

# **MA RESEARCH PROJECT**

## **ALCOHOL CONSUMPTION AND ITS EFFECTS AT HOUSEHOLD LEVEL**

**A CASE STUDY OF MAKUTANO SUBURBAN TOWN OF MERU  
TOWN, IMENTI NORTH DISTRICT, EASTERN PROVINCE.**

**PRESENTED BY: JANE KANYUURU**

**REG No. C50/ P/ 8869/ 2006**

**A PROJECT PAPER SUBMITTED IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS OF MASTER OF ARTS IN SOCIOLOGY  
(COUNSELLING), UNIVERSITY OF NAIROBI.**

**2009**

University of NAIROBI Library



0472953 9

Bd 339166

AFR

HN

5087

• KUK35

## TABLE OF CONTENTS

	<b>Page</b>
Table of Contents.....	ii
Declaration.....	v
Dedication.....	vi
Acknowledgement.....	vii
List of Tables.....	viii
Abstract.....	ix
<b><u>CHAPTER ONE</u></b>	
1.0 INTRODUCTION.....	1
1.1 Background of the study.....	1
1.2 Problem statement.....	4
1.3 Objectives of the study.....	6
1.3.1 Broad objective.....	6
1.3.2 Specific objectives.....	6
1.4 Justification of the study.....	6
1.5 Operational Definition of Terms.....	8
<b><u>CHAPTER TWO</u></b>	
2.0 LITERATURE REVIEW.....	8
2.1 Introduction.....	8
2.1.1 Background information on alcohol consumption.....	8
2.2 Review of past studies.....	11
2.2.1 The history of alcohol abuse in Africa.....	11
2.2.2 Colonial period.....	12
2.2.3 Post colonial period.....	13
2.2.4 Alcohol consumption and leisure.....	14
2.2.5 Precipitating factors to alcohol use and abuse.....	16
2.2.6 Effects of alcohol consumption.....	18
2.3 Conclusion.....	21
2.4 Theoretical framework.....	21

2.4.1 Observational learning theory.....	22
2.4.2 Motivational theory.....	24
2.5 Conceptual framework.....	2.5

### **CHAPTER THREE**

3.0 METHODOLOGY.....	27
3.1 Introduction.....	27
3.2 Site description.....	27
3.3 Target population.....	28
3.4 Sampling.....	28
3.5 Sources and methods of data collection.....	29
3.6 Data analysis.....	31
3.7 Problems encountered in the field.....	32

### **CHAPTER FOUR**

4.0 DATA PRESENTATION AND ANALYSIS.....	33
4.1 Introduction .....	33
4.1.1 Distribution respondents/ household heads .....	33
4.2 ALCOHOL CONSUMPTION BY RESPONDENTS.....	34
4.2.1 Types/ brands of alcohol consumed by respondents.....	34
4.2.2 Reasons for involvement in alcohol consumption by respondents.....	34
4.2.3 Duration of alcohol consumption by the respondents.....	35
4.2.4 Amount (in litres) of alcohol consumed by respondents per month.....	36
4.3 EFFECTS OF ALCOHOL CONSUMPTION AT HOUSEHOLD LEVEL ...	36
4.3.1 Number of children in households and effect of alcohol consumption on their education.....	36
4.3.2 Distribution of respondents according to their action when intoxicated with alcohol.....	38
4.3.3 Distribution of respondents according to consequences of their behaviour when intoxicated with alcohol.....	40
4.4 COPING STRATEGIES AT HOUSEHOLD LEVEL WHERE ALCOHOL CONSUMPTION OCCURS.....	41
4.4.1 Responses of household members towards alcohol drinking by members of household .....	41
4.4.2 Behaviour of household members as a result of alcohol consumption	

in household .....	42
<b>4.5 PROBLEMS EXPERIENCED BY MEMBERS OF HOUSEHOLDS AS A RESULT OF ALCOHOL CONSUMPTION.....</b>	<b>43</b>

**CHAPTER FIVE**

5.0 SUMMARY , CONCLUSION AND RECOMMENDATIONS.....	47
5.1 Summary and conclusions.....	47
5.2 Recommendations .....	50
5.3 Recommendations for further research.....	50

<b>REFERENCES.....</b>	<b>51</b>
<b>APPENDIX I .....</b>	<b>54</b>
<b>APPENDIX II.....</b>	<b>55</b>
<b>APPENDIX III.....</b>	<b>59</b>
<b>APPENDIX IV.....</b>	<b>60</b>

## DECLARATION

This Project Paper is my original work and it is the result of an independent study. It has not been submitted for examination in any other university to the best of my knowledge. Where it is indebted to other researchers' work, acknowledgements have been made.

Signed:  \_\_\_\_\_ Date: 14/07/09

**Jane Kanyuuru**

**Reg. No. C/ 50/ P/ 8869/ 2006**

This Project Paper has been submitted for examination with my Approval as the University Supervisor:

Signed:  \_\_\_\_\_ Date: 14/7/09

**Dr. Kiemo**

**Department of Sociology and Social Work**

**University of Nairobi,**

**P. O. Box 30197,**

**Nairobi, Kenya.**

## **DEDICATION**

This work is dedicated to my children: Kiogora, Gatwiri, Muthomi and Naitore for their moral and material support and encouragement as I went through the challenging moments during the study. God bless you abundantly.

## **ACKNOWLEDGEMENTS**

I am grateful to my immediate family, and especially my children; Kiogora, Gatwiri, Muthomi and Naitore, who have offered me support during the course of this M.A Project Paper; each in one's unique way.

I acknowledge my Supervisor, Dr. Kiemo, for his continued support, critical evaluation, suggestions, encouragement, and patience as he guided me throughout the research. This Project Paper is an outcome of the contributions by various individuals. Special thanks to: Dr. Kianda for his support, Monica Gitonga, Bundi Marete, Kibera, Ruth Gitonga, Chief Koome, Pastor Kithinji, Edward Kimathi, Pastor Edward Buria and Mrs. Frida Buria.

I am deeply indebted to Ezra Guantai for the support he offered in the course of data collection during the research, Special thanks to Ruth Ndereba and Seruya Buluma for typing, editing and designing this work. Thanks to all those who have contributed towards the success of the study, especially the respondents, who cannot be named individually.

Finally, I am grateful to God, for taking me through the study despite the challenges involved.



## LIST OF TABLES

	<b>Page</b>
Table 4.1: Distribution of respondents/ household heads .....	33
Table 4.2: Distribution of respondents according to types/brands of alcohol consumed .....	34
Table 4.3: Distribution of respondents according to reasons for involvement in alcohol consumption.....	34
Table 4.4: Distribution of respondents according to duration of alcohol consumption.....	35
Table 4.5: Distribution of respondents according to amount (in litres) of alcohol consumed per month.....	36
Table 4.6: Distribution of respondents according number of children and education status.....	36
Table 4.7: Distribution of respondents according to their actions when intoxicated with alcohol.....	38
Table 4.8: Distribution of respondents according to consequences of their behaviour when intoxicated with alcohol,.....	40
Table 4.9: Distribution according to response given regarding alcohol consumption in the household .....	41
Table 4.10: Distribution of respondents according to behaviour as a result of alcohol consumption in the household.....	42

## **ABSTRACT**

This study examined alcohol consumption and its effects at household level. The study was carried out in a suburban town of a main town. The researcher's interest in the study was initiated by the need to explore why people drink, who drinks, and also to examine what coping behaviours existed in households where alcohol was consumed.

The study's objectives were broadly to examine alcohol consumption and its effects at household level, reasons which enhanced alcohol drinking among adults at household level, explore effects of alcohol consumption at household level and establishing coping strategies used by household in relation to alcohol consumption.

The respondents were household heads who consisted who were alcohol consumers in the households and constituted the study sample. The researcher used a questionnaire which was completed by the respondents and an interview guide for the key informants.

Accordingly these documents were analyzed and data was used to make conclusions. Frequency tables and percentages that depicted various situations presented in this study.

Results from the study indicated that there was high alcohol consumption at household level, which led to rising social problems such as; domestic conflicts/ violence which was indicated by quarrels and fighting, deviance shown by dropping out of school by children. The reasons which led the respondents to alcohol consumption were indicated as; for leisure, to have a sense of belonging and peer pressure. Such problems have been found to have disastrous effects on the alcohol consumers in the household.

Recommendations were made based on the study findings.

## **CHAPTER: ONE**

### **1.0 INTRODUCTION**

#### **1.1 Background of the Study**

A drug is defined as a substance introduced into the body and changes the functioning of the body or the way a body works (Green berg H.R, 1970). Drug abuse is the administration of any drug in a manner that deviates from the approved mechanical or social patterns in a given culture (WHO, 1969). The intensity of drug abuse has been of major concern; it has invaded 'homes, schools, work places, villages and towns. It is affecting individuals of all ages and social status (UNDCP, 1992).The overwhelming effect of drug and substance use is an ever – expanding invasive problem in the world today (Namwoja, 1993). Alcohol is a psycho – active substance, but the society has allowed its use either socially or for medication. Alcohol is the oldest and commonly used drug (WHO, 1993).

Historically, alcohol provided a medium of exchange, facilitating economic reciprocity within the community in the form of barter. In Kenya labour was a very common affair although the exact exchange rate was difficult to quantify. From early period in South Africa, Spirits and later Wine tots were used as a method of payment for manual labour (Deborah, 2002).The “drug problem” is not a recent phenomenon in the world. People, have used or misused one kind of drug or another throughout the ages. Its use is sometimes an inherent and accepted part of some culture, for example alcohol drinking in Western countries, or miraa chewing in Somalia and Meru district in Kenya. The enslavement to drugs deprives society of the most valuable contribution the individual can make of an intelligent, fully functioning human being motivated and able to make a contribution to life in the community (I.L.O, 1985).

The true picture of the cost of substance abuse may be seen, only when the costs of alcohol abuse are also considered. This is estimated to be three times as much as that of drugs in Western societies.

The society bears the full burden of all direct costs either through loss in human potential or loss of industry and social as well as medical services. The hidden costs to society should also be taken into account. Traditional alcohol use and its rising consumption in developing countries present separate, but related set of problems which complete the complicated substance abuse picture. Multiple drug abuse, often in combination with alcohol is becoming the rule, rather than exception and characterizes today's substance abuse practices (Lausanne, 1984).

Many developing countries, Kenya included, are only just feeling the full brunt of modernization with the great social upheavals that they create. Faced with unemployment and despair in the rural areas, many youth are lured by the promise of the cities and towns. The absence of the familiar social support system and inexperience in coping with problems in a big city combine to form an ominous threat (Lausanne, 1984). The general weakening of the family structure causes the addict to be deprived of essential and social support. Divorces are common and predictable in such situations moving the addict further into fringes of society.

Employment being less likely, the addict is forced into the criminal subculture. Criminality becomes the order of the day pushing drugs, stealing and other acts of deviant behaviour. It is clear that, step-by-step process of alienation has an impact on the individual, of which the direct and the indirect costs to society become incalculable. Illegal drug use has been singled out as a predominant factor in the high death rate among the youth. Alcohol related accidents show further ominous signs. Drug and alcohol abuse play a major role in rising rate of absenteeism, illnesses, accidents, lower productivity, personnel turnovers and many others. This is a major cause of financial loss in industry. Substance abuse – related problems have reached such proportions that have at times, aroused protests from other workers. In such cases, the workers demand that the management should come into grips with drug abuse issue in the work abuse in the work place and make it a safer place to be (Lausanne, 1984).

The legal – illegal situation of alcohol and drugs is an important consideration, which requires follow – up. The alcohol user even if labeled “alcoholic,” is less frequently forced into different world. Alcoholism is said to be a primary chronic health problem with genetic psychosocial and environmental factors influencing its development and manifestations. The problem is often progressive and fatal; it is characterized by continuous or periodic impaired control over drinking pre – occupation with the drug, use of alcohol despite adverse consequences and distortions in thinking, most notably denial (I.L.O, 2003).

