

UNIVERSITY OF NAIROBI

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

**ALCOHOL – ABUSE AMONG THE HOUSEHOLD HEADS AND ITS
EFFECTS ON THE FAMILY: A STUDY OF KALAWANI
LOCATION,
MBOONI DISTRICT. //**


UNIVERSITY OF NAIROBI
EAST AFRICANA COLLECTION

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C50 698: PROJECT PAPER

**A project paper submitted in partial fulfillment of the requirements for
the
masters degree in sociology
(Counselling).**

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DECLARATION;

I declare this project to be my own original work and that it has not been submitted to any other University for examination.

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Sign: Katee

Date: 21/11/08

This project has been submitted with my permission as University supervisor.

PROF. CHARLES NZIOKA

Sign: 

Date: 21.11.08

DEDICATION

This project is dedicated to my husband Dr. Gibson Musila for his moral and financial support and to our little boy Victor Mumo. I would also like to dedicate it to my parents Stanley and Dorothy Kangethe.

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My sincere gratitude goes to my supervisor Prof. Charles Nzioka without whose guidance, supervision and encouragement this project would not have been completed.

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I am grateful to four young and energetic university students Mala, Mwendwa Musia and Mutua for helping in moving from house to house in reaching the respondents.

May God bless you.

Above all I thank God for his grace which has been sufficient in bringing me this far.

ABSTRACT

The study looked at the effects of alcohol abuse by the house head on the family institution. Alcohol- abuse is irresponsible drinking where one drinks at the expense of his health or discharging his duties. The aim of the study was to establish the perceptions of Kalawani residents on alcohol- abuse and its effects on the family. The study objectives were to determine the level of alcohol- abuse at Kalawani location, to establish the causes and the effects as well as the ways of coping employed by alcohol-abusers, their families and neighbors.

The study was undertaken at Kalawani location, Mbooni district in Eastern province in Kenya. Kalawani is in the lower slopes of Mbooni hills. It is a relatively dry region therefore there is inadequate water supply for farming.

The study used both probability and non- probability methods in selecting the area of study and sample size. A sample of 120 household heads was used. Both quantitative and qualitative methods (interviews, questionnaires and focused group discussions) were employed for data collection. Collected data was cleaned, coded and summarized into working themes in line with the study objectives. Data analysis was limited to qualitative and quantitative analysis of selected variables perceived to influence household perceptions on alcohol abuse.

The study found out that there are both male and female alcohol-abusers in Kalawani. Alcohol- abuse was associated to a number of factors such as parental influence and unresolved personal problems. This has led to domestic violence, poverty and death. The respondents had both positive and negative views on alcohol- abuse. It was established that there are no formal facilities of handling alcohol- abuse here thus the residents offer the affected families material and emotional support.

Alcohol- abuse is a challenge in rural- Kenya despite the government efforts to curb it through the banning of selling and taking of traditional brew. The research recommends that the government should initiate more rehabilitation and counseling centers in the rural areas. Constituency and Development Fund (C.D.F) should be put into properly appraised community projects that are relevant to the constituency; further research should be done on the role of the church and rehabilitation centers in helping alcohol- abusers. Further research should also be done to compare the perceptions of the youth and adults on alcohol- abuse.

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LIST OF ACRONYMS AND ABBREVIATIONS

NACADAA	National Agency for the Campaign Against Drug Abuse Authority.
W.H.O	World Health Organization.
GSH	Global School Based student Health survey by World Health Organization.
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
KNH	Kenyatta National Hospital
DALYS	Disability Adjusted Life Years.
USA	United States of America
SPSS	Statistical Package for Social Sciences

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

Alcohol is the oldest known drug of dependence and it existed even during the antediluvian world. Man is thought to have taken alcohol all his life. Maurice notes that, "In his pursuit of the happiness for which God created him, man quickly discovered alcohol as he discovered sowing and reaping, Noah a tiller of the soil was the first man to plant the vine....."(Gelinas 1990:14) Man has been drinking ever since. Many communities brew alcohol, these included the Sumerians, Babylonians, Greeks and Romans. In the modern times alcohol beverages continue to be brewed and drunk in various parts of the world.

According to W.H.O there are about 2billion people worldwide who consume alcoholic beverages and 76.3million with diagnosable alcohol use disorders. In 2002 W.H.O gave a report which indicated that alcohol causes 20-30%of esophageal cancer, liver cancer, cirrhosis of the liver, homicides, epileptic seizures and motor vehicle accidents worldwide. The same report also stated that a 1.8million death, that is 3.2% of the total deaths in the world are due to alcohol consumption (W.H.O 2002).

Alcohol leads to loss of 58.3million years due to Disability-Adjusted Life Years (DALYS) which constitutes 4% of the total years lost due to (DALYS) (W.H.O 2004).Alcohol is the leading risk factor for disease burden in low-mortality developing countries, while it is the 3rd largest risk factor in developed countries.

In 1999, alcohol led to about 55,000 deaths of people aged between 15-20 years in Europe. In Costa Rica 30% of absenteeism and workplace accidents are due to alcohol consumption (Saxena et al 2003) According to a report by (Murray and Lopez 1997), as cited by W.H.O 2000 alcohol led to 636,800 deaths ,14.6 million years of life lost and 32.3million (DALYS) in the developing countries.

According to a report by addictions information in America statistics (2007), 76 million adults are exposed to alcoholism in the family. 14 million that is 1 in every 13 adults abuse alcohol or are alcoholic. The same statistics indicate that 3 million teens aged between 14 to 17 years are problem drinkers that constitute 31% of the teenagers, while 60% of senior high school students are drinkers.

A study conducted in Rural South India of 180 women during pre-natal care indicated that 20% of them had been abused by their husbands under the influence of alcohol (W.H.O 2000:64). In Sri Lanka a study of 11 districts examining the link between alcohol and poverty showed that 7% of the population spends more on alcohol than their actual income. Therefore the study concluded that alcohol –abuse has contributed to poverty in this region.

In Africa during the pre colonial era alcohol brewing and drinking took place in most of the communities. During that period the drinking of alcoholic beverages took place on special occasions such as communal projects, marriage ceremonies, installation of chiefs or worship. Drinking in Africa was also regulated by strict rules which determined who was allowed to drink, when and where drinking could take place (Birech: 2003).

In the colonial period alcohol was made easily available to the Africans by the whites. This is because alcohol was a common payment for slaves as well as to the laborers in plantations and mines. This led to easy availability of alcohol for drinking during funerals; initial rites as well as harvest festivals (Anderson 2004:11). The coming of Europeans and introduction of modern industries has led to the steady increase in production, distribution and consumption of the alcoholic beverages leading to the current dreadful health consequences in various parts of Africa (Wangai 1994:64).

A survey of 5109 women of Rakai district in Uganda in 2000-2001 to establish the link between alcohol consumption and domestic violence indicated that 52% of them had experienced domestic violence in the hands of their drunkard husbands.

A study done in Kenya on the causes of domestic violence indicated that 49% of the abused women had husbands who took alcohol as opposed to 22% whose husbands did not consume alcohol (Kenya, Demographic and healthy survey, 2003)

In Kenya alcohol consumption is high because of easy accessibility of both the legal and illegal alcoholic drinks. According to the chairman of NACADA there are over 1.5 million Kenyans with alcohol related problems, which range from being addicted to problem drinking (Nation 28/4/2007). Most of these drinkers go for the locally produced alcohol in the informal market, which include Chang'aa, Busaa, Kumi-Kumi (Birech, 2003). According to a report by a W.H.O (GSHS) survey in 2003 using a sample of 3691 students in Kenya, 14.6% of them admitted to drinking alcohol on one or more times during the 30 days preceding the survey. In another study by NACADA in 2006, using a sample of 4128 students 60% admitted to have taken alcohol (NACADA 2006:5)

The government has been involved in efforts to curb alcoholism amongst its citizens in various ways such as the establishment of organizations like NACADA with the mandate of campaigning against drug use in Kenya. The government has also prohibited the supply and possession of illicit brew such as Changaa and Busaa in the Changaa prohibition Act. Cap 70 of the Laws of Kenya. This act bans the manufacture, sale, supply consumption and possession of Changaa. This law also gives the police the power to search and arrest any person found manufacturing, storing, selling or consuming Changaa (Ibid)

In December 2005 the government introduced the use of breathalyzer, (dubbed Alco blow by Kenyans), to vet drunken drivers; however the implementation of this instrument did not go far as it was challenged in court. This led to a court ruling that the police should stop using 'alcoblow' to determine the level of alcohol that a driver might have taken.

1.2 Problem-Statement.

A report by W.H.O indicates that 3.5% of all physical injuries in the world are due to alcohol consumption. In the U.S.A the economic cost of alcohol use, leads to over 116 billion dollars annually in reduced productivity, absenteeism, and treatment. 20% of hospital care incidences, 10% of injuries, 40% of falls, 50% of vehicle accidents and 65%of recreational injuries such as boating injuries are alcohol related (Alcohol addiction and Alcoholic Statistics U.S.A)

According to a report by the Chairman of NACADA in 2007, there are half a million alcoholics and a million problem drinkers in Kenya (Nation 28/4/2007). This has led to various problems to the individual and society at large. The consumption of liquor leads to low standards of health as it is narcotic and may lead to the degeneration of various body organs such as the liver, lungs and kidneys. Alcohol consumers engage in socially risky behavior and immoral activities with impunity, this has led to high incidents of HIV/AIDS amongst Kenyans (Ongaga 2007)

The family of the alcoholic person suffers in various ways. Domestic violence is prevalent in families where one or both of the parents are alcoholic. This puts the whole family not only under economic but also emotional stress. The children from such homes are left without the parental attention they need as the alcoholic parent spends time and money getting drunk (Birrech 2003). Such children are also prematurely forced to assume an adult role which is unhealthy for their normal development. Alcoholic parents are less able to deal with parent child-conflict and may end up pushing the children away from home (Esten 1986).

In essence alcohol-abuse of one or both parents poses lots of problems to the family. Many Kenyans have lost their lives after taking illicit brew. In 2000 over 130 people died and 22 others went blind in Nairobi and its environs after taking the illicit brew kumi- kumi. At that time hospitals were flooded with victims of the deadly drink. The K.N.H mortuary and city mortuary were also full in the week that followed this tragedy.

In 2002, 10 people died in West Pokot in two weeks duration after taking illegal brew known as Manduli. In December 2004, 9 people died in Maragwa near Thika town after the consumption of illicit brew. (Nation 26/6/2005). In late June 2005 the consumption of illicit brew led to a major

disaster at Kyumbi town and its environs in Machakos district. In this incident a usual illicit brew supplier distributed to her customers liquor “Twone-Mbee” that turned out to be poisonous, to the extent that it led to the death and blindness of many of the people who took it. These are just a few incidents that show how the consumption of alcohol has on several occasions turned disastrous in Kenya.

There have been a number of studies done on alcohol-abuse and its effects on the family. Such studies include Birech(2003),who did her study in Nandi, to establish the causes and effects of alcohol abuse in this region. Ongaga (2007) did a similar research on a Tea farm in Nyamira district. These studies were done in other regions of Kenya, the researcher undertook hers at Kalawani where no such research has been done before. The researcher set out to find out the prevalence of alcohol abuse, the perceptions of the household heads on alcohol-abuse and its effects on the family. The research was undertaken in Kalawani location. This region is in the neighborhood of Kyumbi town where many people died and others went blind after the taking of illicit brew in 2005. Alcohol–abuse has led to low living standards and poor academic performance as most bread earners spend their money on alcohol instead of taking care of their families. Kalawani location is relatively dry and among the places in Kenya that the government has designated as hardship areas, therefore there are few economic alternatives for the residents here. This has led to idleness and hence alcohol abuse among the family heads.This has prompted the researcher to undertake her study in this region to find out the residents perceptions on alcohol-abuse, as some of them continue to abuse alcohol undeterred by the misfortune of their neighbors at Kyumbi and other parts of Kenya where alcohol was reported to have led to disasters as mentioned above.

Research Questions

The researcher will be guided by the following questions;

1. Is alcohol abuse prevalent among household heads in Kalawani?
2. What are the local perceptions about alcohol abuse?
3. What does the community consider to be the effects of alcohol-abuse by the house head on the family?

4. What are the strategies employed in coping with alcohol-abuse by the residents of Kalawani location?

1.3 Objectives

Main objective is to establish the local perceptions of alcohol-abuse and its effects on the families in Kalawani-location.

Specific objectives;

1. To determine the level of alcohol-abuse in the study area.
2. To establish the perceptions of alcohol-abuse among the residents.
3. To establish the locally perceived effects of alcohol-abuse on the family.
4. To identify the strategies employed in coping with alcohol-abuse.

1.4 The Scope of the Study

The study was undertaken in Kalawani location, Tulimani Division, Mbooni District. Kalawani is located on the lower slopes of Mbooni hills and is a dry region.

The study was looking at the perceptions of alcohol-abuse amongst the residents of Kalawani-location. It tried to explore the rate of alcohol abuse in this location. The research determined the perceived effects of alcohol-abuse on the affected families, such as effects on farming activities, children's academic level, and relation between the family members. The research also looked at the approaches used by the residents to cope with alcohol-abuse.

1.5 Limitations

The research only looked at the use of alcohol among the residents of Kalawani and did not concern itself with other drugs that may be in use here.

The researcher faced some hostility from some respondents as they thought she was working for the chief to spy on them, others did not want to discuss their family secrets with a stranger, while some residents choose not to respond to some of the questions. The location is not well served by communication network therefore moving from one place to another was tedious.

1.6 Justification of the Study

The study focuses on alcohol-abuse in Kalawani-location. There has been no similar research done in this region, despite, the 2005 tragedy that took place in its neighborhood at Kyumbi town where many people lost lives and others went blind as a result of taking illicit brew. Alcohol-abuse is prevalent amongst the residents of this region since they have few alternatives of earning their livelihood because of the geographic location and poor climatic conditions. The problem of unpredictable rainfall amounts and lack of water for irrigation frustrates the farming efforts and leaves many residents with nothing else to do than to drown their sorrows in alcohol abuse. This has led to low living standards, lack of funds to educate children as well as meeting other basic needs within the affected families.

Alcohol abuse affects an individual negatively in many ways, for instance it is a leading cause of cancer of vital body organs such as the liver, kidneys and lungs.(Downs: 1990)

Alcohol has been associated with domestic violence, neglect of one's responsibilities such as meeting the psychological and physiological needs of his immediate family members. Alcohol affects the functioning of the brain therefore interfering with one's capability to exploit his abilities. This in the long run affects the productivity of an entire community. (Margolis and Zweben: 2002)

The study will be a source of secondary data for further research. The information gathered will be useful to families, religious, government and non-government organizations in understanding and helping people with alcohol related problems.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 The History of Alcohol Drinking in the World

Alcohol is a product that has provided a variety of functions for people throughout all history. Alcohol has played an important role in cultural and religious lives. Alcoholic beverages have served as sources of needed nutrients and have been widely used for their medicinal, antiseptic and analgesic properties. Alcoholic beverages serve as thirsty quenchers, facilitate in the enjoyment of lives and are also used as social fabricant (Hanson, 1997).

In the Middle East, beer taking seems to have occurred as early as Neolithic period. The earliest alcoholic beverages may have been made from berries or honey (Blum et al 1969:25). According to the Old Testament (Genesis 9:20), “Noah planted a vineyard on Mount Ararat what is now Eastern Turkey”.

In ancient Egypt, brewing dates from the beginning of civilization “Osiris” the god of wine was worshipped throughout that country. Egyptians thought that this important god also invented beer beverage that was considered a necessity of life and was brewed in the home on every day basis. Both beer and wines were deified and offered to gods. The ancient Egyptians made at least 17 varieties of beer and 24 varieties of wine. Alcoholic beverages were used for pleasure, nutrition, medicine, ritual, remuneration and funereally purposes.

Beer was the major beverage among the Babylonians and as early as 700BC they worshipped a wine goddess and other wines deities (Hyams 1965:39) as cited by Hanson (1997). Babylonians regularly used both beer and wines as offering to their gods. Around 1750BC the famous code of Hammurabi devoted attention to alcohol. There were no penalties for drunkenness but the Babylonians were critical of the same (Lutz, 1922:125).

In Greece the first alcoholic beverage to obtain popularity was Mead a fermented beverage made from honey and water. Wine making was a common place and assumed the same functions so commonly found around the world. It was incorporated into religious rituals and became

important in hospitality and was used for medicinal purposes therefore it was an integral part of daily meals. As a beverage it was drunk in many ways, warm and chilled, pure and mixed with water, plain and spiced (Babor 1986:3). Greeks were among the most temperate of ancient people they stressed moderate drinking and diluted wine with water. Moderate use of wine was seen as beneficial to health and happiness.

