FACTORS INFLUENCING ALCOHOLISM IN TIGANIA WEST DISTRICT; KENYA

BY

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A RESEARCH PROJECT REPORT SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF A MASTER OF ARTS DEGREE IN PROJECT PLANNING AND MANAGEMENT OF THE UNIVERSITY OF NAIROBI.

2011

DECLARATION

This research project proposal is my original work and has not been presented to any University or institution of higher learning for a degree or any other award.

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This research project has been submitted to the University of Nairobi for examination purposes with my approval as the University supervisor.

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DEDICATION

I would like to dedicate this research project report to my beloved wife Carolyne Njeri Wainaina, my children Martin Ndung'u, Nicholas Gathara and Michelle Njeri for their unrelenting support and encouragement.

Thanks for your prayers and patience, may God reward you abundantly.

ACKNOWLEDGEMENT

I am grateful to my supervisor Dr. Christopher Gakuo. for his great assistance and guidance in designing and compiling this research project report. I do appreciate concern and commitment shown by my supervisor.

I also register my appreciation to Mr. Chandi Rugendo. the resident lecturer. Meru Extra Mural Centre for his timely advise and positive criticism that helped to polish up my work. I am greatly indebted to my lecturers who were involved in teaching units in the course. I do acknowledge warm welcome I received in the University of Nairobi to advance knowledge

I thank fellow students and members of my group for the much we were able to share and help rendered. God bless all.

TABLE OF CONTENTS PAGE

CHAPTER THREE: RESEARCH METHODOLOGY **Page**

CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION

LIST OF FIGURES

Pages

LIST OF TABLES

Pages

Abbreviations and Acronyms

ADDCA	Alcohol Drink and Distribution Control Act
AIDS	Acquired Immune Deficiency Sydrome
AMA	American Medical Association
AUDIT	Alcohol Use Disorders Identification Test
BAC	Blood Alcohol Content
CCOHS	Canadian Centre for Occupational Health and Safety Resource
CCSA	Canadian Centre on Substance Abuse
DGA	Dietary Guidelines for Americans
DT	Delirium Tremens
FGD	Focused Group Discussions
MAST	Michigan Alcohol Screening Test (MAST)
NACADA	National Agency of Campaigns against Drugs and Alcohol
NIAAA	National Institute on Alcohol Abuse and Alcoholism
PAT	Paddington Alcohol Test
PTSD	Post-Traumatic Stress Disorder
TWD	Tigania West District

UNDCP United Nations Drugs Control Programme

WHO World Health Organisation

ABSTRACT

Alcoholism is one of the major causes of many ills affecting the whole society in Kenya. The social problems experienced as a result of alcoholism include increased poverty, high crime rate, unhealthy population, family break-ups among others. The study utilised a descriptive research design based on two sampling techniques, convenience and purposive sampling to select representative sample. The sample population for this study was N=331. Data was collected using research assistant administered questionnaires to the alcoholics. The data was presented using frequency distribution tables and percentages.

First chapter covers background of the study to clearly show where the gap lies. The study shows trend over the years to prove an alarming increase of alcohol consumption that warrants concern. The chapter entails statement of the problem to capture grey areas in the topic that requires further research to establish truth of the matter. Main objective of the study was to establish how lack of parental guidance, peer pressure and easy availability of alcohol factors contribute to the high rate of alcohol consumption in the district.

Chapter two dwells on literature detailing causes of alcoholism as stated by experts in the field of alcoholism. Information contained here is both secondary and primary data as sources are text books, research findings and journals. The section covers conceptual framework that shows relationship of independent and dependent variables. Third part of the research project is research methodology. The study utilized a descriptive research design. Two sampling techniques were used; whereby convenience sampling was adopted to select Tigania West District being the place where researcher resides. Purposive sampling was used to get representative sample of 10% of target population. The sample population of this study is N=

331, which includes 90, 78, 98 and 65 alcoholics from the four divisions in the district. Data was collected using structured questionnaires administered to respondents. In chapter four it covers data representation that includes frequency distribution tables and percentages. There is a table of definition of variables contained in the chapter to operationise the variables. In chapter four collected data is presented in an organised form using frequency tables. Obtained data is analysed using percentages and is consequently interpreted to bring out meaning. Chapter five presents findings of the study and their usefulness in various sectors. In the chapter conclusions were made from the study and recommendations were made as well.

. Alcohol ingestion even during working hours among respondents threatens existence of the concerned society. Because of the undesired consequences of alcohol dependence, the study recommends strict control of alcohol distribution and consumption by brewers and consumers respectively. In addition the study recommends awareness programmes to educate masses on dangers of alcoholism to fill gap left by many parents.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Alcoholism is viewed differently by different people. Alcohol is as old as humankind as reflected in religious books. Christ himself strikingly endorsed the innocence of moderate drinking on festive occasions by his very first miracle, when he turned water into wine at the marriage at Cana. Traditionally beer was consumed during social ceremonies like weddings, funerals, after harvests and other social functions. To some is a source of pleasure while to others is a monster that needs to be avoided by all means. It was also taken by particular people and generally its consumption was highly controlled. Alcoholism is mainly assigned to masculine gender (Oxford et al, 1982).

Historically drunkenness has been almost exclusively a male preserve. When alcoholism ravages a family the cause may be a lonely or harassed wife. Alcoholic women have no doubt always existed but only as rare phenomena, perhaps because it has traditionally been their role on social occasions to bring in the bottles rather than help empty them (Alcohol and the Family, 1982). Alcoholism is the cyclic presence of tolerance, withdrawal and excessive alcohol use; the drinkers' inability to control such compulsive drinking, despite awareness of its harm to his or her health, indicates that the person might be an alcoholic (Encyclopedia). Alcoholism is a treatable decease and is widely seen as 'alcohol abuse' and 'alcohol dependence'. Alcohol abuse is not a new problem in our social life, affecting all facets of our livelihood. It's a reality and a menace in the society and not a far fetched myth to be wished away. Therefore it is a social problem that cannot be ignored (Kareicho, 1996). Interestingly whereas some people use drugs to relax, ease tension or to sleep, others seek a thrilling dimension or a high that will let them party all night. Therefore a phenomenon that began as something of recreational activity evolved with time into a problem of dependence and abuse (Cordes and Ibrahim, 1999). A federal government survey in the USA in 2000 revealed that 60.3% of the employees abuse illicit drugs and 25% of them are heavy alcohol users

(http://www.ilo.org safework/safeday). Therefore this study sought to establish how the identified factors influence alcoholism in Tigania West District.

Tigania West District is within the larger Meru region reputed as the leading area in Kenya in alcohol consumption. It's not strange to find young people staggering right from morning due to drunkenness. Changaa (traditional liquor) is very popular in the area and its brewing forms lucrative business. It's brewed under unhygienic conditions and sometimes laced with. poisonous substances. There are obvious consequences of alcohol consumption ranging from spread of HIV/AIDS pandemic, aggravates poverty, family break-up, low level of education and general insecurity; which are common phenomena in the area. It's until late 2000 alcohol consumption become real problem as indicated in Table 1.2. Cases reported on alcoholism were only 48% of total cases referred to Probation office in 2007, but as years progressed it increased steadily to 66% in 2008, 71% in 2009 and 2010 it hit roof amounting to 82% of all cases reported. The upward trend is clearly disturbing considering it's mainly affecting young people who should be contributing to the society socially and economically.

Following data show extent of alcohol related offences committed in the district.

Table 1.1 Offences for what offenders were committed for; 2010 May.

Offence	*Males*	*Females*	*Total*
Consuming chang'aa	23	02	25
Drunk & disorderly	16	02	18
Possession of chang'aa	05	07	12
Possession of chang'aa distilling apparatus	02	03	05

Offence	*Males*	*Females*	*Total*
Theft of farm produce	01	-	01
Cutting & removing	03	-	03
Forest produce			
Affray	02	-	02
Assault	01	-	01
Offensive language	01	-	01
Breaking into a bld	01	-	01
Stealing	01	-	01
Total	**56**	**14**	**70**

Source: Probation office, Tigania Law Court.

Table 1.1 shows liquor related offences are the most prevalent amounting for 85.7 per cent of the registered offences in the month. This represents general picture of cases commonly dealt with in the district. Table 1.1 present's general situation in respect of alcohol ingestion and it's important to note that many cases of alcohol are not reported and therefore are not included in the data shown. A common scenario is alcohol ingestion has been increasing over the years and this causes concern to various stakeholders.

Table 1.2 illustrates the general trend of alcohol consumption in the district.

Number of offenders referred to Probation offices who were convicted because of alcohol related offences in relation to other offences, at Tigania Law Court.

Year	*Total No of offences*	*Alcohol related offences*	*%*
2007	642	309	48
2008	545	361	66
2009	272	192	71
2010	621	507	82
Total	2080	1369	66

Source: Probation office: Tigania Law Court.

Table 1.3 Shows alcohol related cases compared to other cases from year 2007- 2010

Year	*No of alcohol related cases*	*Other cases*	*%*	*Total*
2007	*627*	*810*	*43*	*1437*
2008	*805*	*829*	*49*	*1634*
2009	*686*	*1106*	*38*	*1792*
2010	*593*	*1008*	*37*	*1601*
Total	2711	3753	42	6464

Source: Tigania Law Court.

From the above figures it shows that alcohol consumption has been increasing over the years. In 2007 percentage of those who were convicted due to alcoholism was only 48% but progressively increased over the years to 82% in 2010 which is almost doubling. This kind of trend is bound to cause consternations among interested parties. It's against this background that the research study sought to establish cause of this alarming increase of alcohol ingestion, its effects and best ways to control the industry. From the above data it shows alcohol was not a serious problem before 2007 but from 2008 it has been escalating at an abnormal rate. A study of this phenomenon is paramount to unravel this mystery. Data from Tigania Law court indicates year 2008 as the year that had highest cases related to alcohol reducing as years progressed. This discrepancy from table 1.2 can be explained that, with promulgation of the new constitution in year 2010 August there was confusion on some alcohol related cases whether they are illegal or not. This led to non-apprehension of those involved in the vice hence low number of alcohol related cases.

There are dangerous scenarios that emanate from alcoholism. They include emotional stress, mental health, genetic predisposition and damage to almost every organ in the body. Alcoholism has profound consequences for alcoholics and the people they are related with. There are fatal consequences of prolonged use of ethanol usually an ingredient found in common alcohol. In pregnant women for instance, alcohol can cause foetal alcohol syndrome (Nacada Journal, 2007). Alcoholism is contributing to unhealthy conditions to Kenyan population. In respect of this they become both unproductive and underproductive. This explains why historically alcohol has been used to fight political opponents. It's against this background its essential to generate credible data and information for analysis and consequently make informed decisions on how to curb the menace.

Large-scale deaths from brews have been reported where in 1994 twenty-four people died while six turned blind in Murang'a, August 1998 forty-two people died in Narok and 38 in

Mai Mahiu. Equally a fatal decease that may result from alcoholism includes cardiovascular decease, malabsorption and cancer (NACADA rapid assessment 2006). Sustained alcohol consumption can damage central nervous system and peripheral nervous system. For women long-term complications of alcohol dependence may lead to increased risk of breast cancer and negatively affect their reproductive function. Reproductive dysfunction includes; anovulation, decreased ovarian mass, irregularity of the menstrual cycle and early menopause. Alcoholic ketoacidosis can occur in individuals who chronically abuse alcohol and have a recent history of binge drinking (Encyclopaedia). Psychiatric disorders are common among alcoholics. Severe cognitive problems, statistics indicate approximately 10 percent of all dementia cases are related to alcohol consumption, making it the second leading cause of dementia (NACADA –rapid assessment report 2006).

To some is a source of pleasure while to others is a monster that needs to be avoided by all means. Social problems arising from alcoholism includes higher chances of committing criminal offences, common ones being child abuse, domestic violence, rape, burglary and assault. To a greater extent alcoholism is associated with loss of employment, hence financial problems. Drinking at inappropriate times and behaviour caused by reduced judgement can lead to legal consequences such as criminal charges for being drunk while driving or public disorder. An alcoholic's behaviour and mental impairment, while drunk can lead to isolation from family and friends. This ultimately can cause marital conflict and divorce. Alcoholism is a major contributor to child neglect and domestic responsibilities.

Alcohol consumption can be dangerous to the consumer, relatives and to the community at large. Alcohol's primary effect is increase of stimulation of receptor, promoting central nervous system depression. Repeated heavy consumption of alcohol, receptors are desensitized and reduced in number, resulting in tolerance and physical dependence. When alcohol consumption is stopped too abruptly, the person's nervous system suffers from

uncontrolled synapse firing. Result of such a scenario is anxiety, life threatening seizures, delirium tremens, hallucinations, shakes and possible heart failure (Encyclopedia). To attain successful alcohol withdrawal and alcohol abstinence calls for further research in this area of alcoholism. Women have higher blood alcohol concentration than men. Hence a given amount of alcohol becomes more highly concentrated in a woman's body. This means a woman is easily intoxicated due to different hormone release compared to men (Nacada Journal 2007).

Mechanisms put in place by Kenya government to reduce harm of alcoholism need to be evaluated to ascertain their effectiveness. These include Alcohol Control Act among others. There are other measures in place like alco-blow (vuta pumzi) to check on drunkenness by drivers. These prevention measures warrant scrutiny through research to ascertain their effectiveness.