In alcohol, ethanol is the active ingredient in any alcoholic beverage. In any alcoholic beverage it is the same; whether found in beer, wine or liquor (Spirits). Harmful effects of alcohol consumption can be numerous. These include drowsiness slower reaction time, deterioration of motor performance and coordination skills, loss of concentration and memory and deterioration in intellectual performance. Long – term use of alcohol can cause liver cirrhosis. Alcohol poisoning and death can occur if alcohol is consumed in excess, whether in a single instance or over an extended period of time (I.L.O, 2003).

Alcoholic drinks have been consumed in most parts of Africa for centuries, yet it is only in the last decade or so that it is being recognized as a major cause of health, and socio – economic problems. In spite of this alcohol was widely consumed in East Africa and was an indispensable part of life in villages. No doubt most of the elderly members of the family drank because beer was readily and easily available (Acuda, 1986).

The origin of alcoholic beverages goes back to the ancient days. The origin of alcohol fermenting and consumption goes as far back as to the beginning of agriculture, when man started to settle down as a “farmer” and not a fruit gatherer. However researchers have not struck a compromise as to how and for what reason alcohol was discovered, but what is clear is that, alcohol was used during particular occasions, such as; initiations, marriage, religious functions (Einstein, 1970), McCarthy (1979).

## **1.2 Problem Statement**

Alcohol is a psycho – active substance, but the society has allowed its use either socially or for medication. Alcohol is the oldest and commonly used drug. Prolonged alcohol abuse may lead to family disintegration and financial hardships. The emotional development of children and their education may be subjected to violence in families, where one or both parents abuse alcohol (WHO/ PSA/ 1993).

The misappropriation of family resources is quite common among alcohol abusers. Productivity diminishes and may lead to loss of a job, then fall in income of the individual, increase in theft cases, assault, fraud, murder and sexual offences due to alcohol dependence. The incidence of domestic violence, child abuse, divorce, separation, neglect and cruelty to a partner has been associated with alcohol dependence (WHO/ PSA/ 1993). Therefore, although alcohol benefits a small percentage of the population and government as a source of revenue generation, much of the earnings are used in treating people with alcohol related ailments.

Alcohol abuse has caused untold sufferings both to the user and people who are directly or indirectly depending on the alcohol abusers.

Much emphasis has been placed on drugs which are said to be illegal drugs, as far as laws of the country (Kenya) are concerned. Such drugs include: Cocaine, heroin, cannabis sativa (bhang'), tobacco (cigarettes), khat (miraa) and others as compared to alcohol. Most governments, Kenya included have put more pressure in controlling these drugs which are called “illegal” forgetting alcohol despite the consequences associated with it directly, or indirectly. Although many people are aware about the consequences of alcohol consumption, many of them who consume alcohol are lured to it and some become addicted. Less attention has been paid to alcohol abuse despite the consequences associated with it.

The intensity of drug abuse has been of major concern; it has invaded homes, schools and villages, affecting individuals of all ages and social status (UNDCP, 1992). The overwhelming effect of drug and substance abuse is an ever – expanding invasive problem, in the world (Namwoja, 1993).

In the literature written about alcohol consumption, in print media, conference reports and journals, there is growing concern about the problems associated with alcohol abuse.

Many organizations which include; World Health Organization (W.H.O), United Nations Fund for Drug Abuse Control, the United Nations Narcotic Commission, N.A.C.A.D.A, individuals in social, civic and political positions and scholars from various fields, have all voiced their concern over the problems associated with alcohol abuse, which is the legally and socially accepted, irrespective of its adverse effects on the user and those around the person.

In this regard this study focused on alcohol consumption and its effects at household level.

The study was guided by the following research questions:

1. What type or brands of alcohol are consumed in households?
2. Why are people involved in alcohol consumption?
3. What are the effects of alcohol consumption?
4. What coping strategies the households use in dealing with issues related to alcohol consumption?

### **1.3 Objectives of the Study**

#### **1.3.1 Broad Objective:**

To examine alcohol consumption and its effects at household level.

#### **1.3.2 Specific Objectives:**

1. To examine reasons which enhance alcohol drinking among adults at household level.
2. To explore effects of alcohol consumption at household level.
3. To establish coping strategies used at household level in relation to alcohol consumption.

### **1.4 Justification/ Rationale of the Study**

Alcohol abuse lead to household instability and financial hardships. The emotional development of children and their education may be compromised if parents abuse alcohol. Children would be subjected to violence; there would be misappropriation of household resources which is quite common among alcohol abusers. Productivity diminishes, and would lead to loss of a job, then fall in income, child abuse, divorce, separation, neglect and many other effects (WHO/ PSA/ 1993).

Alcohol is a source of government earnings in Kenya, but much of the earnings are used to treat people with alcohol abuse related ailments (Source, Internet <http://www.g12.net/africa112.html>). Absenteeism from work is a common feature among the alcohol abusers, which leads to low productivity or sometimes to loss of jobs or ailments. As brought out in the problem statement, that alcohol consumption has diverse effects, on individuals and the community/ society a whole, although some positive contribution occur in alcohol consumption, negative effects have been seen to outweigh positive contributions.

This study focused on consumption of alcohol and its effects at household level.

The information obtained from the study would be useful in the developing coping strategies to prevent or reduce alcohol consumption and addiction, by planning for necessary programmes which would involve members of households.



The findings would also give guidance as plans are put in place for individuals in households already addicted, where treatment measures are considered and planned for. The information from the study would also be useful in planning for training for household members who lived with individuals, who were already addicted, to attain coping skills; which would be essential in handling behavior of addicted members as well as the trauma caused to non-alcoholic members in the household. The information would be useful to planners in assessing the need for infrastructure which would be used to assist in handling individuals in the households who are already alcohol addicts and require specialized handling and treatment, therefore establishment of a rehabilitation center would be guided by the information from the study.

The findings of the study will be part of the reference materials for use by learners. The information obtained can be useful to policy makers in development of policy guidelines on alcohol consumption.

## **1.5 Scope and Limitations**

**The Scope** – The study of alcohol consumption and its effects at household level.

### **Limitations**

In the study, the sample size was small. If adequate financial resources/ funds and time were available, a larger sample would give better results, hence more reliable. This makes generalizations more valid and reliable; would be used to generalize the findings concerning all households.

It is possible that some respondents exaggerated their answers/ responses to magnify the problem, or ignore the magnitude and information about the problem of alcohol consumption. Some materials sought on the topic were not readily available and took longer time than planned to obtain adequate information.

## **CHAPTER: TWO**

### **2.0 LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

##### **2.1.1 Background information on alcohol consumption:**

Alcohol is the oldest and commonly used drug of abuse. Alcohol is a psycho-active substance but the society has allowed its use by the public either socially or for medication.

In chemical terminology, alcohols are a large group of compounds derived from hydrocarbons, containing one or more hydroxyl groups. Ethanol, also called ethyl alcohol is one of these classes of compounds and is the main psycho – active ingredient of alcoholic beverages.

Alcoholic beverages come in many forms as:

- Those prepared by fermentation, i.e. traditional beers (busaa, mnazi, muratina, e.t.c) and bottled beer.
- Those prepared by distillation, that is: wines and spirits (illicit spirit, whisky, vodka, rum e.t.c).
- Other non – beverage alcohols include: methanol, also known as wood alcohol is chemically the simplest of the alcohols.

It is used as an industrial solvent and also to denature ethanol and make it unfit to drink (Methylated Spirits). Methanol is highly toxic, depending on the amount consumed; it may produce blurring of vision, blindness, coma and death. Therefore this is a health risk.

Alcohol is possibly the most available and accessible drug through out the world. Its initial effects are ones of mild euphoria, leading to intoxication and disinhibition. Alcohol has “physical dependence” producing and tolerance is developed at high levels of usage. Medical problems have been classified as a consequence of either acute episodes of drinking; which bring about short term impairment and loss of control in the individual and may lead to violence, physical disorder, peptic ulcers, poor concentration and defective memory.

Hence alcohol abuse has adverse effects on the health of people who abuse it; which may depend on the amount of alcohol consumed length of time of alcohol abuse and in some cases genetic predisposition (NACADA 2007).

In November 2000, at least one hundred and fifty Kenyans died, many went blind and hundreds of others hospitalized after consuming illegally brewed and poisonous liquor – “kumi kumi” in the poor neighborhoods of Mukuru Kwa Njenga and Mukuru Kaiyaba. “Kumi kumi” (a poisonous liquor) contains methanol and other additives such as car battery acid and formalin (WHO, 2004).

The consumption of alcoholic drinks in general has been seen by different scholars to be of ancient origin. The origin of alcohol brewing and drinking is traced back as the beginning of agriculture. Abuse of alcohol may occur when consumption by an individual exceeds the limits that are accepted by one’s culture, when the consumption occurs at times deemed inappropriate within the culture, or when the intake of the alcohol becomes great as to injure the health or impair the social relationship (Douglas and Meredith 1972, McCarthy 1979)).

Earlier researchers in Kenya may have paid some attention to the topic on drug abuse. Some of the available literature seems to touch on such issues as; social economic effects of Khat (Haji A., 1985); The effects of khat growing and use on the quality of education of male youths (Mugambi, 2005), Alcohol abuse by young women and influence on family institution (Githuthu F.W, 2005), Drug and substance in public primary schools in Nairobi (Michieka, 2006). The social-Economic effects of Alcohol Abuse on Agricultural Plantation Workers (Guantai 1982, Ongaga 2007); Drinking among the youth in developing urban centre (Mac’Butongire, 1987). Hence a number of studies on drugs and substance abuse, like; Nyabonyi (2001), Acuda (1982), Amony (1988), Namwoja (1993), whose main focus group has been the youth in learning institutions and out of school. Some studies on alcohol abuse in particular not within the general perspective of drug and drug abuse, have involved alcohol abuse by young women (Githuthu F.W, 2005), (NACADA, 2007); have concentrated on the youth.

Less attention has been paid on the people in the society who are not in the category of the youth; they have ages below that of the youth or one that is beyond that of the youth. Therefore this study tried to address issues of alcohol consumption by adults from a perspective of a household irrespective of the gender.

Earlier researchers in Kenya may have paid little attention to this phenomena affecting people across all ages, since most available literature seems to draw from Western societies (Britain, America) and in Kenyan situation, literature scholarly research which has concentrated mainly on the youth include; Acuda (1982), Amayo (1988), Namwoja (1993), NACADA (2001); who have concentrated on the youth in post – primary colleges and universities, Mugambi (2005) has handled the effects of khat growing and use on the quality of education of the male youths, Nyabonyi E.M (2006), drug and substance abuse, a case study of public primary schools in Nairobi, F.W. Githuthu (2005), Alcohol abuse by young women and its influence on the family institution; among others.

Therefore there was need to carry out a study on alcohol consumption involving adults of all gender and attempted to understand the in-depth issues of alcohol consumption by these individuals in households in Makutano suburban town, of Meru town, Imenti North District. The information obtained has assisted in shedding light on the problems of members of these households experienced as a result of alcohol consumption. The information led to identification of problems associated with alcohol consumption concerning the adults in the households, for them be adequately addressed.

In order to address the issue of alcohol consumption in a broad perspective and provide a wider conceptual understanding of it, as well as the depth of the issue of alcohol consumption and its effects on households; a critical review of literature was undertaken. On this basis, the following is a review of the first studies relating to alcohol consumption by human population.

## **2.2 Review of Past Studies**

### **2.2.1 The History of Alcohol Abuse in Africa**

Consumption of alcoholic beverages is not a new phenomenon in the history of human being. What has only changed is the way of extracting, fermenting and brewing the alcoholic beverages. Human beings have been using alcohol and plant derived drugs for thousands of years, since *Homo Sapiens* first appeared on the planet (Oakley, 1993).

Recorded history indicates that, some of these drugs are not just for their presumed therapeutic effects but also for recreational purposes. According to Parry and Bennett's (1998), alcohol has featured prominently in our continents social and political history. Sorghum, Millet beers and Palm wine dominated and were usually of low ethanol content. Traditional African beer played an important role in the cultural and religious lives of people for many centuries.