The Hebrews were introduced to wine around 1200BC while in captivity in Egypt, when Moses led them to Canaan, they are reported to have regretted leaving behind the wines of Egypt (Numbers 20:5). However they found vineyards to be plentiful in their new land. During the early Christian period, Jesus is said to have turned water into wine at a wedding in Cana of Galilee (John 2:7-10). Later after the death of Jesus Christ, Paul one of his apostles indicated that wine is a creation of God and recommended its use for medicinal purposes. However, he consistently condemned drunkenness and recommended abstinence for those who could not control their drinking (Galatians 5:21).

In Africa, beer brewing and taking was part of the culture. Traditional brew was made from fermentation of grains and fruit juices which took over a week to prepare to ensure slow fermentation. Traditional African beer played a role in the cultural and religious lives. There were strict rules as to who could drink, when and where. Mostly drinking was a communal affair during special occasions such as feasts, funerals and marriages. Children, teenagers and women of child bearing were only allowed to consume alcohol on religious occasions (Bennetts 1998:4).

Since the advent of colonial and post colonial period in Africa, the supply of beer increased due to the introduction of industrially manufactures different brands of beers, wines and spirits. Drinking has taken a different turn where people drink as much as they can afford, at whatever time of their convenience. In Kenya, the post colonial ideal drink has been bottled beer. This has a substantial contributor to exchequer and is also viewed as a respectable drink. Therefore the alcoholic beverage industry in Kenya has undergone tremendous transformation from traditional beer to modern beer. In the 1990's the second generations of brews emerged. The new generation brews include concoctions of rectified spirits, methanol, sisal juice, jik, valium, formalin as well as hazardous products. The new generation brews are cheap and easily available to the poor in the

society. The country has however paid dearly for this state of affairs as the drinks are produced in unhygienic conditions both in urban slums and rural areas. Some of the effects of the taking of these drinks have been death, health and financial problems as well as broken homes (Policy Paper 2004:4).

2.2 Understanding Alcohol-Abuse and Alcoholism

Alcohol-abuse is the use of alcohol in hazardous situations for example when a driver drinks before driving. Alcohol-abuse is irresponsible drinking where one drinks at the expense of discharging his responsibilities. A family head may spend all the money on alcohol and fail to meet the basic needs of his family. An employee may go on a drinking spree even during working hours without being concerned by the loss of work hours his behavior would cost the company .Other employees report to work drunk and behave antisocially towards their colleagues and clients as alcohol affects the proper functioning of the mind and therefore may impair one's judgment of his behavior (American Psychiatric Association: 1994)

An alcohol-abuser who does not stop his drinking habit on good time becomes depended on alcohol to the extent that his body suffers from withdraw symptoms such as black-outs and tremors.

The definitions on alcoholism are many and varied. There are those who view it as a medical issue therefore classify it as a disease, others view it in terms of legal aspects where the alcoholic is seen to get into legal problems after drinking while others see it from a social perspective where it is seen as an act of drinking at a level that is beyond what is communally acceptable.

2.2.1 Alcoholism as a Disease

According to the American Association (2001), the term "Alcoholism" was first used in 1849 by the Physician Magnus Huss to describe the systematic adverse effects of alcohol. It is that disease manifestation which without any direct connection with organic changes of the nervous system take on a chronic form in persons who over along period have partaken large quantities of brandy.

Keller and Effron (1979) define alcoholism as a chronic illness psychic or somatic or psychosomatic which manifest itself as disorder behaviour and is characterized by repeated drinking. Alcoholism by definition has in common the behaviour of excess alcohol consumption over a period of time. However this definition is not specific because “excessive drinker” is relative, it means drinking beyond what is customarily accepted.

2.2.2 Social Definition of Alcoholism

According to Keller, “Alcoholism is a chronic behaviour disorder manifested by repeated drinking of alcoholic beverages in excess of dietary and social use of the community to an extent that it interferes with the drinkers health and that of his social and economic functions (Birech 2003:13).

According to the American Medical Association, alcoholism should be suspected if the following history exists among the alcoholics:

- Increasing consumption of alcohol regularly or irregularly with unintended intoxication.
- Drinking as a means of handling problems.
- Obvious preoccupation with alcohol and a need to drink (thirst for alcohol).
- Secret drinking or gulping of drinks.
- Tendency to make excuses for drinking.
- Refusal to admit obvious excessive drinking and expression of annoyance when the subject is mentioned.
- Frequent absence from work or school especially patterned after weekends or holidays.
- Shabby appearance uncleanliness and behaviour that is inconsistent with previous behaviour or general expectation.
- Repeated visits to physicians or hospitals with disorders that are caused by or related to alcohol.
- Persistent marital and other family problems.
- Repeated arrests for drunkenness or drunk driving.

Goldman et al (2004), says within the medical community, there is broad consensus on alcoholism as a disease. Outside the medical community, there is considerable debate about the

Disease Theory of Alcoholism. Proponents argue that any structural or functional disorder having a predictable course, or progression, should be classified as a disease.

The researchers view is that alcoholism is as a result of continued alcohol abuse this is where one drinks periodically until his body gets used to alcohol intake to the extent that he is unable to control where, when or how much alcohol he takes. One continues drinking at the expense of his health, family or employment. This kind of drinking strains ones relationship with others. He might suffer from alcohol related illnesses yet he becomes unable to pull himself from the drinking habit. His body craves for alcohol such that if he fails to drink he suffers physically or psychologically.

2.3 Causes of Alcohol-Abuse

Alcohol-abuse is excessive irresponsible drinking, which progressively leads to alcoholism if the drinker, continuous with his drinking habit over a long period of time. The following are the factors likely to trigger alcohol-abuse and later on alcoholism if unabated in good time.

a) The Genetic Factor

This theory indicates that alcoholism like many other chronic diseases can be inherited. Psychologists have argued that there is a gene type responsible for alcoholism. This gene can be passed from parents to their children. This implies that the child of an alcoholic parent is likely to become alcoholic. The gene factor is responsible for people being differently affected by the consumption of the same amount of alcohol. For instance an alcoholic will require a very high amount of alcohol intake for him to get drunk, he also has an innate craving for alcohol, in that case one would need to use a lot of self will in order to avoid becoming alcoholic (Jellinek 1946;73)

b) The Psychoanalytic Theory

The psychoanalytic theory indicates that an individual's personality is responsible for one becoming alcoholic. Freud the founder of this theory argues that events of one's childhood may predispose him to becoming alcoholic. In his view a person who had a difficult childhood, full of pain and anxiety producing situations may continue unrelieved hence

producing an experience of void in him. In order to deal with this kind of emptiness one may seek solace in drinking.

c) Social Change

Social change has been brought about by factors such as modernity and urbanization. Urbanization makes people lose a sense of commitment to the values and norms of the traditional society where living was a communal affair and each person was his “brother’s keeper.” In the modern world there is emphasis on individualism, yet this is alive full of various types of stresses which may include work stress, due to lack of satisfaction from the jobs people do, to financial or family stress. There is a lack of a sense of cohesion and orientation amongst many citizens yet there is no where to turn to for the much needed social support (Kinney, 2006). Such support was readily available in the traditional community through the existence of social structures such as the extended family this has thus led to the ever increasing rate of alcohol-abuse. Some people turn to alcohol abuse as a way of escaping reality. These include people in desperate situations such as those living below poverty line, such people use alcohol to ameliorate their miserable situations (Parry and Bennetts 1998:80)

d) Advertisements

Advertisements have also encouraged alcohol consumption which may lead to alcoholism. According to Paine (1977:10) “Advertising is usually directed towards promoting royalty and increased usage of any product.” Heavy users of any product are the best customers yet in the case of alcohol the heavy user is usually the addict. Instead of providing information so that the customers make informed decisions as to whether to drink or not most adverts are myth making. Adverts link alcohol with attributes such as happiness, wealth, prestige, sophistication, success, maturity, sexual satisfaction, yet the misuse of alcohol destroys the same impacts. In adverts drinking takes place in glorious and unique settings in yachts at sunset and beautiful surroundings. There are never any negative consequences. Yet there are effects that go beyond the product sales, and are detrimental to an individual drinker and those around him (Githuthu2004:14)

e) Societal Attitudes and Norms

The attitude of a society towards drinking can also be a predisposing factor to its member's alcohol consumption. Some cultures such as Muslim prohibit its members from drinking, while others such as the African society and Catholics use alcoholic beverages during their rituals. This prepares the ground for the members to drink and eventually some people in these communities end up being addicted. (Room et al 2002:14)

f) Models

Western social workers, volunteers and missionaries who are perceived as role models by the Africans have portrayed their drinking habits which as led to escalating levels of drinking amongst the Africans as they copy the whites (Anderson2004).

g) Availability

In the rural areas the availability of illicit brew at low prices for example "Inganga", and "Kaluvu" amongst the Kamba society has resulted to heavy drinking (Yambo1980) as cited by (Birech:2003.)

According to Parry and Bennetts (1998), other factors for alcoholism include;

- Access and affordability.
- Peer pressure.
- ignorance
- family background
- predisposition to take risks
- self destruction and curiosity.

2.4 Types of Drinkers

According to Ketcham and William (2000: 90), there are three types of drinkers that is social drinkers, problems drinkers and alcoholics.

2.4.1 Social Drinker

A social drinker is one who drinks with other people especially during social gathering such as parties or intimate gathering with friends. Social drinkers have control over their drinking habits, they are able to decide when and how much to drink

2.4.2 Problem Drinker

A problem drinker is anyone who's drinking causes problems. He may not drink often but the use of alcohol affects his individual life and that of his associates negatively. Problem drinking encompasses hazardous and/or harmful alcohol consumption.

Indicators of hazardous alcohol consumption can include:-

- Regular intake of over 60g alcohol per day (males) or 40g per day (females)
- Episodes of intoxication twice monthly or more
- Gulping the first drinks
- Trouble stopping drinking after starting
- Leisure activities involving drinking
- Friends are heavy drinkers
- Eating lightly or skipping meals while drinking
- Some difficulty cutting down on drinking

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Indicators of harmful alcohol consumption can include:-

- Amnesic episodes while intoxicated
- Insomnia and nightmares
- Accidents involving alcohol
- Alcohol-related legal charges
- Lateness or absence from work
- Person and/or their family is concerned about drinking
- Dyspepsia, nausea, vomiting or diarrhea
- Bloated facies
- Facial telangiectasia
- Coating of the tongue

- Scars and bruises
- Anxiety and/or agitation
- Tachycardia and/or hypertension
- Soft hepatomegaly
- Rib fractures (Centre for Psychological Services, 2007)

Therefore a problem drinker drinks irrespective of what happens to him or those around. He may end up in trouble with his boss, family members, get disorderly and may end up being arrested. These type of drinkers are said to continue in their “recurrent” use of alcohol despite the negative experiences that they put themselves into due to their drinking.

2.4.3 Alcoholic Drinker

An alcoholic person is one who takes a lot of alcohol even though he tries to hide his drinking by trying to act normal. He has high blood concentration of alcohol and also a very high alcohol tolerance. Such a person may suffer from withdraw symptoms if he does not drink. Such symptoms include tremors, and getting blackout (Ketchum and Asbury 2000). An alcoholic is an addict and depends on alcohol. This dependence may be physical or psychological. The physical addict suffers from physical pain of withdrawal if he does not get the daily dose of alcohol. The psychological addict does not feel as good emotionally when he cannot have a drink.

According to De Jong (1991:21), the determinants of if someone is alcoholic include the following;

a. High Tolerance:

This is one being able to drink more than others without displaying any ill effects, such a person is said to hold liquor well and to drink better than others.

b. Mental Preoccupation With Liquour

This is a person who anticipates having a drink all the time. Good time means drinking, a party without alcohol would be a bore to him.

c. Culping First Drinks:

This is because alcoholics want pleasant feelings fast, therefore the alcoholic drinks the first drinks very fast.

d. Guilt Feelings after Drinking:

The alcoholic starts sensing that his reasons for drinking have changed to the extent that his desire for alcohol becomes too persistent for comfort.

e. Blackouts:

This person gets to a level where his memory becomes partial to the extent that he may not recall what happened last evening, he gets into chemical amnesia.

f) Resenting Discussions about Personal Alcohol Use:

Many people in the early stages of alcoholism dislike the talk of how much they drink. They do not like to indulge in an honest evaluation of how much they drink.

g) Improved Performance While Drinking:

Some people portray improved performance at work as long as they drink for they are able to work and socialize at ease.

h) Unpremeditated Drinking:

Alcoholics get to a level of drinking more than they would have liked to.

i) Mild Withdrawal:

Advanced alcoholism would lead to physiological signs such as tremors of the hands, stomach irritation or profuse sweating.

j) Morning Drinking;

An alcoholic drinks in the morning to relieve the symptoms of a bad hangover.

2.5 Impacts of Alcohol-Abuse:

Alcohol-abuse leads to alcoholism, which brings about health, financial as well as social challenges both to the individual, family or society at large.

2.5.1 Alcohol and the individual;

Alcoholic people suffer from malnutrition since they spend most of their income and time purchasing alcohol and forget all about eating. This habit deprives the body of essential nutrients making it vulnerable to diseases (Felines 1990:14). Alcohol leads to the deterioration of body organs such as the liver and lungs. Many types of cancer are also thought to have a link with alcohol such as cancer of the mouth, tongue, pancreas, breasts, liver and lungs.

Alcohol is also a depressant drug of the nervous system, which slows down the activities of the brain. This interferes with the higher functioning's of the brain such as thinking, reasoning, feelings as well as the control of the movement of muscles thus affecting movement, speech and vision. This explains why drunk drivers cause a high percentage of road accidents. According to a study undertaken in S. Africa in 1980, 67% of all assault and vehicular injuries were related to alcohol use. (Parry and Bennetts1998:59)

2.5.2 Alcohol-abuse in the nuclear family;

Alcohol affects the consumer's ability to maintain social and kinship relations. Indeed most cases of domestic violence are attributed to alcohol-abuse; the alcoholic person spends all the money drinking such that he becomes unable to meet his family's basic needs. He easily picks up quarrels to cover up his misconduct (Anderson2004; 7) According to the Jewish Bible (Genesis19; 31-34), a lot of evil can take place when people get drunk including committing incest.

Alcohol is a major hindrance to development as it not only implies lack of funds for basic needs but also for investment therefore the affected family lags behind in socio-economic progress. A family with one or more of the members being addicted runs into lots of debts. This is because the addict drinks all his income, he might drink on credit or money might be needed for his

rehabilitation. This leads to humiliation as auctioning of the meager family resources is common to pay off the creditors (Room 2002:15).

Children with one or both parents being alcoholic are subjected to emotional and psychologically trauma. They go through fear, anxiety, anger, and hurt. They may end up feeling rejected, insecure and these results to a feeling of low-self esteem. This affects their maturity and ability to handle future life demands. (De jong 1991; 51)

A report by an Australian Aboriginal organization 1997, indicated that the following alcohol-related problem existed amongst the Australian Aboriginal population (Room 2002; 15)

1. Head injuries, fractures and bruising as a result of alcohol induced violence.
2. Infant neglect in the form of malnutrition, emotional disturbance and poor hygiene.
3. Family dysfunction and subsequent stress-related illness.
4. Often implicated in the contraction and spread of sexually transmitted diseases.
5. Alcohol related obesity, malnutrition and vitamins deficiencies.
6. Alcohol withdrawal symptoms such as “rum fits” and delirium tremens.
7. Hypertension and cardiac failure.
8. Disorders of the digestive tract including oesophagitis, gastritis, peptic ulceration, and cirrhosis of the liver.
9. Alcohol related brain dysfunction, including memory disturbances of all types.

2.5.3 Alcohol and the nation.

The country is not spared either as it has to put up with financial burden as a result of alcohol. The alcoholics may end up losing employment hence becoming depended on the working population. Money is needed to put up the medical bills as a result of alcohol related sickness. The Nation also witnesses high upsurge of criminal activities, traffic accidents, fires, etc. This is because the drunkards lose their power to reason effectively hence ending up indulging in all manner of irresponsible behaviour. (Anderson 2004)

Globally alcohol production poses a threat to food supply as land is put under the growth of raw materials for beer, wine and spirits production as opposed to planting of food crops. In the USA,

alcoholism and alcohol abuse is thought to cost the society from \$40 to \$ 60 billion annually due to the lost production, health and medical care (The Institute of Medicine of the National Academy of Sciences).

2.6 Theoretical Framework

2.6.1 Socialization theory

Socialization is the process of helping one to adjust to live in a given society. This begins at birth and ends at death. Children are initially socialized by their parents, the rest of the family, school and work place. In the initial family socialization, children are taught the importance of the family unity. They are taught to respect the family and protect the image of the family. This is by being their brother's keeper. Families are units governed by roles and rules which serve to maintain a balance or homeostasis. The rules in family can help to facilitate alcoholism within its members. This is because members of a family are supposed to live in harmony therefore if one of them is alcoholic the rest will feel that it is a taboo for them to speak about it. For example if one of the parents is alcoholic the children will not discuss it as discussing their parents alcoholism may be seen as disloyalty to the family. Therefore the alcoholic person will go on drinking while his family continues to cover him (Kendall et al, 1997: 122).

