signature ________________________________

Date ____________________
I have clarified to the above respondent, the nature and purpose of the study. The benefits and possible risks associated with participation in this research. I have answered all questions that have been raised and I have provided the participant with a copy of this form.

Researcher’s signature ____________________________

Date ____________________________
APPENDIX 11: DEBRIEF FORM

Thank you for participating in this study. The purpose of the study is the relationship between parenting styles and conduct disorder. Your participation will assist the researcher understand the relationship and help in formulations appropriate interventions to help children with conduct disorder.

If the study causes any discomfort in your life, please feel free to contact the researcher using the contact and the email below.

Kind regards,

Ann Njambi Wacheke,

Mobile no: 0723043389

Email: briannanjambi@gmail.com
APPENDIX III: CONSENT LETTER

SURVEY OF THE RELATIONSHIP BETWEEN PARENTING STYLES AND CONDUCT DISORDER AMONG CHILDREN AT DAGORETTI GIRLS REHABILITATION SCHOOL AND KABETE BOYS REHABILITATION SCHOOL

To the Headmaster/ Headmistress,

This is a research project and Pupils from your school are invited to participate in a research project being conducted by Ann Njambi Wacheke. I am a student in the Department of psychology at United States International University-Africa (USIU-A). I am conducting a study titled “The relationship between parenting styles and conduct disorder among children at Dagoretti Girls Rehabilitation School and Kabete Boys Rehabilitation School” As partial fulfillment of the requirements of the M.A. Clinical Psychology degree.

The purpose of this study is to establish if there is relationship between parenting styles and conduct disorder. The study will require 168 participants 75 from Dagoretti Girls’ and 93 from Kabete Boys’ Rehabilitation Schools.

Participants will be asked to fill a questionnaire on their demographic data, their parents’ style of parenting and challenges they face due to conduct disorder. The researcher will go to the institution and collect data one weekend so as not to interfere with their learning.

The only participants included in the study will be pupils who have diagnosed with conduct disorder and age is from 13 -18 years.
This research might bring back traumatizing memories the children might have gone through in their parents’ hands. However the researcher will offer debrief and if need arise, the researcher will offer therapy. All data will be confidential.

I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Full Name: ________________________________________

Telephone No: ________________________________________

Signature: __________________ Date: ____________________
APPENDIX IV: QUESTIONNAIRE (To be filled by the pupil)

Dear Respondent,

Please tick (✓) or fill the space provided where appropriate.

MATTERS TO NOTE;

i) The Information given on this questionnaire will be held in strict confidence and will be used only for the purpose of the study.

ii) If any of the questions may not be appropriate to your circumstance, you are under no obligation to answer.

iii) If you do not understand any question and you need clarification please ask.

SECTION A: RESPONDENTS’ DEMOGRAPHIC CHARACTERISTICS

Q 1. What is your gender?
   □ Male
   □ Female

Q 2. What is your age? _________________

Q 3. What is your tribe? _________________

Q 4. Where do you live? ______________________________

Q 5. How many children are in your family? _____________________
Q 6. How old are your parents/guardian? ________________________

(Please tick what is applicable to you)

<table>
<thead>
<tr>
<th>Age range</th>
<th>Mother</th>
<th>Father</th>
<th>Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-30 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31-40 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41-50 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51-60 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61 years and above</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q 7. What is your parent’s highest level of education?

(Please tick what is applicable to you)

<table>
<thead>
<tr>
<th>Education level</th>
<th>Mother</th>
<th>Father</th>
<th>Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College/vocational training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not attend school</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q 8. What is your family social economic status?
   
   - [ ] Poor
   - [ ] Middle class
   - [ ] Rich
   - [ ] Wealthy

Q 9. Who provides and cares about your well being?
   
   - [ ] None
   - [ ] Mother
   - [ ] Father
   - [ ] Guardian
   - [ ] Both parents

Q 10. What is your parent’s/guardian marital status?
   