In some of the highly developed ancient cultures, psychoactive plants played important economic and religious roles. But there is also evidence that some people have always ever used, misused or abused these substances, where alcohol being among the oldest drug has been found to be abused. Alcohol consumption was a major concern of this study, and its effects in households.

Alcohol like the khat is one of the few moods – altering substances or drugs that are socially and legally used by many people. Just like khat, not everybody who uses alcohol has problems or ends up getting problems. There are some categories of people and individuals who use the drug but are able to control its use in a manner that it ends up not causing them or their families any problems. However, majority are unable to control alcohol use, which results in grief problems. Individuals, who use alcohol excessively / constantly end up either performing poorly in school, at work, in relationships (family responsibility), drop outs of school, altogether cause family disintegration (Ongaga 2007).

There was triadic contest for authority between elder men, younger men and women with elder men maintaining ritual and moral authority symbolized through their exclusive access to alcohol. Alcohol production and consumption was highly seasonal especially with respect to the grain based beers where the alcohol drinking occasions was based on the agricultural cycles at a time when there was successful grain harvest and there was cause for celebration and giving thanks to ancestors. Alcohol production was well scheduled in specified times in the year and not brewed all the time as this currently in Kenyan society, in meet communities. This curtailed the issue of overuse to a great extent.

The traditional drinking modality was strongly associated with male elders who held the highest status in Africa's rural communities .Relevance of special drinking modality faded as colonialists invaded the African traditions. (Songre, 1962)

Tensions existed largely falling along familiar age and gender lines. Throughout the period, women have been the main producers and the men especially the older ones until recently the main consumers. There have been pharmacologic revolutions influencing change of attitude and behavior regarding drugs and drug abuse. The nineteenth century saw the developments of drugs used for specific purposes. The social picture of drug taking behavior showed signs of complications. Prominent leaders and professional called for attention to social problems resulting from widespread abuse of alcohol, cocaine and opium among others. Their use caused a critical factor in the 20<sup>th</sup> century (Willis J. (2002), Oakley (1993). So this study aimed at assessing problems resulting from alcohol consumption in households.

### **2.2.2 Colonial Period**

With advent of the colonial era the state became the fourth agent in the contest of authority over alcohol. During colonial period maize grains were introduced to replace sorghum millet and palm and brewing became more commercialized, women were the main producers' .Alcohol availability increased and became a source of income where women played a more central role in production, sales and consumption. Introduction of sugar enhanced ethanol production and this boosted production of alcohol in Africa. (Willis J. (2002), Deborah (2000).

### **2.2.3 Post Colonial Period**

Traditional fermented drinks have variously been officially deemed nutritious and important to the local diet, unhygienic and dangerously impure, a detriment to nation building and progress; and important to the local economy in a global market. The implications of the alcohol consumption in these households eventually trickle down to the larger society. This study dealt mainly with a setting which is more of urban nature unlike post colonial period where most alcohol consumption occurred in a rural setting. At the end of the 19<sup>th</sup> century, these brews still remained a central feature of cultural rituals, such as birth, marriage and death ceremonies across most of the region. After the first two decades since independence, the industrial production of alcohol expanded rapidly throughout the continent. State monopolies figured prominently. Alcohol production offered reliable and quick profits despite innumerable handicaps faced by African Industry. All those activities promoted alcohol abuse among urban dwellers and later rural population.

Alcohol consumption increased in terms of widening availability and array of alcoholic drinks. Different types of brews were consumed, some of which include:

- Home brewed beer and sap wine (Alcohol Content, 2.4% by volume).
  - Commercial cottage industry brews (6.9% Alcohol content by volume).
  - Commercial manufactured opaque beer (3.0% Alcohol by volume).
  - Commercial manufactured bottled beer (4.0% Alcohol content by volume).
  - Commercial cottage industry distilled beer (20.0% Alcohol content by volume).
  - Commercial distilled imports (40.0% Alcohol content by volume).
- (Hawworth et al 1981, Ngindu 1982, Willis J. 2002).

Researchers have always been keen to study drug abuse and alcohol abuse by adolescents and young adults, because this is the age when drug abuse begins and reaches its highest levels (Mitchel, 1999). Also the adolescent group is the one that has individuals, who are at risk of other deviant behaviours.

Much attention by earlier scholars has been on adolescents and young adults, in regard to drug and alcohol abuse. This study explored consumption of alcohol, not only by adolescents and young adults but also by older ones who in some way influence the behaviour of adolescents, young adults, as well as children directly or indirectly.

#### **2.2.4 Alcohol Consumption and Leisure**

Leisure is the time when a person is free to choose what to do without compulsion from personal necessity, parents, older people and authorities of various kinds in the society. African traditional communities lived in a rural setting and their lives were controlled by natural order of wet and dry seasons. When it seemed appropriate there would be special leisure occasions lasting a whole day/ night or longer to celebrate marriage, successful hunting or victory against enemies. There would be dancing, feasting or beer drinking for those eligible to take part. The older men enjoyed beer drinking on special occasions. Ideally beer drinking was a preserve of elderly people in the African society.

Strict measures were followed to contain cases of abuse but still allowing for enjoyment of beer drinking of such occasions. It is generally considered normal for adults to drink alcoholic beverages but there are more youngsters who have tasted and actually consumed alcoholic beverages today, and the number is steadily increasing (Moser 1974, Welch 1988).

Currently in Kenya, among many leisure activities the young people involve themselves in; they have the tendency of misuse of leisure. They involve themselves in smoking tobacco, in form of cigarette, drinking alcohol and using other substances which are usually called drugs, to try and escape from immediate problems or obtain strange experiences. Alcohol is usually used by anybody who can afford, whichever brand, irrespective of the age or gender. This has allowed alcohol abuse by diverse categories of people, in terms of gender, age, economic and social backgrounds, professionals and non – professionals. The alcohol abuse is in rural as well; as urban areas, has led to devastating effects on those who abuse it, especially in relation to quality of education, where individuals are unable to complete their basic education or they perform very poorly (Namwoja, 1993).

Other problems associated with alcohol consumption include disintegration of the family which consequently leads to other social issues as deliquescent acts, crime, prostitution and many others.



Although children were forbidden to engage in alcohol consumption in any African community in the Western countries, quite a number of communities allowed and encouraged children to consume alcohol.

In the Italian culture, the use of wine seemed to grow with Italian child; where a few drops of wine were added to water during early childhood. This continued to dry brandy during adolescence. In this case over indulgence was allowed without fear and generally eating and drinking became extrically connected and related. In Ireland, an individual who was drinking was seen as a good fellowship member and as a means for the individual to express a sense of belonging. (Cross, 1968)

Among the Meru people, in the traditional set-up after a long days work, especially communal work was usually accompanied by traditional beer. This was usually a celebration of the long day's work or season's work. Therefore alcohol consumption depending on the culture occurred at different times for given reasons. However the amount of alcohol taken, that is alcohol content in the alcoholic drink had to be regulated, either by dilution as in the case if Italian culture or taken occasionally for given reasons, as in the case of the Meru people. This would prevent extreme intoxication and addiction due to alcohol consumption. So the issue of alcohol content in the alcoholic drink was usually taken considered and moderated.

This means that the issue of addiction was taken care of by the society, where in the African set-up, in most communities; children were not allowed to indulge themselves in alcohol taking.

For students, drug and alcohol taking is a breather from work and celebrated forms of relaxation. Though there are varied forms of leisure for students and other people, the magnitude of drug problem in Kenya has to be addressed. For students there are a lot of alternatives in leisure activities requiring little expenditure, for example; group work, visiting than to indulge in drug uses and abuse. In Kenyan society, forms of leisure involving drug and alcohol abuse are gaining ground especially amongst the young people. This raises special problems which vary in danger, in health, social and psychological aspects of life (Welch 1998, Yambo 1983).

The drinking of alcohol has a market in social, political and cultural sectors, but at the same time, it has created many social problems such as alcoholism, immorality and related diseases. Deviant behaviour in this regard also involves smoking cigarettes (Gakuru, 1988).

Regarding production and consumption of drugs, Kenya has permissive drinking hours and boosted by the advertising that goes on through Government owned and private owned radios and television stations. Reflections of indulgence in drug use and abuse are the self-neglect, academic deterioration of children in school who have related repeated violence in families (Marcus 1991, Mwaniki 1982).

Attention is often centered on the drug of addiction such as marijuana, amphetamine and morphine. To establish which drugs were freely sold illegally, Wasuma and Wasuma (1973), in their study organized visits to the largely mobile crowds of Kenya. Their findings confirmed that the drugs were being sold by men, at open bus stations, open air markets and aboard trains and lake steamers. Therefore, in this regard, the study focused to find out whether access to alcohol in Makutano suburban town of Meru town, is legally or illegally obtained; if the alcoholic drinks sales are licensed or not and then establish alcoholic drinks which are sold illegally without being licensed. This study also undertook to establish the indicators of alcohol abuse exhibited by individuals who consume alcohol and identify the brands of alcohol consumed by them. The study also undertook to identify the brands of alcohol accessed, used and abused by individuals in this suburban town.

#### **2.2.5 Precipitating factors to alcohol use and abuse**

In relation to sale of alcohol, Kakonya (1981) touches on the laws governing liquor. There are people who virtually earned their living from illicit spirit brewing and selling who were mostly the landless especially those living in slums in various towns and around the countryside. In general the enactment of laws concerning the banning of illicit brews has increased the consumption of these traditional liquors than it was before.

The persistence of poverty in Kenya has increased the consumption of illegal brews as the government continues licensing more bars, which cater for small population. The consumption of illicit brews would never stop in the near future instead the government should consider regulating the industry.

Kakonya (1981) articulated the history of laws governing liquor consumption in Kenya; and gave a workable solution towards regulation of liquor.

Drugs are widely used, some legally and others illegally. The issue of drug abuse refers to situations in which groups or individuals are abusing drugs, in a way to attract the disapproval of the rest of society, this leads to deviant or excessive use of drugs (Oakley, 1996).

In the study of the unmarried women of Mathare the researcher observed that they operate a multiple number of businesses that include urban farming, prostitution and brewing alcohol. The influx of people into such business increases year by year, due to inability of the formal sector to provide job opportunities for increasing population. In another study conducted at Botsotso location, it was note that illicit spirit consumption had reached alarming proportions and warrants a study. Government's effort to raise standards of living had been hampered by such obstacles as illicit spirits' drinking (Askoya 1984, Mwangi 1975).

Brewing of illegal alcohol falls under the category of people, who have come to the urban areas and have no job, nor qualification for a formal job, and also no available capital to start a well organized business. A good majority of those who have been forced out of school for reasons such as getting pregnant for girls or who have been unable to further their education due to lack of school fees; or failing of examinations flock to urban areas.

They do this to join relatives and try to look for any kind of job, though some come with pre – determined mind on what they want to attain. Failure to achieve their aspirations, they end up in any other alternative available, which include hawking of goods such as sweets, cigarettes, fruits, kiosk attendants and others roam streets day and night contributing to congestion, pick- pocketing, drug and alcohol use. Brewing of illegal alcohol falls under this category of people. Not all those in the

informal sector have been pushed there by circumstances of lack of jobs. Some can engage themselves in brewing of illicit spirit as part time activity or supplementary to their incomes. Some people are driven into the informal sector to start their own business, due top failure to obtain what they had aspired, as they migrate into the urban areas (Donde 1984, Todaro 1977).

Inadequate supply of land drives many rural people, young or old, to seek for direct source of cash. Brewing of traditional beers, offers jobless people direct cash required to survive. Since the closure of busaa clubs by former president Moi, who was the president by then, that is 1979, increase in illicit spirit brewing, has continued legalized beer and whisky are expensive, the other cheap alternative brand of beer available in most rural and urban areas was illicit spirit. At the same time illicit spirit was more profitable to the brewers as compared to busaa. Illegal brewers often operating under very unhygienic conditions, continue to flourish (Donde 1984).

The information obtained from this study led to identification of the contributing factors towards alcohol consumption in households and intervention measures to be put in place.