In some quarters alcohol is considered a drug and drug addiction is a chronic, relapsing brain decease characterised by compulsive drug seeking and use despite often devastating consequences. It results from complex interplay of biological vulnerability environmental exposure and development factors (American Medical Association, 1988).

Alcoholism has a higher prevalence among men, though in recent decades, the proportion of female alcoholics has increased. Current evidence indicates that in both men and women alcoholism is 50-60 percent genetically determined, leaving 40-50 percent for environmental influences. Most alcoholics develop alcoholism during adolescence or young adulthood. These observations call for further research to determine actual position (Encyclopedia).

A substantial number of alcoholics commit suicide, approximately 18 percent of alcoholics (Vaillant at Harvard Medical School, 1972). In our context, (Kenya – area of study) need to ascertain actual position as regards alcohol ingestion. Excessive alcohol consumption comes

with socio-economic costs like loss labour hours, medical costs and secondary treatment costs. Alcohol use is a major contributing factor for head-injuries, motor vehicle accidents, violence and assaults. Such details were obtained in the research study.

Many Kenyans have been blinded or killed by deadly illicit brews in recent years. Consumption of cheap local brews makes victims financially and sexually less productive. A story is told in Kenya where schools in a district have been closed down for lack of children to attend such schools. Women in these areas usually complain loudly that their men stopped meeting their conjugal and marital obligations due to alcohol abuse (Okungu, 2010)

Brewers graduate from making the usual changaa to a higher version laced with all manner of spirits that can cause instant death if consumed. Such concoctions cause loss of sight and in some cases leads to death. Such calamities have been witnessed in Kawangware, Mathare, Shauri Moyo slums among others. These incidents elicit police raids in changaa dens and this could be the reason the liquid has gotten more lethal with time. This poses a dilemma on the best way to deal with this menace and it's against this background that necessitates more data and information to make informed decisions to eradicate the vice. As a country, need to learn lesson from failed regulations against alcoholism. Regulation need to be backed by addressing reasons why consumers engage in alcoholism. It has been observed that, regulating alcohol consumption by declaring it illegal or through high taxes, simply serve to drive the industry underground, in search of cheap liquor (Shikwati, 2010).

1.2 STATEMENT OF THE PROBLEM

This study sought to establish the factors that influence increased alcoholism in Tigania West District. Within a span of five years, alcohol ingestion has risen from 48% in 2007 to 82% in 2010 of alcohol related cases in relation to other cases combined in the district. This drastic rise and effects accompanying the vice is stunning and becomes centre of interest that requires scrutiny through a research study (Tigania Probation Office; Annual Reports 2007-

2010). Alcoholism has become a major issue nationally. This is so because of socio-economic problems that emanates from alcohol abuse. All manner of measures have been put in place to check on alcoholism. But in many cases it has not been effective. Some of the measures used to check on alcoholism are declaring local brews illegal, high taxation which only serves as a catalyst to make it go underground where it thrives. This is what is happening in the area of study.

Research carried out established real causes of alcoholism and was able to recommend informed decisions that will curtail the menace. In many cases alcoholism has been a matter of life and death. It has killed many people and some blinded by deadly illicit brews. Many able bodied young people have been rendered unproductive and non-reproductive because of alcohol dependence. In many cases what is consumed is brewed in unhygienic conditions and even sometimes it's laced with all manner of chemicals which has devastating effects on general health of the consumers. This position calls for regulation of the industry to save lives and curb the dangerous trend. Drug and substance use was a matter of whisper and caution. It is now known that drugs are growing from a small problem into a bigger national challenge (National Workshop on Alcohol and Drug Research-2011).

Deaths have been reported in the media examples being 114 people died Kariobangi and Kawangware after consuming illicit brews. June 2005 fifty one people died in Machakos after consuming the same concoctions. April 2010 nine people perished after consuming it in Shauri Moyo and twenty others became blind. Nineteen people died in Kibera after taking illicit brews in July 2010. Recently June 2011 eleven people died in Banana Kiambu and nineteen died in Nyahururu in September 2011 and ten died in Ruiru the same month (Standard on Saturday 17th Sept 2011). As a result of this alcohol industry makes attempts to check on alcoholism which is sometimes done haphazardly, which is not usually backed by adequate study and it's bound to fail. An example was introduction of 'alcoholmeter-alcoblow' or 'vuta pumzi'. This method didn't work and this makes it pertinent to carry out

further research to control the industry. On the other hand, consuming 'certified' beers by middle and upper income earners, gives them consumers traceability aspect. For them its secure and safe, ignoring the label 'excess consumption is dangerous'; so end up over-drinking that puts them in irresponsible actions that accompany excessive consumption of alcohol. This makes it a crucial area of study to curb such malpractices (The African Executive, 2006). Alcohol dependence is spreading like bush-fire in Meru region, yet it has received very little attention. Alcohol abuse programmes are being rolled out without empirical data. Alcoholism is on the rise in Kenya according to NACADA (2009). Effects of this have been mild to fatal consequences. Due to alcoholism road accidents among drivers has been increasing over the years. So against this background the study sought to look at factors influencing alcoholism in Tigania West District.

1.3 Purpose of the Study

The purpose of this study was to assess factors influencing rapid increase of alcoholic consumption in Tigania West District. The factors to be assed are lack of parental guidance, peer pressure and easy availability of alcohol to establish to what extent they contribute to increased alcoholism in the district.

1.4 Objectives of the Study

The objectives of the study were:

1. To establish how lack of parental guidance influences alcoholism in Tigania West District.
2. To establish to what extent peer pressure has contributed alcoholism in the district.
3. To establish how, easy availability of alcohol has led to alcoholism in the district.

1.5 Research Questions

The research endeavoured to answer the following questions:

1. How does lack of parental guidance influences alcoholism in TWD?
2. To what extent does peer pressure contribute to alcoholism in the district?
3. How does easy availability of alcohol contribute to alcoholism in the district?

1.6 Significance of the study

The study establishes factors that contribute rampant alcoholism in TWD. The study assessed these factors to establish how they contribute to increased alcoholism in the district in order to deal with the problem in the right perspective. The study is important to penal institutions like the police, judiciary, probation and prison.

Findings of this study could be used mainly by various stakeholders like provincial administration, other law enforcers and civil societies interested in controlling the high rate of alcoholism in the district. Policy makers can as well make use of the report to tap potential revenue from alcohol brewing industry. Alcoholic industry intends to introduce stringent measures to control the industry and findings of this study can be used to accomplish such an important endeavour. Major stakeholders in the alcohol industry can make use of the study to create awareness on the influence of alcohol abuse like NACADA. The findings can also be used by academicians and researchers to undertake further investigation on this subject.

1.7 Scope of the study

The study covered the four divisions in the district focusing on the three major factors; lack of parental guidance, peer pressure and easy availability of alcohol that influence increased alcoholism in Tigania West District. The study was done from February 2011 to July 2011.

1.8 Delimitation of the study

This study covered Tigania West District where researcher is field officer in crime prevention. This exposes the researcher to actual scenes of drinking dens that elicited this study. This makes it possible to identity best suited methodology of the study. Most of the respondents were my clients that I am expected to rehabilitate, thus easy to reach them and get co-operation from them. Having covered the area of the study extensively is conversant with the geographical terrain of the area, hence able to choose appropriate means to access the area.

1.9 Limitations to the study

Considering that alcoholism carries some negative connotations, some respondents were apprehensive to reveal their drinking habits. However from the onset it was explained to them that any information they volunteer will remain confidential and will be for purposes of the study alone.

Financial and time constraints were a major challenge; however this was circumvented by using volunteers, research assistants and well-wishers who charged reasonably low fee. Language barrier posed challenges as some respondents were unable to communicate with them effectively. So in some cases required services of an interpreter. Accessing some information I faced difficulties like from the court. But letter of introduction solved this challenge.

1.10 Assumptions of the study

A number of assumptions were made while carrying out this study; it's assumed that the respondents answered questions correctly and truthfully. It was also assumed that the data obtained from penal institutions and other sources, is correct.

1.11 Definitions of significant terms

This section presents the definition of the key terms as they are used in the study. The terms are developed within the context of the study. According to the researcher, definitions of the main terms are as follows:

'Cage' questionnaire: means closed ended question to answer in a particular way.

Alcohol abuse: is repeated use of alcohol despite recurrent adverse consequences.

Alcohol dependence: is alcohol combined with tolerance, withdrawal syndrome and uncontrollable drive to drink. So alcoholism involves both alcohol abuse and alcohol dependence.

Alcohol detoxification: is abrupt stop of alcohol drinking coupled with drug substitution.

Alcohol ingestion: It means to take alcohol into the body by swallowing.

Alcohol management: defined as efforts geared towards helping people discontinue their alcoholic intake behaviour, accompanied by life training and social support to prevent relapse.

Alcohol tolerance: is a condition where an alcoholic becomes addictive and does not respond to treatment i.e indifference. The victim usually suffers from physical craving beyond mental control.

Alcohol use disorders: means anti-social personality, impulse disorders, attention deficit due to alcoholism.

Alcohol withdrawal syndrome: means adverse effects resulting from sudden abstinence from alcohol taking.

Alcoholism: is uncontrolled consumption of alcohol despite its negative effects on the drinkers' health, relationship with other people and social standing.

Cognitive problems: means irrational thinking and general psychiatric disorders.

Dementia: is a mental disorder usually caused by excessive drinking of alcohol.

Dipsomania: is a term used to refer to alcoholism before 19th century before the word alcoholism was coined in our modern times.

Heavy drinking: implies negative effects of alcohol consumption accompanied by harmful use of alcohol.

Insomnia: is a condition of suffering from sleeplessness; can be due to taking excessive alcohol.

Panic disorder: condition common among alcoholics, characterised by anxiety, unstable and diminished concentration i.e hyperactivity.

Zero-tolerance approach: is complete abstinence from alcohol consumption.

1.12 Summary

This section covers introduction of the study and gives background information of the topic studied. It gives an overview of alcoholism from different perspectives. The section introduces area of study and what necessitated this study. Objectives of the study are outlined and purpose of the study. Research questions are stated that serves as guidance in the study.

Significance of the study is included in the chapter and issues that may serve as challenges in the study are stated. Also factors facilitating the study are identified and the section also covers definition of significant terms used in the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section contains findings from other researchers in the field of alcoholism. First part dwells on secondary information that deals on the topic. This includes text books, researched articles in journals among other sources. This part contains definitions of alcoholism by various experts. The review includes causes of alcoholism, its effects as outlined by various scholars. This section reviews literature on factors that influences alcoholism in the area of study. Parental guidance, peer pressure and easy availability are singled out as the major factors that contribute to increased alcoholism in the area of study. The three variables are widely reviewed in the chapter to have a wider understanding of the terms in question. General observations of alcoholism ranging from common causes, its historical background, effects and prevention are covered in the chapter.

2.1.1 Overview of the study

To understand the term alcoholism, its historical background has been reviewed from various sources. World Health Organization (WHO) committee disfavoured the use of "alcoholism" as a diagnostic of entity preferring the category of "alcohol dependence syndrome" in the 19th century and early 20th centuries alcohol dependence was called "dipsomania" before the term alcoholism replaced it (WHO 1979). The biological mechanisms underpinning alcoholism are uncertain however, risk factors include social environment, stress, mental health, genetic predisposition, age, ethnic group and sex dysfunction. Long term alcohol abuse produces psychological changes in the brain such as tolerance and physical dependence (NACADA Journal 2007). Such brain chemistry changes maintain the alcohol compulsive inability to

stop drinking and result in alcohol withdrawal syndrome upon discontinuation of alcohol consumption. Alcohol damages almost every organ in the body including the brain; because of the cumulative toxic effects of chronic alcohol abuse, the alcoholic risks suffering a range of medical and psychiatric disorders. Alcoholism has profound social consequences for alcoholics and the people of their lives (The Dietary Guidelines for Americans).

Alcohol is the most liberally used drug in Kenya (NACADA 2002). All alcoholic beverages contain alcohol, which is considered a drug since its narcotic, depressive and addictive. Estimates of alcohol consumption by Mclean (2005) in East Africa indicate that Uganda has the highest per capita consumption (19.5 litres of absolute) of alcohol in the world – homemade alcohol, followed by Luxemburg with 17.54 litres of absolute alcohol-convectional alcohol.

There are three classes of illicit brews in Kenya according to WHO (2004). They are: 1. Fermented brews (traditional beer) e.g busaa (a grain beer), mnazi (palm wine), muratina (from a local fruit known as muratina, sugarcane juice and honey) and Indali (banana beer) from ripe bananas. 2. Distilled liquors or spirits e.g changaa. 3. Methylated brews; made by mixing non-beverage alcohols like methanol, butanol, etc with other ingredients. Such non-beverage alcohols are for industrial use – to manufacture paints, varnish, solvents and cosmetics. Consumption of all these may cause morbidity, mortality and poverty (Report on a National Workshop on Alcohol and Drug Abuse Research -2011).

