

UNIVERSITY OF NAIROBI

FACULTY OF ARTS

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

M.A RESEARCH PROJECT

**THE IMPACT OF ALCOHOL ABUSE ON THE WELFARE OF RURAL
HOUSEHOLDS: A CASE STUDY OF MBETI-NORTH WARD, EMBU
COUNTY**

BY

LYDIA WAMUGO NJERU

C50/60469/2010

**A Research Project submitted in partial fulfillment of the Master of Arts
Degree in Rural Sociology and Community Development at the University
of Nairobi**

NOVEMBER 2015

DECLARATION

This research project paper is my original work and has not been presented for a degree in any other university:

Signature: Date:.....

Name: Lydia Wamugo Njeru

Reg. No: C50/60469/2010

This research project paper has been submitted with my approval as the University Supervisor:

Signature: Date:.....

Dr. Beneah Mutsotso

Project Supervisor

DEDICATION

This research project paper is dedicated to my Mom-Rosemary Nguyo for teaching me the importance of an education; for always believing in me, and for her inspiration, support, encouragement and understanding throughout my school years and life.

ACKNOWLEDGEMENT

I thank God Almighty for blessing me with all the strength, wisdom, and concentration that I required to go through this programme to a successful completion.

I also wish to register my sincere gratitude to my parents Rosemary and Sammy Nguyo for supporting me morally, financially and for always believing in me.

I acknowledge my University supervisor Dr. Beneah Mutsotso for his guidance at every stage of this Project, and the University of Nairobi-Department of Sociology and Social Work staff and students of C50 2010/2011 who provided me with intellectual support.

Special thanks to Walter Muira for his undying encouragement, motivation, financial, intellectual and moral support.

My sincere thanks also go to my friends Harwin Mwendwa, Mary Muturi, Elizabeth Mutha and Flora Njeru, for their moral support and encouragement during the duration of this project.

Lastly, I acknowledge all the respondents for agreeing to be part of this study.
God bless you all.

TABLE OF CONTENTS

DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
TABLE OF CONTENTS.....	v
LIST OF FIGURES	xi
ABBREVIATIONS	xii
ABSTRACT.....	xiii
CHAPTER ONE: INTRODUCTION.....	1
1.1 Background to the Problem.....	1
1.2 Problem Statement	3
1.3 Research Questions	7
1.4 Objectives of the Study	7
1.4.1 General Objective	7
1.4.2 Specific Objectives	7
1.5 Justification of the Study	7
1.6 Scope of the Study	8
1.7 Definition of Key Terms	8
2.1 Introduction.....	11
2.2 Global patterns of alcohol consumption	11
2.3 Impact of Alcoholism on the Family Unit	15
2.4 Alcoholism and the Health of the Consumers.....	20
2.5 Interventions to Reduce Alcoholism Problems.....	23
2.5.1 Increasing Alcohol Prices	23
2.5.2 Restricting Alcohol Outlets.....	23
2.5.3 Controlling Alcohol Advertising and Promotion.....	23
2.5.6 Better Education and Communication	24
2.5.7 Working with the Alcohol Industry	24
2.5.8 Institutional/Governance Responsibility.....	25

2.6 Legal Framework	25
2.6.1 Alcoholic Drinks Control Act 2010.....	25
2.6.2 Public Health Act.....	28
2.6.3 The Liquor Licensing Act.....	29
2.6.4 The Chang’aa Prohibition Act, 1980	31
2.7 Institutional Framework.....	32
2.7.1 National Campaign against Drug Abuse Authority (NACADA).....	32
2.7.2 The Kenya Police Anti-Narcotics Unit (ANU).....	33
2.7.3 The Customs Department.....	34
2.7.4 Department of Immigration	34
2.7.5 The Government Forensic Laboratory	34
2.8 Theoretical Framework	35
2.8.1 Deviance Theories	35
2.8.2 Social Disorganization Theory.....	39
2.9 Conceptual Framework.....	41
CHAPTER THREE: RESEARCH METHODOLOGY.....	45
3.1 Introduction.....	45
3.2 Research Design.....	45
3.3 Target Population.....	45
3.4 Unit of Observation.....	45
3.5 Unit of Analysis	46
3.6 Sampling Techniques and Sample Size	46
3.7 Data Collection Methods and Tools.....	47
3.7.1 Qualitative Methods.....	47
3.7.1.1 Key Informant Interviews	47
3.7.2 Quantitative Research Methods	47
3.7.2.1 Interviews.....	47
3.8 Tools of Data Collection	47
3.8.1 Questionnaire	47