### **2.2.6 Effects of alcohol consumption**

The increase in alcohol consumption both in the rural and urban areas is attributed to rapid changes taking place in developing countries. The cultural socio – economic and environmental spheres are so rapid that people hardly have time to adjust to them. Inevitably this has led to stress and conflict. Given other factors; such as availability of alcohol abuse and change in drinking patterns all over the country (Arif, 1980). This could be reflecting in the changing patterns in the society have found themselves in.

Lack of recreation or proper use of leisure time causes a problem to migrants to cities and towns. Available recreational facilities cater for relatively few. Wanjiru (1979) found out that, up to 60% of the people interviewed in a crowded informal settlement in Nairobi, complained of lack of something to do in their free time and gave this as a major reason for resulting to alcohol. Adjustment can cause stress and

this may account for excessive use of alcohol among urban dwellers. Inflation and unemployment has affected school leavers, rural – urban migrants and others. Most of them roam in the cities and rural areas in hope of getting work (Wanjiru, 1979). Such people become a frustrated group, and may result to use of drugs and abuse alcohol.

The major ideological task of the adolescent is to form a stable identity, so that they can pass into adulthood successfully. The period of adolescence is characterized by conflicts between parents and adolescents, mostly on issues such as sex, alcohol and drugs.

The business of illicit spirit brewing and drinking on a reasonably moderate scale may have one or two positive contributions to development. Brewing of illicit spirit has provided some income to unemployed women with a source of income and employment such that they can lead a normal life of enjoying the basic amenities, rights and privileges. Indeed many people have benefited by getting their education via this business (Askoya 1984). Human resources constitute the ultimate basis for the wealth of nations. Human beings are the active agents who accumulate capital, exploit natural resources, build social – economic and political organizations and carry forward national development (Askoya 1984, Todaro 1976).

Excessive drinking of illicit spirit makes people forget their responsibilities. Workers have to nurse hangovers in the morning cannot work to produce to their optimum. This is due to lateness, absenteeism and generally planning how to get their next drink and thus lose interest in the job. Excessive drinking of illicit spirit may lead to break up of marriages, which may harm the well being of the children, who may end up being abused and their lives endangered in many ways. Illicit spirit generally ruins people's health, filters off financial resources that could be more useful elsewhere. In general excessive drinking of alcohol harms the whole nation (Askoya 1984).

The major ideological task of the adolescents is to form a stable identity so that they can pass into adulthood successfully. The period is characterized by conflicts between parents and adolescents mostly on issues of sex, drugs and alcohol. Teenage drivers contribute substantially to motor vehicle related deaths, their own

and for others. Teenage drivers have elevated rates of fatal crashes, perhaps the greatest concern in the fact that a great deal of teenage drinking among moderate to heavy drinkers takes place in or around cars. The major health problems of teenagers in the United States are injuries associated with drinking and motor vehicle use (Karpf and Williams 1993, Miano 1999).

Drunkenness reduces production out of absenteeism, industrial accidents, inefficiency and carelessness, corruption forgery and embezzlement are crimes which an alcoholic may engage in to support the drinking. Many drunkards lose their employment, among other reasons. Consumption of cheap illicit brews like illicit spirit deprives licensed liquor producers of sales thus depressing the amount of exercise duty paid to the government. Alcoholism is blamed for the decline of moral standards and cause many problems. Abuse of alcohol causes family breakdown or disintegration, divorce, desertion, homicide, wife victimization, battered husbands, road accidents and juvenile delinquency due to family disorganization.

The brewing, distilling, and selling of alcohol was found to be a major occupation in the crowded slum area of Nairobi. Given other factors such as availability of alcohol, it is not surprising that there is a sudden increase in alcohol abuse and drinking patterns among the population all over the country. This could be reflecting the changing patterns, where both youth and older people, sometimes children have found themselves in irrespective of gender, (Arif 1980, Musanga 1998, Omukoko 1978).

Alcohol consumption for instance leads to negative consequences, such as deaths and ill health, which may affect the family greatly; psychologically at times leading to trauma and depression, causes financial constraint and coping becomes difficult. An example of resulting death from lethal alcohol drink in Kigumo division, Murang'a District in September, 1996, which appeared in print media news, on the Daily Nation, Friday October, 4<sup>th</sup> 1996, indicated that about the death of twenty people (Oyugi, 1998).

## **2.3 CONCLUSION**

Given the literature, earlier researchers in Kenya have paid some attention to such areas as social economic effects of khat, (Haji, A 1985) and the effects of khat growing and use on the quality of education of male youth, (Mugambi R.K 2005).

Most of the studies have focused on general aspects of drug abuse by the youth. A few studies which have tried to research on alcohol abuse for example Ongaga (2007) was on a particular group of people "Agricultural plantation workers." NACADA has conducted studies on drug abuse with a focus on the youth.

Therefore gaps have been identified in the literature, where less attention has been paid on adults (eighteen years and over). The area of focus in this study was particularly on both male and female adults in relation to alcohol consumption in the households and its effects on the members of the households. This area has not received much attention by earlier researchers and especially where both genders are considered.

## **2.4 Theoretical framework**

The basic aim of Science is theory, where a theory can be seen as informed generalization about observed or conceptualized phenomena and patterns. It aims to find general explanation of natural events.

Theory means different things to different people. According to Abraham (1982), theory is defined as a conceptual scheme designed to explain observed regularities, or relationships between two or more variables. He also says that, a theory is a plausible explanation about social phenomena or a class of social phenomena, logically construed and systematically organized, that underscores the relationship between two well defined variables. Kerlinger et al (1964) defines "a theory as a set of interrelated concepts, definitions and prepositions that present a systematic view of phenomenon by specifying relations among the variables with the purpose of explaining and predicting the phenomena."

This means that the very nature of theory lies in its explanation of observed phenomenon. According to Singleton et al (1998), "all empirical studies should be grounded in theory." That is, they have to be conducted scientifically and should be

empirically testable. Abraham (1982) argues that, although theories are systematically organized they are not law – like proposition.

This study was guided/ informed by theories which included:

Observational Learning theory by: (Bandura and Walters 1963), motivational theory, by Maslow (Engler B.1995) and McGregor's (1960).

#### **2.4.1 Observational Learning Theory**

“Social learning” is a concept which evolved from awareness that, much learning takes place as a result of observing and imitating other people's behaviour.

“Social learning” refers to all learning in a social situation. “Observation learning” is one of the processes used for social learning in which individuals watch events, persons and situations for cues on how to behave (Bandura and Walters, 1963). Therefore “Social learning” can occur by exposing and imitation alone, where the person observes and then patterns behaviour after that of the important people, for significant others in one's life.

Much of people's behaviour is acquired by “observational learning,” that is learning patterns of behaviour by watching others and deciding what to imitate.

Bandura and Walters (1963), says that, in order to survive, people imitate directly those around them and “social learning theory” is the general term for this imitation of which “observational learning” is a process that is part of the “learning theory.” For example a child learns speech patterns, personal habits and how to react to other people from a parent, who is the socialization agent to the child. So the child learns and patterns behaviour by imitation. Bandura and Walters (1963) in Newman and Newman, (1999) says that “changes in behaviour can occur without being linked to a specific pattern of positive or negative reinforcement and without numerous opportunities for trial and error practice.”

Human beings can observe and acquire both positive and negative experiences. In most cases, any time a person observes others, they can learn from them experiences and such learning can influence their behaviour either positively or negatively.



Individuals can become aggressive through observational learning, for example through the media, where people tend to observe and imitate models either as advertised in the media or in role modeling in the surrounding. Young people tend to imitate aggressive prestigious model that control resources and are rewarded.

One can learn certain behaviour and also acquire a motivation to perform or resist performing that behaviour depending on what is learned about the behaviour (Bandura in Newman and Newman 1999).

Most culprits of beer drinking observe others when drunk and eventually end up taking alcohol. The youth and children observe and learn how their parents abuse alcohol and eventually they would do the same.

In a household, the younger children observe the older siblings or close relatives drink and as a result learn to drink later in life. The effects of observational learning on people's behaviour can be powerful and not always for good. It may contribute to the development of unhealthy behaviours; such as smoking, alcohol use and abuse, especially among adolescents. For the adolescents, observing peers who smoke or drink contributes to teenagers, own decision to start drinking alcohol and also smoking.

In a household, where members live together, they keep on observing and learning from one another, especially in regard to alcohol taking and the individuals may influence one another.

This theory could be used in understanding why people in a household, irrespective of age or gender, would eventually find themselves using and abusing alcohol. Observational learning theory applied to the study as it attempted to explain the behaviour of alcohol consumption among members in households. As the adults took into the habit of alcohol consumption in presence of children and young people (below eighteen years) who observed what the adults were doing; would eventually imitate the actions of the adults. The children in absence of the adults would then try taking alcohol as adults did and consequently would get into the habit of alcohol consumption through imitation. When the children and young people (below eighteen years) continue with the habit of alcohol consumption over a long period of time, it may lead to addiction; and other effects (mentioned earlier in the problem statement).

## **2.4.2 Motivational Theory**

This theory emphasizes that there are forces or drives which motivate human behaviour, and as a result lead to the shaping of the behaviour of the individual. The theory tries to explain the role of goals in regard to shaping of the person's behaviour.

Maslow (1970) in his hierarchy of needs described five basic needs in order of their strength. These are physiological needs, safety needs, belonging and love needs, self-esteem needs and self-actualization needs. Each lower need must be satisfied before an individual can become aware of or develop the capacity to fulfill the needs above it. As each is satisfied, the next higher order attains importance. In some cases individuals find it difficult to satisfy even the lowest needs, (Engler B. 1995).

The strongest needs of all are the physiological ones that pertain to the physical survival and biological maintenance of an organism. These include: need for food, drink, sleep, oxygen, shelter and sex. If the biological needs are not met, for a protracted period of time, an individual will not be motivated to fulfill any other needs. The person who is starving has no other interest other than obtaining food, (Engler B. 1995).

Safety needs refer to the organism's requirements for an orderly, stable and predictable world. This can be seen clearly in young children or individuals who live in unsafe environments. They are helpless and dependent; prefer a certain amount of structured routine and discipline. The absence of those elements makes an individual anxious and insecure. (Engler B. 1995).

Once physiological needs are met and safety needs met, needs of love and sense of belonging arise. The individual seeks affectionate and intimate relationships with other people, needing to feel as part of various reference groups; such as family, neighbourhood, or a professional association. Maslow noted that such needs are increasingly more difficult to meet in our technological, fluid, mobile society. (Engler B. 1995).

McGregor's (1960) emphasizes that there are forces that motivate human behaviour. Thirst or craving for alcohol is a basic drive in pre-disposed people in the same way as hunger is to "normal" people. Hence the need arises to satisfy the craving.

The motivational theory is relevant to this study, as is attempted to explain the role of drives or goals in shaping human behaviour which develops in different individuals for different reasons. These reasons are the drives which eventually lead the individual to be an alcohol consumer or in some cases become addicted to the alcohol. Maslow's hierarchy of needs, in motivational theory tried to explain the reasons/ factors leading to alcohol consumption in households. Some of the respondents said that it was for leisure, others to have sense of belonging. Hence different people are involved in alcohol consumption for different reasons depending on the goal or drive the individual has. However for whatever reason, there is a drive or goal leading the person towards the given action, the person takes. Hence both Maslow's (1970) and McGregor's (1960) perspectives emphasize on drives or forces which motivate and shape human behaviour and these were relevant in this study.