Family members play roles of protecting each other. These roles include that of the alcoholic person being chemically dependent, the chief enabler, the family hero, the scapegoat, the lost child and the mascot. The chief enabler makes excuses for the addict and tries to cover up or conceal the addict's drug and alcoholic behavior. This facilitates the alcoholic person to drink even more since somebody else plays the role of protecting him from facing consequences of his drinking habit.

The family hero usually is the older child and takes on responsibilities of a higher level than his own stage of development; this helps to ease tension in the family since the duties of the alcoholic person are properly handled. Therefore the alcoholic can go on drinking without any concern, as things seem to be running smoothly. The only disadvantage is that the hero might later on suffer from burnout.

The scapegoat is that child who takes up the blame for all family problems, he often identifies with the alcoholic parent. This child serves to direct attention from the alcoholic person to himself.

The lost child goes into his own “cocoon” such that he is hardly noticed this helps to reduce tension and conflict of the family. Finally the child who plays the mascot tries to be the “macho man” tries to make the best out of the situation by being funny, telling jokes even at his own expense in order to help make things seem alright in the family. As family members cooperate by being quiet about the alcoholic and covering him by playing the various roles, they actually give him a leeway to drink even the more because somebody is protecting him, while another plays his duties .(Margolis and Zweben 1998)

This theory also explains that alcoholism in a family may be functional in the sense that a child may start drinking after noticing conflicts between his parents. Through his drinking attention is turned from his parents conflicts to his alcoholism hence helping to bring harmony in the family.

A study by Cahalan et al 1969 revealed that the family initiates drinking through socialization. According to this study children whose fathers drank frequently turned out to be heavy drinkers as compared to the ones whose fathers did not drink. The parents’ attitude to drinking also determined the level of drinking amongst their children. Heavy drinking is heavy amongst children whose parents approved drinking (Lawson et al 1983). Therefore this theory is important in explaining how the family plays a role in initiating and facilitating drinking among its members. The research found this theory applicable in Kalawani as the family members of alcohol-abusers have taken up the responsibilities of taking care of the affected families, therefore parents ,brothers and sisters are responsible for the upkeep of such victims. Some respondents also gave parental influence as the cause of their drinking therefore concurring with the idea that children whose parents approve drinking end up as drunkards.

2.6.2 The Psychoanalytic Theory

This theory was founded by Sigmund Freud and explains alcoholism as manifestation of unconscious processes that originated during early stages of the individuals development.

According to Freud the first six years of a child's development are very crucial in determining his future personality. He explains that during that time children go through various stages such as oral, anal, and phallic stage. If child impulses at each stage are not fully met then fixation might occur leading maladaptive behavior in future (Corey 1996).

In his view early deprivation by parents during childhood can lead to problems like anxiety, compensatory needs for control power and achievement. For this reason alcohol serves to tranquilize the anxiety as well as create a sense of strength and invulnerability which is known as "false courage". However after sobering up from a drinking episode, the alcoholic is flooded with his feeling of insecurity, inadequacy and guilt. This leads to drinking again hence degenerating into a cycle. The alcoholic exercises control over his emotional state by drinking and find satisfaction in so doing since it gives him the much needed feeling of self importance (Lawson et al 1983)

This theory is useful in the field of counseling as it explains the origin of alcoholism. Digging in the past of alcoholic person is important in understanding where drinking started. Majority of the alcoholics had difficult childhood where parents did not provide adequate love and attention. It is clear from this theory as to why some people cannot perform unless they have drunk as alcohol gives them the motivation and energy they need to perform for example musicians and some public speakers.

2.6.3 The Deviance Theory

This theory was advanced by Durkheim, where he used the word anomie to explain deviant behaviour. According to him some members of the society may find it difficult to keep up with the demand of life hence turning into abnormal behavior or deviance. This is where they fail to do what is right according to the norms and values of the society they live in. The factors that may trigger deviance include rapid social change and sudden economic crisis. Durkheim explains that those who have difficulties adjusting to the changes and pressures of life may turn into deviancy. This theory can be used to explain the cause of alcohol-abuse and eventually alcoholism amongst members of a given community. Some people may abuse alcohol because of financial problems,

domestic or work related conflicts. Whenever they feel overwhelmed by life challenges they get solace in drinking, which temporarily relieves their anxiety (Giddens2002).

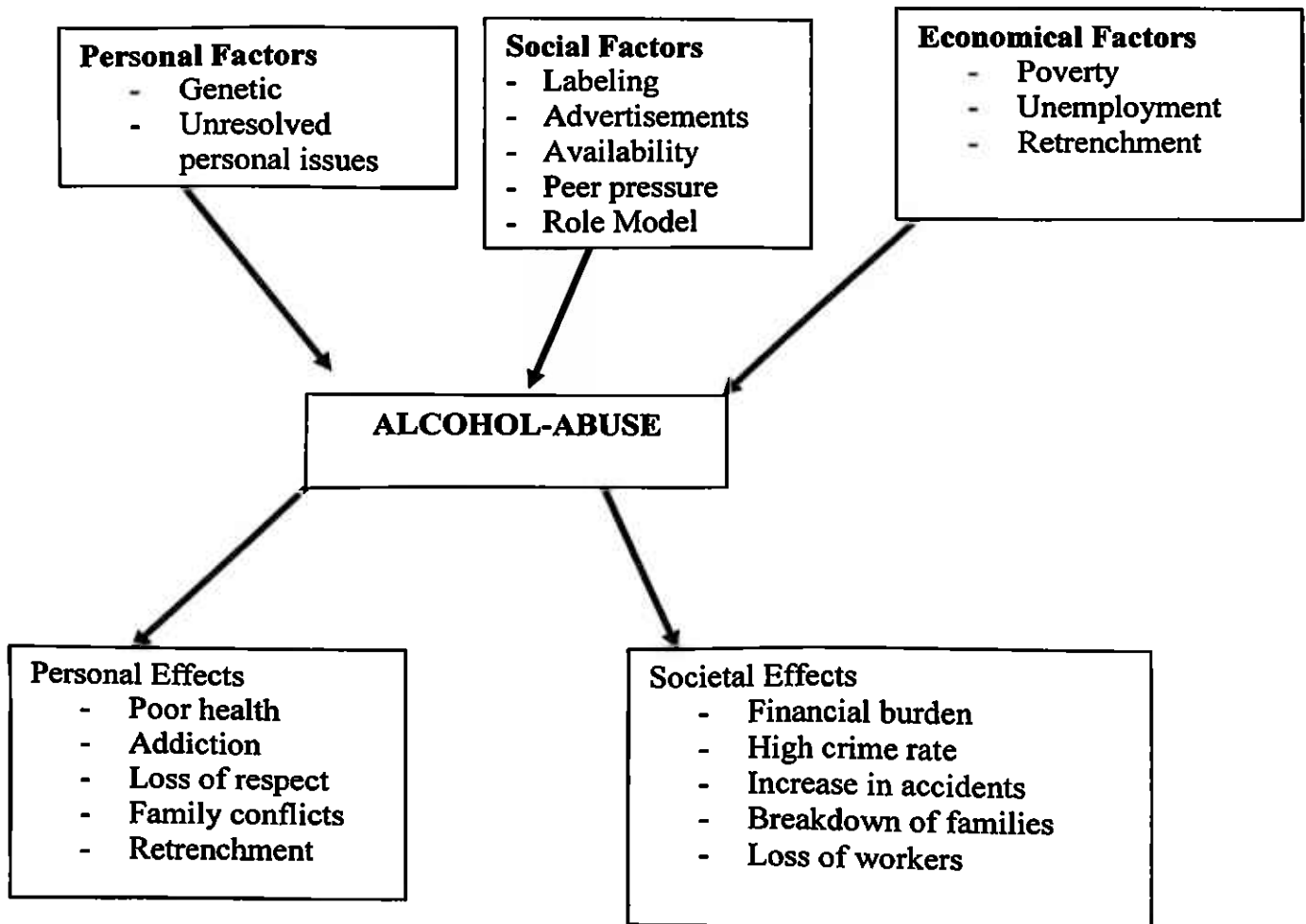
There are three types of deviance that is biological, functional rebel and skewed deviants.

- **Biological deviance** is due to genetic or psychological malfunctioning, this can be applied in understanding the fact that some psychologists have attributed alcoholism to a gene type. This gives the explanation that alcoholism is inherited and passed on from parents to children through genes just like other personality characteristics such as skin colour.
- **Functional rebel deviance** is due to strain in the social-systems such as when the society's norms are not accommodative to all members of the society. For instance most traditional brews are illegal in Kenya yet there are affordable to the low income earner in the society. This triggers the breaking of the rule against brewing and taking of illicit brew. The poor desire to enjoy drinking just like those who might be more financially advantaged to afford the legal and more expensive alcoholic drinks. The brewers on the other hand earn their daily living through the sell of the traditional brew. Unemployment which is evident in our society makes it hard for the brewer not to do so as he needs money to support his family.
- **Skewed deviance** is due to people being improperly socialized in a sick society. Some children are exposed to alcoholism by their parents. Some of them are sent by their parents to buy for them alcoholic drinks. Other parents stock their home fridges with all sorts of alcoholic beverages. Some families live in environs where the sale of alcoholic drinks is the most lucrative business. Such places include the slum areas. These kinds of exposure encourage alcohol taking amongst children as they grow up and through such experiences the society brews future alcoholics.
- **Labeling** one as deviant reinforces the certain deviant behavior. Therefore if one is labeled as "alcoholic" he begins to believe that he is so, and seeks solace in the company of other drinkers .Such an accusation may come from the boss, friends or close relatives.

The accursed drinker will not try to change his drinking habit because in the company of his drinking mates there is comfort for no one tries to reprimand him hence this labeling only encourages the drinker to drink even the more.

This theory is important in giving a counselor a theoretical understanding of the possible causes of alcohol-abuse. Thus assist her in counseling the victim and his family or associates.

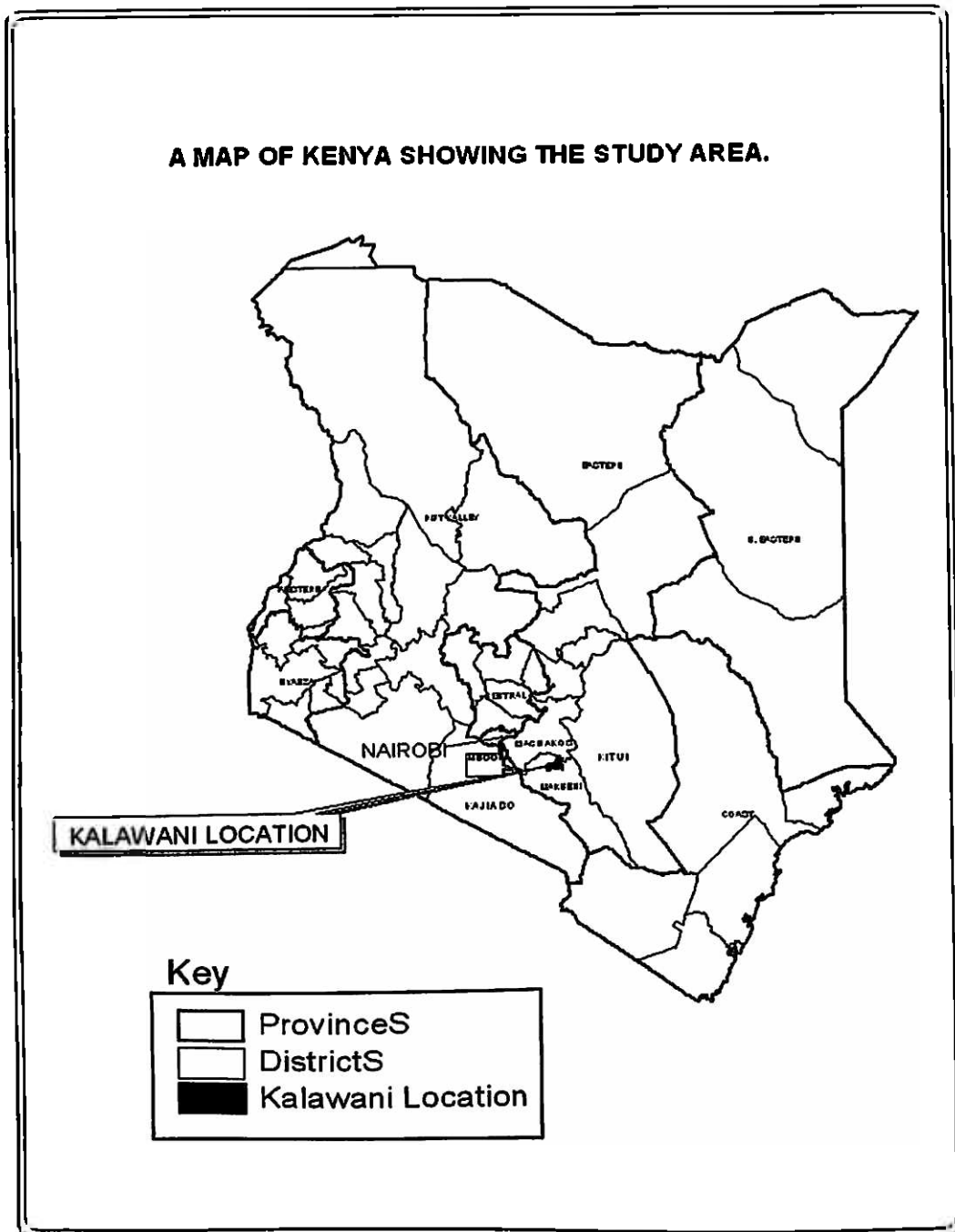
2.7 Conceptual Framework



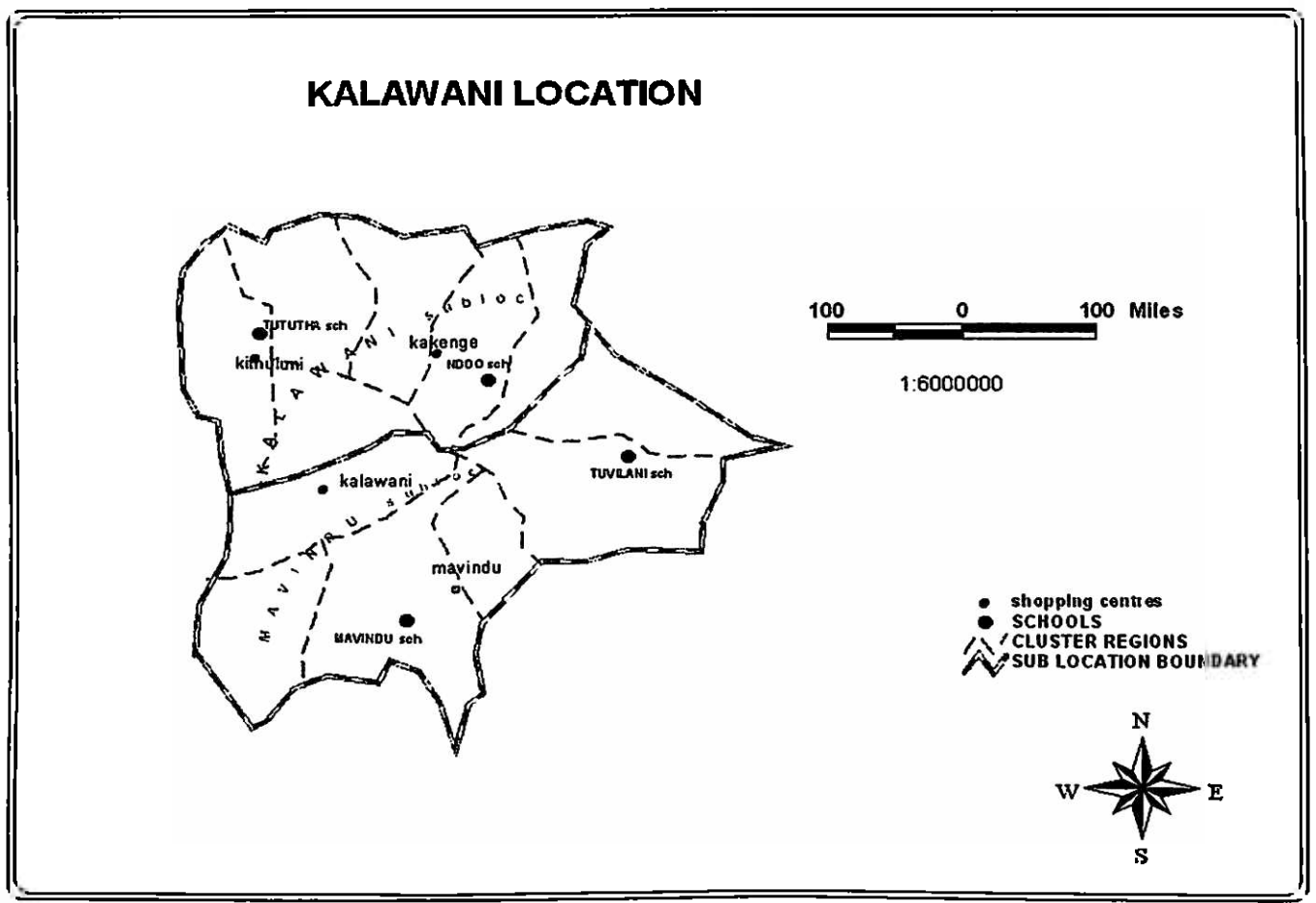
2.8 Definition of Key Words

- **Alcohol: -** A chemical compound produced by the fermentation of sugars using yeast. It is a colorless liquid and has a sharp burning taste. Medically it is seen as a narcotic or a depressant drug which can slow down the activity of the brain and can cause sleep or take away pain
- **Alcoholic:-** person who drinks excessively to his own harm, that of his family or society at large. This is because the person becomes depended on alcohol to such an extent that it interferes with his interpersonal relations and economic functions.
- **Alcoholism:-** The loss of the ability to control one's drinking of alcohol, in terms of when ,where or how he drinks.
- **Illicit Brew:-** Alcohol that is made without any professional background. It is usually made at home examples include changaa, Busaa, Kaluvu, Inganga etc.
- **Family** :- A group of people related by blood, marriage or adoption. In this study the family will refer to the nuclear family that is father, mother and children. In the African sense a nuclear family includes husband and his wife or wives and the children.
- **House head;** The family bread winner.
- **Household:** Members of the same family living in the same house and making decisions together.
- **Breathalyzer:-** An instrument used to measure the amount of alcohol in the blood. This amount is then used to determine the rate of drunkenness of drivers by the police force.
- **PERCEPTION -** A way of seeing, understanding or interpreting.