There are terms used to differentiate alcohol related terms by various organizations. In psychology and psychiatry, the Delirium Tremens (DTs) is the most common global standard. The terms they recommend are similar but not identical. Alcohol abuse is defined as repeated use despite recurrent adverse consequences. On the other hand alcohol dependence is alcohol abused combined with tolerance, withdrawal and uncontrollable drive to drink. The term "alcoholism" was split into "alcohol abuse" and "alcohol dependence" in 1980s DTs – III and in 1987s DTs– III – R behavioural symptoms was moved from "abuse" to

"dependence". It has been suggested that DTs –V merge alcohol abuse and alcohol dependence into a single new entry, named "alcohol use disorder" (DTs –IV 1987-NACADA JOURNAL 2007). "Alcohol harmful use" and 'alcohol dependence syndrome''; their definitions are similar to that of the DTs –IV. The World Health Organization uses the term alcohol dependence syndrome rather than alcoholism. The concept of "harmful use" as opposed to "abuse" was introduced in 1992s DTs -10 to minimize under-reporting of damage in the absence of dependence. The term "alcoholism" was removed from DTs between DTs – 8 /DTs – 8 and DT – 9 (WHO – Journal 2002).

2.2 Parental guidance

Parents have inescapable duty and mandate to guide the youth from snares of alcoholism. Their negligence on several matters is responsible for the ruin of the youth that we are witnessing today. Not all parents of course are to blame (The Drug Monster, J. M. Ndirangu; 2004, Thika, Kenya). Parents are the first (earliest) teachers and counsellors, long before formal school and peer groups come on board. Parents nurture and nurse children in their early and critical (formative) years. At this stage the young minds are easy to teach, believe and internalise the values taught without too much hassling. At this early stage, their minds have not been corrupted by peer groups and media; thus easy to convince them. Teaching by examples: ideally parents should teach by role modelling. Psychologists confirm that parents' role is irreplaceable. Parents spend most of their time with their children, so the values they cherish will leave definite marks on their children. Parents either arm or disarm children to cope with life's challenges. Some parents are responsible for some of their children's problems, including picking alcoholism (You Can Control Your Drinking; A. Page et al,2004).

Parents commit errors of omission and commission that drive their children into alcoholism. There are cases parents expect things to sort out themselves or forces of some sort will work out things without their input, as they back-pass responsibilities to teachers and pastors. The

commonly referred as 'cold put-downs'' makes children feel down-trodden, hopelessness, self-hate, inadequacy, feel like wretched worms before others. Such feelings are very damaging and can lead to alcoholism to overcome them. Perfectionism mentality makes children feel small and fixed. They tend not to see anything positive, can't entertain any dialogue, don't recognise efforts their children show. This may lead them to alcoholism. This is usually accompanied by unrealistic goals. Parents are also having no time with their children in pursuit of money, fame and success. (Job Related Stress Factors, J. M. Ndirangu, 2004).

Table 2.1 Following is a research done in Coast Province, showing parental diminishing role in children upbringing.

Who should	*Prevent %*	*Control %*	*Stop %*	*Alcoholism?*
Schools	*42*	*30*	*22*	
Religious organisations	*28*	*19*	*14*	
Community	*14*	*23*	*18*	
Authority	*06*	*16*	*28*	
Parents	*10*	*12*	*18*	

Source: The Drug Abuse Monster, J.M. Ndirangu, 2004.

Above table show schools contributes 42%, 30% and 22% in preventing, controlling and stopping alcoholism respectively. Other stakeholders, their contributions are shown while that of parents is only 10%, 12% and 18% in preventing, controlling and stopping alcoholism respectively. Parental guidance moulds the character of children. In modern times parents rarely have time with their children. This makes children to remain vulnerable and easily

misled into alcoholism. The role parents play effectively is provision of physical needs i.e food, shelter and clothing and to some extent formal education. But when it comes to moral upbringing children are left to the mercy of their peers, teachers and other acquaintances who easily misled them (Bello, E.G African customary humaritarian law , Geneva (1980)

2.3 Peer pressure

Socialisation is an essential part of growing up in all cultures. Our peers exert considerable influence on us. Some times this may have positive, constructive results and other times have negative influences. This negative peer pressure drives some young people into trying out alcoholism in the course of which they get addicted. All cultures in one way or the other teach that 'bad company' will spoil character. To earn acceptance one is required to do things as everyone else in the pack in order to 'belong'. There are strategies employed to pressurize someone to behave like others. For youths one may be laughed or scoffed at as 'inexperienced', 'cowardly' or 'a chicken hearted' etc. Many youths end-up being addicts after being challenged as weaklings. This can provoke and intensify feelings of inadequacy. This can also happen to adults. Too often the temptation to conform in order to get acceptance and approval of others is an overriding force. However one cannot be happy if one continues to live others' lives and choices. Sadly many adults are also victims of this. This leads a substantial number of people into alcoholism, just to please peers (The Drug Abuse Monster, J.M. Ndirangu, 2004). It's a known fact that peer pressure is a major cause of alcoholism, especially among the students. Young people are introduced to alcoholism when they are still young by their friends. The young generation are undergoing identity crisis and in the process may find themselves adopting addictive behaviour due to peer influence (Fiske John 1990, Introduction to communication studies 2nd edition, London).

On factors contributing to alcoholism, respondents in a research done showed 90% of youths indulged into alcoholism due to peer pressure (Report on National Workshop on Alcohol and Drug Abuse Research -2011).

2.4 Breakdown of traditional values

Traditional culture had effective ways of teaching positive values and gave people a sense of identity and belonging. There is fierce conflict between the western and traditional values with the former getting the 'upper hand'. Many people feel confused in this conflict and are left wondering which way to go. Just as sound values and morals give a vital anchor for life, traditional culture had a way of inculcating into people a sense of meaning and identity. People have been taught to look down on some of these values as 'primitive' but current alternatives are quite perplexing in a fast-changing world. People are urged to go for 'morals without God' and believe that there are no absolute morals. The net result of this is the prevalent culture of questioning every existing norm. Restraint to evil is condemned as an 'infringement' to your 'freedom'. It's taught, to hell with God or gods, the 'old folk'. All this might be enticing, but one can escape responsibility but surely cannot escape the consequences of irresponsibility (Religious Beliefs and Practices, G. Einstein, 1996). Breakdown of traditional values has contributed to alcoholism. Traditional alcohol consumption was highly controlled. But it's no longer the case as members of the society are no longer dictated or respect traditional values. This makes young people to drink uncontrollably as there are no norms restricting them. Traditionally alcohol was only taken during ceremonies rather than a daily phenomena and was taken by elders (NACADA journal 2007)

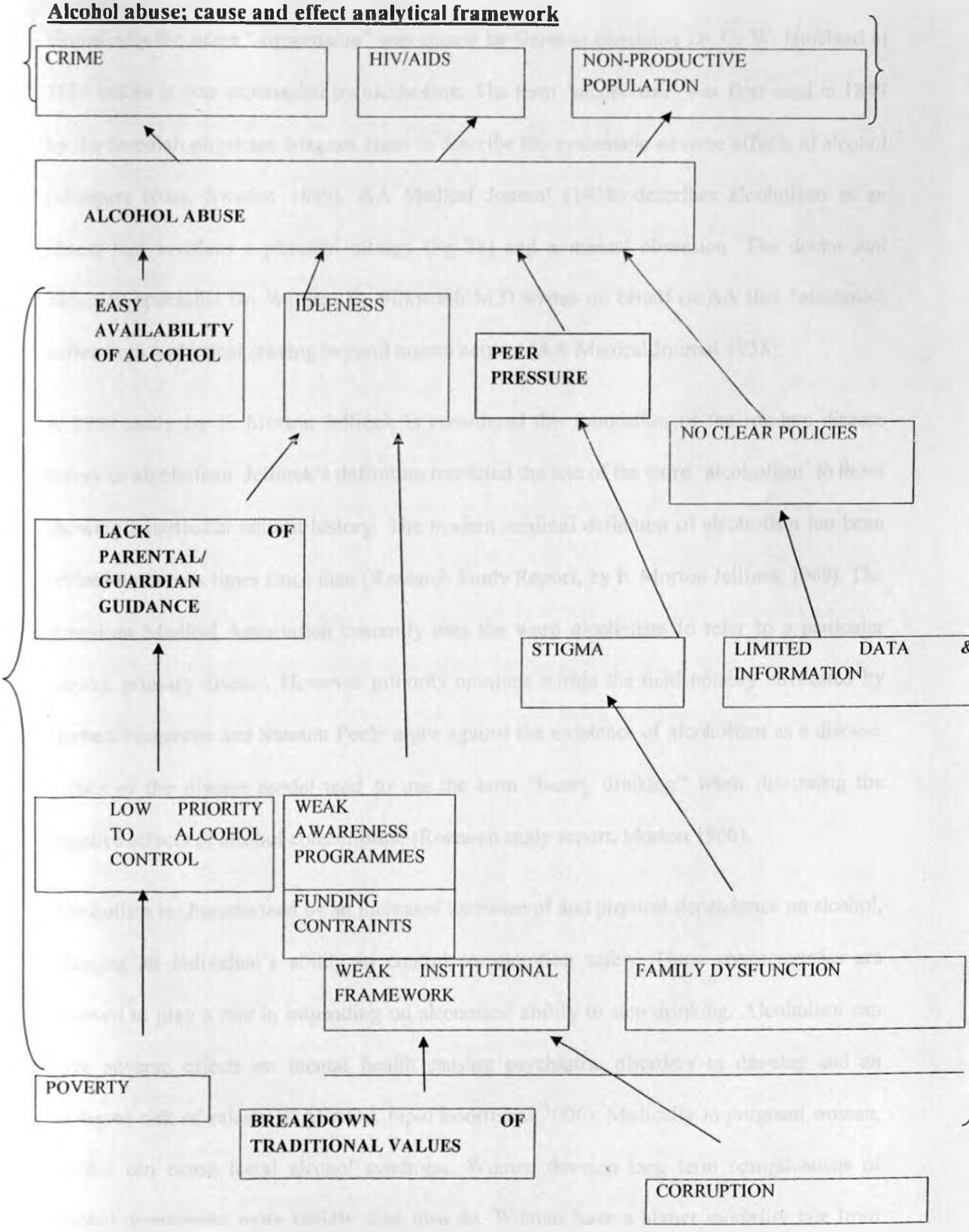
2.5 Easy Availability of Alcohol

Alcoholism is consumed due to various reasons depending on places and individuals. Easy availability of alcohol has been cited as a major cause of alcoholism (NACADA 2006). Availability and easy accessibility of alcohol makes many people to consume it. In the past it was restricted to particular people and taken only during certain occasions. But this situation has now changed since almost everybody including students can take beer unrestricted. People can take beer at any time of the day because of its availability (NACADA, Journal

2007). Local brews are just within neighbourhood making it readily available and affordable. Dealers of the same don't discriminate as they sell to under-age because they are profit driven entities. When people have nothing to do; may be due to lack of employment or engaging in constructive work, may engage into alcoholism. This mainly involves young people, since a substantial number of the youth are unemployed. A substantial chunk of people have a lot of time at their disposal especially the youth. To relieve their boredom end up in drinking dens that in most cases develop into a habit. Limited data and information indirectly contributes to alcoholism; policy makers rarely formulate policies on the basis of well researched data, such haphazard implementation of such policies do very little on improving the situation. Provincial administration has been in the forefront of fighting the vice but it has not been successful since it is not based on any sound policy. To tackle the problem effectively adequate data and information should be in place which will be relied on to make informed decisions. So in many cases initiatives taken especially by government have little impact in curtailing the menace as it's done either emotionally or in unsystematic manner that is unsustainable. Poverty may lead to stress and people engage into alcoholism to temporarily feel relieved. The kind of alcohol usually consumed is the local brews as the culprits cannot afford convectional ones. This has affected almost all parts of Kenya. This is a psychological problem that affects many alcoholics and drug users. Stress may be as a result of various reasons, common ones being marital problems, loss of jobs and economic hardships (Eliud Okumu: paper presented at youth workshop in Egerton University 2002)

Figure 1

Alcohol abuse; cause and effect analytical framework



Source: NACADA JOURNAL, 2007

2.6 Analysis of alcoholism

Historically the name "dipsomania" was coined by German Phycisian Dr. C. W. Hufeland in 1819 before it was superseded by alcoholism. The term 'alcoholism' was first used in 1849 by the Swedish physician Magnus Huss to describe the systematic adverse effects of alcohol (Maaguss Huss, Sweden 1849). AA Medical Journal (1938) describes alcoholism as an illness that involves a physical allergy (Pg 28) and a mental obsession. The doctor and addiction specialist Dr. William D. Silkworth M.D writes on behalf of AA that "alcoholics suffer from a physical craving beyond mental control (AA Medical Journal 1938).

A 1960 study by E. Morton Jellinek is considered the foundation of the modern disease theory of alcoholism. Jellinek's definition restricted the use of the word 'alcoholism' to those showing a particular natural history. The modern medical definition of alcoholism has been revised numerous times since then (Research Study Report, by E. Morton Jellinek 1960). The American Medical Association currently uses the word alcoholism to refer to a particular chronic primary disease. However minority opinions within the field notably advocated by Herbert Fingarette and Stanton Peele argue against the existence of alcoholism as a disease. Critics of the disease model tend to use the term "heavy drinking" when discussing the negative effects of alcohol consumption (Research study report, Morton 1960).

Alcoholism is characterized by an increased tolerance of and physical dependence on alcohol, affecting an individual's ability to control consumption safely. These characteristics are believed to play a role in impending on alcoholics' ability to stop drinking. Alcoholism can have adverse effects on mental health causing psychiatric disorders to develop and an increased risk of suicide (NACADA rapid assortment 2006). Medically in pregnant women, alcohol can cause foetal alcohol syndrome. Women develop long term complications of alcohol dependence more rapidly than men do. Women have a higher mortality rate from alcoholism than men (American Medical Association 1998).