## **2.5 Conceptual Framework**

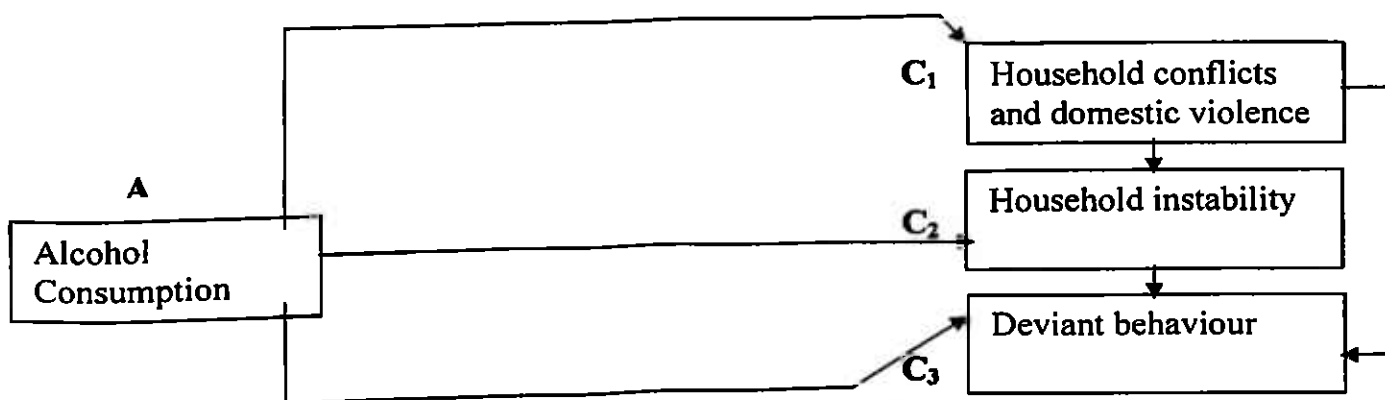
A conceptual framework is one among the four levels of theory, according to the classification based on persons and skills distinction.

It consists of descriptive categories which are systematically placed in a broad structure of explicit propositions, statements of relationships between two or more empirical properties (Nachmias and Nachmias, 1996). The propositions included within the framework summarize and provide explanations and predictions for empirical observations. However, the propositions derived from conceptual frameworks are not established deductively.

Closely related to the idea of theory, as systematic conceptual organization, is concept of models. (Nachmias and Nachmias, 1996) defines a model as "an abstraction from reality that orders and simplifies our view of reality by representing its essential characteristics. A model makes explicit the significant relationships among those aspects and it enables the researcher to formulate empirically testable propositions regarding the nature of these relationships.

Models are also used to gain insight into phenomena that the researcher cannot observe directly. Models then are tools for explanation and prediction and if they are well designed, they approximate reality the way would be close to what it is. Models are themselves not the reality, but are often changed to represent reality more accurately and to incorporate new knowledge (a critical attribute of a model in research is that it can be empirically tested, it can be proved false and changed or discarded) Nachmias and Nachmias, 1996.

**The figure below is a conceptual Model showing scenarios relating to alcohol consumption and its effects at household level.**



**Source: Author (2008)**

$A \rightarrow C_1 \rightarrow C_2$ : This represents alcohol consumption which leads to household conflicts and domestic violence and consequently household instability results.

$A \rightarrow C_2$ : Represents alcohol consumption which leads to household instability as a result of the actions of the members of the household involved in drinking alcohol.

$A \rightarrow C_3$ : Represents alcohol consumption which leads to deviant behaviour.

$A \rightarrow C_1 \rightarrow C_2 \rightarrow C_3$ : Represents alcohol consumption leading to household conflicts and domestic violence which results to instability in the household and consequently deviance.

## **CHAPTER THREE**

### **3.0 METHODOLOGY**

#### **3.1 Introduction**

This chapter deals with the research design, which is used in this study. This includes outlined of approaches and areas where the research is conducted, and to show how data is obtained, presented and analyzed. Nachmias and Nachmias (1992) say that research design enables the researcher/ investigator to come up with solutions to the problems being researched and guides the researcher in the various stages of the research. According to Singleton et al (1988:67), “research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to research purpose with economy in procedure.” Kerlinger (1964: 275), defines a research design as a “plan, structure and strategy of investigation conceived so as to obtain answers to research questions and to control variance.” A research design guides the research in collecting or gathering, analyzing and interpreting observed facts. The validity of all scientific data depends on the methods of sampling, data collection, data analysis and data interpretation. This chapter covers the site description, target population, sampling design, presentation and analysis.

#### **3.2 Site Description**

The study was based in Makutano suburban town of Meru town, Imenti North District Eastern Province-Kenya. The Makutano suburban town is located at the junctions of Meru-Nanyuki and Meru-Maua roads. It is located about two kilometers (2Km) from Meru town, to the West direction. The suburban town extends about two kilometers (2Kms) to North on either side of Meru-Maua road, about two kilometers (2Kms) to West and South from the junction. It is a cosmopolitan suburban growing town, in which different types of businesses exist, from wholesale stores to retail shops. There are many modern hotels, open market and relatively well developed infrastructure.

People from different ethnic backgrounds co-exist with each other, a factor which widened the variety of information obtained for the study. The suburban town borders the Meru town, which is a very busy town, then Kinoru Stadium and the

show ground as well as many learning institutions, Primary schools and institutions of higher learning (high schools, institutes, teachers' college and university). The area was conveniently chosen for the study because it is easily accessible, and the infrastructure is relatively well developed to the study to be carried out appropriately. The means of transport and communication enhanced movement during the study since the area is well connected by tarmac roads on the greater parts along the roads. Therefore Makutano suburban town of Meru town is strategically located, easier to connect using road transport and this facilitated the study greatly. It saved on time and constraints during data collection stage because of accessibility and also limitations in resources.

### **3.3 Target Population**

This consisted of the households whose members consumed alcohol. These were five hundred households obtained through pre – selection.

### **3.4 Sampling**

A sample is a subset of a population, used for data collection, which serves as a basis of generalization. So the entire set of relevant units of analysis or data is the population. In modern sampling theory, there are basic distinctions between probability and non-probability sampling. In probability sampling, for each sampling unit of the population, the researcher can specify the probability that the unit will be included in the sample. In the simplest case, all the units have the same probability of being included in the sample.

In non-probability sampling, there is no way of specifying the probability of each unit's inclusion in the sample and there is no assurance that every unit has some chance of being included. This implies that the definition of population must be restricted. Therefore, only probability sampling can be used in representative sampling designs. However, social scientists use non-probability samples, which they employ for reasons of convenience and economy (e.g. in exploratory research), also used when a sampling population cannot be precisely defined or when a list of the sampling population is unavailable. (Nachmias and Nachmias 1992)

According to Singleton et al (1988), “sampling design refers to that part of the research plan that indicates how cases are to be selected for observation. “Sampling is taking any portion of the population from the universe as representative of the total population, but rather taking a portion of that population as representative (Kerlinger, 1964)

In this study, sampling techniques were employed to obtain the sample population. To obtain the sample of the study which was representative of the target population, fifty households were targeted as the study sample ( $\frac{1}{10}$  of 500 = 50). These households were obtained using **snowballing** method where the researcher picked households purposively from the target population. Forty eight households were obtained making up the study sample. From the study sample the researcher using snowballing picked forty eight household heads one from each household who were alcohol consumers. They composed of both males and females and these were the respondents in the study sample.

The researcher using purposive sampling reached out to key informants who were individuals in the study area, and specialized professional background knowledge on the issues being explored in the study. They also had a key role to play in the community.

### **3.5 Sources and Methods of Data Collection**

There are a number of data collection techniques available for social sciences research. These techniques are normally determined by the nature of research. This was an explanatory type of study in which data was collected. In addition, factors like time, accessibility, cost limitations determine the choice of methods used.

In the study open-ended questions and observation were used by the researcher to obtain information.

The observation technique was used to collect accurate information on various key issues on alcohol consumption and its effects at household level. Observation was limited to situations where the interview schedule was not sufficient to capture or clarify important issues. For instance, it accommodated the respondents' opinions,

expectations and interaction. This information would be useful in adding value to the findings of this study. Face to face interviews were used and the responses recorded.

A questionnaire is a useful tool for data collection and contains both open-ended and closed-ended questions. It is used to acquire information of varying dimensions, such as attitudes, behavioral patterns, knowledge and also an available measure of intervention.

An interview guide tool was used to address information from the key informants, where the interview guide was structured and used to conduct in – depth interviews with key informants. These were people who had specialized professional background knowledge on issues being explored in the study. Such key informants had access to other information which was of interest, to understand the issue being explored. They were people who had a key role to play in the community and ready to discuss matters of the community. In this study the key informants included: church leaders (pastors, youth leaders, women and men groups leaders), chief and sub-chief, social worker of a Non-governmental Organization, counselling psychologist, social development committee member, medical practitioners and teachers.

The interview guide contained questions that enabled the researcher, to probe in order to clarify issues, and to facilitate collection of qualitative data.

The questions were administered in confidence between the interviewer and respondent(s), who were adults who consumed alcohol in the households. Prior to the interview, the respondents were briefed on the purpose of the study and assured of confidentiality of their responses. This minimized biases in their responses. To reduce tension and alleviate suspicion by respondents, the researcher availed copies of the permit to carry out the research, wherever need arose, and normally such copies of research permit was requested for before any interview. The researcher made introduction and explanation(s) were generally done, concerning the task being undertaken by both the researcher and the respondents. Therefore the task was introduced by use of original research permit and other documents.



The study benefited from both primary and secondary sources of data. The primary data was sourced by targeting household heads who consumed alcohol, using; questionnaires, observations, and face to face interviews, interview guides were used to obtain information from key informants.

Primary data was obtained from the household heads and key informants through the use of standardized questionnaires. Secondary data was collected from books, published research work, electronic websites and media reports as well as some unpublished literature. This ensured that relevant information was obtained, to give primary data collected.

### **3.6 Data Analysis**

The raw data collected from the field was presented in a scientifically justified manner for it to be useful for knowledge in research. Hence such raw data obtained by use of questionnaires and interview guides was coded for effective compiling of data.

This data sought to make general statements on how themes of data were related. The data collected underwent through processes of organizations, clustering, interpreting and reduction from the form of notes from the field to ensure that it was manageable and comprehensive. It was used to give preliminary conclusions. The data has been organized into themes and sub-themes based on the objectives for the purpose of analysis.

A combination of qualitative and quantitative approaches was used in this study. Data interpretation was carried out through data computation using statistical methods, such as percentages and frequency distribution tables.

### **3.7 Problems encountered in the field**

There were quite a number of challenges experienced regarding the study. The issues involving drinking alcohol, tended to be handled with a lot of caution. This was a very sensitive area of discussion especially with an alcoholic and the issue of denial of any existing problems or issues occurred, and the fact that alcohol consumption itself was a problem.

Some of the respondents tried to avoid discussing the topic, especially in a situation where they were found in the process of drinking. Some of the respondents feared the study would compromise on respondent-researcher confidentiality and this might cause limitation in the amount of information a respondent would be willing to give. Because of the sensitivity and the nature of the study, the researcher had to repeatedly introduce and explain the topic, sometimes production of the research permit was necessary. The explanations made respondents relaxed for the interview to be carried out.

Inadequacy of funds, as well as time available for the study, limited the sample size, a larger sample would have been preferred, which normally give better results, hence more reliable. This makes generalization more valid and reliable.

The research (interview) required conversation before the interview; therefore this needed a lot of patience on the part of the researcher. The researcher had a difficult time explaining the importance of the study to the key informants, who were inquisitive on the importance of the information obtained in regard to the problem of alcohol consumption, and what follow-up will be made. With adequate funds/ financial resources, it is possible to carry out large scale survey, involving a larger sample. Sampling to obtain the target population and the study sample was a challenge due to non-existence of any form of listing that would be used in sorting out and obtaining study sample.

## CHAPTER: FOUR

### 4.0 DATA PRESENTATION AND ANALYSIS

#### 4.1 Introduction

This chapter presents the data collected, put together major findings and data analysis with focus being on the main objectives of the study.

The data discussed included: Distribution of respondents at household level, types/brands of alcohol consumed by respondents, duration of alcohol consumption by respondents, reasons for involvement in alcohol consumption by respondents and effects of alcohol consumption at household level. Also coping strategies to alcohol consumption at household level is discussed from the study findings. The results of the data are presented in frequency tables

##### 4.1.1 Distribution of respondents/ household heads.

**Table; 4.1: Distribution of respondents/ household heads.**

HOUSEHOLD HEADS WHO CONSUME ALCOHOL.	FREQUENCY	PERCENTAGE
1. Men only	41	85.4
2. Both spouses	4	8.3
3. Women only	3	6.3
Total	48	100

Data shown in the table 4.1 indicated that in the households where men only were the alcohol consumers constituted the greatest number (85.4%), followed by households in which both spouses were consuming alcohol (8.3%). The least number of alcohol consumers was in households in which women only were found to consume alcohol (6.3%).