Map 1



Map 2



CHAPTER THREE

METHODOLOGY.

3.1 Introduction

This chapter provides information on the procedure that was used in conducting the study.

3.2 Research Design

This is a descriptive survey study. It used qualitative methods to capture the causes, effects and coping strategies of alcohol-abuse in Kalawani Location.

3.3 Site Description

The study was conducted in Kalawani Location, Tulimani division in Mbooni district. Kalawani Location is a relatively dry area as it is on the lower slopes of Mbooni hills. It has two sub-locations, that is, Kalawani and Mavindu. (see maps 1 and 2 on page 26 and 27 respectively)

This Location was chosen for the study as the researcher hails from here and this made the study convenient for her. Alcohol abuse is a major challenge in this region therefore the research was timely here.

Sampling frame

Table 3.1: Sampling frame.

Sublocation	Village	Household
Kalawani	Emale	164
	Mavinga	180
	Ng'ele	108
	Uvaani	213
	Kanzui	193
	Leva	172
	Kiliku	159
	Muthini	140
	Kinyuani	130
	TOTAL	1459

Sublocation	Village	Household
Mavindu	Vyaa	120
	Yimuvea	113
	Utumoni	84
	Mavindu	96
	Mutini	60
	Muketani	86
	Mwanyani	94
	Kasola	96
	Mukangu	97
	TOTAL	846

Source: Kalawani Chief's office 2008

3.4 Unit of Analysis

The unit of analysis was the selected household heads in Kalawani location who were likely to give information on their perception of alcohol abuse and its effects on the family.

3.5 Unit of observation.

The units of observation in this particular study included the perceptions of the residents of Kalawani on alcohol-abuse, its effects on the family, its level in this region as well as the coping strategies.

3.6 Sampling Design

This study used both probability and non-probability sampling techniques. Non-probability sampling method was used in identifying the area of study, which was conveniently chosen. This being the home location of the researcher it made it easy for her to move from one village to another and also to interact with the research elements.

Probability sampling was applied where simple stratified random sampling was used in selecting three villages in each sub-location for the study. This was done by numbering small pieces of paper representing the total number of villages in each sub-location, mixing the papers in a tin

and picking three out of the total number of papers. These villages were treated as cluster zones, where the researcher randomly selected 20 household heads in each; therefore the total sample size was 120 household heads. These were mostly men since they are the bread winners apart from a few cases where the women have become family heads after divorce, being widowed or as single mother.

Non-probability sampling was used in purposely selecting two head teacher, while convenient sampling was used in the selection of one-sub-chief, two village elders, a women merry go round group which was treated as a focus group and in choosing a chairman of a village development organization.

Purposeful sampling was also used in selecting three case studies that had been highlighted by the sub-chief.

Reasons for choosing this kind of sampling;

1. It was convenient as the researcher is familiar with the land terrain and most of the residents.
2. It made the research exercise easy
3. It made the research less costly in terms of time and financial expenses.

3.7 Tools of data collection

The study used both primary and secondary sources of information.

3.7.1 Primary Sources

Primary data was collected through direct observation and interviews.

The interviews were conducted through one on one interview using structured questionnaires. The interviewees' included the selected household heads. The research also employed a focus group discussion to delineate the individuals and communal views about alcohol abuse. Participants of the focus group discussion were members of a women merry go round welfare group.

Key informant interviews were also used where the researcher interviewed two head teachers, a sub-chief, two village elders and a chairman of a village development organization.

Three case studies were selected. These included two families that have been heavily affected by alcohol-abuse and a case of an elderly homeless man. The researcher also compiled a report on illicit brew dens in this location using the information from key informants like the village elders and also through actual visits to the dens and gathering data through observation and interviews.

3.7.2 Secondary Sources

Secondary data was collected through library research. A number of literatures were reviewed which included textbooks, journals, newspapers, government publications, research reports and records. Secondary data is important as it gives a theoretical understanding of the nature of the problem. It also complements the primary sources of data.

3.8 Data Analysis

Collected data was cleaned, coded and summarized into working themes in line with the study objectives. This study employed both qualitative and quantitative analysis approaches. Quantitative analysis was used to analyze data through descriptive statistics, which include percentage, tables and charts. Statistical Package for Social Sciences (SPSS) was used in presentation of data.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.0 Introduction

In this chapter, the researcher presents the findings and discussions of the responses from the respondents in Kalawani Location, Mbooni District in Eastern Province. It provides information based on the research objectives.

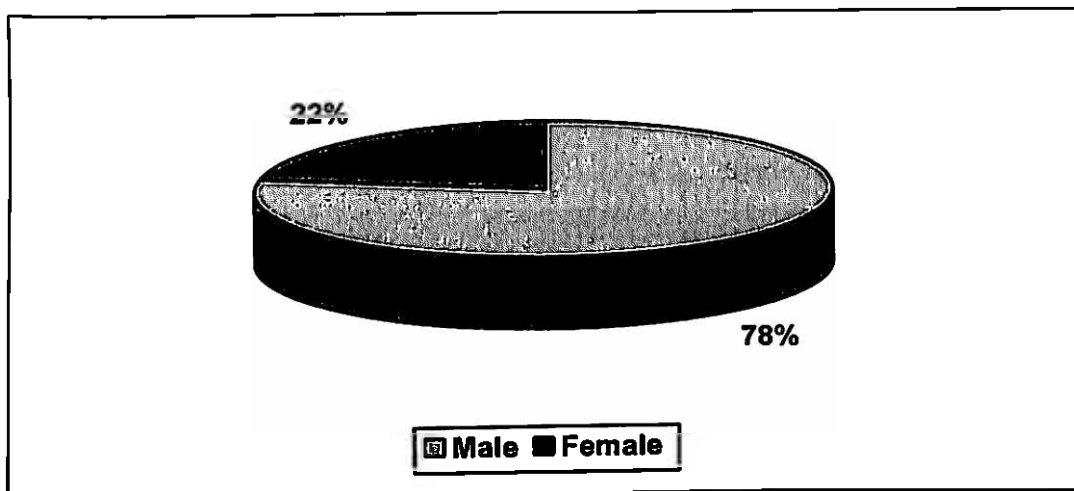
4.1 Background Information and Alcohol-Abuse Level.

The study sample was heterogeneous with the men predominantly being household heads except in cases of divorcees and widows. Further, women involved themselves more frequently in collective action because of obligatory social concerns and general absenteeism of their male counterparts, majority of whom spend their day in shopping centres. This study inferred that both perceptions and prevalence levels of alcohol at Kalawani is influenced by the different characteristics of the households.

4.2 Gender, Age and Education Level.

Results from the analyzed data shows that out of the 120 respondents, only 22% were women. This implied that men are predominantly the household heads in this location (78%). These findings were attributed to the culture of the people of Kalawani location, majority of who are Wakamba. As in most African societies the men in this location are the household heads (Figure4.1).

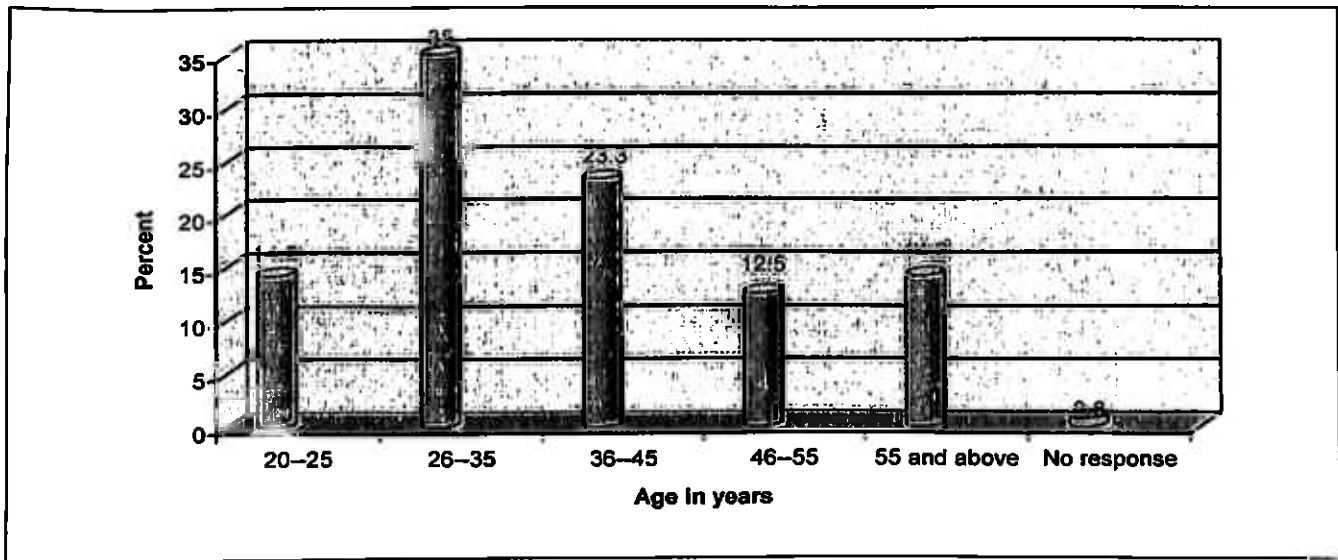
Figure 4.1: Gender distribution of the respondents



The few women who had the privilege of being household heads in this area were those whose husbands are dead or had divorced. Out of the sampled household heads 79% of the respondents admitted to have taken alcohol at one point in their lives. Out of these 84% of them were men.

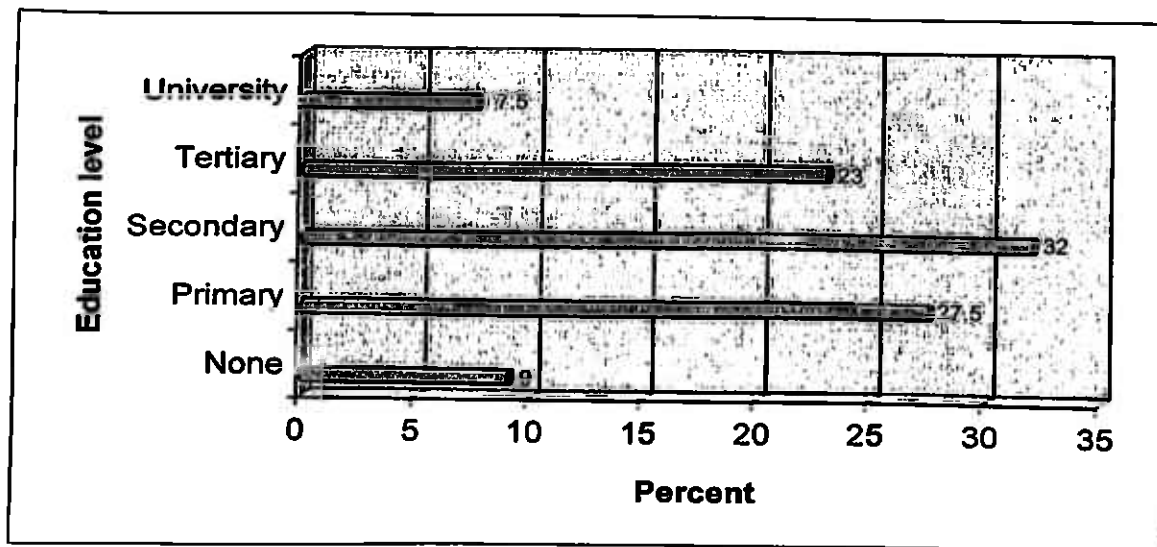
The highest number of respondents (35%) was found in the age group of 26—35 years, followed by 36—45 years at 23%, while the age groups 20—25 years and 56 and above, tied at 14% respondents each. The lowest number of respondents was in the age category of 46—55 years at 12.5% of the respondents (Figure 4.2). Women constituted 64% of the respondents in the age bracket of 26-35 years. This implied that women in Kalawani get married at lower age than men and they also assumed leadership responsibility earlier. This could be attributed to changing lifestyles and dynamism in African societies- in light of modernism.

Figure 4.2 Age distribution of Respondents.



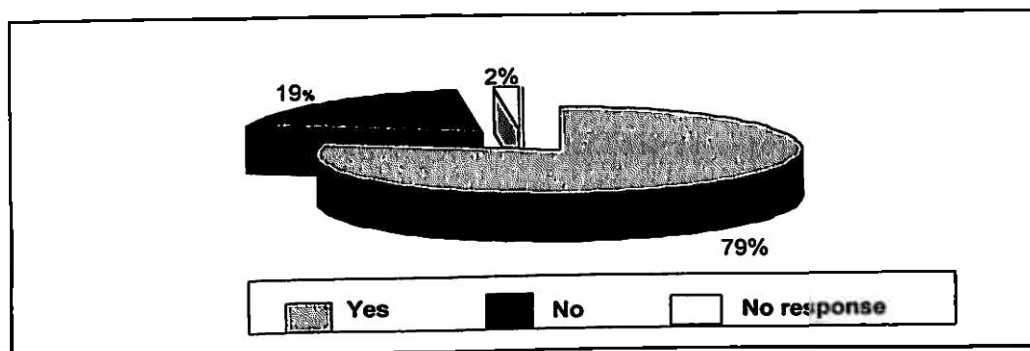
This study also delved into assessing the influence of literacy level on perception and prevalence of alcohol abuse. From the research findings the residents of Kalawani location are fairly literate with 62.5% of the respondents having been educated beyond primary level (university graduates-7.5%, tertiary education-23%, secondary education-32%), while 28% had attained primary education (Figure 4.3). Only a minority of 9% of the respondents had no formal education. Since the residents had a fairly good level of education it was possible for them to understand alcohol-abuse and its effects on families. As such, this study did find strong relationships between the level of education and alcohol abuse. Majority of people involved in alcohol abuse are those with lowest level of education. This is attributed to the ability to interpret and conceptualize the myriad effects of alcohol abuse. As such, ignorance plays a major role in the induction to alcohol taking and abuse.

Figure 4.3: Education level of respondents



The respondents interviewed in the study were aware of alcohol abuse with a majority of them 79% having taken alcohol at least once in their lives while only 19% said that they had never taken alcohol. 2% were non-committal on this issue (Figure 4.4). According to NACADA (2004) alcohol prevalence levels has increased steadily in Kenya in the last ten years. This has been attributed to changing cultures, breakdown of social institutions such as the family and poverty. Poverty creates vulnerability and hopelessness, hence causing more people to start taking alcohol and subsequently abuse (Parry and Bennetts:1998)

Figure 4.4: Initial level of alcohol taking.



Gender influences alcohol consumption and abuse. Few women are involved in alcohol abuse, and as many as 89% said that they had no time to engage in alcohol consumption (Table 4.1). This stems from their double roles as mothers and household heads. However, as will be indicated later in this work, men gave multiple reasons for taking alcohol one of them being to pass time. This means that with women taking up most of the household responsibilities, men are not oblivious of the strain they cause on them. These notions are deeply entrenched in the cultural and social systems of the Kamba people, where men have absolute authority as household heads. These gender biases, coupled with changes in lifestyles and increasing poverty have pushed men to find solace in alcohol hence the increasing prevalence rates.