Examples of long term complications include brain, heart and liver damage and an increased risk of breast cancer. Heavy drinking over time has been found to have a negative effect on reproductive functioning in women, which includes reproductive dysfunction such as anovulation, decreased ovarian mass, problems or irregularity of the menstrual cycle, and early menopause (The African Executive 2006). Long term misuse of alcohol can cause a wide range of mental health problems. Severe cognitive problems are not uncommon: approximately 10 per cent of all dementia cases are related to alcohol consumption, making it the second leading cause of dementia. Excessive consumption of alcohol causes damage to brain function and psychological health can be increasingly affected over time (WHO study journal 2006).

Psychiatric disorders are common in alcoholics, with as many as 25 per cent suffering severe psychiatric disturbances. The most prevalent psychiatric symptoms are anxiety and depression disorders. Psychiatric symptoms usually worsen during alcohol withdrawal, but typically improve or disappear with continued abstinence. Psychosis, confusion and organic brain syndrome may be caused by alcohol misuse. Panic disorder can develop or worsen as a direct result of long term alcohol misuse. Psychiatric disorders differ depending on gender. Women who have alcohol use disorders often have a co – occurring psychiatric diagnosis such as major depression, anxiety, panic disorder, bulimia, post-traumatic stress disorder (PTSD) or borderline personality disorder (American Medical Association 2006).

Men with alcohol use disorders more often have a co – occurring diagnosis of anti social personality disorder, bipolar disorder, impulse disorders or attention deficit/hyperactivity disorder. Women with alcoholism are more likely to have a history of physical or sexual assault, abuse and domestic violence than those in the general population, which can reach to higher instances of psychiatric disorders and greater dependence on alcohol (NACADA Journal 2007). The social problems arising from alcoholism are serious, caused by the pathological changes in the brain and the intoxicating effects of alcohol (NACADA Rapid

Assessment Report 2006). Attitudes and social stereotypes can create barriers to the detection and treatment of alcohol abuse. This is more of a barrier for women than men. Fear of stigmatization may lead to women to deny that they are suffering from medical condition, to hide their drinking and to drink alone. This pattern in turn, leads family, psychiatrics and others to be less likely to suspect that a woman they know is an alcoholic. In contrast reduced fear of stigma may lead men to admit that they are suffering from medical condition to publicly display their drinking and to drink in groups. This pattern in turn leads family, physicians and others to be more likely to suspect that a man they know is an alcoholic (NACADA Journal 2007).

Several tools may be used to detect a loss of control of alcoholic use. These tools are mostly self reports in questionnaire form. Another common theme is a score or the tally that sums up the general severity of alcohol use. The 'cage' questionnaire named for its four questions is one such example that may be used to screen patients quickly in a doctor's office. Two "yes" responses indicate that the responses indicate that the respondent should be investigated further. The questionnaire asks the following questions:

Have you ever felt you needed to cut down on your drinking?

Have people annoyed you by criticizing your drinking?

Have you ever felt guilty about drinking?

Have you ever felt you need a drink first thing in the morning (Eye – Opener) to steady your nerves or to get rid of a hangover?

The cage questionnaire has demonstrated a high effectiveness in detecting alcohol related problems. However it has limitations in people with less severe alcohol related problems, especially white women and college students (American Medical Association Journal 2008). Other tests are sometimes used for the detection of alcohol dependence such as the alcohol dependence data questionnaire, which is a more sensitive diagnostic test than the cage

questionnaire. It helps distinguish a diagnosis of alcohol dependence from one of heavy alcohol use. The Michigan Alcohol Screening Test (MAST) is a screening tool for alcoholism widely used by courts to determine the appropriate sentencing for people convicted of alcohol related offences, driving under the influence of alcohol being the most common.

The alcohol use disorders identification test (AUDIT) a screening questionnaire developed by the WHO is unique in that it has been validated and is used internationally (WHO1979). Like the cage questionnaire it uses simple set of questions; a high score earning a deeper investigation. The Paddington Alcohol Test (PAT) was designed to screen for alcohol related problems amongst those attending accident and emergency departments. It concords well with AUDIT questionnaire but is administered in a fifth of the time (American Medical Association journal 2008). Psychiatric geneticists John Numberger Jr, and Laure Jean Bicrut suggest that alcoholism does not have a single cause – including genetic but that genes do play an important role by affecting processes in the body by affecting process in the body and brain that interacts with one another and with an individual's life experiences to produce protection susceptibility. They also report that fewer than a dozen alcoholism related genes have been identified but that more likely await discovery (The Dietary Guidelines for Americans).

The DTs –IV diagnosis of alcohol dependence represent one approach to the definition of alcoholism. In part this is to assist in the development research protocols in which findings can be compared to one another. According to the DTs –IV, an alcohol dependence diagnosis is maladaptive alcohol use with clinically significant impairment as manifested by at least three of the following within any one year period, tolerance, withdrawal taken in greater amounts or over longer time course than intended, desire or unsuccessful attempts to cut down or control use; great deal of time spent obtaining, using or recovering from use; social, occupational or recreational activities given up or reduced, continued use despite knowledge of physical or psychological use and consequence (Global Status Report on Alcohol and

Health 2011). There are reliable tests for the actual use of alcohol, one common test being that of blood alcohol content (BAC). However these tests do not differentiate alcoholics from non-alcoholics; however long term heavy- drinking does have a few recognizable effects on the body. None of these blood tests for biological manners is as sensitive as screening questionnaires (WHO Medical Journal 2006)

2.7 Management and prevention of alcoholism

The World Health Organization, European Union and other regional bodies, national government and parliaments have formed alcohol policies in order to reduce the harm of alcoholism. Targeting adolescents and young adults is regarded as an important step to reduce the harm of alcohol abuse. Increasing the age at which licit drugs of abuse such as alcohol can be purchased, the burning or restricting advertising of alcohol has been recommended as additional ways of reducing the harm of alcohol dependence and abuse. Credible evidence based educational campaigns and the mass media about the consequences of alcohol abuse have been recommended. Guidelines for parent /guardians to prevent alcohol abuse amongst adolescents and for helping young people with mental health problems have also been suggested. For the Kenyan case, through Alcoholic control Act 2010, the government intends to limit drinking hours and restricting the sale of alcohol to adults only. The Act also shields students from easy access to alcohol.

To prevent alcoholism, Kenya signed the global strategy to reduce the harmful use of alcohol on May 2010 (Daily Nation, Feb 16 2011). According to WHO report on alcohol consumption, says Kenyans consume the highest amount of convectional beer in East Africa, but Uganda tops in the number of informal brew manufacturers. The report calls for lower blood alcohol limit for younger and less experience drivers. WHO agitate for drinks with law alcohol contents, especially informal drinks. The report further says students in Kenya forms a significant portion of those taking alcohol. About 17 percent of male students in Kenya and

12 percent of their female counterparts were found to have taken alcohol 30 days prior to the study (Daily Nation, Feb 16 2011, Global Status Report on Alcohol and Health 2011).

Contrary to popular belief, majority of Kenyan don't drink alcohol, a research covered in Global Status Report on Alcohol and Health 2011 states two per cent of Kenyans are alcoholics, but of those who do most are heavy drinkers with men beating women by more than two times (Daily Nation Feb 16 2011). Treatments are varied because there are multiple perspectives of alcoholism. Those who approach alcoholism as a medical condition or disease recommended differing treatments, while those who approach the condition as one of social choice. Most treatments focus on helping people discontinue their alcoholic intake, followed up with life training and for social support in order to help them resist a return to alcohol use. Since alcoholism involves multiple factors which encourage a person to continue drinking, they must all be addressed in order to successfully prevent a relapse. An example of this kind of treatment is detoxification followed by a combination of supportive therapy attendance at self- help groups, and on going development of coping mechanism.

The treatment communities for alcoholism typically support abstinence – based zero-tolerance approach; however, there are some who promote harm-reduction approach as well. Alcohol detoxification or "detox" for alcoholics is an abrupt stop of alcohol drinking coupled with substitution of drugs, such as benzodiazeppines, that have similar effects to prevent alcohol withdrawal. Individuals who are only at risks of mild to moderate withdrawal symptoms can be detoxified as out patients. Individuals at risk of a severe withdrawal syndrome as well as those who have significant or acute comorbid conditions are generally treated as inpatients. Detoxification does not actually treat alcoholism, and it is necessary to follow-up detoxification with an appropriate treatment program for alcohol dependence or abuse in order to reduce the risk of relapse (NACADA –Journal 2007).

Various forms of group therapy or psychotherapy can be used to deal with underlying issues that are related to alcohol addiction, as well as provide relapse prevention skills. The mutual

help group counselling approach is one of the most common ways of helping alcoholics maintain sobriety. Alcoholics Anonymous was one of the first organizations formed to provide mutual nonprofessional counselling, and it is still the largest. Others include Life Ring, Secular Recovery, Smart Recovery, and Women for Sobriety (NACADA, Journal 2007).

Rationing and moderation programs such as Moderation Management and Drink Wise don't moderate complete abstinence. While most alcoholics are unable to limit in this way, some return to moderate drinking. A 2002 U.S study by the National Institute on alcohol Abuse and Alcoholism (NIAAA), showed that 17.7 percent of individuals diagnose as alcohol dependent more than one year prior returned to law- risk drinking. This group however, showed pure initial symptoms of dependency. A follow-up study, using the same subjects that were judged to be remission in 2001-2002, examined the rates of return to problem drinking in 2004 - 2005. The study found abstinence from alcohol was the most stable form of remission for recovering alcoholics. A long –term (60 years) follow up of two groups of alcoholic men concluded that `` return to controlled drinking rarely persists for much more than a decade without relapse or evolution into abstinence.'' (National Institute on Alcohol Abuse and Alcoholism 2002).

A variety of medications maybe prescribed as part of treatment for alcoholism. Following medications are currently in use; Anti-abuse (disulfiram) prevents the elimination of acetaldehyde, a chemical the body produces when breaking down ethanol. Acetaldehyde itself is the cause of many hangover symptoms from alcohol use. The overall effect is severe discomfort when alcohol is ingested: an extremely fast –acting and long –lasting uncomfortable hangover. This discourages an alcoholic from drinking in significant amounts while they take the medicine.

A recent nine –year study found that incorporation of supervised disulfiram and the related compound carbamide into a comprehensive treatment program resulted is an abstinence rate

of 50 percent. Temposil (calcium carbide) works in the same way as antabuse ; it has an advantage in that the occasional adverse effects of disulfiram , hepatoxicity and drownsiness, don't occur with calcium carbide. Naltrexone is competitive antagonist opioid receptors, effectively blocking the effects of endorphins and opiates. Naltrexone is used to decrease cravings for alcohol and encourage abstinence. Alcohol causes the body to release endorphins which in turn release and cultivate the reward pathways; hence when naltrexone is in the body there is a reduction in the pleasurable effects from consuming alcohol. Naltrexone is also used in an alcoholism treatment method called the Sinclair method, which treats patients through a combination of naltrexone and continued drinking. Campral (acamprosate) stabilises the brain chemistry that is altered due to alcohol dependence via antagonizing the actions of glutamate, a neurotransmitter which is hyperactive in the post withdrawal phase. A 2010 review of medical studies demonstrated that acamprosate reduces the incidence of relapse amongst alcohol dependent persons (WHO medical journal 2006)

Alcohol itself is a sedative and is cross-tolerant with other sedative-hypnotics such as barbiturates, benzodiazepenes among others. Dependence upon and withdrawal from sedative hypnotics can be medically severe and as with alcohol withdrawal there is a risk of psychosis or seizures if not managed properly.

2.8 CONCEPTUAL FRAMEWORK

The independent variables of this study are: lack of parental guidance, peer pressure and easy availability of alcohol. These variables were analysed in relationship to alcoholism which is the dependent variable.

The intervening variables are: government policy, breakdown of traditional values and weak awareness programmes.

The variables are as summarised in the following conceptual framework.