3.8.2 In-depth Interview Guide	48
3.9 Ethical Issues	48
3.10 Data Analysis and Presentation.....	48
CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS	49
4.1 Data Presentation and Analysis of the Primary Respondents	49
4.2 Response Rate.....	49
4.3 Background Information	49
4.3.1 Gender of the Respondents	49
4.3.2 Age of the Respondents	49
4.3.2 Level of Education.....	50
4.3.3 Religion of the Respondents	51
4.3.4 Employment Status	51
4.3.5 Sources of Livelihoods	52
4.3.6 Type of Family.....	53
4.3.7 Household Size	53
4.4 Prevalence of Excessive Alcohol Consumption	54
4.5 Factors that Lead to Excessive Alcohol Consumption.....	56
4.5.1 Corruption.....	56
4.5.2 Peer Pressure	57
4.5.3 Idleness	57
4.5.4 Unemployment.....	58
4.5.5 Poverty	58
4.5.6 Marital Problems.....	58
4.5.7 Media Influence	59
4.5.8 Work-Related Stress	59
4.6 Impact of Alcoholism on the Family Unit	61
4.6.1 Domestic Violence.....	62
4.6.2 Marital Problems.....	62
4.6.3 Selling of Family Property without Due Consultation with Family Members	63

4.6.4 Death.....	64
4.6.5 Committing Suicide	64
4.7 Alcoholism and the Health of the Consumers.....	68
4.7.1 Disability as a Result of Alcohol-Related Injuries/Accidents.....	68
4.7.2 Poor Health Associated with Malnutrition and Lack of Good Hygiene	68
4.7.3 Health Conditions like Liver Disease, Cancer	68
4.7.4 Loss of Eyesight and/or Death.....	69
4.8 Community’s Reaction towards the Problem of Alcoholism in Society	73
4.9 Data Presentation and Analysis of the Secondary Respondents	76
4.9.1 Frequency of Alcohol Consumption among Respondents Perceived to Drink Excessively. 76	
4.9.2 Factors that Motivate Alcohol Consumption	77
4.9.3 Effects of Alcohol Consumption on the Health of the Consumer.....	77
4.9.4 Effects of Alcohol on the Family	77
4.9.5 Society’s Reaction towards Perceived Excessive Alcohol Consumers	78
CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS	79
5.1 Introduction.....	79
5.2 Summary of Key Findings from the Primary Respondents (Household Heads)	79
5.2.1 Prevalence of Alcohol Abuse in the Study Area.....	79
5.2.2 Factors that Lead to High Alcohol Consumption in Rural Households.....	79
5.2.3 Impact of Alcoholism on the Family Unit	79
5.2.4 Alcoholism and the Health of the Consumers.....	79
5.2.5 Community’s Reaction towards the Problem of Alcoholism in Society	80
5.3 Summary of Key Findings from the Secondary Respondents (Alcohol Abusers).....	80
5.4 Conclusion	81
5.5 Recommendations.....	81
5.5.1 Recommendations for Policy Consideration.....	81
5.5.2 Recommendations for Further Studies.....	81
REFERENCES	83
ANNEXURE.....	86

ANNEX I: QUESTIONNAIRE FOR COMMUNITY MEMBERS	86
ANNEX II: KEY INFORMANTS INDEPTH INTERVIEW GUIDE	91
ANNEX III: INTERVIEW GUIDE FOR COMMUNITY MEMBERS PERCEIVED TO DRINK EXCESSIVELY	92
ANNEX IV: TABLE FOR DETERMINING SAMPLE SIZE FROM A GIVEN POPULATION	93

LIST OF TABLES

Table 4.1: Factors that lead to excessive alcohol consumption	66
Table 4.2: Rating of factors that lead to the high alcohol consumption in rural households.	60
Table 4.3: Impact of alcoholism on the family	72
Table 4.4: Summary of deaths reported as a result of alcohol abuse	75
Table 4.5: Rating of Respondents views on the impact of alcoholism on the family unit.....	76
Table 4.6: Impact of alcoholism on the health of the consumer	79
Table 4.7: Loss of Eyesight and/or Death.....	80
Table 4.8: Summary of Treatment/Hospitalization.....	81
Table 4.9: Rating of Respondents' views on Alcoholism and the Health of the Consumers	81
Table 4.10: Rating of Respondents' views on other communities' reactions towards the problem of alcoholism in society.....	85