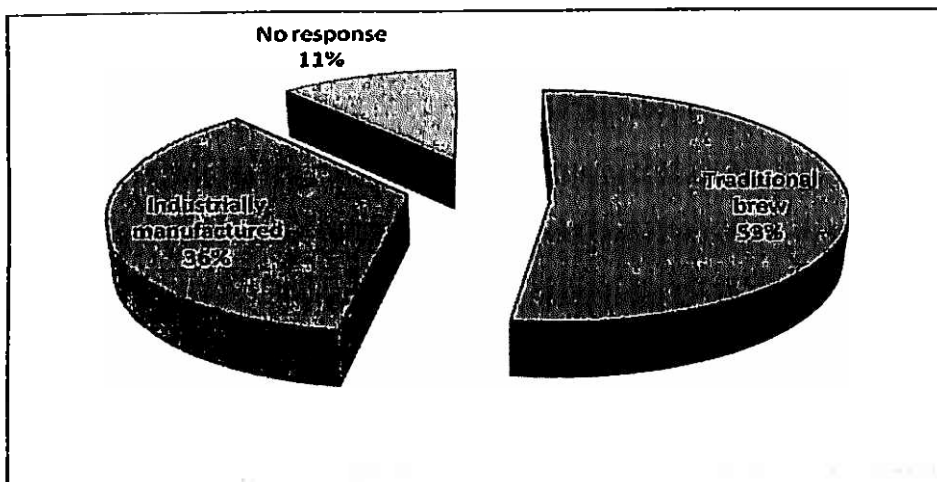
Table 4.1: Initial prevalence of alcohol taking on the basis of gender.

	Gender				Total	
	Male		Female		Count	Percent
	Count	Percent	Count	Percent		
Yes	84	70	11	9.1	95	79.1
No	8	6.7	15	12.5	23	19.2
No Response	2	1.7	0	0	2	1.7
Total	94	78.4	26	21.6	120	100

The types of brews taken at Kalawani also influence alcohol abuse at Kalawani.

A majority of 53% of the respondents said that their first alcoholic drink was traditional brew while 36% said they took industrially manufactured alcohol. However the remaining 11% of those who have ever taken alcohol could not remember their first type of alcohol. Kalawani being in rural Kenya where poverty levels are very high, traditional brew dens are more common and sell affordable beer as opposed to bars. This accounts for the high percentage of those who had traditional brew as their first drink (Figure 4.5).

Figure 4.5: Initial Alcohol type taken by household head



This study showed that 49.5% of household heads interviewed first took alcohol when they were still under 20 years of age, another 40% took their first alcohol at 21 to 30 years of age. Up to 2.1% households took their first drink at 31-40 years of age and only 1% had the first drink at over 50 years. This study reveals that most of the people are introduced to alcohol abuse at very early age. This is attributed to peer pressure and the problems associated with adolescence. From the findings there were strong relationships between the age of the drinkers and education level since of the 49.5% that began drinking at an age of below 20 years only 3.2% attained university education level. 20% of them had primary education while 15% had secondary level of education (Table 4.2). It is possible that these respondents began drinking at the respective school level and

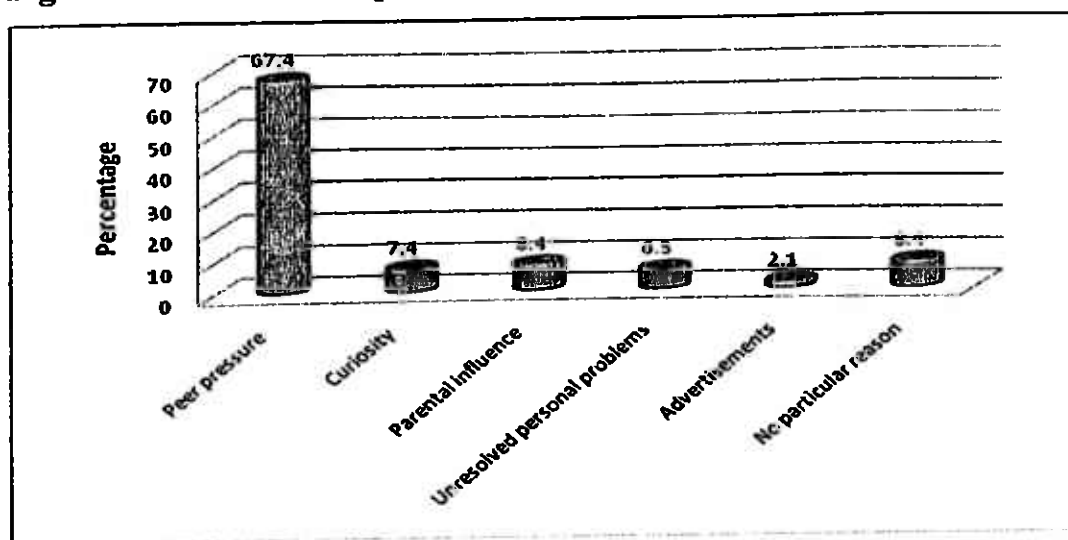
did not manage to go further in schooling, hence the high percentage of both primary and secondary school leavers amongst the respondents who begun drinking early.

Table 4.2: Initial drinking age and current education level

Grouped Age (Years)	Education Level										Total	
	None		Primary		Secondary		Tertiary		University			
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
10 – 20	6	6.3	19	20.0	15	15.8	4	4.2	3	3.2	47	49.5
21 – 30	2	2.1	3	3.2	16	16.8	14	14.7	3	3.2	38	40.0
31 – 40	0	0	1	1.1	1	1.1	0	0	0	0	2	2.1
Over 50 years	0	0	0	0	0	0	1	1.1	0	0	1	1.1
Can't remember	3	3.2	1	1.1	0	0	1	1.1	2	2.1	7	7.4
Total	11	11.6	24	25.3	32	33.7	20	21.1	8	8.4	95	100.0

The respondents gave various reasons for their first alcohol-taking such factors included peer pressure (67.4%), curiosity (7.4%), while (8.4%) gave parental influence as their reason. There were others (8.4%) who could not give any particular reason for their first alcohol intake, (6.3%) respondents said their reason was unresolved personal problems (Figure 4.6).

Figure 4.6: Reason that prompted the first intake of alcohol



While (65.3%) of those who had once taken alcohol in their lives admitted that they still drink, 29(30.5%) of them said that they do not drink any more. It is important to note that the number of females who still take alcohol has greatly reduced. Out of 11% female drinkers (4.2%) categorically said that they no longer take alcohol, whereas another (4.2%) were not sure whether they still take alcohol or not these are among those who said that they drink occasionally, only 3.2% said that they still drink (Table 4.3).

Table 4.3: Current alcohol taking household heads by gender

	Male		Female		Total	
	Count	%	Count	%	Count	%
Yes	59	62.1	3	3.2	62	65.3
No	25	26.3	4	4.2	29	30.5
Not sure	0	0	4	4.2	4	4.2
Total	84	88.4	11	11.6	95	100

The drinking patterns were also varied amongst the respondents with 65% of those who were still drinkers saying that they took alcohol daily, 30% said that they drunk once a week, and 6% said they drunk twice a week. Some 9% of the respondents said they took alcohol at the end of the month when they get their salaries (for the employed), while another 19.9% drunk occasionally (Table 4.4).

This study revealed that more men (93%) were currently taking alcohol than women households (6%) Table 4.4. The gender disparity in alcohol consumption could be attributed to the fact that women are expected at home to do household chores whereas men move out into the nearest shopping centre to catch the latest story. In the process, they engage in alcohol consumption. This study also reveals that 4.6% out of the 6% females, who drink, do so occasionally. This is unlike males as 29.3% take alcohol daily while another 6.2% takes alcohol once a week. Family responsibilities such as child rearing inhibit women from taking alcohol. The culture of Kalawani residents is more receptive of male than female drinkers hence the less number of female drinkers here. The researcher also found out that the women take up family responsibilities once their

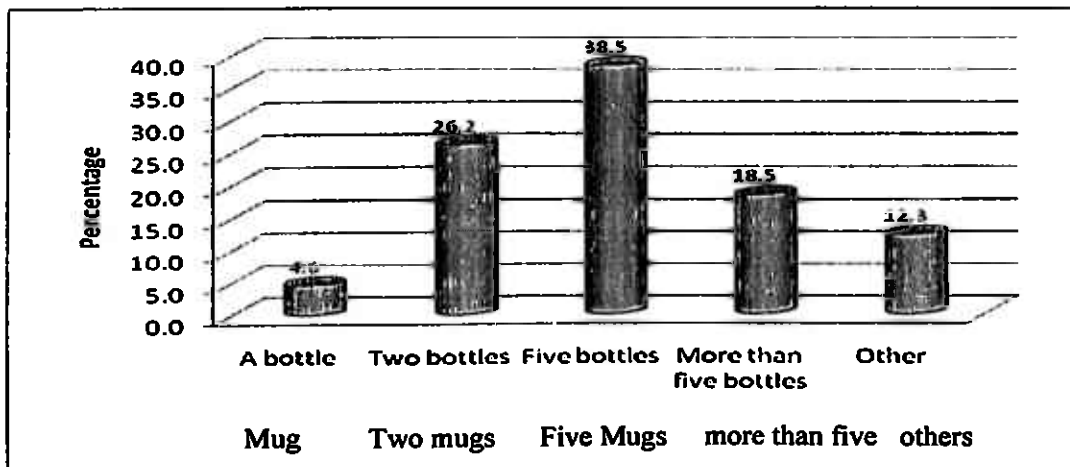
husbands became drunkards that explain why the male drinkers hardly give up this habit since their roles are comfortably taken care of by their wives. More males drink daily also in order to avoid being asked for money to meet the family needs. As one man said “*when I am drunk I get really aggressive therefore no woman can dare ask me for anything, I simply fall dead asleep*” Most of those who drink daily are casual laborers who finish their day by passing through the traditional brew dens for a drink before they go home thereafter. This has escalated poverty levels in Kalawani as more often than not such people drink all their daily earnings saving nothing for the future or for the family needs.

Table 4.4: Current Rate of Alcohol intake at Kalawani Location

Rate of Alcohol intake	Male		Female		Total	
	Count	%	Count	%	Count	%
Daily	19	29.3	1	1.5	20	30.9
Once a week	22	33.8	0	0	22	33.8
Twice a week	4	6.2	0	0	4	6.2
Month end	6	9.2	0	0	6	9.2
Occasionally	10	15.3	3	4.6	13	19.9
Total	61	93.8	4	6.1	65	100

The study also sought to determine the amount of alcohol consumed by those who still drink, and realized that there are varying drinking volumes; 38.5% said they take 5mugs at any one time while another 26.2% take two mugs (Figure 4.7). 18.5% of the respondents indicated that they drink more than five mugs at one sitting. Only 4.6% said that they take only one bottle per sitting. Another 12.3% were not sure of their drinking amounts.

Figure 4.7: Quantity of alcohol taken at any one time



However the above figures show that a lot of money is spend on drinking since 38.5% of the respondents take five mugs and 18.5% take over five mugs in any one sitting.

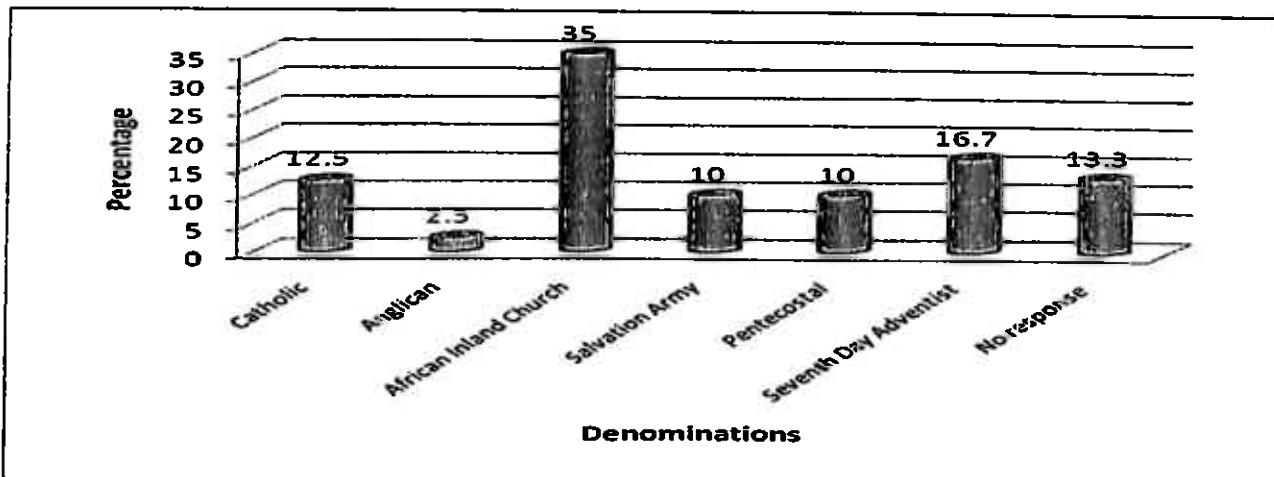
It is important to note that 40% of the respondents who still drink alcohol take alcohol for the same reason, as the first time. These reasons include peer pressure, curiosity, parental influence and unresolved personal problems. However (60%) of those who still drink alcohol do not drink for the same reason as at their first time. Parental influence was the least factor noted in having encouraged people to take their first alcoholic-drink at (1.5%); surprisingly quite a number (9.2%) cited parental influence as the reason for their current drinking (Table4.5). This is because as children mature parents seem to loose their control over them, at other times the parent and the grown up children end up in the same drinking joint and this is likely to be seen as parental influence of one's drinking. Peer pressure was cited as the highest reason for causing alcohol taking. This concurs with the findings of Birech (2003) that peer influence is a major factor in causing alcohol abuse.

Table 4.5 Reasons for current alcohol taking.

Table 4.4.5: Reason for taking alcohol the first time	Same Reason		Reason has changed		Total	
	Count	%	Count	%	Count	%
Peer pressure	20	30.8	23	35.4	43	66.2
Curiosity	2	3.1	3	4.6	5	7.7
Parental influence	1	1.5	6	9.2	7	10.8
Unresolved personal problems	2	3.1	4	6.2	6	9.2
Advertisements	0	0.0	2	3.1	2	3.1
No response	1	1.5	1	1.5	2	3.1
Total	26	40.0	39	60.0	65	100.0

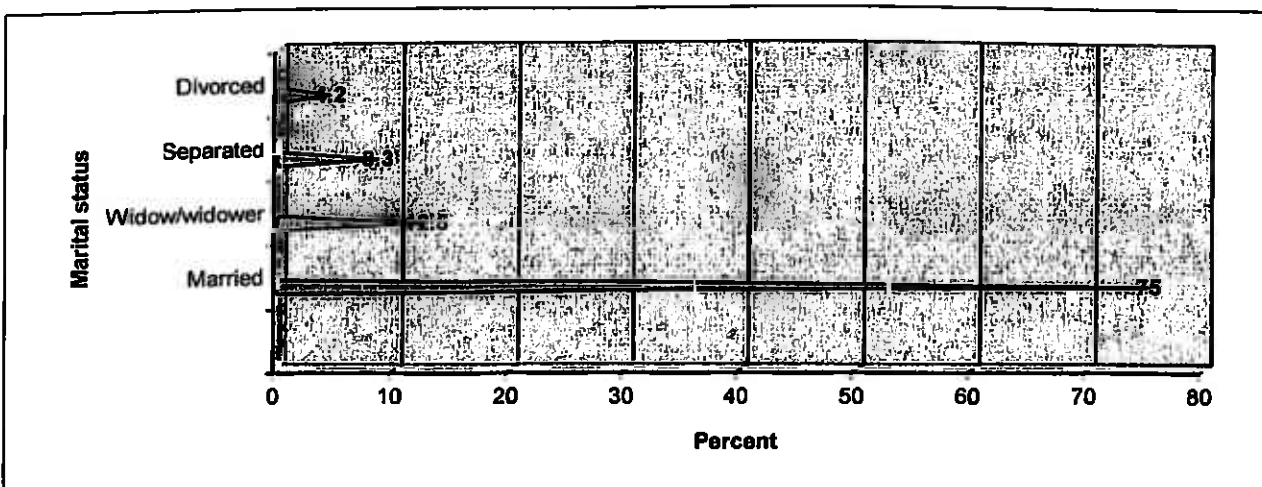
All the respondents in this study were Christians, with the African Inland Church having the highest number with 35% members, the Seventh Day Adventists followed with 16.7% adherents while the Catholic Church had only 12.5% of the respondents. The Salvation Army and the Pentecostals tied with 10% of the respondents. The Anglican Church had the lowest number with 2.5%. Another 13.3% of the respondents did not respond to this question probably because they were not committed to religious matters. As 79% of the respondents admitted to have tasted alcohol at one point in their lifetime though the current level of drinkers was at 65%, which is way beyond the 12.5% of the Catholic believers (Figure 4.8), which is the only denomination that does not prohibit, alcohol taking. This study concludes that though most Christian denominations prohibit alcohol consumption, the members are deviant as majority of them admitted to have tasted alcohol before while others admitted that they were still drinking. This deviance can be attributed to pressures such as poverty and lack of social support (Birech 2003)