   - [ ] Never married
   - [ ] Married
   - [ ] Separated
   - [ ] Divorced
   - [ ] Widowed
SECTION B: PARENTING STLYES

Instructions,

Given below are statements to know how your parents/guardians deals with you.

For each statement 5 options namely ‘Very right’ (5), ‘Mostly right’(4), Sometimes wrong’(3), ‘Mostly wrong’(2),‘Very wrong’(1) are given.

Tick Mark against each statement, on the left side about mother and on the right side about father, on the option that suites the behavior of your mother or father in relation to you. Take care to mark your responses against all statements.

**AUTHORITATIVE PARENTING STYLE**

<table>
<thead>
<tr>
<th>STATEMENTS</th>
<th>About parent/guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Appreciates when I try to be</td>
<td></td>
</tr>
<tr>
<td>independent</td>
<td></td>
</tr>
<tr>
<td>Provides for my needs</td>
<td></td>
</tr>
<tr>
<td>Disciplines me and explains it to</td>
<td></td>
</tr>
<tr>
<td>me</td>
<td></td>
</tr>
<tr>
<td>Spends time with me</td>
<td></td>
</tr>
<tr>
<td>Shows love</td>
<td></td>
</tr>
<tr>
<td>Has put in place rules at home</td>
<td></td>
</tr>
<tr>
<td>Discusses the consequences of my</td>
<td></td>
</tr>
<tr>
<td>actions</td>
<td></td>
</tr>
<tr>
<td>Explains the reasons for the rules</td>
<td></td>
</tr>
<tr>
<td>Respects my opinion</td>
<td></td>
</tr>
<tr>
<td>PERMISSIVE PARENTING STYLE</td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td></td>
</tr>
<tr>
<td>STATEMENTS</td>
<td>5</td>
</tr>
<tr>
<td>Does not punish me no matter what I do</td>
<td></td>
</tr>
<tr>
<td>Gives whatever I ask</td>
<td></td>
</tr>
<tr>
<td>Says yes to all my requests</td>
<td></td>
</tr>
<tr>
<td>Gives me freedom to decide and do whatever I want</td>
<td></td>
</tr>
<tr>
<td>Has put in rules but not care if I follow them</td>
<td></td>
</tr>
<tr>
<td>Is very protective of me</td>
<td></td>
</tr>
<tr>
<td>Always wants to make me happy</td>
<td></td>
</tr>
</tbody>
</table>
### Authoritarian Parenting Style

<table>
<thead>
<tr>
<th>Statements</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not show love</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expects me to achieve their expectations no matter what</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expects that I follow the rules without any questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makes decisions for me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punishes me severely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Always too busy for me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Scores**

**Total Percentage Scores**

### Neglectful Parenting Style

<table>
<thead>
<tr>
<th>Statements</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shows no interest in what I do</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does not provide for my needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does not care if I make mistakes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does not protect me from harm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does not care what I do</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does not care about my well being</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does not show love</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has no time for me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL SCORES

TOTAL PERCENTAGE SCORE

DOMINANT PARENTING STYLE

**SECTION C: CONDUCT DISORDER**

Q 1. Do you know what conduct disorder is?

☐ Yes

☐ No

Q 2. Have you been diagnosed with conduct disorder?

☐ Yes

☐ No

Q 3. Do you think this condition has any relationship to how your parent raised you?

☐ Yes

☐ No

Q 5. Given an opportunity, what would you tell your parent?