## 4.2 ALCOHOL CONSUMPTION BY RESPONDENTS

### 4.2.1 Types/brands of alcohol consumed by respondents

**Table: 4.2: Distribution of respondents according to types/brands of alcohol consumed**

TYPE/BRAND OF ALCOHOL CONSUMED	FEMALE HOUSEHOLD HEAD	MALE HOUSEHOLD HEAD	TOTAL	PERCENTAGE
1. Beer	7	40	47	97.9
2. Illicit Spirit	0	0	0	0
3. Spirits	1	8	9	18.8
4. Wines	2	4	6	12.5
5. Busaa	0	0	0	0

According to the data collected and shown in the table 4.2, the greatest number of respondents (97.9%) consumed beer, followed by those who consumed spirit (18.8%). A few respondents consumed wines (12.5%). None of the respondents consumed illicit spirits and busaa as indicated in the data shown in the table 4.2. Beer, wines and spirits are brands of alcohol categorized as “legal” brands according to the laws of the country. These tended to be preferred by the majority of the respondents as compared to the other brands. These other brands included illicit spirits and busaa which are categorized as” illegal drinks” according to the laws of the country.

### 4.2.2 Reasons for involvement in alcohol consumption by respondents

**Table: 4.3: Distribution of respondents according to the reasons for involvement in alcohol consumption**

REASON	YES		NO	
	FREQUENCY	%	FREQUENCY	%
Leisure	45	93.8	3	6.3
Peer pressure	27	56.3	21	43.8
To have a sense of belonging.	18	37.5	30	62.5

**Source: Field Data**

**N/B:** The column totals do not equal to 100% due to interaction of reasons. This meant there are instances when multiplicity of reasons occurred.

The data shown in table 4.4, indicated that majority of the respondents (93.8%), acknowledged that leisure was a main reason, for their involvement in alcohol consumption while 56.3% said that their involvement was due to peer pressure. Some respondents that their involvement in alcohol consumption was to have a sense of belonging (37.5%).

This information supported study objective 1 which dealt with reasons which enhanced alcohol drinking among adults at household level.

UNIVERSITY OF NAIROBI LIBRARY  
EAST AFRICANA

#### 4.2.3 Duration of alcohol consumption by the respondents.

**Table: 4.4: Distribution of respondents according to duration of alcohol consumption**

<b>DURATION</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
Below six month	4	8.3
6 month-1 year	3	6.2
1 year-2 years	8	6.7
Over 2 years		68.8

The data obtained indicated that, greatest number of respondents (68.8%) had consumed alcohol for over two year followed by those who had consumed alcohol for one to two years (16.7%). Few respondents had consumed alcohol for less than six months (8.3%) and other had consumed alcohol for six to one year (6.2%). This meant that a large number of respondents had involved themselves in alcohol consumption for various reasons.

#### 4.2.4 Amount (in litres) of alcohol consumed by respondents per month.

**Table: 4.5: Distribution of respondents according to the amount (in litres) consumed per month.**

Amount of alcohol consumed per month (in litres)	FEMALES		MALES	
	FREQUENCY	%	FREQUENCY	%
1.0 – 9.9	5	10.4	20	41.7
10.0 – 19.9	4	8.3	12	25.0
20.0 – 29.9	0	0	8	16.7
30.0 – 39.9	0	0	2	4.2
40.0 AND ABOVE	0	0	1	2.1

**N/B:** Totals are not adding up to total number of household heads due to spouses being considered more than once hence there multiplicity in the tallying.

According to the data obtained, shown in table 4.5, the number of male respondents who consumed one to twenty litres per month was higher (66.7%) than the number of females who consumed one to twenty litres per month (18.7%). Also none of the female respondents consumed more than twenty litres of alcohol per month while 23.0% of the male respondents consumed twenty litres and above per month.

### 4.3 EFFECTS OF ALCOHOL CONSUMPTION AT HOUSEHOLD LEVEL

#### 4.3.1 Number of children in the households and effect of alcohol consumption on their education.

**Table: 4.6: Distribution of respondents according to the number of children and their education status.**

NUMBER OF CHILDREN IN HOUSEHOLDS	NUMBER OF CHILDREN IN SCHOOL		NUMBER OF CHILDREN COMPLETED SCHOOL AND EMPLOYED.		NUMBER OF CHILDREN NOT IN SCHOOL	
	FREQUENCY	%	FREQUENCY	%	FREQUENCY	%
1 – 2	23	47.9	1	2.1	8	16.7
3 – 4	13	27.1	3	6.3	6	12.5
5 and above	17	14.6	7	14.6	4	8.3

Data shown in table 4.6 indicated that, highest percentage of respondents who had 1-2 children in the household, 47.9% of them were in school and 16.7% were out of school, not having completed their education. This meant that some of these children had dropped out of school at some point or others had not attended school at all. The dropping out of school would have resulted from lack of school fees, due to money intended for basic needs in households is used in alcohol consumption, as indicated in the data in table 4.7, other children in this category not in school would be those that have not reached school going age. Only one child in this category had completed school and was employed (2.1%). This meant the greatest number of households with 1-2 children had most of the children in school.

Households which had three to four children, that is medium sized households had 27.1% of the children in school, 6.3% had completed school and employed, while 12.5% were not in school.

Households which had five to eight children had 14.7% of the children in school, 14.7% had complete school and employed, 8.3% were not in school. This meant that some children in this category of large sized household would have dropped out of school as a result of lack of school fees. This percentage of children is high and would contribute to deviant behaviour in children. The information obtained indicated that the issues of children dropping out school in the households were alcohol was consumed occurred in small sized medium sized and large sized households.

However, the large sized houses had more of the children's having completed school and employed (14.6%)

**4.3.2 Distribution of respondents according to their actions when intoxicated with alcohol.**

**Table 4.7 Distribution of respondents according to their actions when intoxicated with alcohol.**

Actions when intoxicated with alcohol	YES		NO	
	FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
Spend a lot of money on alcohol	23	47.9	2	4.2
Engage in physical violence with comrades.	9	18.8	8	16.7
Easily engage in casual sex	18	37.5	5	10.4
Batter wife/ husband	6	12.5	8	16.7
Break household items	9	18.8	5	10.4
Beat the children in the household	9	18.8	4	8.3
Children indulge in deviant behaviour	4	8.3	7	14.6

The data in table 4.7 indicated that, respondents who spent a lot of money on alcohol was scored highest (47.9%), followed by those who easily engaged in casual in physical violence with comrades, broke household items, beat their children, was each scored 18.8%.

This meant that respondents' intoxication with alcohol led to misuse of household finances, which would have been used which would have been used in meeting the households' needs, such as buying food, paying bills and rent, fees payments and purchase clothes.

This resulted to inadequacy of finances for the households' obligation. This implied that lack of money for school led to dropping out school by the children.

Consequently such children develop deviant behaviour such as stealing and fighting.



Engagement in casual sex, more so unprotected sex, meant that, the individual was at high risk of being infected with S.T.I's and HIV/AIDS and as indicated in table 4.8, infection with S.T.I's constituted a high percentage hence it is a major consequence of intoxication with alcohol, according to the data obtained in the study. This would have contributed to disagreements in the households between spouses, in some cases leading to violence.

As a result, household conflicts occurred, which affected all members of the households including children. The state of domestic conflict and violence as a result of intoxication of household heads with alcohol, is brought out in information obtained from the study as shown in table 4.7, where the respondents who were involved in such actions as breaking household items, beating of their children, constituted 18.8% and those who battered wife or husband constituted 12.5%. This was indication of domestic violence in households as a result of intoxication of alcohol by household heads.

However, this is according to the findings of the study, and does not necessarily mean that all cases of alcohol consumption in all households resulted to violence, there.

### 4.3.3 Distribution of respondents according to the consequences of their behaviour when intoxicated with alcohol

**Table 4.8 Distribution of respondents according to the consequences of their behaviour when intoxicated with alcohol**

	CONSEQUENCES	YES		NO	
		FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
1.	Children run away from home	10	20.8	8	16.7
2.	Children drop out of school	14	29.2	6	12.5
3.	Contracted S.T.I's	20	41.7	6	12.5
4.	Lack of adequate food, shelter, dressing	11	22.9	6	12.5
5.	Disagreements in the households	21	43.8	5	10.4
6.	Lack of adequate finances to pay rent, bills and school fees	14	29.2	6	12.5

Data obtained and shown in table 4.8, indicated that disagreements in the households due to intoxicated with alcohol, was acknowledged by respondents and constituted 43.8%. This was the highest percentage followed by acknowledgement of infection with S.T.I's (41.7%). Children dropping out of school was scored 29.2% and lack of finances to pay rent, bills and school fees (29.2%). This meant that, such consequences led to domestic violence/ violence in households, deviance in children, as was shown in the information from the study shown in table 4.7.

Consequently, this resulted to instability in the households. Other consequences were inadequate food, shelter and dressing (22.9%) and children running away from home (20.8%). These led to deviant behaviour in children in the households

#### 4.4 COPING STRATEGIES AT HOUSEHOLD LEVEL, WHERE ALCOHOL CONSUMPTION OCCURS

##### 4.4.1 Response of household members towards alcohol drinking by members of households

**Table 4.9 Distribution of respondents according to responses given regarding alcohol consumption in the households**

	RESPONSE	YES		NO	
		FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
1.	Denial of the drinking habit of the person	39	81.2	9	18.8
2.	Cover up the drinking behaviour from the community	37	77.1	11	22.9
3.	Become aggressive	14	29.1	34	70.8
4.	Ask people to talk to the person	42	87.5	6	12.5
5.	Take the person to law enforcers	8	16.7	40	83.7
6.	Take the alcohol consumer for treatment	18	37.5	30	62.5

According to the information obtained in the study, (Table 4.9), it indicated that members at household level responded to alcohol drinking of the household members in various ways.

These included: Denial of the drinking behaviour of the person, which scored highest (81.2%), covering up or hiding the behaviour from the community (77.1%), asking people to the community (87.5%). Other ways of dealing with the drinking were; becoming aggressive (29.1%) and taking the person to law enforcers (16.7%)

Hence denial of reality, becoming protective of the alcohol drinker, though critical to begin with occurs at household level. Also members of households attempt to control or stop the drinking behaviour by asking many people to talk to the person, or in the case of spouses reporting to the parents. Members of households hide the drinking behaviour from the community as way of handling its consequences.

Some members of the household would slip into survival roles, in attempt to keep the household together, that is maintain stability. This is done by some members taking enabler role that is taking on responsibilities of the household by a spouse.

Some children in the household take up the responsibility of siblings and filling in as the non-drinking parent confidant and helper. Such a role is taken by the oldest child, who acts as the family hero.

#### 4.4.2 Behaviour of household members as a result of alcohol consumption in the household

**Table 4.10 Distribution of respondents according to behaviour as a result of alcohol consumption in the household**

	BEHAVIOUR	YES		NO	
		FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
1.	Acting out all family stresses	36	75.0	12	25.0
2.	Makes fun of the situation/ drinking	21	43.8	27	56.2
3.	Covers up the feelings	35	72.9	13	27.1
4.	Stays away from the household	25	52.1	23	47.9
5.	Get help from relatives and friends	21	43.8	27	56.2

Data in table 4.10, indicated that, household members adopted behaviours which enabled them to handle drinking habits of their members; these included; Acted out family stresses (75.0%), covered up the feelings (72.9%), and stayed away from the household (52.1%). Other behaviours of the household members were; (43.8%) get help from relatives and friends, made fun of the situation (43.8%).

This meant that, some members acted as scapegoat in the household, where one member acts out all the family stresses, gets into trouble and distracts attention from the drinking problem. A member injects humour into the situation and laughs about it (mascot).

A child in the household becomes a “lost child” who covers up feelings and makes the members not to worry about him/her. Such a child seeks for help from adults and relatives or stays away from the situation/ household.