Figure 4.8: Denominations of the respondents



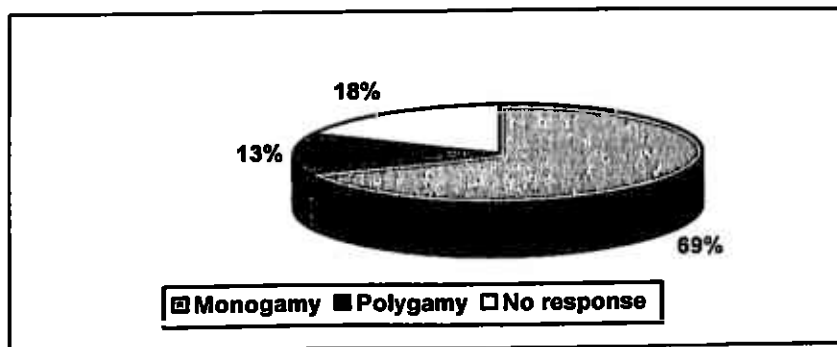
75% of household heads interviewed were married, 12.5% had been widowed, 8.3% were separated from their spouses while the number of divorced was 4.2 % (Figure4.9). 78% of the women who take alcohol are either divorced or separated. This is attributed to the authority they enjoy since their spouses are not there. Increasingly, men who are in families experiencing quarrels easily engaged in alcohol consumption. This was attributed to the belief that when you take alcohol you reduce stress (Githuthu 2005)

Figure 4.9: Marital status of respondents



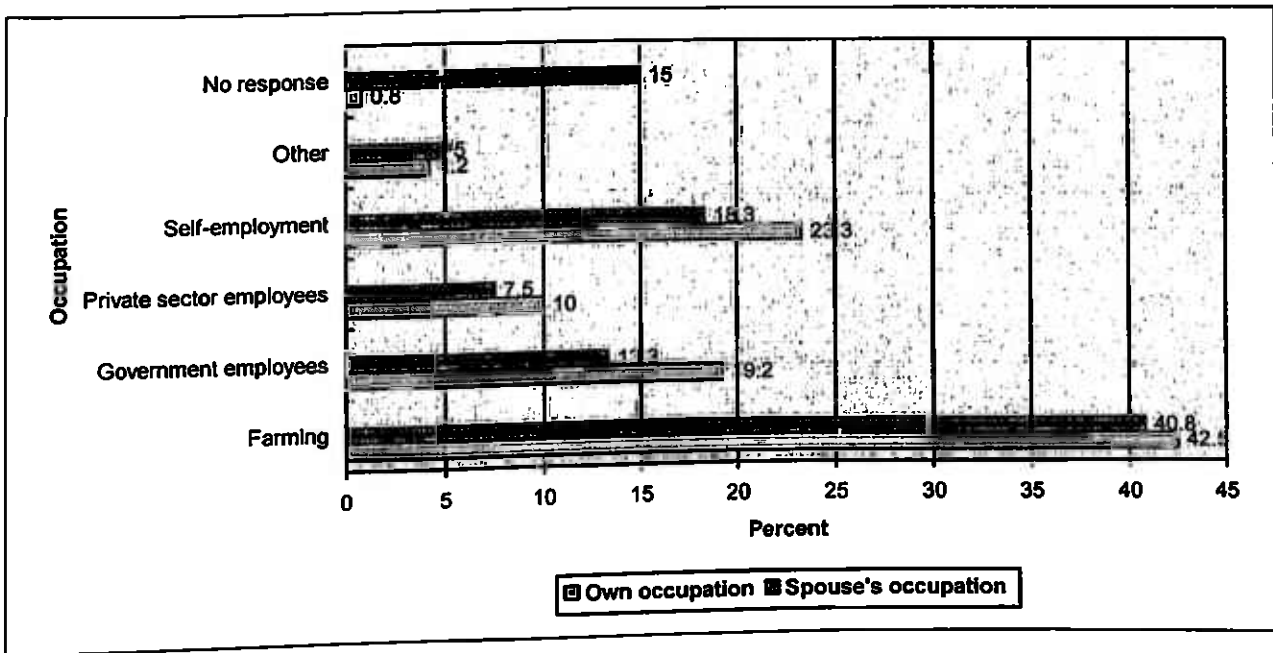
A majority (69%) of the respondents were in monogamous marriage, (13%) were in polygamous while another (18%) were non-committal on this issue.

Figure 4.10: Type of marriages of the respondents



Of the respondents investigated in this study a majority of 43% were farmers, 19% were government employees while those in self employment were 23% with similar numbers in the spouse's occupation categories at 41%, 13% and 18% respectively (Figure 4.11) Another 23% are engaged in self-employment. This ranges from selling in kiosks, brick making and vending during market days. Being a typical semi-arid agro-ecosystem, residents of Kalawani location are predominantly peasant farmers, meaning that they have low and irregular income.

Figure 4.11: Occupations of the respondents and their spouses



4.3 Perceptions on Alcohol Abuse

The respondents had mix opinions on alcohol –abuse with some saying at hat they are advantages of drinking such as passing time and relaxation, though a majority (89.2%) said that it has more harm than good.

4.3.1 Positive perceptions on of Alcohol Consumption.

The respondents indicated that there are some advantages of alcohol drinking such as reducing tension, making a person happy, relaxation, making friends and passing time. 51% said that there are some advantages of alcohol-taking, however 46% did not see any advantage, while 3% did not respond to this question. The research sought the views of those who were current alcohol-takers on the extent of these advantages, using various attributes such as relaxing to passing time, (the researcher found it necessary to get a sample of the sample size which represented those who said that they were alcohol-takers, to answer this question because they are the only one’s who had indicated that there are advantages to drinking)

Alcohol – taking was said to help one reduce tension to some large extent by majority of the respondent, 32.2% indicated some extent, 14.5% moderate extent and 29.0% to a very large extent (Table 4.6).

Alcohol- taking was also considered to be a cause of happiness by a majority of 90% who attributed their happiness to some large extent to alcohol taking only 3.2% said it did not affect them.

Relaxation was also seen as a benefit derived from taking alcohol with all the respondents claiming that it helped them to relax, an overwhelming 41.9% said it was to a very large extent. Ongaga (2007) indicated that alcohol helps people to relax.

Alcohol- taking was also considered as a behavior that gives people an opportunity to make friends, a majority 50% said that it has helped them to make friends to a very large extent. The evidence is that all the respondents indicated that it had some impact in assisting them to acquire friends.

Another issue that was of interest to the research is the extent to which alcohol- taking plays a role in passing time, only 1.6% did not consider it as a way of passing time. Majority said that lack of economic opportunities in Kalawani makes them very idle, therefore they drink to kill time.

Table 4.6: Advantages of alcohol taking

	Reduction of tension		Makes a person happy		Relaxes a person		Make friends		Passing time	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
No extent	1	1.6	2	3.2	0	0.0	0	0.0	1	1.6
Some extent	20	32.3	12	19.4	15	24.2	4	6.5	10	16.1
Moderate extent	9	14.5	17	27.4	11	17.7	15	24.2	12	19.4
Large extent	14	22.6	14	22.6	10	16.1	12	19.4	16	25.8
Very large extent	18	29.0	14	22.6	26	41.9	31	50.0	23	37.1
No response	0	0.0	3	4.8	0	0.0	0	0.0	0	0.0
Total	62	100.0	62	100.0	62	100.0	62	100.0	62	100.0

4.3.2 Negative perception of alcohols taking

The respondents mentioned as the negative effects of excessive alcohol drinking include health problems, poor work performance, and poor control of expenditure, poor self-hygiene and poor eating habits. The response received was overwhelmingly (89.1%) pointing at the fact that alcohol results into health problems. 15.8% of respondents rated health problems as affecting the drinkers to some extent, 20.8% moderate extent, 25.8% large extent while 26.7% saw this as a problem that affect people to a very large extent (Table 4.7).

The study revealed that alcohol-abuse has negative effects on work performance. 17.5% of the respondents said that it affects one to some extent, 25% being for moderately, and 12.5% to a large extent while 29.2% of the respondents were for the idea that it affects one to a very large extent. Only 6.7% of the sample size did not comment on this issue. Poor work performance as a result of alcohol-abuse affects all age groups. The age category 26 to 35 is the most productive age in a person's life and if alcohol-abuse reduces the work performance of these people at this critical timeframe, they may end up as failures in life.

Another issue of concern among the respondents was how alcohol taking affects one's control of expenditure with 3.3% admitting that it affects one to some extent, 16.7% moderate extent, 23.3% large extent and a majority (46.7%) of respondents said that this affected one to a very large extent. 7.5% of the total sample size did not respond to this question. This problem is not gender sensitive because both males and females indicated similar effects. Given that all the respondents were family heads the implication would be that their families would miss out on essentials such as food, clothing and school fees.

When one spends so much time at a drinking place, there is hardly time for anything else, hygiene included. Most of the respondents agreed that alcohol-abuse lowers one's hygiene level. 22.5% indicated that it lowers hygiene levels to some extent, 15% to moderate extent, 20% to large extent and 31.7% to a very large extent. 5.8% of the total respondents were non-committal to this question.

Poor eating habits were also cited as another negative effect of alcohol abuse. 16.7% of the respondents said that alcohol-abuse affects eating habits some extent, 15% moderate extent, 18.3% a large extent while 34.2% were of the view that the problem had effect to a very large extent. 6.7% of the total sample never commented on this issue. Eating habits of both males and females were equally affected in the sense that most drunkards are poor feeders. Some respondents (62%) argued that drinking lowered their appetite.

The residents of Kalawani location have perceived the negative effects of alcohol abuse to affect the individual, family, or community.

Table 4.7: Extent of negative effect of alcohol-abuse

	Health problems		Poor work performance		Poor Control of expenditure		Poor Self hygiene		Poor Eating habits	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
No extent	5	4.2	11	9.2	3	2.5	6	5.0	11	9.2
Some extent	19	15.8	21	17.5	4	3.3	27	22.5	20	16.7
Great extent	25	20.8	30	25.0	20	16.7	18	15.0	18	15.0
Large extent	31	25.8	15	12.5	28	23.3	24	20.0	22	18.3
Very large extent	32	26.7	35	29.2	56	46.7	38	31.7	41	34.2
No response	8	6.7	8	6.7	9	7.5	7	5.8	8	6.7
Total	120	100.0	120	100.0	120	100.0	120	100.0	120	100.0

4.3.3 Need to Help Alcohol Abusers

The respondents were asked their views on the need to help alcohol-abusers to stop the abuse. Majority of the respondents (82%) said it was necessary to assist the victims to become more productive. However (15%) said there is no point of helping them. The research found out that the level of drinkers had reduced to almost half of the total sample size 54%, this indicated that

the residents of Kalawani had seen the need to stop alcohol-abuse as it is detrimental to one's health. Majority of those who had stopped taking alcohol said that they realized they would not afford to drink and educate their children and others said it was due to matters of faith (that they had become born again).

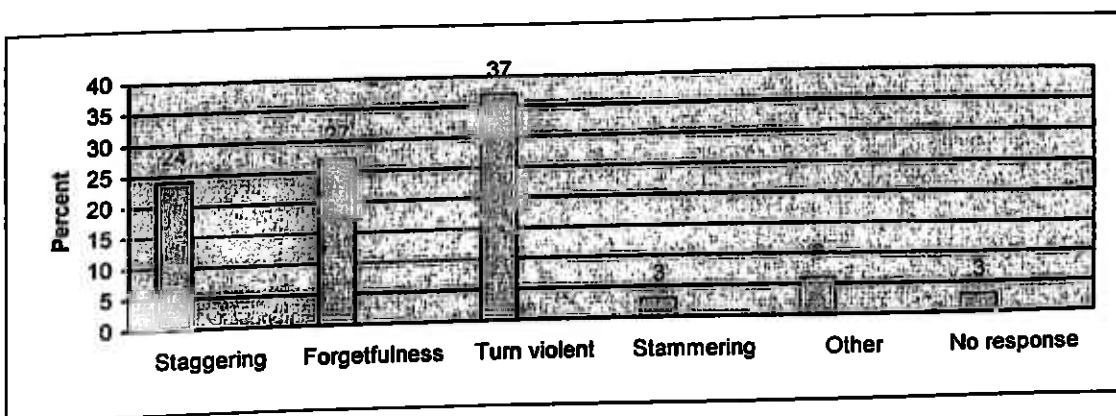
4.4 Effects of Alcohol Abuse

The research looked at the effects of alcohol abuse on one's behavior, his relationship with friends and family.

4.4.1 Behaviour exhibited after taking alcohol.

When asked the kind of behaviour exhibited by drunkards the respondents said such behaviour includes staggering 24%, forgetfulness 27%, and turning violent 37%. Some 3% of the respondents mentioned stammering with another 6% citing other behaviours such as becoming violent or soiling one self, 3% of the respondents were non-committal on the issue. Given that the response rate is high, with only 3% non-response, those respondents who are currently not taking alcohol made observations on those who drunk. (Figure 4.12).

Figure 4.12: Behavior exhibited by alcohol abusers



4.4.2 Perception of the Effects of alcohol abuse on one's relationship with friends

Majority of the respondents said that alcohol taking affects ones relationship with friends. The researcher asked those respondents who admitted that they were still alcohol- takers to show the extent to which alcohol- taking affects their relationshipwith friends using various attributes such as quarrels, fights, stealing, failing to honour promises, making more friends and becoming more generous.

In relation to quarrels amongst friends 45.5% attributed alcohol to affect this to some extent, 30.6% said it was to a moderate extent, 11.3% indicated to large extent while 8.1% considered alcohol to cause quarrels to avery large extent, only 6.5% said that there was no effect (Table 4.8). The research therefore concluded that alcohol drinking has significant effects on how one relates with friends as it can fuel quarrels

The study also found a strong relationship between alcohol- taking and fights amongst friends. This was seen by the fact that 16.1% said that the effect was to some extent, 32.3% indicated moderate extent, and 19.4% indicated that it was to a large extent while 21.0% admitted that this was to a very large extent. A study done in Kenya indicated that alcohol-taking leads to domestic violence (Kenya, Demographic and healthy survey,2003)

Majority of the respondents did not want to associate their drinking with stealing, as many as 48.8% said it does not lead to stealing, while another 8.1% did not respond to this question. This could be attributed to the social stigma on stealing. A good number of the respondents also said that they drink after work therefore they had money from the days earning hence did not need to steal for their drinks.

Alcohol- taking makes people unreliable as indicated by (Parry and Bennetts 1998). The research found out that a total of about 93% indicated that alcohol- taking affected their ability to keep promises to some large extent (this include those who indicated some to very large extent). One of the respondents said that *“once you start drinking it becomes very difficult to leave the company of fellow drinkers as this helps one in forgetting his problems, therefore by the time you leave you can hardly remember if you had made a promise to someone, leave alone keeping it.”*

On the issue of making more friends majority of the respondents indicated that it had a major impact, with 38.7% saying it was to a very large extent, 27.4% to a moderate extent while only 17.7% indicated to a some extent. Alcohol has a very significant influence to making friends as all the respondents indicated that it had some influence on their ability to make friends. This qualifies the views of (Yambo 1980) as cited by Birech 2003, that loneliness leads to alcoholism.

Family resources are misused in purchasing alcohol for friends as all the respondents said that it made them to over spend, 19.4% said it was to some extent, 12.9% moderate extent, 40.3% large extent while 27.4% said it was to a very large extent. The family of alcoholics suffers from economic strain and sometimes embarrassment as auctioning of their meager resources is done to meet the debts incurred in drinking.

Table 4.8: Extent to which alcohol abuse affects one's relationship with friends.

	Quarrels		Fights		Stealing		Failing to honour promises		Made more friends		Became more generous	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
No extent	4	6.5	6	9.7	30	48.4	3	4.8	0	0.0	0	0.0
Some extent	27	43.5	10	16.1	8	12.9	9	14.5	11	17.7	12	19.4
Moderate extent	19	30.6	20	32.3	14	22.6	13	21.0	17	27.4	8	12.9
Large extent	7	11.3	12	19.4	2	3.2	20	32.3	10	16.1	25	40.3
Very large extent	5	8.1	13	21.0	3	4.8	16	25.8	24	38.7	17	27.4
No response	0	0.0	1	1.6	5	8.1	1	1.6	0	0.0	0	0.0
Total	62	100.0	62	100.0	62	100.0	62	100.0	62	100.0	62	100.0

4.4.3 Perception of the Effects of Alcohol Abuse on One's Ability to Play the Role of a Family Head

The effect of drinking alcohol on one's ability to play his role as a family- head was shown by varied degrees of responses to attributes such as creating time for the family, buying clothes, joining them for worship, buying food as well as paying school fees.