LIST OF FIGURES

Figure 2.1: Flow chart illustrating personal and social disorganization effects of alcoholism.....	42
Figure 4.1: Gender of the respondents	49
Figure 4.2: Age of the respondents	50
Figure 4.3: Level of education	50
Figure 4.4: Religion of the respondents	51
Figure 4.5: Employment Status.....	52
Figure 4.6: Sources of Livelihoods.....	62
Figure 4.7: Type of Family	63
Figure 4.8: Household size	64
Figure 4.9: Prevalence of Excessive Alcohol Consumption in the Community	64

ABBREVIATIONS

ABV	Alcohol by Volume
BAC	Blood Alcohol Concentration
CFDCP	Centre for Disease Control and Prevention
TB	Tuberculosis
HIV	Human Immuno Virus
NACADA	National Campaign against Drugs Authority
WHO	World Health Organisation
IRIN	Integrated Regional Information Networks
DSM IV	Diagnostic and Statistical Manual Four
PTSD	Post Traumatic Stress Disorder
APA	American Psychological Association
UK	United Kingdom
FASD	Fetal Alcohol Spectrum Disorder
MOH	Ministry of Health

ABSTRACT

The main objective of this study was to establish the impact of alcohol abuse on the welfare of rural Kenyans. Particularly, the study sought to establish factors that lead to high alcohol consumption in rural households, determine the impact of alcoholism on the family unit, find out the effect of alcoholism on the health of the consumers and establish the community's reaction towards the problem of alcoholism in society.

This study was conducted because in spite of the well-known negative effects of alcoholism in society, people still continue to abuse alcohol. This has led to alcohol-related injuries, health conditions and deaths, threats to the family unit, and both society and the government are reacting.

Review of relevant literature indicated that alcohol abuse has negative effects on the individual and his health, on the family unit and on society at large. To give a better understanding of alcohol abuse, the social disorganization and deviance theories were applied. The study adopted a descriptive study design and used both probability and non-probability sampling methods. Data collection tools used in this study included a questionnaire, and an interview guide.

The study found out that the following factors promote alcohol abuse: corruption, peer pressure, idleness, marital problems, media influence and work related stress. The study established that the major impacts of alcohol consumption on the family unit are domestic violence, marital problems, selling of family property and death. On the health of the alcohol abusers, the study found that alcohol leads to: development of a variety of health conditions including cancers and alcoholic liver disease, placing of a heavy burden of disease in society due to HIV/AIDS and other STIs contracted by engaging in careless sex when drunk, injuries and accidents caused when working or driving when drunk.

As the community's reaction to this problem, the study found that the government, Faith Based Organisations and the community at large has made efforts at fighting the vice. In conclusion, the study points to causative factors like corruption, peer pressure and idleness which can be addressed, with the result of alcohol abuse being threats to the family unit, health conditions and death-making it a major socio-economic problem. The study thus recommends that the government should ensure the Alcoholic Drinks Control Act 2010 is implemented without Corruption; and address the problem of unemployment to reduce idleness. The community should also get fully involved in fighting the vice instead of assuming a helpless, on-lookers position.

CHAPTER ONE: INTRODUCTION

1.1 Background to the Problem

Alcohol is any liquid or drink containing ethanol especially when considered as the intoxicating agent in fermented and distilled liquors (Tracy, 2005).

There are different types of alcohol. *Isopropanol or isopropyl alcohol* is used in industrial processes as well as in home cleaning products and skin lotions; it is also commonly known as "rubbing alcohol".

Methanol, or methyl alcohol or wood alcohol is used as an industrial solvent and is also commonly available as methylated spirit. It is found in cleaning solvents, paint removers, photocopier developer and anti-freeze solutions. As such, it is often available in large quantities inexpensively. It is similar to ethanol but the end product after it is digested by the body is formaldehyde, which is poisonous. This is responsible for "alcohol poisoning". Methanol poisoning leading to blindness has been known to occur on consuming even small amounts which is prevalent in Kenya (Room, *et al.*, 2002).