#### **4.5 Problems experienced by members of households as a result of alcohol consumption**

In this section, information gathered from key informants who responded using the interview guide and gave in the information regarding the topic of research; alcohol consumption and its effects at household level.

The key informants said that, a person enters into alcohol consumption habit, which then makes the individual misuse leisure time as well as resources which would have assisted members of the household.

The following were given as reasons for involvement in alcohol consumption by both the young and old people in the households; peer pressure, young people imitating the older adults who took alcohol and as a result end up developing the habit of drinking alcohol, sometimes becoming addicted, and availability of alcohol (many bars and many drinking dens in the neighbourhood).

Information obtained from key informants established that, problems experienced by adult males in the households who consumed alcohol included; promiscuity, infections of S.T.I'S and HIV/AIDS, conflicts, violence/ quarrels/ fighting and inability to keep a job. One of the key informants had the following comment (quote);

*“There was a company worker (Jim – not the real name), well known to me and he had his residence somewhere in Makutano suburban town of Meru town. Most of the times, he was drunk. He would come to his home drunk and there was no money for the salary that month or he had paid debts in bars and would come with nothing home.”*

This indicated that, this man misappropriated the finances, through excessive consumption of alcohol and this left the members of his household without finances required for their various basic needs such as food, shelter and clothing. The key informant further said, (quote);

*“Once the man was paid his salary for a given month, he would desert his duty for some weeks. When he had spent all the money, he would come back, bringing prescriptions form from a doctor, claiming he was sick. He would get away with it because the team leader was his friend, who would cover up for him.”*

His salary never reached the members of his household unless the wife went to the office before the pay slip was out. One day, the wife found their rented house had been locked up by the landlord due to failure to pay rent, and the husband had gone to work a bit far. The members of the household, having known this man for almost five years; he gave the wife to Jim some money to rent a room. She rented a single room where she stayed with the children.

Such incidents quoted above comprised of misconduct committed as result of alcohol abuse in households in Makutano suburban town of Meru town, and formed part of antisocial behaviours experienced in households in this suburban town.

The key informant further said, (quote).

*“The man never bothered in taking care of his family. His daughter in an academy, at Makutano suburban town, never and if ever; just reached form four, but with no certificate because she got married before completing school. Within a short time, she was divorced and left with a child to nurture .On many occasions; the workmates of this employee had rescued him from the jaws of prison and police cells after quarrels and fights in bars. If he went out on drinking spree with Ksh.10, 000, he would reach home the next day with nothing; either all the money went to alcohol, stolen, taken by prostitutes or robbed on the way home”*

The above quote indicated that excessive consumption of alcohol, led to spending nights out without knowing and also antisocial behaviours such as: fighting, stealing, robbery and promiscuity.

Such excessive consumption of alcohol cause misappropriation of household resources, which led to children dropping out of school, failure to pay bills/rent, lack of adequate food, clothing and proper nurturing of the children and other members of the household. This could result to malnutrition of the household members.

The excessive drinking of alcohol results to inability of parents to cope with their parental responsibilities and challenges, which in turn cause children, especially girls to enter into early marriages which they are not prepared to handle. As a result of unpreparedness the marriage ends up in divorce or separation as in the case cited in the above quotation. In addition, the girl as cited in the quotation took up the responsibility of nurturing the child alone. This girl had no means of earning an income, and the responsibility was overwhelming and difficult for her. The key informant further commented: (quote).

*"Come September 2008, the man (Jim – Not real name) was transferred to Embu, where he formed a tough talking no – nonsense officer in charge of the company. Within three months, his tricks of absenteeism were discovered, and was given instant dismissal and his more twenty years of service went down the drain (to waste). His final dues went into paying the emergency excess loans he had taken before the dismissal. As at this time, his household needs help, another disaster in the household of the employee of the company, as a result of alcohol consumption."*

From the above quote, it indicates that, excessive alcohol consumption cause negligence of duty and consequently loss of a job. This in turn causes a lot of suffering to the members of a household leading to instability in the household; as a result of the suffering of the members. This would result to juvenile delinquency, due to lack of care and nurture of the children.

The information gathered from the interviews conducted involving the key informants revealed that antisocial behaviours such as; promiscuity/ prostitution, quarrels and fighting, stealing, violence, juvenile delinquency and street children menace, robbery and killings leading to insecurity occurred as a result of excessive alcohol consumption.

As a result of such antisocial behaviours, the study revealed that, infections with S.T.I'S and HIV/AIDS, household disintegration, school dropout by children and insecurity occurred in households in Makutano suburban town of Meru town, Imenti North District.

The study enquired from the key informants about effects of alcohol consumption on education in households in Makutano suburban town. The study revealed that some of the effects were; school dropouts due to lack of finances to cater for educational needs of the children such as; clothing, food, books and school fees. Majority of the children have attained class eight education as the highest level of education and after that, some get married or got involved in brewing of illicit brews and drinking, some went into child labour as domestic workers. Pupils and students performed poorly in school due to lack of parental care and guidance. Excessive alcohol consumption led to poverty which consequently has affected the children's education, where in most cases children drop out of school.

The study further revealed that, high level of school drop out especially for girls resulted from the easy money they got from drunkards, when intoxicated with alcohol. The study revealed that, heavy drinkers neglected their household responsibilities, causing quarrels and unhappiness, violence and consequently breakdown of households, caused divorce and separation, and insecurity in the households. Heavy/ excessive alcohol consumption; led to communication breakdown and misunderstanding in the households. It caused loss of jobs, cutting down on household income and eventually the related consequences such as poverty and proper nurturing of the members of the household.

Decline in economic production, which eventually led to inadequacy in provision of basic needs, resulted to instability of the households. Disagreements would set in and cause separation or divorce hence unstable marriages and juvenile delinquency. All such consequences should be a wake up call for all stakeholders, to address the issue of alcohol abuse and reduce the problems in the households which are as a result of alcohol consumption especially when there is excessive drinking and sometimes resulting to addiction.



## **CHAPTER: FIVE**

### **5.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Summary and Conclusions**

This chapter summarizes the key findings from the study showing the extent which the study objectives were fulfilled, draw conclusions and makes recommendations to policy makers and researchers.

The study was designed to explore alcohol consumption and its effects at households level. Alcohol consumption has been found to have 'diverse effects, on households and the society as whole. The study was designed as a result of persistent emphasis which has been placed on most studies being carried out on drug and drug abuse, focused on the youth.

Few studies have been carried out on alcohol consumption involving other groups of people apart from the youth, where all gender has been included.

Further, the study examined the reasons which enhanced alcohol drinking among adults at household level, explored effects of alcohol consumption at household level and coping strategies used by households in relation to alcohol consumption.

The research findings were based on data generated from respondents who were household heads, both males and females. The individuals selected in the sampled households were involved in answering questionnaires.

The other group of respondents was that of key informants who were also adults (eighteen years and above). These were individuals who had a key role to play in the community and had knowledge in the concerned area of study; these were composed of a psychologist in a counselling center, social worker, chief and sub-chief, medical practitioners, religious leaders, social group leaders (women, men and youth), social development committee member and teachers; who were interviewed.

The distribution of respondents (household heads) who were males were 85.4%, female respondents were 6.3% and spouses were 8.3%. This indicated that, the households which had house heads who were males and consumed alcohol were the greatest number.

Data gathered further indicated that, majority of the respondents consumed beer (97.9%) while very few indicated consumption of illicit brews. This could be explained by the fact that, beer is in the category of alcohol which are said to be “legal” according to the laws of the country while illicit brews are said to be “illegal drinks,” hence consumption of the illicit brews.

Concerning duration of time the respondents had consumed alcohol, majority indicated over two years (68.8%). In regard to marital status, more single adults were found to be involved in consumption of alcohol. This could be as a result of less family obligation as compared to the married adults.

The study established that, the reasons that enhanced alcohol consumption at household level included: as leisure, peer pressure and to have a sense of belonging.

The study established that, to a large extent, uncontrolled alcohol consumption led to misappropriation of resources in the households, which included financial resources. As a result members of the household lacked basic needs such as; food, shelter, clothing and finances for payment of school fees for the children. These caused quarrels, fights (domestic violence) in households; which resulted to separation and divorce hence instability and disintegration of households. Loss of jobs, promiscuity, high risk of infections with S.T.I'S and HIV/ AIDS, which resulted in break – ups in households were found to be caused by intoxication with alcohol. They were found to contribute to instability in households.

Further data gathered, indicated that there were cases of children dropping out of school, fighting and quarrels (domestic violence), early marriages, Juvenile delinquency which led to street children menace and insecurity.

All such consequences resulting from alcohol consumption, should be a wake up call for all concerned stakeholders to address the issue of alcohol consumption and its consequences at household level and in the society as a whole.

The key informants suggested that, the parents have an important role to play, by being role models to their children and young people, since parents are agents of socialization for children as they grow up. Children learn by observing and imitating what adults do and if the environment is such that alcohol consumption is the order of the day, a child is likely to indulge in the alcohol consumption and at a tender age of even nine years. (Sunday Nation, 15<sup>th</sup> February, 2009). So parents should educate the children on the dangers/ effects of alcohol consumption and instill values which would assist the child to attain life skills for right attitudes and avoid being caught in the “trap” of alcoholism. This would supplement life skills education being taught in primary schools and secondary schools, introduced by the Ministry of Education.

Key informants further suggest that, the churches should organize forums to teach effects of alcohol consumption and sensitize the church members more intensively. Therefore organization of seminars not only for the youth but also for adults, who should be role models to the youth and children, would assist to reduce the problem of alcoholism in households, hence in the society at large.

The study established that members at household level, responded to the alcohol drinking behaviour of household members in various ways such as:

- Denial of the drinking behaviour of the person.
- Covering up behaviour from the community.
- Asking people to talk to the individual.
- Being aggressive/confronting the alcoholic person.
- Denial of reality.
- Protecting the alcohol drinker
- Reporting to parents for example in cases of spouses.
- Taking different roles in the household in order to handle the alcohol drinking habit. These include the following:
  - Being an enabler, where a member of the household takes on responsibilities of the household.
  - Acting as the non-drinking parent confident and helper role usual taken by the oldest child, who acts as the family hero.

- Acting out all the family stresses, gets into trouble and distracts attention from the drinking problem.
- Infecting humour into the situation and laughs about it.
- Covering up feelings so as to make others not to worry about his or her behaviour

## **5.2 Recommendations**

The following are my recommendations which may be adopted in the handling the problems associated with alcohol consumption.

1. Considerations for establishment of programs by the government, non-governmental organizations and learning institutions to educate people on the consequences of alcohol consumption.
2. Establishment of management centre for individuals who are addicted to alcohol.
3. Establishing networking for individuals who are addicted to alcohol with care giving institution and support organizations such as, Alcoholic Anonymous (AA).
4. Churches to set up support groups to assist members who are “hooked up” in the alcohol drinking behaviour.

## **5.3 Recommendation for Further Research**

Further Research can be carried out to investigate;

1. Effect of alcohol consumption on Education of children in a family.
2. Socio – economic impact of alcohol consumption in a family

## REFERENCES:

1. Abraham, M.F, (1982) Modern Sociological Theory, An Introduction, Oxford University Press. New York. ,
2. Amayo, G.N, (1994) A Handbook for Primary and Secondary Teachers' Guidelines in Drug Dependence Preventive Education. Nairobi.
3. Comber (1994) Drugs and Drug Use in Society: GreenWich University Press. United Kingdom.
4. Daily Nation, Saturday, September 8<sup>th</sup> 2001 Demographic and Health Survey (1998), by National Council for Population and Development.
5. Donde, D.F (1984) Illicit spirit Distillation and Drinking in Idakho Location, Ikolomani Division, Kakamega (A dissertation.)
6. Edwards and Arif (1982) Drug Problems in Socio – Cultural Context. A Basis for Policies and Programmes Planning World Health Organization. Geneva.
7. Engler, B. (1995) Personality Theories. Houghton Mifflin Company, U. S.A
8. Frankfort, C.N. & Nachmias D. (1996) Research Methods in the Social Sciences. University of Wisconsin, London.
9. Githuthu F.W. (2005) Alcohol Abuse by Young Women and its Influence on Family Institution. A Case Study of Amani Counselling Center and Training Institute, Nairobi.
10. Howard, J.C (1976) Understanding and Counselling the Alcoholic.
11. International Labour Organization, (1985) Rehabilitation Approaches to drug and Alcohol dependence. Geneva.
12. Judith, W. et al (1995) Psychology and You. West Publishing Company, U.S.A
13. Kakoya, W.M (1981) The Impact of Laws against the Manufacture and Consumption of Local Liquor with Special reference to Bungoma District.
14. Kerlinger F.N. (1964) Foundation of Behavioural Research Educational and Psychological inquiry: Holt, Rinehart and Winston: New York.