On family time majority of 91% had been affected to some large extent (this is total of those who indicated some extent to very large extent), only 8.1% said that alcohol did not affect their ability to spend time with their families. This concurs with the views of Birech (2003), that alcohol abusers make poor parents as they spend most of their resources on alcohol rather than in parenting hence making their children liable to peer pressure due to lack of proper parental guidance.

On family clothing, alcohol taking had effects ranging from some extent to very large extent of a majority 87%. These indicated that they could not clothe their families as they spend most of their money on alcohol, only 12.9% claimed that alcohol had no effect on their ability to clothe their families (Table 4.9). According to (Room 2002), the alcoholic parent spends his money paying off debts incurred in purchasing alcohol hence leaving little or no funds to meet the family needs. From observing most children in those homes looked dirty and their clothes were tattered, this is unfortunate as clothing is a basic human need.

Joining the family for worship suffered the greatest with a majority 56.5% indicating that the effect was to very large extent, only 11.3% claimed that it did not affect the family worship. However evidence gathered from the information received from key informant's alcohol-abusers had no time for worship and that is why they did not care much about how they treated their families.

Among the respondents a majority of 76% indicated that alcohol taking had reduced their ability to feed their families ranging from some extent to very large extent. In those homes where the family head does not buy food the family members have learnt to vend for themselves.

One woman said *"If a man decides to become a drunkard you assume that he is actually dead and you take up the responsibility of feeding your children just like any other widow would do."*

School fees payment had been sacrificed for alcohol largely by about 67.7%, (signifying those who indicated large and very large extent). Only a minority of about 24.2% claimed that it did not affect them at all. However evidence gathered from head teachers gave a different view that many students had dropped out of school due to lack of school fees.

One of the respondents, a secondary school teacher narrated how a given parent sold to him a piece of land supposedly to pay fees for his daughter in the school where he teaches, unfortunately the man drunk all the money instead of paying the fees. Her only hope now is the Constituency Development Fund.

Table 4.9: Extent to which alcohol abuse affects one's ability to play his role as a family ahead.

	Create time for family		Clothe family		Joining family for worship		Buying food for family		Pay school fees	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
No extent	5	8.1	8	12.9	7	11.3	15	24.2	15	24.2
Some extent	18	29.0	16	25.8	6	9.7	13	21.0	9	14.5
Moderate extent	15	24.2	13	21.0	9	14.5	12	19.4	9	14.5
Large extent	15	24.2	9	14.5	5	8.1	13	21.0	16	25.8
Very large extent	9	14.5	16	25.8	35	56.5	9	14.5	13	21.0
Total	62	100.0	62	100.0	62	100.0	62	100.0	62	100.0

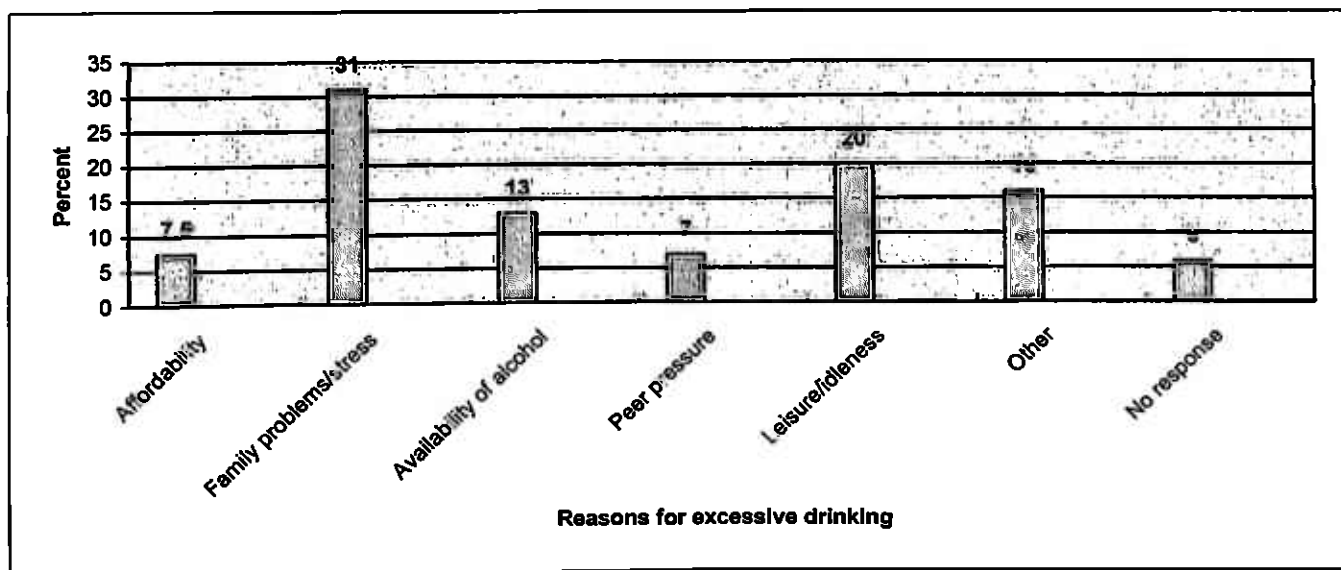
4.4.4 Reasons for Alcohol Abuse

The researcher found out that the residents of Kalawani had various reasons for alcohol abuse. Figure 4.17 gives reasons such as family problems (31%), idleness (20%), and availability of alcohol (13%), affordability (7.5%), and peer pressure (7%) (Figure 4.13).

Many respondents said that their spouses are quarrelsome; they do not provide the family with basic needs, while the divorced and widowed women said that they get very lonely and that makes them to go drinking to pass time. Inadequate rainfall amounts frustrate the farming efforts hence leaving many of the Kalawani residents frustrated and idle.

This concurs with the findings of Birech 2003, Githuthu 2004 and Ongaga 2007 that in Kenya people drink due to poverty, loneliness, idleness, and peer pressure.

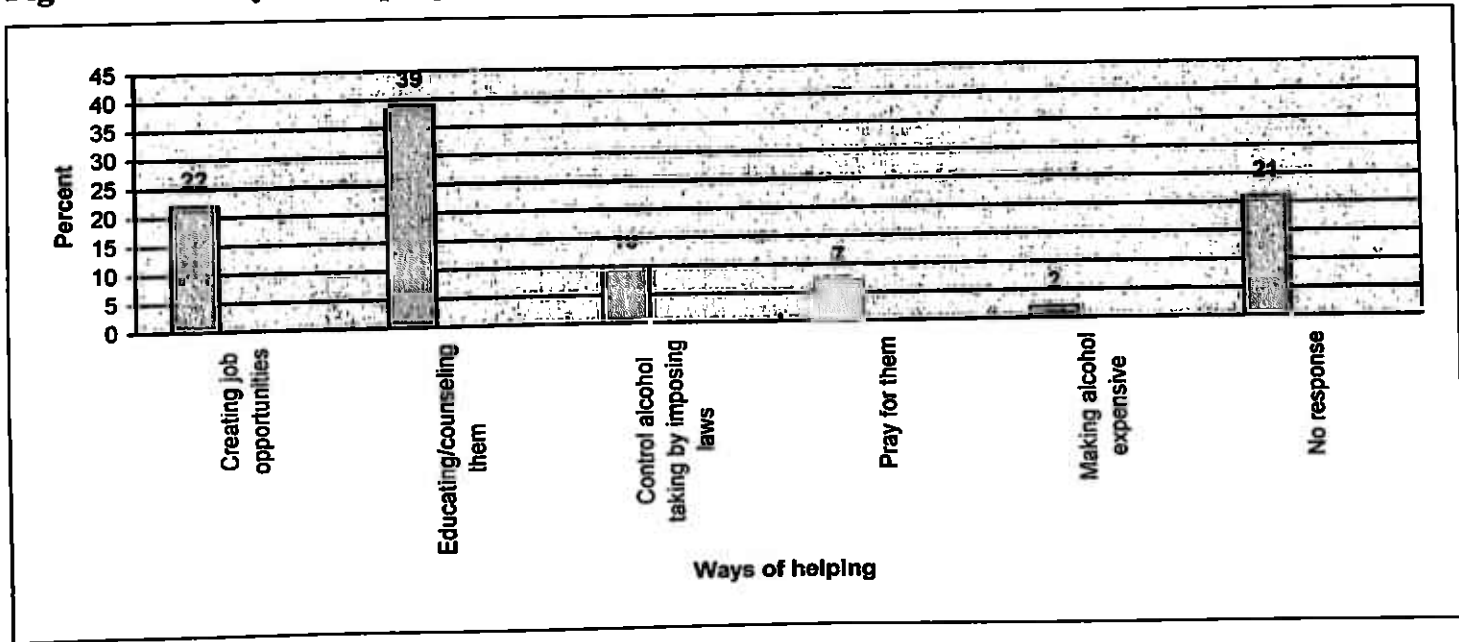
Figure 4.13: Reasons of Alcohol Abuse



4.5 Ways of Coping With Alcohol Abuse

The respondents were asked to give suggestions of the ways that can be used to help the abusers and their families to cope. The main strategies that they suggested include creation of employment, awareness, counseling and improvement on governance systems. 22% supported creation of employment to reduce idleness and hopelessness; another 39% suggested educating and counseling alcohol abusers on the dangers of the practice while another 10% supported the control of alcohol by serious enforcement and implementation of the laws such as banning the selling and drinking of illicit brew,(the government of Kenya prohibited the manufacture, supply and possession of illicit brew,'Act,Cap 70 of the Laws of Kenya as cited by (Birech 2003), Another group of 6.7% preferred the use of religious strategies such as praying for divine intervention while 1% suggested that alcoholic products should be made very expensive to make it unaffordable by the victims.

Figure 4.14: Ways of helping alcohol-abusers.



Based on the interviews and the focused group discussions a multidimensional approach needs to be adopted in the control of alcohol abuse at Kalawani. Such approaches should include a deliberate effort to help the victims through community and family support, arresting of drunkards, counseling in and out of the church and banning of traditional brews in the location.

However, a few of the respondents were none committal on the way forward, as one respondent said, *“You can only help people who are ready to be helped as one cannot impose his help on a person who only cares about drinking”*. The researcher observed that those respondents with family members who abuse-alcohol have reached a point of hopelessness as far as the drinking of their relatives is concerned. According to (Birech 2003:46) the women whose husbands abuse alcohol result to selling illicit brew to take care of the family responsibilities. Therefore relatives decide to ignore the drinking of their own and move on with life the best way they know how.

4.6 Findings from key informants, Case Studies and Special Reports

This section has information from key informants, three case studies and three reports.

4.6.1.0 Key informants

4.6.1. 1 Report from the sub-chief and village elders.

The sub-chief said that drinking is a problem in the location, which on several occasions has led to death. This occurred when drunkards fall into ditches on their way home in the evening only to be found dead in the morning. He also indicated that a number of residents had lost their relatives due to HIV/ AIDS, which he felt was on an increase as a result of promiscuous behavior amongst the alcohol abusers. He said that some women have also decided to “marry” other men and bring them into their marital homes to supplement their irresponsible husbands.

When they asked why the administration had not been able to stop selling and taking of traditional brew in the location he said that the “brew traders” seemed to have colluded with the chiefs police such that whenever they left to catch them, they found the homesteads quiet and with no sign of life, meaning that somebody rings to alert the culprits, who take the opportunity to go into hiding.

He also said that the level of alcohol- abuse is high, and the abuses are both men and women as well as school students. He confirmed that the chiefs’ office is always busy handling cases of domestic violence, theft or conflicts between the abuses and their relatives.

The two village elders did not give any different information from that of the sub-chief, however they claimed that being the ones on the ground they have had difficult times handling family conflicts. One village elder said, “ I can hardly have two nights peaceful sleep because of my immediate neighbor who comes home drunk, demanding for the food which he has not bought and if he is not satisfied by the food offered he batters the wife, who screams until we have to go to her rescue”.

The three felt that elderly people are less violent while drunk unlike the young ones. Majority of the alcohol takers do not support their families, therefore the children have to do manual work.

When asked why they thought people abuse alcohol they indicated reasons such poverty, escapism as well as unresolved personal problems. They also said that there is no rehabilitation center to help the alcoholic people. The families cope by seeking for support from the extended family members. The church was also seen to help by prayer and counseling especially the Pentecostal churches, which were on the increase here, but some mainstream churches were accused of condemning the alcohol- takers instead of embracing them.

The researcher concluded that there is need for the chief to encourage the residents to organize themselves into social welfare groups, so that they can pull their resources together to start development projects. Such groupings would also be useful in sharing their common challenges and discussing the way forward. The church should also unite in helping the victims of alcohol-abuse.

4.6.1.2 Report from the head teachers

The three head teachers who were interviewed said that alcohol taking is not a major indiscipline case amongst their students. They said that the main indiscipline cases were arrogance to teachers , prefects and truancy. However, they said that they had witnessed alcohol abuse amongst a number of parents. This affected the students' performance as they have had to go home for school fees. The head teachers indicated that they have trained teacher counselors to handle the students psychological problems, especially those who come from homes where there is domestic violence.

The researcher concluded that the head teachers were not being honest as reports from the village elders and the focus group indicated a different view that students in the location had on several occasions been found drunk in the local market center or in the beer drinking dens. Some students from one of the schools were reported to have been sent home for having being found under the influence of beer in the school compound.

4.6.2.0 Case Studies

4.6.2.1 First Case Study

This is a case study of a family of a drunkard man of about 45 years.

This man is the first born in a family of five children. None of them went beyond standard four in their education. This is because they faced challenges of lack of food and school uniform that they found it better to desert school and start vending for themselves.

Their father was a drunkard and died of Tuberculosis (TB) after a long sickness. He has three sisters who have given birth to several children in the homestead, his sister's work as house helps. His brother is also a drunkard and does manual work.

This man has one wife and five children. The first born is disabled, has not been taken for medical check up or school. The disabled child sits on a wooden improvised wheelchair. The second child is in standard two, the third one is in nursery and the other two are not yet in school. This man excessively drinks alcohol to avoid responsibilities, the houses they live in are grass thatched mud houses. They have a small piece of land that is not well utilized for agriculture. The children and wife look weak and dirt and so is their dad. Everyone in the family seemed to be having a cough. This is a case of how alcohol taking has led to poverty, poor living standards and school drop out.

4.6.2.2 Second Case Study

This is a case of a family of a man of about 48 years. He is a local mechanic. He drinks excessively and he has shunned his responsibility as the family bread winner. His family is taken care of by his brothers. His wife has also adapted another husband. When asked what the husband feels about that kind of development she says, 'he is too drunk to care, after all he has ceased to be a father and husband. This family has four children the first born refused to proceed to form one. The second born child is in primary school though he is always in and out of school due to indiscipline. The third born is in standard six and the last is in nursery.

This is a case that illustrates how poor parenting can impact negatively on the lives of the children. It also supports the socialization theory where the family members play the roles of the alcoholic person hence giving him room to continue drinking.

4.6.2.3 Third Case Study

This is a case of a man of over 65 years with no family of his own.

When asked when he started drinking he says that it was in his young age while he was working in Nairobi and Muratina was his first drink. He says that he was once married a long time ago and the wife deserted him for another man. He has lived in one village (Emale village) as long as he can remember. He does not care about the whereabouts of his own biological family. This man does manual work and stays in the home of the employer where he would run errands in exchange for food and shelter. He drinks daily using the earnings of the day to purchase illicit brew. He said that drinking makes him very happy and it enables him to make friends. He also concedes that beer is very sweet.

When asked if he has ever stolen to get money to drink he says no but the employer is of a different opinion that spoons disappear quite often in the compound. He also said that drinking has never given him any health problems, yet from an observation point of view he seems to shiver his eyes are extremely red and with a running nose. He is extremely unkempt in fact he hardly bathes or even washes his cloths which he does not buy but are donated to him by well-wishers. This case shows how unresolved personal issues can lead to alcohol-abuse according to the psychoanalytic counseling theory by Sigmund Freud.

4.6.3.0 Reports.

4.6.3.1 Report from a focus group.

The focus group comprised of sixteen female members of a merry go round. The researcher was able to interview them and the following is the information she gathered in relation to alcohol-abuse. The women said that they have witnessed alcohol taking in their location by both men and women. Those who drink are from all walks of life poor and rich, young and old. These women said that they think people drink because of various reasons such as personal stress, financial challenges, others drink to avoid responsibilities and to escape from facing the realities of life.