1. ________________________________________________________________

2. ________________________________________________________________
3. ______________________________________________________

4. ______________________________________________________

5. ______________________________________________________

Thank you for your participation!!!
APPENDIX V: CONDUCT DISORDER SCALE (CDS)

### Section III. Interpretation Guide

<table>
<thead>
<tr>
<th>Conduct Disorder Quotient</th>
<th>Degree of Severity</th>
<th>Probability of Conduct Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 100</td>
<td>Severe</td>
<td>Highly Probable</td>
</tr>
<tr>
<td>85-95</td>
<td>Moderate</td>
<td>Probable</td>
</tr>
<tr>
<td>70-84</td>
<td>Mild</td>
<td>Likely</td>
</tr>
<tr>
<td>≤ 69</td>
<td>(Not Applicable)</td>
<td>Unlikely</td>
</tr>
</tbody>
</table>

### Section IV. Profile of Scores

#### CDS Subscales

<table>
<thead>
<tr>
<th>CDS Subscale</th>
<th>Score</th>
<th>%ile</th>
<th>SEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressive Conduct</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hostility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deceitfulness/Theft</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rule Violations</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Other Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Score</th>
<th>%ile</th>
<th>SEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct Disorder Quotient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary of Scores</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct Disorder Quotient</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional copies of this form (#103757) may be purchased from PRO-ED, 8300 Shoal Creek Blvd., Austin, TX 78757-6887 800/897-3202, Fax 800/997-7633, www.proedinc.com
The person:

<table>
<thead>
<tr>
<th></th>
<th>Seldom Observed</th>
<th>Sometimes Observed</th>
<th>Frequently Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. argues with adults.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. actively defies or refuses to comply with adults' requests or rules.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. deliberately annoys people.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. acts in a spiteful or vindictive manner.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5. is verbally abusive</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6. creates disturbances.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7. ignores adults' warnings or reprimands.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8. starts fights.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9. is physically cruel to others.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10. makes demands rather than requests.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>11. attempts to physically hurt others.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>12. deliberately destroys others' property.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>13. is explosive.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

\[\text{Scales Score} = \text{Scales Rating} + \text{Scales Rating} + \text{Scales Rating} + \text{Scales Rating}\]

<table>
<thead>
<tr>
<th></th>
<th>Seldom Observed</th>
<th>Sometimes Observed</th>
<th>Frequently Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. loses temper</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>15. is angry and resentful.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>16. shows little or no shame or guilt after being caught doing something wrong.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>17. irritates teachers and other students.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>18. cruelly teases or makes fun of others.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>19. is insensitive to the feelings of others.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>20. displays a negative attitude.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>21. says authority figures do not have the right to touch him or her.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>22. says he or she doesn't care about how others feel</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>23. is unconcerned about others' rights.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>24. rejects moral statements about what is right or wrong.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>25. associates with antisocial students.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>26. makes sexually abusive comments.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>27. says he or she doesn't care what happens to him or her</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

\[\text{Misbehavior Raw Score} = \text{Scales Rating} + \text{Scales Rating} + \text{Scales Rating} + \text{Scales Rating}\]

<table>
<thead>
<tr>
<th></th>
<th>Seldom Observed</th>
<th>Sometimes Observed</th>
<th>Frequently Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. blames others for his or her mistakes or misbehavior.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>29. lies to obtain goods or favors or to avoid obligations.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>30. steals while confronting a victim.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>31. steals without confronting a victim.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>32. uses other people's property without permission.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>33. cheats on assignments, tests, or games.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

\[\text{Deceitfulness/Thief Raw Score} = \text{Scales Rating} + \text{Scales Rating} + \text{Scales Rating} + \text{Scales Rating}\]
Section VI. Key Questions

Answer each question by circling either Yes or No and writing a description of the behavior in question. Because the time period in which the behavior occurred is important, be sure to record the date when the behavioral episode occurred.

Has the person ever:

1. harmed someone or threatened to harm someone using a weapon (e.g., bat, brick, broken bottle, knife, or gun)?
   
   Yes  |  No

2. been physically cruel to people or animals?
   
   Yes  |  No

3. engaged in stealing directly from a victim (e.g., mugging, purse snatching, extortion, or armed robbery)?
   
   Yes  |  No

4. forced someone into sexual activity?
   