15. Kothari, C.R (2004) **Research Methology (Methods and Techniques) New Age International Publishers; New Delhi.**
16. Lausanne, (1984) **International Council on Alcohol and addictions.**
17. Mac'Botongore N.N (1987) **Drinking among the youth in a developing urban centre with reference to Kisii Town.**
18. Mac Carthy R.G and Douglas, M.E. (1989) **Alcohol and Social responsibility; New York.**
19. Marcus, G & Ray, H (1991) **Responding to drug and Alcohol problems in the Community. A manual for primary health care workers with guidelines for trainers W.H.O. Geneva..**
20. Melgosa, J. (1997) **To adolescents and parents, Aravaca Madrid Spair.**
21. Mugambi, R.K. (2005) **The effects of Khat growing and use on the Education of Male Youth in Meru North District. A Case Study of the Male drop out in Igembe Division (Research Paper.)**
22. Munene, E.M.(1999) **Abuse of Cannabis Sativa among Secondary School Students in Gichugu Division, Kirinyaga District (Research Paper.)**
23. Mushanga, T.M.(1998) **Crime and Deviance, An Introduction to Criminology, KLB NRB.**
24. Nge'no D.K (2002) **Drug Abuse and its Influence on Students Learning Behaviour; Study of Secondary Schools in Kericho District.**
25. Namwoja, G.T (1993) **The role of peers in Drug use among the Youth. A Study Case of College Students in Nairobi M.A Thesis, Department of Sociology U.O.N.**
26. Nyabonyi, E.M (2006) **Drug and Substance Abuse, A Case Study of Public Primary Schools in Nairobi (M.A Research Paper.)**
27. Oakley and Charles, (1993) **Drugs, Society and Human Behaviour. Mc Graw Hill, U.S.A**
28. Omukoko, V.S (1987) **The demand for and illegal commodity. A Case Study of Illicit spirit Consumption in Nairobi's Mbotela Estate (Research Paper.)**
29. Ongaga, M.K (2007) **The Social – economic effects of Alcohol Abuse on Agricultural Plantation Workers. A Case Study at Keritor Tea Estate.**

30. Oyugi, F. (1998)           **The Impact of Traditional Liquor Brewing and Consumption on Rural Development. A Case Study of Ikorongo Location, Kisii District (Research Paper.)**
  
31. Ritzer, G. (1996)           **Contemporary Sociological Theory: Mc Graw – Hill.**
  
32. Singleton, R. et al  
(1988)                           **Approaches to Social Research. Oxford University Press.  
New York**
  
33. **The National Agency for the Campaign Against Drug Abuse (2004.) Youth in Peril: Alcohol and Drug Abuse in Kenya – Nairobi.**
  
34. **United Nations International Drug Abuse Control Programme (1992) New York.**
  
35. Welch, E et al (1988),   **Secondary Christian Religious Education:  
Oxford University Press, Nairobi.**
  
36. Wanjiru, E. (1979)       **Alcoholism, the individual and his integration in society. A  
Case Study from Mathan Valley. Nairobi.**
  
37. **World Health Organization (1993) Programme on Substance Abuse, Women and  
Substance Abuse 1993 Country Assessment Report.**
  
38. Wasunna and Wasunna  
(1973)                           **East Africa Medical Research Council, Scientific Conference,  
Nairobi. "The Use and Abuse of drugs and Chemicals in  
Tropical Africa. East Africa Literature Bureau. Nairobi.**
  
39. Yambo, M and Acuda  
(1983)                           **"Epidemiology of Drug and Abuse." University of Nairobi.**

## **APPENDIX I**

### **INTERVIEW GUIDE FOR RESPONDENTS:**

#### **(Courtesies before administration of the questionnaire)**

Greetings, I am a student from the University of Nairobi, Department of Sociology. I am carrying out a research on the “Effects of alcohol consumption on households, in Makutano Suburban town of Meru town, Imenti North District.”

This is for my Master of Arts Project Paper. I kindly request you to spare time and assist me gather information for my study.

I will appreciate your honest responses and all information given will be treated confidentially it will not be used in anyway against the respondent. To ensure this, the questionnaire is anonymous to guard identity.

Thank You.



**APPENDIX II**

**Interview Schedule for adult respondents.**  
**Please answer all questions:**  
**(Tick where applicable)**

**SECTION A**

**Background information or respondents:**

1. Gender Female  Male

2. Age \_\_\_\_\_ years (indicate number)

3. Marital Status

Single

Married

Divorced

Widowed

Separated

Other (Specify) \_\_\_\_\_

4. What is your highest level of Education?

Primary Education

O – Level (Form 4)

A – Level (form 6)

College Education

University Education

Other (Specify) \_\_\_\_\_

5. Religion/ Denomination

Catholic

Protestant

Muslim

Hindu

Other (Specify) \_\_\_\_\_

6. (a) What is your employment status?

Permanent employment

Temporary employment

Self employment

Not employed

Other (specify) \_\_\_\_\_

(b) What is your occupation?

Farmer

Business person

Doctor

Nurse

Clinical Officer

Teacher

Accountant

Shopkeeper

Other (Specify) \_\_\_\_\_

**SECTION: B**

7. (a) How much alcohol do you consume per week?

Number of 500ml bottles

Number of 300ml bottles

Number of 250ml glasses

(b) Which brand(s) of alcohol do you consume?

Beer

Illicit spirit

Spirits

Wines

Busaa

(c) How long have you been taking alcohol?

6 months and below

6 months – 1 year

1 – 2 years

Over 2 years

8. Why do you consume alcohol? (Tick where applicable)

	YES	NO
1. Peer Pressure	<input type="checkbox"/>	<input type="checkbox"/>
2. For leisure	<input type="checkbox"/>	<input type="checkbox"/>
3. To have sense of belonging.	<input type="checkbox"/>	<input type="checkbox"/>

9. (a)(i) Do you behave differently when you consume alcohol and become intoxicated, from when you are drunk? Yes  No

(ii) If yes, what are some of the activities/ actions that you indulge yourself in the state of drunkenness? (Tick where applicable).

	YES	NO
1. Spend a lot of money on alcohol.	<input type="checkbox"/>	<input type="checkbox"/>
2. Engage in physical violence/ fight with comrades.	<input type="checkbox"/>	<input type="checkbox"/>
3. Easily engage in casual sex.	<input type="checkbox"/>	<input type="checkbox"/>
4. Batter wife/ husband.	<input type="checkbox"/>	<input type="checkbox"/>
5. Break household items.	<input type="checkbox"/>	<input type="checkbox"/>
6. Beat children.	<input type="checkbox"/>	<input type="checkbox"/>
7. Children indulge deviant behaviour	<input type="checkbox"/>	<input type="checkbox"/>

10. (a) Are there members of your household who drink alcohol?

Yes  No

(b) If yes, specify. (Put a tick where applicable)

Spouse

Son

Daughter

Other (specify) \_\_\_\_\_

(c)(i) Has there been an illness which is alcohol related that has affected a member of your household? Yes  No

(ii) If yes, who?

Spouse

Son

Daughter

Other (specify) \_\_\_\_\_

**SECTION: C**

11. (a) How many children do you have in your household?  
\_\_\_\_\_ (Indicate number)

(b) How many are you educating?  
\_\_\_\_\_ (Indicate number)

(c) How many have completed education and are employed?  
\_\_\_\_\_ (Indicate number)

12. (a) What is your monthly income? Ksh. \_\_\_\_\_ per month. (Specify Amount)

(b) What is your monthly expenditure per month on the following;  
(Tick where appropriate)

Expenditure	Food	Rent/Bills	School Fees	Clothing	Entertainment e.g. alcohol taking	Travelling
Below Kshs.5,000						
5,001 – 10,000						
10,001 – 15,000						
15,001 – 20,000						
20,001 – 25,000						
Over 25,000						

13. (a) Do you earn money from alcohol consumption related business?  
Yes  No

(b) If yes, how much per month? Ksh. \_\_\_\_\_ (Specify Amount)

(d) How do you spend the money you earn?

Payment or rent and bills

Payment of Children's fees

Purchase of clothing

All the above

Others (Specify) \_\_\_\_\_

14. (a) Is your monthly income adequate in meeting the financial obligations of your household? Yes  No

(b) If yes, how does this contribute to the welfare in the household?  
 \_\_\_\_\_ (Specify: List two)

(c) If No, how does this affect the household?  
 \_\_\_\_\_ (Specify: List two ways)

15. (a) How do you respond to the alcohol drinking of a member of your household?

<b>RESPONSE</b>		<b>YES</b>	<b>NO</b>
1.	Denial of the drinking habit of the person		
2.	Cover up the drinking behaviour from the community		
3.	Become aggressive		
4.	Ask people to talk to the alcohol consumer		
5.	Take the person to law enforcers		
6.	Take the alcohol consumer for treatment		

(b) How do members of your household behave in relation to alcohol consumption in the household?

<b>BEHAVIOUR</b>		<b>YES</b>	<b>NO</b>
1.	Acting out all family stresses		
2.	Makes fun of the situation/ drinking		
3.	Covers up the feelings		
4.	Stays away from the household		
5.	Get help from relatives and friends		

Thank you.

## **APPENDIX III**

### **INTERVIEW GUIDE FOR KEY INFORMANTS:**

#### **(Courtesies before administration of the questionnaire)**

Greetings, I am a student from the University of Nairobi, Department of Sociology. I am carrying out a research on the "Effects of alcohol consumption on households, in Makutano Suburban town of Meru town, Imenti North District."

This is for my Master of Arts Project Paper. I kindly request you to spare time and assist me gather information for my study.

I will appreciate your honest responses and all information given will be treated confidentially it will not be used in anyway against the respondent. To ensure this, the questionnaire is anonymous to guard identity.

Thank You.

## APPENDIX IV

### **INTERVIEW SCHEDULE FOR THE KEY INFORMANTS**

**Please answer all questions.**

1. In your view, what are the effects of alcohol consumption in households in Makutano suburban town, of Meru town Imenti North District?
2. Why do you think people in households in Makutano suburban town, of Meru town Imenti North District take alcohol?
3. What problems are experienced by adult males who consume alcohol in households in Makutano suburban town of Meru town?
4. What problems are experienced by adult females who consume alcohol in Makutano suburban town, of Meru town Imenti North District?
5. What are the antisocial behaviours portrayed by:
  - (a) Females in households in which alcohol is consumed in Makutano suburban town, of Meru town Imenti North District?
  - (b) Males in households in which alcohol is consumed in Makutano suburban town, of Meru town Imenti North District?
6. In what ways has alcohol consumption affected:
  - (a) Education in households in Makutano suburban town, of Meru town?
  - (b) Health of adults in households in Makutano suburban town, of Meru town Imenti North District?
7. In your view in what ways has alcohol consumption contributed to instability in households in Makutano suburban town of Meru town, Imenti North District?

### **Suggestions on what should be done**

8. In your opinion are these any existing intervention measures for alcohol abuse in Imenti North District? Explain.
9. Suggest any measures which can be used to reduce/ control alcohol abuse.
10. What do you think each of the following should do to control/ prevent the problem of alcohol consumption in households in Makutano suburban town, Imenti North District?

(1) Government  
(2) Parents

(3) Church  
(4) Others (Specify) \_\_\_\_\_

Thank You.

UNIVERSITY OF NAIROBI LIBRARY  
EAST AFRICANA