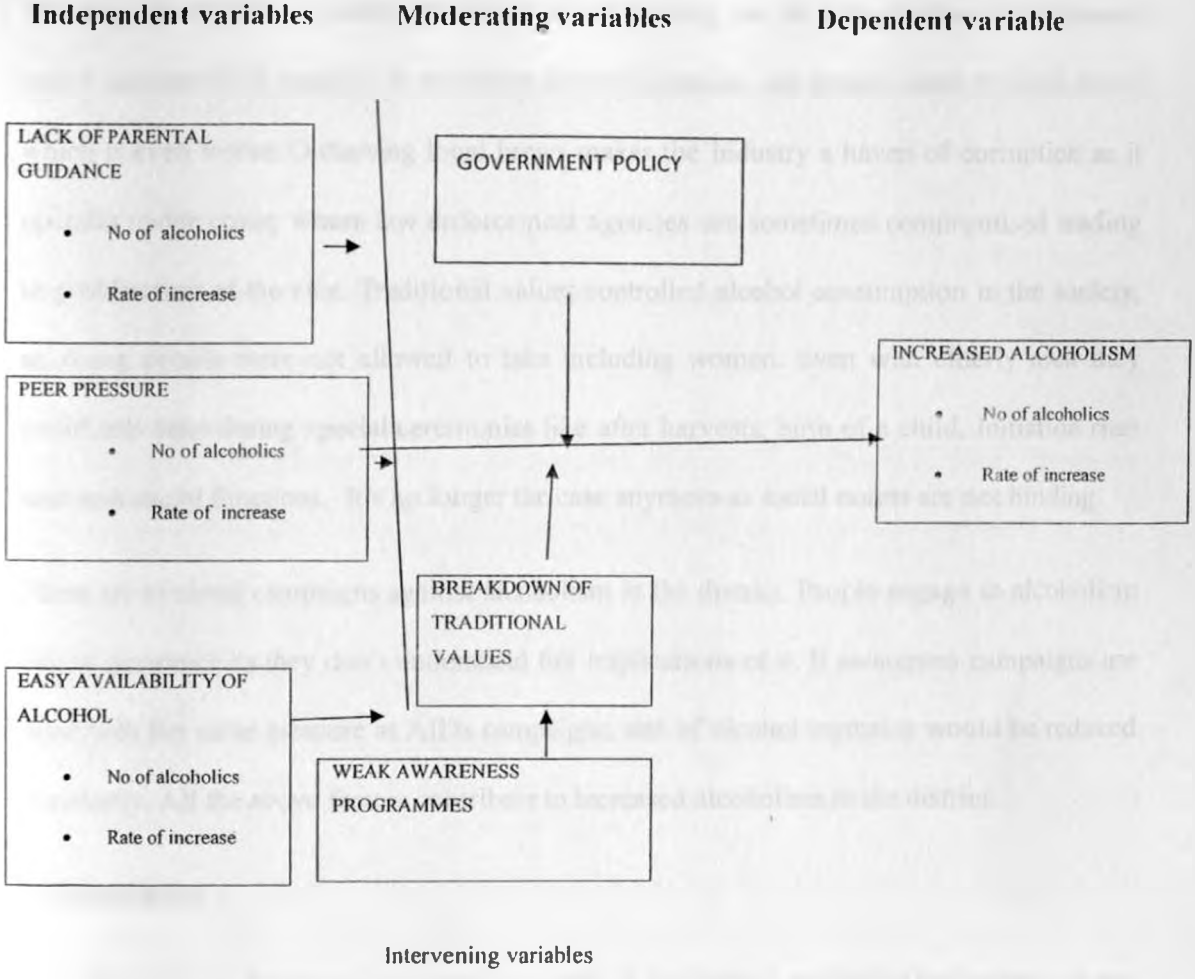


Figure 2, Conceptual framework

2.9 Brief explanation of variables relationship

Parental negligence contributes hugely to alcohol ingestion habits especially among the youth. In some cases parents themselves are not good role models to their children as they are victims of addictive alcoholism. Young people have been left alone to lead their own life in the name of individualism, liberty and modernisation.

Peer pressure is where young people exert influence among themselves. Loose social groups are formed that usually adopt common norms and to win acceptability, members engage in whatever habits taken up by some members in the group, including alcoholism. These vulnerable groups are able to access alcohol comprising illicit brews as its distribution it's not restricted.

The way alcoholism is controlled has minimal bearing on its consumption. Government policy has been high taxation to minimise alcohol ingestion, but people resort to local brews which is even worse. Outlawing local brews makes the industry a haven of corruption as it operates under cover, where law enforcement agencies are sometimes compromised leading to proliferation of the vice. Traditional values controlled alcohol consumption in the society, as young people were not allowed to take including women. Even with elderly men they could only take during special ceremonies like after harvests, birth of a child, initiation rites and such social functions. It's no longer the case anymore as social norms are not binding.

There are minimal campaigns against alcoholism in the district. People engage in alcoholism due to ignorance as they don't understand full implications of it. If awareness campaigns are done with the same measure as AIDs campaigns, rate of alcohol ingestion would be reduced drastically. All the above factors contribute to increased alcoholism in the district.

2.10 Summary

The review covered literature on common causes of alcoholism worldwide and narrows down to Kenyan situation. Some of the causes outlined includes weak awareness programmes, stress due to various reasons, peer pressure, limited parental guidance among others. Effects of alcoholism have been reviewed in the literature, which includes mental disorders, family break-ups, school drop-outs, increased poverty, high crime rate and the like.

Lastly the review dwelt on alcohol management and preventive measures to curb escalation of this menace.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This part dwelt on research methodology that was used and how the data was collected, analysed and presented.

The study used descriptive statistical analysis. For descriptive statistical analysis, frequency tables and percentages were used. Qualitative and quantitative approach was used as well. Descriptive statistical analysis was used to determine relationship between dependent and independent variables. The study used survey research design – cross sectional. The chapter presents target population, sampling techniques, data collection methods, methods to ascertain reliability and validity. The section also covers operational definition of variables table.

3.2 Research design

The study mainly adopted qualitative study approach using survey research design which is cross-sectional. Descriptive statistical research design approach was used because it determines and report true status of the phenomena under study (Gay, 1981). Quantitative design was also incorporated. Information was collected from respondents to get their attitudes and perspectives regarding alcoholism. According to Nachmias et al (2005) descriptive statistical research approach is appropriate to this study because it involves 'fact finding and enquiries'.

3.3 Target population

The study focused on specific alcoholics' households in Tigania West District to determine how the identified factors influence increased alcoholism in the district. By targeting alcoholics was able to establish what led them into alcoholism. They were targeted as well as

parents to establish their role in getting their sons/daughters into alcoholism. By getting data from them helped to establish reasons that lead them into alcoholism. Their attitudes towards alcoholism were obtained. The study targeted alcoholics as parents to establish their role in alcoholic behaviour of their sons/daughters. The target population was obtained from the four divisions in the district proportionately. Findings of the study can be generalised to all districts in the region affected by alcoholism as they bear same characteristics. From the total population in the district of 165,428; 2% of these are alcoholics which translate to 3,309 and 10% of this are 331.

3.4 **Sampling procedure**

This is a process that involves obtaining the sample from the population. Tigania West District was chosen through convenience sampling. The researcher resides in the district, well conversant with the area, so respondents are easily accessed.

The district has four divisional administrative units and from them a representative sample was obtained through purposive sampling. Purposive sampling is appropriate so as to specifically target alcoholics.

Table 3.1 2009 Tigania District population.

Division	*Population*	*Approx. No. of alco. (2%)*	*10%(N)*
Tigania Central	*45,061*	*901.2*	*90*
Uringu	*39,003*	*780.1*	*78*
Akithi	*49,098*	*982.0*	*98*
Mintutu	*32,266*	*645.3*	*65*
Total	*165,428*	*3308.6*	*331*

Source: District Statistics office, Maua, 2010

There were a total of 3309 alcoholics in the whole district so the sample was obtained using:

N/100x10 which is 3309/100x10= 331

So N=331

According to a research done by *Global Status Report and Health 2011*(Daily Nation, Feb 2011) only 2% of Kenyans are alcoholics, but of those who do, most are heavy drinkers. According to Mugenda and Mugenda (2003) a sample size of 10 percent of the accessible population will be appropriate for the study. In the four divisions a total of 3308 are alcoholics, of which 10% is N=331. Population sampled filled the questionnaire to obtain the required data, using research assistants.

3.5 **Methods of data collection instruments**

For purposes of data collection, this study utilised the following instruments:

Structured questionnaire design, this was administered by the researcher and research assistants. The questionnaires were administered to literate target group. Research assistants administered questionnaires to semi-literate and illiterate alcoholics. Mainly closed-ended questionnaires and self-administered questionnaires were used in this study to limit irrelevancies. The questionnaires were used to capture influence of the identified factors, leading to increased alcoholism. Use of questionnaire was an effective tool as it was cheap to administer to scattered respondents and from the large population within a short period. Gay and Airasian (2003) assert that personal administration of questionnaire is efficient to reach large population sample.

3.6 Data collection procedures

Permission was sought from Tigania Law Courts to obtain required data for this study. Permission was also sought from Probation office – Tigania West to access the needed data. Letters written to the two offices assured of confidentiality of whatever was obtained from

their documents. Questionnaires were hand delivered to the respondents through research assistants who filled them and collected from them later. Those who could not fill them they were helped by research assistants. Confidentiality of responses was assured to the respondents before data collection commenced to encourage honesty. Four research assistants each assigned to a division were trained on how to administer the questionnaire and common understanding of the questionnaire.

3.7 **Validity and reliability**

Validity is the accuracy and meaningfulness of inferences. which are based on the research results. It's the degree to which results obtained from the analysis of the data actually represent the phenomenon under study.

Appropriate methods of data collection improved validity as the instruments measured what it was intended to measure. Internal validity was achieved through obtaining adequate representative sample. Reliability is a necessary condition for validity. Reliability was established through test-retest approach. This was achieved through administering same instruments at different occasions (after two weeks) to check whether same responses was realised. Reliability according to Mugenda & Mugenda (1999) reliability is a measure of degree to which a research instruments yields consistent results on data after repeated trials. In this case to ensure reliability questionnaires were administered to respondents at different occasions to check whether same responses were realised. Results obtained from the two occasions were same, a proof that the questionnaire was reliable.

3.8 Ethical Considerations

Alcoholism carries same negative connotations and may elicit hostility from respondents. This can lead to concealment of real data. To avoid this cognizance of confidentiality and privacy was ensured to study the subjects. According to Kimmel (1988), this motivates them

to participate. Those who opted not to participate in the study had a free hand not to and were replaced by those who were willing.

3.9 Data analysis and presentation

After collection of the data, researcher checked completeness of the instruments, accuracy and uniformity. The researcher used basic descriptive statistics such as frequency tables and percentages because they can be easily interpreted to bring out the relative differences of value.

3.10 Operational definition of variables

The operational definitions of independent and dependent variables, as measurable indicators of the study, as shown in Table 3.2.

Research objectives	Type of variables	Indicator	Measuring indicators	Level of scale	Types & tools of analysis
1.To establish how lack of parental guidance influences alcoholism in TWD	Independent variables Lack of parental guidance Dependent variable • Alcoholism	No of alcoholics due to lack of parental guidance No of alcoholics	• Percentage of alcoholics • No of alcoholics	Interval Interval	Descriptive statistics • Std deviation • Central tendency • Regression
2.To establish to what extent peer pressure has influenced alcoholism in TWD	Independent variables • Peer pressure	No of alcoholics as a result of peer pressure influence	No of alcoholics	Interval	Descriptive statistics -as above
3. To establish how easy availability of alcohol has influenced alcoholism in the district	Independent variables • Easy availability of alcohol	No of alcoholics due to easy availability	No of alcoholics	Interval	Descriptive statistics - As above

3.11 Summary

The study was a cross-sectional survey that involved both qualitative and quantitative research designs. The target population of the study was alcoholic victims and their parents.

Representative sample size, comprising of at least 10 percent was obtained. The sample was selected using purposive sampling to serve intended purpose. Methods of data collection and procedures administered are covered in the chapter. The chapter contains validity and reliability criterion used.

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter presents data analysis, presentation and interpretation of the data collected from the field. The data is presented in form of frequency tables and percentages. The collected data is analysed according to factors that influence alcoholism in Tigania West District. The data is analysed on the basis of research questions which were meant to establish how parental negligence, peer pressure and easy availability of alcohol influences alcoholism in the district.

4.2 Questionnaire return rate

Table 4.1 presents data on the questionnaires filled and returned by the respondents. Out of the 331 questionnaires distributed to the respondents, 15 were incorrectly filled and 11 were not returned. So remaining number I worked with was 305 which is 92% return rate which is acceptable. Statistically this is a representative of the targeted population. Findings from this sample can be generalised to other districts in the region as they bear same characteristics.

Table 4.1

Sample	Study participants	Percentage
331	305	92%

4.3 General characteristics

Table: 4.2 Gender distribution

Gender	*Frequency distribution*	*Percentage*
Male	261	86
Female	44	14
Total	**305**	**100**

Table 4.2 shows 261 of the respondents were male while 44 were female. So majority were males with 86% while women were 14%. This is an indication that alcoholism is dominated by males in the district.

Table: 4.3 shows age of the respondents

Age -years	*Frequency distribution*	**Percentage**
<18	12	4
19-24	62	20
25-35	113	37
>35	118	39
Total	305	100

Table 4.3 shows 12 respondents were below 18 years with 4%, 62 were between 19-24 years with 20%, 113 respondents were between 25-35 years with 37% and above 35 years were 118 with 39%. This means age bracket 25-35 with a span of ten years carries bulk of the respondents with 37%. So majority of alcoholics were between ages 25-35.

Table 4.4 shows education levels

Education level	*Frequency distribution*	*Percentage*
No education	69	22.6
Primary level	69	22.6
Secondary level	98	32
College/university	69	22.6
Total	305	100

Table 4.4 indicates 98 respondents have secondary education and they are the majority with 32%. Other categories have the same number of 69 with 22.6%. This implies most of the alcoholics in the district have attained secondary education.

Table 4.5 shows occupation of the respondents

Occupation	*Frequency distribution*	*Percentage*
Farmer	83	27
Business persons	42	14
Jua kali sector	83	27
Formal sector	97	32
Total	305	100

Table 4.5 shows 83 of the respondents were farmers, 42 business persons, 83 in jua kali sector and 97 are in formal sector. Majority of the respondents in the formal sector who comprise doctors, teachers, clerks and such dominates in engaging in alcoholism with 32%.

Business people trails (42) engaging in alcoholism with 14%. Respondents who are in farming were 83 with 27%. This means those in formal sector can afford beer hence the higher percentage.