Another type of alcohol is *ethyl alcohol*, also known as ethanol which is consumed by human beings for its intoxicating and mind-altering effects. The term 'alcohol', unless specified otherwise, refers to ethanol or ethyl alcohol. It is a thin, clear liquid with harsh burning taste and high volatility. It is usually consumed in diluted concentrations of absolute (i.e. 100 per cent) ethyl alcohol. Ethyl alcohol is also used as a reagent in some industrial applications. For such use, ethyl alcohol is combined with small quantities of methanol, with the mixture being called "denatured ethanol" to prevent theft for human consumption (Arnold, 2005).

Alcoholic beverages (ethyl alcohol) are divided into three general classes: beers, wines, and spirits which are legally consumed in most countries most of which have laws regulating their production, sale, and consumption (Shaw, 2002). Of the three, beer is one of the world's oldest and most widely consumed alcoholic beverages, and the third most popular drink overall after water and tea (Nelson, 2005). It is produced by the brewing and fermentation of starches which are mainly derived from cereal grains — most commonly malted barley although wheat, maize (corn), and rice are also used. The alcoholic strength of beer is usually 4% to 6% alcohol by volume (ABV). Wine is produced from grapes, and fruit wine is produced from fruits such as plums, cherries, or apples. Wine involves a longer fermentation process than beer and also a long aging process (months or years), resulting in an alcohol content of 9%–16% ABV. Spirits are unsweetened, distilled, alcoholic beverages that have an

alcohol content of at least 20% ABV. They are produced by the distillation of a fermented base product which concentrates the alcohol (Lichine, 1987).

Throughout all history, alcohol is a product that has provided a variety of functions for people. From the earliest times to the present, alcohol has played an important role in religion and worship. Historically, alcoholic beverages have served as sources of needed nutrients and have been widely used for their medicinal, antiseptic, and analgesic properties (Center for Disease Control and Prevention, 2010). While no one knows when beverage alcohol was first used, it was presumably the result of a fortuitous accident that occurred at least tens of thousands of years ago. However, the discovery of late Stone Age beer jugs has established the fact that intentionally fermented beverages existed at least as early as the Neolithic period (10,000 B.C.) (Patrick, 1952), and it has been suggested that beer may have preceeded bread as a staple (Katz and Voigt, 1987); wine clearly appeared as a finished product in Egyptian pictographs around 4,000 B.C. (Lucia, 1963).

The earliest alcoholic beverages may have been made from berries or honey (French, 1890) and winemaking may have originated in the wild grape regions of the Middle East. Oral tradition recorded in the Old Testament (Genesis 9:20) asserts that Noah planted a vineyard on Mt. Ararat in what is now eastern Turkey. In Sumer, beer and wine were used for medicinal purposes as early as 2,000 B.C. (Babor, 1986). Brewing dates from the beginning of civilization in ancient Egypt (Cherrington, 1925) and alcoholic beverages were very important in that country. Symbolic of this is the fact that while many gods were local or familial, Osiris, the god of wine, was worshiped throughout the entire country (Lucia, 1963a). The Egyptians believed that this important god also invented beer, a beverage that was considered a necessity of life; it was brewed in the home "on an everyday basis" (Marciniak, 1992).

In recent times however; alcohol consumption has been identified as a risk factor for many health, social and economic problems of communities. World Health Organization (WHO) report identified alcohol as being responsible for nearly 60 types of disorders and injuries (WHO, 2000). Alcohol consumption has been recognized as the fifth leading risk factor, next only to underweight, unsafe sex, blood pressure and tobacco usage (WHO, 2002).

Traditionally the adverse effects of alcohol use have been linked only to the acute immediate effects (states of drunkenness) and long-term effects of alcohol dependence (resulting from habitual, compulsive and long-term heavy drinking). Numerous other common and frequent public health effects as well as the social and economic aspects have not been recognized by

health professionals and policymakers. Alcohol consumption, in a dose-response manner, but especially heavy drinking and alcohol use disorders, increases the risk of contracting TB and pneumonia, as well as the progression of TB and HIV (Rehm, Anderson, Kanteres, Parry, Samokhvalov and Patra, 2009).