   Yes  |  No

5. engaged in physical violence (e.g., rape, assault, or homicide)?
   
   Yes  |  No

6. deliberately destroyed someone's property (e.g., deliberate fire setting with the intention of causing serious damage)?
   
   Yes  |  No

7. deliberately destroyed someone's property in other ways (e.g., smashing car windows or school vandalism)?
   
   Yes  |  No

8. engaged in deceitfulness or theft such as breaking into someone else's house, building, or car?
   
   Yes  |  No

9. lied or manipulated someone to obtain goods or favors or to avoid obligations?
   
   Yes  |  No
10. engaged in stealing items of nontrivial value without confronting the victim (e.g., shoplifting or forgery)?
   Yes  No

11. stayed out late at night despite parental prohibition?
   Yes  No

12. run away from home overnight (at least twice or only once if the subject stayed away for a lengthy period of time)? (NOTE: These running away episodes are not a result of physical or sexual abuse.)
   Yes  No

13. been truant from school before the age of 13?
   Yes  No

Section VII. Interpretations and Recommendations

Section VIII. CDS Characteristics

Description. The Conduct Disorder Scale is a highly standardized instrument designed for assessment of persons with Conduct Disorder and other severe behavioral disorders. The CDS provides norm-referenced information that can assist in the diagnosis of Conduct Disorder.

Item Selection. Items on the CDS are based on the definitions of Conduct Disorder published in the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition—Text Revision (DSM-IV-TR; American Psychiatric Association, 2000). The items on the subscales are derived from the DSM-IV-TR diagnostic criteria for Conduct Disorder.

Normative Data. The CDS was standardized on a sample of 1,040 subjects from 22 states. Six hundred forty-four of the subjects were adjudicated juvenile delinquents or had a psychiatric diagnosis of Conduct Disorder.

Reliability. Internal consistency of the CDS was determined using Cronbach’s alpha technique. Studies revealed a coefficient alpha of .96 for the entire test. This reliability coefficient is exceptionally strong and indicates that the items within the scale are very consistent in the measurement of characteristic behaviors of persons with Conduct Disorder and other serious behavioral disorders. All of the items are sufficiently reliable for contributing to important diagnostic decisions.

Validity. The validity of the CDS was demonstrated through several research studies. Item analysis established that the CDS items are very consistent and discriminative. Concurrent criterion-related validity studies demonstrated that scores from the CDS can be used to discriminate subjects who have Conduct Disorder from those who belong to different diagnostic groups. Other evidence of concurrent validity was established by correlating scores on the CDS with scores from the Behavior Rating Profile—Second Edition (Brown & Hamill, 1990) and the Differential Test of Conduct and Emotional Problems (Kelly, 1990). Positive correlations were obtained between relevant subscales on these instruments and the CDS.
APPENDIX VI: NACOSTI APPROVAL LETTER

NATIONAL COMMISSION FOR SCIENCE,
TECHNOLOGY AND INNOVATION

COUNTY DIRECTOR OF EDUCATION
KIAMBU COUNTY
P. O. Box 2300-00900
KIAMBU

NACOSTI, Upper Kabete
Of Wanyuki Way
P. O. Box 30623-00100
NAIROBI-KENYA

Ref. No. NACOSTI/P/18/83265/22332
Date: 25th April, 2018

Ann Njambi Wacheke
United States International University
P. O. Box 14634 – 00800
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on “To establish the relationship between parenting styles and conduct disorder among children from Dagoretti Girls and Kabete Boys Rehabilitation School” I am pleased to inform you that you have been authorized to undertake research in Kiambu and Nairobi Counties for the period ending 23rd April, 2019.

You are advised to report to the Director Children Services of the Ministry of East African Community (EAC), Labour and Social Protection, the County Commissioners and the County Directors of Education, selected Counties before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit a copy of the final research report to the Commission within one year of completion. The soft copy of the same should be submitted through the Online Research Information System.