4.4 To establish how lack of parental guidance influences alcoholism.

Table 4.6 shows number of respondents whose parents take alcohol.

Parents	*Frequency distribution*	*Percentage*
Alcoholic	98	32
Non-alcoholic	207	68
Total	305	100

Table 4.6 shows 98 respondents their parents take alcohol with 32%. 207 respondents related that their parents don't take alcohol with 68%. This is a clear indication that majority of the respondents their parents don't take alcohol but still a substantial percentage of 32% their parents take alcohol.

Table 4.7 presents level of counselling from parents

Level of counselling	*Frequency distribution*	*Percentage*
Counselled	240	79
Not counselled	65	21
Total	305	100

Table 4.7 shows 240 respondents received counselling from their parents on alcoholism with 79%. Those who didn't receive counselling were 65 with 21%. This means majority of the respondents were counselled on dangers of alcoholism so their drinking behaviour can be attributed to other factors other than lack of parental guidance. However the 21% who confessed not receiving counselling from their parents on dangers of alcoholism their alcohol taking behaviour can be attributed to parental negligence.

Table 4.8 presents age,- respondents they started consuming alcohol

Age bracket(years)	*Frequency distribution*	*Percentage*
Below 18	65	21.3
19-24	131	43
25-35	87	28.5
Over 35	22	7.2
Total	305	100

Table 4.8 shows majority of respondents (131) started taking alcohol between ages 19-24 with 43%. Substantial percentage of 21.3% of respondents started taking alcohol below age 18 years. Parental guidance is put into question here since the data shows big number engage into alcohol taking while still teenagers.

Table 4.9 presents data on average time respondents spend with their parents in a day at their prime age.

Average time in a day	*Frequency distribution*	*Percentage*
Less than 1 hr	98	32.2
2-5 hrs	109	35.7
None	33	10.8
Can' tell	65	21.3
Total	305	100

Table 4.9 shows 109 respondents who are the majority spent 2-5 hrs in a day with their parents with 35.7%. 98 respondents spent less than 1 hr with their parents with 32.2%. Those who had no time with their parents were 33 with 10.8%. This is a clear indication of many parents failure in nurturing their sons/daughters by not having enough time with their sons/daughters. 65 respondents could not really tell with 21.3% a fact that negates parental involvement in proper upbringing of their sons/daughters.

Table 4.10 presents data on respondents who picked alcohol taking behaviour from their parents.

Parent's influence	*Frequency distribution*	*Percentage*
Yes	23	7.5
No	272	89.2
Others	10	3.3
Total	305	100

Table 4.10 shows 272 respondents with 89.2% didn't pick alcohol taking behaviour from their parents. 23 respondents admitted picking alcohol taking behaviour from their parents while 10 was due to other factors. This implies that most of the respondents didn't pick alcohol taking from their parents while 7.5% of the respondents picked it from their parents.

Table 4.11 presents data on respondents whose son/daughters engage in alcohol taking

Alcohol consumption status	*Frequency distribution*	*Percentage*
Alcoholic	130	43.6
Non-alcoholic	142	46.6
No sons/daughters	33	10.8
Total	305	100

Table 4.11 shows 130 respondents their son/daughters take alcohol with 43.6% while 142 respondents their sons/daughters don't take alcohol. 33 respondents didn't have sons/daughters. This illustrate parents role in contributing to the large proportion of alcoholics with 43.6%.

Table 4.12 presents respondents perception towards alcohol consumption.

Perception	*Frequency distribution*	*Percentage*
Its in order (approve)	32	10.5
Object alcohol ingestion (disapprove)	197	64.6
Its a personal choice	76	24.9
Total	305	100

Table 4.12 shows 10.5% respondents acknowledge alcohol consumption while 64.6% object it. 24.9% felt people (including ones we're expected to give guidance) should be given free hand to choose or make independent decisions. This is a clear indication that majority of respondents disapprove taking of alcohol despite taking it. Here is preaching water while taking wine.

Table 4.13 presents data on respondents who advise their sons/daughters against alcohol consumption.

Advised	*Frequency distribution*	*Percentage*
Yes	283	93
No	22	7
Total	305	100

Table 4.13 shows 93% of the respondents advise their young ones on alcohol consumption and only 7% don't give it to their sons/daughters. This means respondents play their role of

advising their sons/daughters. This clearly shows in this aspect alcoholism could be due to extraneous factors and also don't play role of a good model.

Table 4.14 presents data on respondents view on why their sons/daughters take alcohol.

View	*Frequency distribution*	*Percentage*
Picked habit from respondents	54	17.7
Peer influence	44	14.4
Easy availability	65	21.3
View	*Frequency distribution*	*Percentage*
Other	142	46.6
Total	305	100

Table 4.14 shows majority of respondents 46.6% attribute alcohol consumption among their sons/daughters to other factors apart from picking it from them (respondents), peer pressure, and easy availability. Single factor identified by respondents that significantly contributes to alcohol taking is easy availability with 21.3% among their sons/daughters. Respondents attribute their drinking behaviour to have led their sons/daughters into alcohol taking with 17.7% while 14.4% of respondents attribute to peer pressure influence.

Table 4.15 presents data on respondents' view on who should mould character of their sons/daughters.

Responsible to mould character	*Frequency distribution*	*Percentage*
Parents	251	82.3
Clergy	10	3.3
Teachers	13	4.3
Others	31	10.1
Total	305	100

Table 4.15 shows 82.3% of respondents hold the view that parents have the responsibility to mould character of their sons/daughters. 3.3% of respondents pinioned that clergy are responsible while 4.3% believe responsibility squarely lie with teachers. 10.1% of the respondents were of the view that other factors apart from the ones listed above.

4.5 To establish to what extent peer pressure influences alcoholism

Table 4.16 presents data on respondents' preference on need be accompanied while on drinking spree.

Preference	*Frequency distribution*	*Percentage*
Accompanied by friends	251	82.2
Going solo	43	14.2
Either	11	3.6
Total	305	100

Table 4.16 shows 82.2% of the respondents prefer being accompanied by their acquaintances while having a drink. 14.2% prefer having their drinks while alone and 3.6% were comfortable with either. This is a clear indication that majority of respondents conform to social norms of social groups which includes engaging into alcohol abuse.

Table 4.17 presents data on respondents' ability to control time and money they spend on alcohol.

Ability	*Frequency distribution*	*Percentage*
Not able	109	35.7
Able	174	57.1
Ability	*Frequency distribution*	*Percentage*
Either	22	7.2
Total	305	100
Ability	Frequency distribution	Percentage

Table 4.17 shows 35.7% of the respondents were unable to control the much they spend on alcohol. 57% of the respondents indicated were in control of whatever they spend on alcohol even in presence of their acquaintances. This reveals extent to which influence from peer pressure exerts on individuals. Though majority indicated to be in control of what they spend on alcohol a substantial proportion of 35.7% significantly reflects peer pressure as a factor that plays crucial role as far as increased alcoholism is concerned.

Table 4.18 presents data on what makes the respondents to be unable to control themselves in regard to what they spend on alcohol.

Factors	*Frequency distribution*	*Percentage*
Friends	33	10.8
Alcohol	98	32.1
Others	174	57.1
Total	305	100

Table 4.18 shows 10.8% of the respondents are unable to control what they spend on alcohol because of their friends. 32.1% is due to the influence of alcohol while 57.1% attribute to other factors. So single factor, of getting drunk is critical in reducing ones ability to control his/her spending. 10.8% is not high but can't be overlooked which is as a result of peer pressure.

Table 4.19 presents data showing average time per day respondents spend with their friends.

Time spent	*Frequency distribution*	*Percentage*
Less than 2hrs	44	14.4
3-5 hrs	65	21.4
Over 5 hrs	98	32.1
Can't tell	98	32.1
Total	**305**	**100**

Table 4.19 shows 14.4% of the respondents spend less than 2 hrs with their pals while 21.4% spend 3-5 hrs with their friends. 32.1% of the respondents spend over 5 hrs with their friends while those who could not estimate amounted to 32.1%. This reveals peer pressure factor to be instrumental in group dynamics where personal sacrifices are common to seek approval in the group.

Table 4.20 presents data showing factors that lead respondents into alcoholism

Factors	*Frequency distribution*	*Percentage*
Availability of money	22	7.2
Socialisation	174	57
Factors	*Frequency distribution*	*Percentage*
Satisfy appetite	65	21.3
others	44	14.4
Total	305	100

Table 4.20 shows 7.2% of the respondents take alcohol due to availability of money while 57% take it for socialisation. 21.3% of the respondents are to satisfy their appetite and others factors amounts to 14.4%. This indicates social factor is strong which an aspect of peer pressure.

Table 4.21 presents data on respondents who entice their friends into alcohol taking behaviour.

Status		Frequency distribution		Percentage	
Clear jams	Entice	Odstranění uvíznutých medií	240	Fjerne fastkjørt papir	78.7	Kağıt Sıkışmalarını Giderme
清除卡纸		용지 걸림 해결		清除卡紙		Eliminación de atascos
Akadások elhárítása		Rensa trassel		Eliminazione degli inceppamenti		Tukosten poistaminen
Устранение замятий	Don't entice	Staus beseitigen	65	Storingen verhelpen	21.3	Limpar atolamentos
Éliminer les bourrages		Afhjælp papirstop		Usuwanie zacięć		Eliminació d'embussos
						紙詰まりの解消
	Total		305		100	

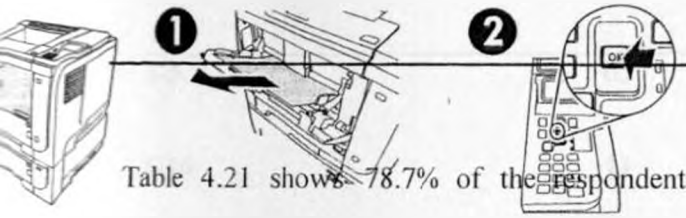


Table 4.21 shows 78.7% of the respondents entices their friends into alcohol taking behaviour. 21.3% of the respondents don't bother to persuade their acquaintances into the habit. This means majority of respondents don't spare their efforts to bring their pals on board. Alcohol ingestion is a social activity so to recruit more members is always desirable. This is a form of peer pressure effect manifested by alcoholics as the data indicates.

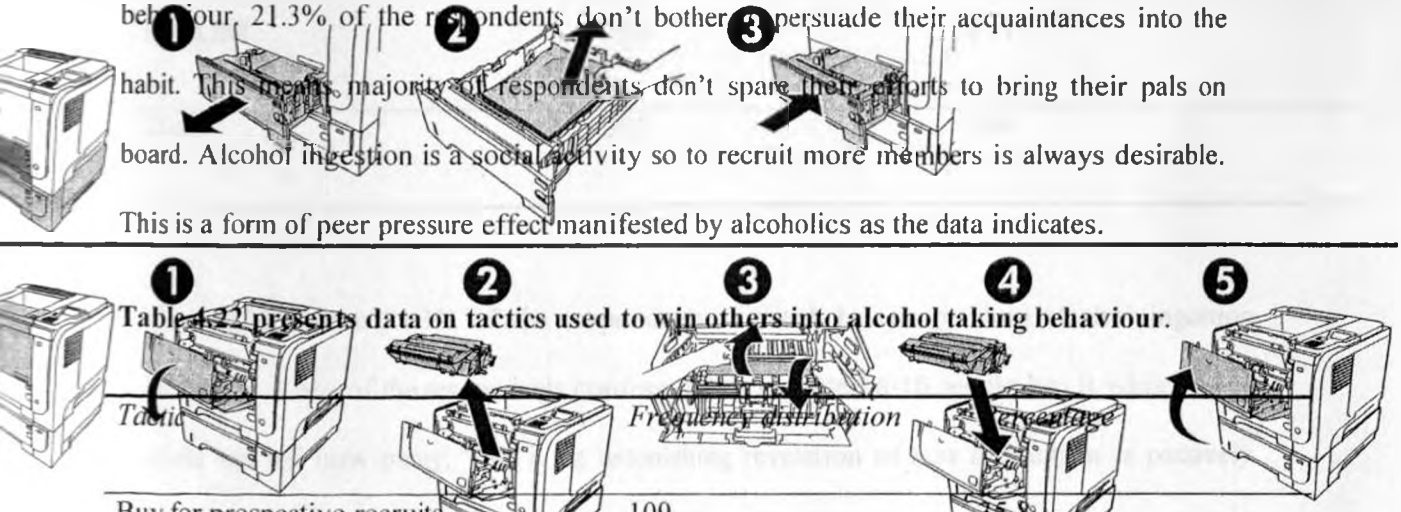
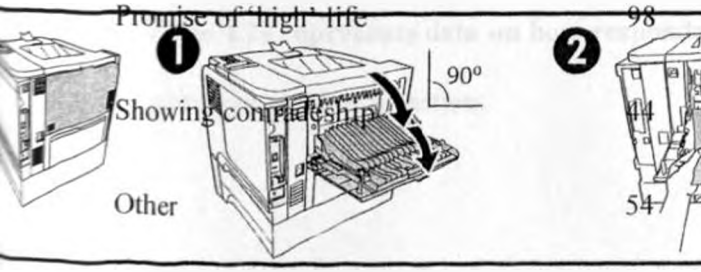


Table 4.22 presents data on tactics used to win others into alcohol taking behaviour.