On the effects of alcohol-abuse they ascertained that men become very aggressive while drunk and easily result to domestic violence. The women whose husbands drink are put down such that they can not ask for anything from the man instead the drunkard makes all sorts of demands including that of food that he has not provided and for sexual satisfaction, this has led to large families as most women do not use family planning in fear of their abusive husbands. In other cases the father's irresponsible drinking habit leads to family break-up. School drop out of the children due to lack of school fees. Those children that drop out of school mostly end up becoming alcohol-abusers thus resulting in a cycle of drunkards in a family.

These women also said that there have been cases of people getting serious injuries sometimes leading to death, after falling into ditches while drunk. HIV/AIDS spread is also high in this location as a result of alcohol abuse. One of the women gave a story of a lady in her village that became alcoholic after the death of her husband who was HIV/ positive. This lady was reported to have been raped by a gang of several men as she was heading home after a drinking spree. She then informed the rapists that they had only acquired their ticket to the grave as her husband had died of AIDS. A number of the gang members went and committed suicide. According to these group rape of young women who are drinkers is also high as they are reported to sleep anywhere even on the road sides in their drunken state.

There are no available formal means of coping with alcohol-abuse each family tries to adjust the best way possible. Mostly the women cope by assuming that their husbands are dead therefore they take up the responsibility of bringing up the children. Once the children are big and their father has become weak due to alcoholism they gang up with the mother and give him a thorough beating when he misbehaves after his drinking. Other means of coping include reporting the man to the chief, asking for support from the extended family or in rare cases some women indulge in extra-marital affairs.

In conclusion according to these women alcohol taking does not benefit the family instead it leads to lack of progress in development and it should be condemned in the strongest words possible.

4.6.3.2 Report from a Chairman of a Village Development Group.

This group was formed in 2006 with the aim of encouraging the locals to come together and united pull their resources in addressing their common problems.

These problems included fighting the sell of illicit brew which had led to poverty and family conflicts. They also needed to come up with ways of getting funds to construct a dam to store water for irrigation. This group has managed to work with the chief in banning the sell of illicit brew in their village. They also hold Barazas twice per month during which they invite a speaker to talk on important topics like the dangers of drinking, and how they can initiate development programmes.

The chairman said that the main challenge they have is lack of funds and network connections with non-government organization to assist them in expertise and funds to implement their proposals. The group has been able to organize local patrols for security purposes and to ensure that no sell of illicit brew goes on. They have also written a proposal on the construction of dams across the local river thus awaiting government support or that of well-wishers. The storage of water will boost agriculture in this region as well as deal with alcohol-abuse as many of the drinkers here do so as a result of poverty and idleness. According to the chairman once they get water they will be able to increase the acreage under crops such as fruits for sell. This will go along way in boosting development here.

The researcher found this group relevant for her study as its major aim was to discourage alcohol –abuse in their village. Therefore such groups can be considered as a way of coping.

4.6.3.2 The traditional beer dens.

The research was able to get the following information about the illicit beer dens. The sell of traditional brew ‘Kaluvu’ is usually conducted as a family business; therefore all the family members take part. Mostly the sell is done in the home compound and in some cases selling is done along the river channel where you find a line of selling points.

The illicit brew business people operate as comrades, thus there is no competition amongst them. They share information such as where to purchase the brew, how much bribe to give to the chief's 'Apande'. In this area they do not brew but purchase from other areas such as upper Mbooni where sugarcane is plenty for fermentation to make "Kaluvu". All the members of the seller's family drink alcohol, these include also the children who play the role of waiters.

There are four types of drinkers who visit these joints. One is that of those who do nothing else but report to these dens early in the morning to run whatever errands they may be assigned in exchange for the brew and food. The second drinkers are those who drink in between their casual work so they keep on sneaking from the employers farms to the den, such people argue that even a car can not run without fuel. The third group is that of city dwellers who visit the dens in month-end as they visit their families. Such drinkers are the beloved of the other drinkers as they buy them beer. The last category of drinkers is that of those who drink daily but only after work.

The brewers are not eager to make a lot of money as they refuse to sell any more drink to those who seem to be getting too drunk and disorderly. The business can also be closed anytime of the day once the owner and his family members get drunk. The sellers said that they sell the brew to make money just like any other business person makes profit to meet his family needs. When they were asked why they indulge in this illegal business they said that they have learned how to befriend the chiefs soldiers although sometimes they are taken to court, they pay the fine and get back to their business.

The deviance theory is applicable here as harsh economic situations in this location have pushed some residents into disobeying the law by trading in illicit brew to make a living and the drinkers also finding cheap though illegal means of entertainment and relaxation.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

In this chapter, the conclusions from the study based on the objectives and the research findings will be summarized, recommendations based on the findings on the objectives will be made and suggestions to other scholars interested in alcohol abuse will be made.

5.1 Summary on the Findings

The study found out that the residents of Kalawani belong to various Christian denominations with the majority being Protestants. However a majority (79%) of the respondents admitted that they had taken alcohol at some point in their lives. This means that though they attend church they do not adhere to the church teachings because it is only the Catholic Church, which does not prohibit alcohol-consumption. The highest percentage of drinkers is men with a total of 84 out 94 having said that they have tasted alcohol. Majority (53%) of the drinkers took their first drink while in their young age. The majority's first drink was the traditional brew therefore the government has a long way to go in stopping the sell and taking of this staff. This is also a worrying trend as this young people are supposed to be responsible house heads but this kind of drinking leaves their families with many problems occasioned by the misuse of funds on alcohol, the children are left with no role model with most of them following suit.

The respondents cited peer pressure and curiosity as main reasons for first alcohol taking however this reasons have changed over time to others such as passing time, and unresolved personal problems. Therefore the reasons for drinking change as people grow older and are able to make more independent decisions.

The respondents said that it is possible for one to abuse-alcohol. This kind of drinking turns detrimental to the individual, his family as well as the society. Specific examples of these effects include poor health, failure to meet one's responsibilities as a family head, and family conflicts.

On the advantages of alcohol taking, some of the respondents said that there are advantages of drinking such as reducing tension, making one happy, making friends and passing time. Both male and female respondents shared this opinion. Although the males support was higher.

The level of alcohol-abuse is high in Kalawani with most of the respondents saying that they knew a person who drinks excessively, cited men as the major. Thus it is obvious that there were more male alcohol-abusers than female. This case of high rate of drinking was also confirmed by the female focus group, with all of them admitting that they had witnessed drinking amongst their own family members.

The respondents gave various reasons as to why they think people drink ranging from family problems, availability, idleness, to availability of cheap liquor.

Majority of the respondents were of the opinion that there is need to help drinkers to stop although nothing formal is available in the location to deal with this menace. They suggested that the government should provide water storage facilities as well as sinking boreholes to provide water for farming activities as the place has good soils but water is the major setback to their farming efforts. The church was also thought to be failing by condemning the culprits instead of embracing them. More community welfare groups would also help them to discuss ways of dealing with their common problems. In essence the suggestion on providing economic opportunities was overwhelming.

5.2 Conclusions

The study found out that alcohol abuse is indeed a major social and economic problem in Kalawani Location. The problem is further escalated by the fact that there is widespread unemployment, idleness and hopelessness especially among the household heads. Instead of engaging in productive economic venture and enterprises, they find themselves idle and unwanted by the social and economic systems.

The study found out that alcohol-abuse is high in Kalawani-location with the majority of the drinkers being men and of a young age. Drinking has resulted to a number of problems to the individual, his family and the society at large. Indeed the trend is worrying as the respondents

said that death has also been witnessed, where some drinkers have died as a result of falling into ditches on their way home from the drinking spree. Families are also at high risk as women have learnt a survival tactic of picking men to supplement their drunken husbands, this habit fuels domestic violence and expose one to the risk of contracting A.I.D.S. According to one sub-chief the location has lost a number of people due to HIV/AIDs , alcohol-abuse is likely to make the situation worse for the families.

The majority of the respondents said that there is need for the government and well-wishers to empower the residents especially by providing water harvesting techniques to store water for irrigation. This is because economic factors are the major causes alcohol-abuse. Therefore, the residents felt that if they had reliable water sources, they would utilize it for farming to improve their wealth status.

A similar study done by Birech (2003) among the Nandi community in Kenya indicated that social-economic factors are leading in causing alcohol abuse. The researcher is therefore of the opinion that the Government has to double its efforts in handling the issues that ignite alcohol-abuse such as poverty and corruption amongst the law enforcers, if change is to be realized in this area. This is in spite of the introduction of Constituency Development Fund (CDF) and banning of traditional brew.

5.3 Recommendations

The researcher recommends the following based on the research findings:

1. Concerted efforts should be made by community leaders, elites, the church, and the government to educate and counsel victims of alcohol abuse on the dangers of the vice and how to come out of it.
2. Economic recovery measures in the rural areas such as construction of dams and water tanks, rural electrification and rural roads network, should be intensified so as to bring development closer to the rural residents.
3. The community leaders in relatively dry regions should encourage community enlightenment programmes by inviting experts to educate people on dry farming techniques, and also to enlighten them on how to access funds from Youth and Women Enterprise Fund, to empower them to undertake development projects.
4. The Government should ensure that there is proper appraisal, monitoring and evaluation of projects funded by CDF to ensure that such projects are relevant to the needs of the respective constituents.
5. The Government should offer incentives to those interested in training as counselors, as they are highly needed in schools, social work, and in the Ministry of Health. This will attract more people to train as counselors, hence increasing the level of counseling services in the society.
6. Taxation on alcoholic products should be increased while traditional brews can be legalized and also taxed heavily to make all alcoholic drinks expensive. This will discourage alcohol taking.
7. The government should initiate more rehabilitation centers throughout the country, to offer the much needed professional help by alcohol addicts and their relatives.

8. The Kamba community should go back to its traditional culture as far as house head responsibilities and beer taking is concerned. This will ensure that husbands and wives take their responsibilities seriously, and that there is control over who, when and how beer is taken.

5.4 Recommendation for Further Research

The researcher recommends that other scholars who are interested in alcohol abuse may look into the following areas:

1. Alcohol abuse amongst urban heterogenous populations of mixed ethnic and cultural communities
2. The role of the church in fighting alcohol abuse.
3. The role of rehabilitation centers in the reforming of alcoholics.
4. A comparative study of the youth and elderly people on their perceptions on alcohol-abuse.

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QUESTIONNAIRE;

Greetings Friends,

I am ANN K. MUSILA a postgraduate student at University of Nairobi Sociology Department. I am undertaking a study on alcohol-abuse and its effects on the family. I therefore kindly request you to give your honest opinions to help me collect true information on the same. The information given will be treated with strict confidence. Thank you in advance for your cooperation.

A) PERSONAL DETAILS

Please tick the correct answer.

1. Sex Male Female

2. Age
a) 20 - 25 years b) 26 - 35 years c) 36 - 45 years
d) 46 - 55 years e) 56 and above

3. Denomination
i. Catholic ii) Anglican iii) African Inland Church
iv) Salvation Army v) Pentecostal vi) Seventh Day Adventist

4. Level of education
a) None b) Primary c) Secondary
d) Tertiary e) University
Any other (specify) _____

5. Marital Status
a) Single b) Married c) Widow/widower
d) Separated e) Divorced

6. If married, name your type of marriage
a) Monogamy b) Polygamy c) Surrogate

7. Your occupation?
a) Farming b) Government employee
c) Private sector employee d) Self-employment (specify)
Any other (specify) _____

8. Your spouse's occupation?
- a) Farming b) Government employee
- c) Private sector employee d) Self-employment (specify)
- e) Other (specify) _____

2) PERCEPTIONS ON ALCOHOL ABUSE
 (Please tick what applies to you)

9. Have you ever taken alcohol? Yes No
- If yes, what type of alcohol did you take first?
- Traditional brew industrially manufactured
10. How old were you when you first took alcohol? ----- Years.
- 10-20 years 21-30 years 31-40 years 41- years
- Over 50 years
11. What prompted you to take alcohol first?
- a) Peer pressure b) Curiosity c) parental influence
- a) Unresolved personal problems d) Advertisements
- e) Any other
12. Do you still take alcohol? Yes No
13. If yes, how often do you take alcohol?
- a) Daily b) Once a week c) Twice a week
- d) Month end
- e) Any other.....
14. How much alcohol do you at any one time?
- a) A bottle b) Two bottles c) Five bottles
- d) More than five bottles
- e) Other
15. Do you still take alcohol for the same reasons (as at the first time)?
- Yes No
- If no, give your reasons for taking alcohol
- a) Availability b) Friends c) Fun
- d) Unresolved personal problems
- e) Any other (specify).....

10. Do you think one can take alcohol excessively? Yes No

11. In your view, what kind of behavior would one exhibit while excessively drunk?
 Staggering Forgetfulness Turn violent Stammering
 Any other.....

C) PERCEIVED EFFECTS OF ALCOHOL ABUSE

(Tick the correct answer/Fill in the blank spaces)

12. Has alcohol taking affected your relationship with your friends?
 Yes No

If yes to what extent has it affected your relationship in the following ways:
(USE THIS KEY FOR ALL THE QUESTIONS WITH 1-5 TO SHOW THE EXTENT)

- 1. No extent 2. Moderate extent 3. Some extent**
4. Large extent 5. Very large extent

	1	2	3	4	5
Quarrels					
Fights					
Stealing					
Failing to honour promises					
Made more friends					
Become more generous					

Any other

13. Has alcohol taking affected your ability to play your roles as a family head?
 Yes No

If yes, to what extent has alcohol-taking affected your ability to play the following roles as a family head?

	1	2	3	4	5
Create time for my family					
Cloth my family					
Joining them for worship					
Buy food					
Pay school fees					

Any other

14. In your view is excessive drinking bad? Yes No
 If yes, to what extent does it affect one negatively in the following areas

	1	2	3	4	5
Health					
Work performance					
Control of expenditure					
Self-hygiene					
Eating habits					

15. Are there any advantages of drinking? Yes

If yes, to what extent is alcohol taking an advantage to the drinker.

	1	2	3	4	5
Reduce tension					
Make a person					
Happy					
Relaxation					
Make friends					
Pass-time					

Any other.....

C) THE LEVEL OF ALCOHOL ABUSE

16. Do you know of any person in your location who drinks excessively?

Yes No

If yes, indicate the sex of the person male Female

17. Why do you think this person takes alcohol excessively?

.....

18. Has excessive taking of alcohol affected this person? Yes No

If yes, explain how? _____

D) Available means of coping with alcohol abuse

19. in your view, is there need to help people who take alcohol excessively?

Yes No

If yes, how can such people be helped to stop taking alcohol

- a) -----
 b) -----
 c) -----

d) -----
e) -----

20. Are the above-mentioned ways of helping people to deal with alcohol-related problems available in your location? Yes No
If yes.....

KEY INFORMANTS

CHIEF

1. As the chief do you think alcohol taking is a problem in this location?
2. If yes what are some of the problems faced by the residents here in relation to alcohol taking?
3. Which alcoholic drinks are commonly taken by people in your location?
4. Which particular sex is highly involved in alcohol consumption?
5. What is the most affected age group?
6. Why do you think people take alcohol in your location?
7. Do you handle any cases as a result of alcohol consumption?
8. If yes, give examples of five such cases?
9. In your view does alcohol taking affect family relations?
10. If yes, mention some of the effects of alcohol consumption on the family?
11. How do the affected families cope with the problems posed by alcohol taking?
12. In your view, are there enough means of handling alcoholic problems in your location?
13. If not, what do you think can be done to improve on the above (12) situation?

SUB-CHIEF;

- 1 As the sub-chief, do you think alcohol taking is a problem in your sub-location?
2. Which age group excessively takes alcohol in your sub location?
3. Which group of people do you think takes alcohol excessively?
4. Why do you think people excessively take alcohol?
5. Do you handle any alcohol related cases?

6. Has alcohol consumption affected families in your area?
7. How do families cope with alcohol related challenges?

VILLAGE ELDER

1. Do you think alcohol taking is a problem in your village?
2. If yes, what are these problems?
3. Do you handle any cases as a result of alcohol consumption in your village?
4. Which alcoholic drink is common in your village?
5. In your view does alcohol consumption affect families?
6. How do the families cope with alcohol related problems?
7. Do you think your village has adequate means of dealing with alcohol related problems?
8. If no what would you suggest should be done to improve on this situation?

HEADTEACHER;

1. Is alcohol taking a problem in schools?
2. What are some of the problems experienced in schools due to alcohol taking?
3. In your view which age group excessively consumes alcohol?
4. Has alcohol taking affected your students?
5. How do you deal with alcohol related problems in your school?

FOCUS GROUPS

1. Why do you think people drink?
2. What are the advantages of drinking?
3. What are the disadvantages of drinking?
4. How do excessive drinkers cope with their drinking habit?
5. How does one's drinking affect his family and neighbors?
6. What are some of the methods that can be used to help the excessive drinker to stop?