DR. STEPHEN K. KIBIRU, PhD.
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The Director Children Services
The Ministry of East African Community (EAC), Labour and Social Protection
APPENDIX VI: MINISTRY OF EDUCATION NAIROBI COUNTY

Ann Njambi Wacheke
United States International University
P O Box 14634-00800
NAIROBI

RE: RESEARCH AUTHORIZATION

We are in receipt of a letter from the National Commission for Science, Technology and Innovation regarding research authorization in Nairobi County on “To establish the relationship between parenting styles and conduct disorder among children from Dagoretti Girls and Kabete Boys Rehabilitation School”.

This office has no objection and authority is hereby granted for a period ending 23rd April, 2019 as indicated in the request letter.

Kindly inform the Sub County Director of Education of the Sub County you intend to visit.

MAINAI NGURU
FOR REGIONAL COORDINATOR OF EDUCATION
NAIROBI

C.C. Director General/CEO
National Commission for Science, Technology and Innovation
NAIROBI
APPENDIX VII: I.R.B APPROVAL LETTER

14th March, 2018

Wacheke Ann Njambi
P.O. Box 5085 Thika
Email: Brijmanjambil@gmail.com
Tel: 0723043389

Dear Ms. Wacheke,

IRB-RESEARCH APPROVAL

The USIU-A IRB has reviewed and granted ethical approval for the research proposal titled “To establish the relationship between parenting styles and conduct disorder among children at Dagoretti girls rehabilitation school and Kabete boys rehabilitation school.”

The approval is for six months from the date of IRB. A Continuing Review application must be approved within this interval to avoid expiration of IRB approval and cessation of all research activities. A mid-term report and a final report must be provided to the IRB within the six months approval period. All records relating to the research (including signed consent forms) must be retained and available for audit for at least 3 years after the research has ended.

You are advised to follow the approved methodology and report to the IRB any serious, unexpected and related adverse events and potential unanticipated problems involving risks to subjects or others.

Should you or study participants have any queries regarding IRB’s consideration of this project, please contact irb@usiuc.ac.ke.

Sincerely,

[Signature]

Dr. Damary Sikalieh,
Chair | IRB | USIU-Africa
dr.sikalieh@usiuc.ac.ke
Office 0730 136 112

CC: Research Office
p.o.box 14934-00800 Nairobi, Kenya | Tel:254-730-116-000 | info@usiuc.ac.ke
www.usiu.ac.ke
APPENDIX VIII: MINISTRY OF LABOUR AND SOCIAL PROTECTION

REPUBLIC OF KENYA

MINISTRY OF LABOUR AND SOCIAL PROTECTION
STATE DEPARTMENT FOR SOCIAL PROTECTION, PENSIONS AND SENIOR CITIZENS
AFFAIRS

DEPARTMENT OF CHILDREN SERVICES

Tel: +254 (0) 2729800/2727980-4 Social Security House, Bishops Road
Fax: +254 (0) 2726222/2734417 P.O. Box 46205 - 00100
Email: watotoidara@gmail.com Nairobi,
When replying, please quote KENYA

Ref: CS6/12/VOL.XI 6 11/05/2018

Thro'
The County Coordinator Children's Services
NAIROBI COUNTY

The Managers,
Dagoretti Girls Rehabilitation School and Kabete Rehabilitation School
NAIROBI COUNTY

RE: AUTHORITY TO CONDUCT RESEARCH

The bearer of this letter, Ann Njambi Waceke (ID.No. 25887030) is a student at the United States International University - Africa, pursuing Masters Degree in Clinical Psychology.
The course requires that the student conducts research in her area of study.

In this regard, authority has been granted for the above named to undertake her research in your institution.

Attached are copies of her introductory letter from the National Commission for Science, Technology and Innovations

Grace Gitau
FOR: DIRECTOR CHILDREN'S SERVICES
CC: Dagoretti Girls Rehabilitation School
Kabete Rehabilitation