Tactic	Frequency distribution	Percentage
Buy for prospective recruits	109	35.8
Promise of 'high' life	98	32.1
Showing comradeship	44	14.4
Other	54	17.7
Total	305	100



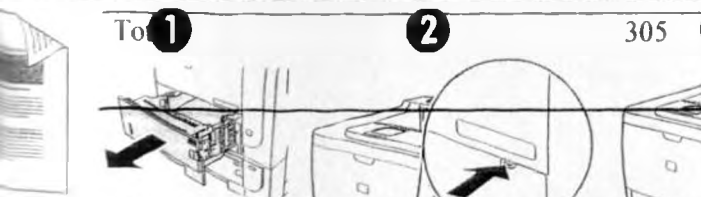


Table 4.22 shows 35.8% of the respondents entice their acquaintances by buying alcohol for them. 32.1% of the respondents do it through promises of 'high' life while 14.4% is by

showing extraordinary kind of care, solidarity and spirit of comradeship among others. This is a clear indication of how far peer pressure influences alcohols taking trend in the district.

Table 4.23 presents data on the average number of people respondents initiated into alcohol taking behaviour in the last one month.

No of people	*Frequency distribution*	*Percentage*
1-5	65	21.3
6-10	11	3.6
Can't tell	229	75.1
Total	305	100

Table 4.23 shows 21.3% of the respondents initiated 1-5 people into alcohol ingestion behaviour. 3.6% of the respondents confessed they recruited 6-10 people into it while 75.1% could not tell how many. This is an astonishing revelation of how alcoholism is passively gaining ground through peer pressure influence.

Table 4.24 represents data on how respondents will react in case their fellow alcoholics quit from alcohol ingestion.

Behaviour change	Frequency distribution	Percentage
Stop taking alcohol	23	7.5
Continue	174	57
Can't anticipate	87	28.5
Other (no answer)	21	6.9
Total	305	100

Table 4.24 shows 7.5% will quit drinking if their pals stop it while 57% of the respondents will continue even after their friends stop drinking. 28.5% had no idea of how they will react in such a scenario and 6.9% had no answer to the question. This is a manifestation of easy to get in but hard to get out. So factor of peer pressure is discriminative in the sense that, those already entangled into alcoholism cannot be salvaged by their friends from the vice.

4.6 To establish how easy availability of alcohol has led to increased alcoholism

Table 4.25 presents data on type of beer mainly consumed by respondents.

Type	*Frequency distribution*	*Percentage*
Type	*Frequency distribution*	*Percentage*
Traditional	131	42.9
Convectional	121	39.4
Either	54	17.7
Total	305	100

Table 4.25 shows 42.9% of the respondents take traditional beer and 39.4% take convectional beer. 17.7% what they drink is dictated by prevailing circumstances like its availability, money/price factor. The data reveals majority of the respondents prefer traditional beer which is readily available in the area of study. Thus the variable being assessed, the data affirms easy availability greatly contributes to increased alcoholism in the district.

Table 4.26 presents data on factors that dictates type of alcohol consumed by the respondents.

Factors	Frequency distribution	Percentage
Price	207	67.9
Availability	25	8.2
Favourite brand	54	17.7
Other	19	6.2
Total	305	100

Table 4.26 shows 67.9 of the respondents take a particular type of alcohol due to price factor while 8.2% was due to its availability. 17.7% of the respondents their choice is based on taste or their favourite brand and 6.2% their choice of type they take is based other factors apart from ones listed above. This means majority of the respondents take what they can afford holding other factors constant. This is slightly inconsistent with above findings but can be attributed to the fact that what is available is also cheap as easy availability only accounts for 8.2%.

Table 4.27 presents data on the most common available type of beer in the district.

Type	Frequency distribution	Percentage
Convectional	120	39.3
Traditional	185	60.7
Total	305	100

Table 4.27 shows 39.3% of the respondents indicated in their localities convectional beer is the dominant type of beer while 60.7% indicated traditional beer dominates in their localities. This explains as to why easy availability of alcohol is factor to reckon with in contributing to increased alcoholism in the district. Tying the factor of price and readily available type of beer easily establishes why the two are inseparable in driving the district to verge of an alcoholic district.

Table 4.28 presents data on respondents' reactions in a situation where the type of beer they are used to is not available.

Reactions	*Frequency distribution*	*Percentage*
Seek it elsewhere	185	60.7
Stop taking it	45	14.8
Go for alternative	75	24.5
Total	305	100

Table 4.28 shows 60.7% of the respondents will seek their favourite beer, its non-availability not withstanding. 14.8% indicated they would prefer stop drinking while 24.5% will take what is available. This is a clear indication that once one is embroiled into drinking habit

issue of availability does not arise anymore as one will do all he/she can to get [illegible]

So the remedy is to make it unavailable right from the start.

4. 7 Summary

This chapter presented data that was collected in form of frequency tables and percentages. All the independent variables considered in the study have been analysed in relation to the dependent variable. Analysed data is interpreted to derive meaning so as to draw logical conclusions. The data collected has been analysed based on the objectives of the study. The study used descriptive statistics to analyse it. Assessment of the data indicated that the three independent factors exert influence on dependent variable as detailed in the research findings. Lack of parental guidance the study revealed consistently contributing to increased alcoholism in the district. Peer pressure it has been proved from the study that the factor has substantially contributed to increased alcoholism in the district as well. The study further established easy availability of alcoholism has significantly influenced increased alcoholism in the area of study.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of findings of the study and discusses them according to the research questions. In the chapter conclusions and recommendations are made based on the findings of the study. The objectives of the study were to establish how lack of parental guidance, peer pressure factor and easy availability of alcohol influences increased alcoholism in Tigania West District. It's the findings of these objectives that are presented in this chapter. The chapter has the following sub-headings; summary of the main findings, discussions, conclusions and recommendations and suggestions for further areas of research.

5.2 Summary of main findings.

Majority of the alcoholics in Tigania West District are men (86%) and women are the minority (14%). In terms of age, majority (37%) of the respondents were between ages 25-35 years. This is the group that is supposed to be most productive but it's unfortunate they are engaged in alcoholism. Ages 19-24 years old (20%) is a substantial proportion engaged in alcoholism and its vulnerable. 22.6% of the respondents had no formal education, 22.6% had primary education and this have a bearing on drinking behaviour since its the illiterate and semi-illiterate who mainly engages in uncontrolled alcohol ingestion. Respondents with secondary education accounted for 32% and college/university level accounted for 22.6%. This clearly demonstrates that alcoholism in the district is mainly concentrated within those who have secondary education (32%). But still it cuts across all levels of education.

Study findings show that respondents working in the formal sector (32%) engage in alcoholism in the district i.e teachers, doctors, clerks etc including those working in private

sector. Those working in informal sector like 'jua kali' enterprises (artisans), closely follows with 27% of the total respondents. Farmers in their own category also had 27% while business people accounted for 14%. This means informal sector lumped together (i.e artisans and farmers) amount to 54%. So majority of alcoholics in the district are in the informal sector (54%).

5.2.1 Lack of parental guidance

The study established that 68% of the respondents' parents don't take alcohol while those whose parents take alcohol amounts to 32%. The high percentage of the respondents' parents not engaged in alcohol taking indicate parents may not have direct role in leading their sons/daughters into alcohol taking behaviour. But the 32% is quite high and affirms assertion that a substantial proportion of respondents are entangled in alcoholism due to the influence of their parents. Majority of the respondents (79%) indicated they used to be counselled by their parents against alcohol consumption while 21% indicated otherwise; that their parents had no business counselling them on such matters. This illustrates many parents take their rightful role as parents but still the 21% is significant proportion to cause havoc.

The study further established 21.3% of the respondents start taking alcoholism when they are under 18 years. 43% of the respondents started when they were 19-24 years old and above 35 years old were 7.2%. This reveals high number of respondents who engage in alcoholism when under 24 years. This manifests inadequacy parentage and parents failure to serve as good role models. Average time spent by respondents with their parents in a day reveals astonishing results. 10.8% of the respondents hardly spend time with their parents, 32.2% spent less than an hour with their parents while 35.7% spent 2-5 hrs a day with their parents. 21.3% could not tell average time they spend with their parents. The general observation from this finding is that parents neglect their role of guiding their sons/daughters as they don't spend quality time with their young ones. The study established that 89.2% of the respondents don't attribute their alcoholic life directly to their parents. 7.2% attribute their

alcoholic status to their parents through either brewing it at home or giving them as part of meal. 3.6% attribute the behaviour to other factors like being introduced into alcoholic life by grandparents. The high proportion of those who indicated that their parents had no part in influencing them into alcoholism can be attributed to the general environment of apathy among significant others including guardians, grandparents and others to be looked upon for proper guidance who usually fill vacuum of the absent parent.

The study established that 42.6% of the respondents' sons/daughters take alcohol while 46.6% of the respondents their sons/daughters don't take alcohol. Remaining 10.8% was not applicable as they don't have children. This is a clear indication that a big proportion picks habit of taking alcohol from their parents. But the substantial proportion of non-alcoholic sons/daughters cannot be ignored meaning there are responsible parents doing all they can to refrain their sons/daughters from the vice. Respondents' general view about alcohol taking was sought. It was found out that 64.6% don't approve alcohol ingestion while 24.9% were of the view it's upon an individual to make an independent decision in regard to taking alcohol. 10.5% approve it and won't mind their sons/daughters enjoying it. This shows majority of the respondents disapprove alcohol consumption but the sad story is the 24.9% who leave to fate and the 10.5% who approve it. This strongly reveals the general apathy among parents. It's under this background of the general perception that the rate of alcoholism keep on escalating in the district.

The research was able to establish that 93% of the respondents counsel their sons/daughters against alcohol consumption and 7% indicating contrary. This is a positive endeavour and supported by majority of the respondents but poses the dilemma as to why it's not effective in curbing escalating alcohol consumption. Respondents were asked to rank factors that contribute alcoholism and first position according to the finding was that 17.7% attribute it to parental negligence. 21.3% attribute it to easy availability while 14.4% said was due to peer pressure. 46.6% thought it was due to other factors apart from the ones mentioned above. The

study further revealed that 82.3% of the respondents believe parents should take the major role of moulding their sons/daughters character. 3.3% thought it a role that should be taken by the clergy while 4.3% teachers should take up the role. This demonstrates the grim picture of the society of apportioning responsibility which is actually back-passing and this makes vulnerable groups prone to all kinds of social evils.

5.2.2 Peer pressure

The study established that 82.2% of the respondents prefer being accompanied while on a drinking spree. 14.2% like doing it solo while 3.6% were comfortable in either case. This fact of being accompanied has an element of peer pressure where acquaintances use different tactics to be accompanied. Mainly the targets are those who are easily swayed or manipulated to achieve their goals. The study can confidently assert this is a phenomenon that has greatly contributed to high rate of alcoholism especially among the youth. In regard to peer pressure the study further revealed that 57.1% of the respondents are able to control time and money they spend on alcohol. 35.7% confessed being unable while 7.7% of the respondents find themselves in both situations interchangeably. To back this finding, the study endeavoured to find out what makes respondents to lose control over what they spend on alcohol – both money and time.

The study further established that 10.8% of the respondents fail to control as result of their peer group's influence, 32.1% attribute to reduced cognitive after taking alcohol while 57% said are in total control of what they spend. These revelations are quite interesting bearing in mind that there is a significant proportion of 10.8% that directly attribute uncontrolled spending to peer group influence. To reinforce the effect of peer pressure is reduced cognitive character of a drinking person as he/she easily succumbs to manoeuvres of the group. Close to the above findings the study established how respondents were unable to control time they spend with their acquaintances as 32.1% spend more than 5 hrs a day with them. 32.1% spend all their free time with their friends in the name of socialising. 21.4% acknowledged

spending between 3-5 hrs a day and 14.4% spending less than 2 hrs with their pals. These findings illustrates how strong social norms can be in ensuring conformity. This factor of peer pressure is strongly at play in the district contributing to increased alcoholism in the district.

The research study in an effort to establish experiences that makes one to get involved in alcohol consumption following data was obtained. 39.3% of the respondents find themselves entangled into alcoholism due to socialisation and consolation they get, 17.7% due to kind atmosphere exhibited in drinking places, 21.3% to satisfy the strong urge while 7.2% said is to enjoy what they earn. The centre of interest here is the proportion that gets consolation and such feelings. As pointed earlier such antics are common and are characteristics of peer pressure groups (refer to literature review on peer pressure). The study found out that 78.7% of the respondents seek to entice others into alcohol ingestion behaviour. 21.3% have no interest in recruiting people into the vice. This is mainly achieved through peer pressure groups since beer consumption is a social activity. The research established some of the tactics employed by the respondents where 35.8% do it by buying for prospective recruits, 32.1% promise 'high' life and 14.4% express comradeship, solidarity and the like. This is how peer pressure groups operate as it's detailed in the literature review. The data shown above is evidence that peer pressure strongly contributes to the high rate of alcoholism in the district. The research further established that 21.3% of the respondents acknowledge recruiting 1-5 people into alcohol taking behaviour for the last one month while 3.6% recruited 6-10 people within the same period. 75.1% could not tell. This further demonstrates the extent to which peer pressure has contributed to increased alcoholism in the district. It was established that 57% of the respondents will continue taking alcohol even after their pals abandon it while 7.5% will abandon it as well. 28.5% could not anticipate their reaction in face of such a scenario. This was noted earlier as a discriminative approach where peer

pressure factor works in facilitating one to get into but getting out of drinking behaviour does not facilitate.

5.2.3 Easy availability of alcohol

The study established that 42.9% of the respondents take traditional alcohol while 39.4% take convectional beer. 17.7% take either of the two. Closely related to this is revelation that the most kind of alcohol available in the respondents' locality is as follows; 60.7% of respondents indicated traditional brews as the most common while 39.3% indicated its convectional alcohol. This means respondents go for traditional brews because it's readily available. The study revealed that 67.9% of the respondents choose a particular type of beer because of price factor, 8.2% it's because of easy availability and 17.7% is determined by taste or favourite brand. Other factors accounts for 6.2%. This means affordability is the leading factor in determining kind of beer to take while easy availability is not significant as far as choosing kind of beer to take is concerned. The study established that 60.7% of the respondents would rather seek alcohol elsewhere if not available in their locality. 14.8% will stop taking it while 24.5% will go for an alternative. This means easy availability of alcohol may hold water initially but with time people will do all they can to get it from whatever source.

5.3 Discussions of the findings

This section presents discussions of the research findings in relation to literature reviwed. The discussions will be based on what the study established in relation to the three objectives of the study. The study established that all the three factors namely lack of parental guidance, peer pressure influence and easy availability of alcohol has significantly contributed to increased alcoholism in Tigania West District.

5.3.1 Influence of lack of parental guidance

Findings generally indicate close relationship between increased alcoholism and lack of parental guidance. As stated in literature reviewed lack of parental guidance may influence increased alcoholism and which is the case in the district. The study consistently affirms this assertion through the data collected and analysed. Although the study showed majority of respondents' parents don't take alcohol, the parents fail to spend quality time with their sons/daughters. The study revealed that parents to some extent do counsel their sons/daughters against alcohol abuse but their efforts is watered down or obscured by their deeds as they fail as good role model. This is reflected in parents' perception where the study showed apathy among most of the parents. The study established that most of the respondents started alcohol taking behaviour below 24 years. At this age the concerned group is vulnerable and requires parental guidance but the high proportion although entire of it cannot be attributed to parental negligence parents share the blame. It's at family level children are first socialised and what happens in their initial stages has a lot of impact in their general life. The study established that parents have actually done their part in proper upbringing of their children but there are external factors of parents need to shield their sons/daughters from them. So parents need to be more proactive rather than just react to issues.

Research findings show that certain proportion of respondents apportions blame to other factors. This is running away from reality rather than accepting where the problem lies and back-passing will not solve the problem. Although it's natural to avoid self-incrimination it's wise to confront the challenge head on rather than bury our heads in the sand. The study established there are attempts by certain proportion to pass on responsibility of moulding character of respondents' sons/daughters to other stakeholders like teachers, the clergy among others. This will further deteriorate the already bad situation and the prudent thing is every partner to play his/her rightful role. So the study consistently points a finger at parents' indifference in giving directions to their sons/daughters.

5.3.2 Influence of peer pressure

The study reveals peer pressure factor plays a major role in the escalating and proliferation of alcoholism in the district. This agrees with the reviewed literature of the same. This is a factor that mainly affects young people and as the study established that most of the respondents like having their drinks in groups are an evidence of how strong this factor is in influencing increased alcoholism in the district. As noted earlier beer drinking is a social activity and the study actually shows there are attempts to recruit more and more in these social groups. The impact of this is the number of alcoholics multiplying at a high rate. Remedy to this is to educate our youth and carry out awareness campaigns to counteract this emerging trend. Its important to prevent them from being initiated into these social groups since once they get in they have to conform to their group norms. Thus the message is to act and do it the earliest possible.

The study established that a large proportion of respondents hardly control time and money they spend on alcohol. Manifestation of this is impulse buying, driven by emotions and the study established that peer pressure factor is responsible for this scenario. This mob psychology aspect tends to have serious consequences as virtues like self-esteem are eroded to safeguard interests of peer pressure groups. This kind of position makes the victims to be errant towards authorities including family heads (parents). So they only pledge loyalty to their group norms and can develop to fanatics without fear of overstating. The study established some of the tactics used to entice others in alcohol taking life. It's important to enlighten especially the youth that all these are not meant for their general welfare but misuse them and eventually dumped. It is empirical from the findings that peer pressure is a factor that has influenced increased alcoholism in TWD.

5.3.3 Influence of easy availability of alcohol

The objective of the study was to establish how easy availability of alcohol has contributed to increased alcoholism in the district. The study's findings shows that the factor significantly contributed to the said vice in the district. The study revealed traditional brews as rampant and widely consumed in the district. These twin scenarios prove easy availability has contributed to increased alcoholism in the area of the study. This raises the question whether these brews are fit for human consumption and some measures should be taken to control consumption and its distribution. Though the study established that price factor is more crucial than easy availability of alcohol, it should be noted that the two factors are inseparable. This is so because one factor leads to the other, example adequate supply meaning easy availability will bring down the prices hence more consumption. This means the range of factors that influence alcoholism cannot be completely looked at independently.

5.4 Conclusions.

5.4.1 Influence of lack of parental guidance

The study established that lack of parental guidance has significantly contributed to increased alcoholism in TWD. This was arrived at through various findings of parental inadequacies in guiding their sons/daughters on responsible alcohol taking behaviour or refrain from it altogether.

5.4.2 Influence of peer pressure

Peer pressure influence has been established as a significant factor that has influenced increased alcoholism in the district. The study showed this factor is mainly rampant among the youth. The study consistently established role played by the said factor in influencing increased alcoholism in the district. To lay the ground of the findings, the study established some elements of peer pressure factor like strong bonds among the members of these social

groups. Thus it can be conclusively stated that peer pressure strongly influences increased alcoholism in TWD.

5.4.3 Influence of easy availability of alcohol

This factor of easy accessibility or availability, the study established some inconsistencies but as earlier noted this factor would be more effective if it's looked at in conjunction with other close factors like cost of the product. Due to addictive tendencies associated with alcohol, respondents may have engaged into alcohol taking behaviour because of its easy availability, but with time the factor's influence diminishes with time. But all the same the study found it to be a factor to reckon with in influencing increased alcoholism in TWD.

5.5 Recommendations

The study suggested the following recommendations:

1. Government should enact appropriate laws to control alcohol consumption and its distribution.
2. Data in the field of alcohol brewing industry is inadequate and therefore it is important to create database on alcohol parameters to make informed decisions.
3. Alcohol industry is a potential lucrative business if properly controlled. So it should not be fought as a monster but mechanism to be put in place to control it, so as to spur economic and social development.
4. Alcohol consumption has led to some catastrophes like deaths, sight impairment or complete blindness, among others. There are many side effects associated with alcohol ingestion including increased poverty levels, ill health and others. To curtail this awareness campaigns should be carried out to enlighten masses on responsible alcohol drinking or refrain from it altogether.

5.6 Suggestions for further research

This study concerned itself with three factors that influences increased alcoholism in TWD. Having concentrated on the three factors, further research can look at other factors that have contributed to increased alcoholism not only in the district but in the whole country at large.

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LIST OF APPENDICES

Appendix 1

Letter of Transmittal & Informed Consent

Samuel Ndung'u

University of Nairobi

P.O Box 30197- 00100 GPO

NAIROBI.

08th JUNE 2011

Dear Sir/Madam

To Whom it May Concern

Tigania West District

Re: Permission to collect Data

My name is Samuel Ndung'u, a student at University of Nairobi undertaking a research project on alcoholism. The research intends to study alcoholism in Tigania West District.

I wish to seek your permission to collect the necessary data for this project from your organisation. Any information obtained will be used only for academic purposes. All the information obtained will be treated in confidence.

Yours Faithfully

Samuel Ndung'u.

Appendix 2

Letter of Consent

Samuel Ndung`u

University of Nairobi

P.O Box 30197- 00100 GPO

NAIROBI.

08th JUNE 2011

Dear Sir/Madam

To Respondent,

Tigania West District

Re: Permission to collect Data

My name is Samuel Ndung`u, a student at University of Nairobi undertaking a research project on alcoholism. The research intends to assess factors influencing alcoholism in Tigania West District.

I wish to seek your permission to collect the necessary data for this project from you. Any information obtained will be used only for academic purposes. All the information obtained will be treated in confidence.

Yours Faithfully

Samuel Ndung'u.

Appendix 3: Survey Questionnaires

General instructions:

It's essential that every question be answered completely and accurately.

This questionnaire intends to find out how identified factors have contributed to increased alcoholism in Tigania West District. Your name is not required to ensure confidentiality.

1. How old are you? .....
2. Gender; male ..... female.....
3. What is the level of education? a. No education b. Primary level c. Secondary level d. College and above.
4. What is your occupation? .....

Questionnaires for Alcoholics; To establish how lack of parental guidance influences increased alcoholism.

5. Do your parents take alcohol? a) Yes b) No
6. Do/did your parents counsel you on alcohol consumption? a) Yes b) No
7. What is the average amount of beer do you take in a day? a. 1-5 b. 6-10 c. above 10 bottles d. Can't tell e. Specify .....
8. Have you ever felt you needed to cut down on your drinking? a) Yes ...b) no ..... c) n/a
9. Have you ever felt guilty about drinking? a) Yes..... b) no ..... c) n/a
10. Have people annoyed you by criticizing your drinking? a) yes b) no c) n/a

11. Have you ever felt you need a drink first thing in the morning (eye-opener) to steady your nerves or to get rid of a hangover? a) yes b) no c) n/a

12. Have people annoyed you by criticising your drinking? a) Yes .... b) no ..... c) n/a

13. At what age did you start taking alcohol? .....

14. What is the occupation of your: father? ....., mother? .....

15. On average how much time do/did you spend with your parents in a day? a) less than an hour b) 2-5 hrs c) none d) other, specify .....

16. Did your parents influence you into becoming an alcoholic? a) yes b) no. How?

17. Do you influence your children in regard to alcoholism? a) yes b) no. Either case comment .....

18. Do your parents reprimand you for engaging into alcoholism? a) yes b) no

19. Generally what is the programme of your day's activities?

Time	Activities
Morning session	
Mid-day	
Evening	

Questionnaires to establish to what extent peer pressure has influenced increased alcoholism in the district.

20. During your free time what do you do? a) chew miraa b) have alcoholic drinks c) play favourite game d) other, specify

21. Are you accompanied by a friend when having fun? a) yes b) no

22. Do you feel lonely when not accompanied by them (friends)? a) yes b) no

23. Do you find yourself taking alcohol, more than you had planned? a) yes b) no

24. Do you have control over time and money you spend on alcohol? a) yes b) no

25. If 'no' what makes you not to have control over your drinking? a) friends b) influence of alcohol c) sellers d) other, specify

26. On average how much time do you do you spend with your friends? a) less than 2hrs b) 3-5 hrs c) over 5 hrs d) other, specify .....

27. In order of influence who contributes most into your drinking behaviour? a) friends b) parents c) easy availability d) other, specify ..... 1. ..... 2 ..... 3 ..... 4 .....

28. What attracted you into alcoholism? a) socialisation b) satisfy appetite c) kind of friends d) other, specify .....

29. Do you entice your friends into alcoholism? a) yes b) no

30. If yes, how do you do it? a) buy for them b) promise of high life c) being close/helpful to them d) other, specify .....

31. On average how many people have led into alcoholism in the last one month? a) 1-5 b) 6-10 c) over 10 d) other, specify .....

32. If your acquaintances leave alcohol consumption, how would it affect you? a) stop taking alcohol as well b) continue c) can't anticipate d) other, specify .....

33. Have you tried to stop drinking? but was unable due to; .....

Questionnaires to establish how easy availability of alcohol has led to increased alcoholism in the district.

34. What led you into alcohol consumption? a) stress b) introduced to it by friends c) easy availability d) other, specify .....

35. Where do you buy alcohol that you consume? a) from the local pub b) one brewed in neighbouring households c) other, specify .....

36. What kind of beer do you take? a) traditional b) convectional c) other, specify .....

37. What makes you to take that kind of beer? a) price factor b) proximity c) your favourite d) other, specify .....

38. Which type of alcohol is readily available in your locality? a) Convectional b) traditional c) other, specify .....

39. If alcohol that you take is not available in your locality, how will it affect your drinking behaviour? a) stop taking it b) travel long distance to get it c) other, specify .....

40. Are there measures in place to control alcoholism in your locality a) yes b) no. If yes, explain .....

41. Do your children take alcohol? a) yes b) on. If yes what makes them to take it? .....

42. Do your siblings take alcohol? a) yes b) no. If yes how many and how many are they? .....

Questionnaires for parents/guardians

1. Do your sons/daughters take beer? a) yes b) no
2. How many sons/daughters do you have? .....
3. How many of your son/daughters take alcohol? .....
4. Are you a single parent? a) yes b) no
5. What is your view towards alcohol consumption? a) its okay to take it b) object alcohol ingestion c) its up to an individual to make a choice d) other, specify .....
6. Do you caution your children against alcoholism? a) yes b) no
7. What led your son/daughter into alcoholism? a) picked the habit from you b) peer influence c) easy availability d) other, specify .....
8. Are there deliberate efforts to control alcoholism in the family? a) yes b) no If yes explain .....
9. To you who is supposed to shoulder responsibility of moulding children's character? a) parents b) teachers c) the clergy d) other, specify .....
10. On average how much time do you spend time with your children? a) hardly get time with them b) plenty of time c) other, specify .....