In Kenya, there are many reports about alcohol related deaths among the youth and celebrities. National Agency for the Campaign Against Drug Abuse's (NACADA) 2011 report established that consumption of alcohol among people aged under 18 years is high, moreover, there was a very high prevalence of alcohol consumption among youths (aged 25 – 34 years) at 79% for males and 15% for females (NACADA, 2011). It is estimated that at least 60% of families in Kenya are affected by alcohol abuse (Pan African News Agency, Dakar, 2005). A study by NACADA (National Agency for the Campaign against Drug Abuse) in 2007 revealed that nationally 13% of the population currently consumes alcohol, and that illicit brews and cheaply brewed beer including chang'aa are consumed by over 15% of 15-64 year olds.

1.2 Problem Statement

There is a wide range of negative effects associated with consumption of alcohol. Individuals who consume alcohol are more likely to experience a wide range of effects, among which include problems like: unwanted, unplanned, and unprotected sexual activity ; social problems; physical and sexual assault; physical problems; problems at school; legal problems; disruption of normal growth and sexual development; higher risk for suicide and homicide; alcohol-related car crashes and other unintended injuries; memory problems; drug abuse; changes in brain development; and death from alcohol poisoning.

Individuals are in most cases likely to be involved in risky behaviours after consuming alcohol and thus putting their lives in danger, as well as threatening the safety of the general population in the neighbourhood at large. According to a study conducted by Centre for Disease Control (CDC), consumption of alcohol has been found to be greatly linked to the practice of risky-sexual behaviours and other social problems (CDC, 2006).

It was also revealed from the study conducted by CDC that 33.9% of students nationwide were found to be sexually active. It was also further revealed that among those students who were found to be sexually active, 23.3% had consumed alcohol before their last occasion of sexual intercourse (ibid.).

Studies conducted revealed that male individuals were found to have been under the influence of alcohol before their last occasion of sexual intercourse (27.9%) in comparison to 19% of females who reported using drugs or alcohol before their last occasion of sexual intercourse. These rates were also found to be higher among Hispanic (25.6%) and White (25%), than among Black (14.1%) individuals (CDC, 2006).

These risky sexual behaviours affect the welfare of rural dwellers and thus result into elevated possibilities for the contraction of sexually transmitted diseases, including HIV and AIDS as well as unplanned pregnancies. The potential for an unplanned pregnancy may result in fetal alcohol spectrum disorders which is a leading cause of mental retardation and this has drastic effects on the social development of individuals in particular and society at large (Jones & Smith, 1973).

Studies have also revealed that adolescents who indulge in underage drinking are more likely to be exposed to a high risk of developing structural and functional changes in the course and process of their brain development. In addition to that, animal studies have also revealed that binge drinking; especially among the adolescents has a drastically great detrimental effect on human memory and on motor impairment as well. The frontal cortex is also negatively affected as a result of alcohol consumption. Damage to the frontal cortex was also found to have significant effects regarding the development of self-regulation, problem solving, judgment, reasoning, and impulse control (Rodd *et al.*, 2004).

Furthermore, consumption of alcohol is correlated with continued heavy drinking across the lifespan and thus affecting the economic growth and development of individuals in particular and the community at large. This further places the health of concerned individuals at risk for medical consequences that may include “liver cirrhosis; pancreatitis; cancers of the larynx, oral cavity, oesophagus, and pharynx; and haemorrhagic stroke” (DHHS, 2007).

Mortality and morbidity rates have been found to increase by close to 200 percent between middle childhood and late adolescence and early adulthood. Alcohol consumption is among the significant factors that contribute to the dramatic rise in mortality and morbidity rates. Alcohol is one of the leading contributors to death from injuries, the main cause of death for persons under the age of 21. Each year 5,000 youth die from alcohol related injuries. Thirty-eight percent of these deaths involve motor vehicle crashes, 32 percent are a result of homicide, and 6 percent are a result of suicide. Adolescents also appear to be more sensitive to the stimulating effects of alcohol rather than the adverse effects of alcohol.

This may account for the sharp increase of alcohol related fatalities. After drinking, adolescents are more likely to partake in activities that they may be too impaired to perform, such as driving. They are also more likely than adults to drink themselves into a coma (DHHS, 2007).

Since historical times, the use and abuse of alcohol has been a universal phenomenon with no particular boundaries. Alcohol consumption has been identified as a risk factor for many health, social and economic problems of communities (WHO, 2004).

In no other country has the impact of alcoholism been best accentuated as Kenya. NACADA (2014) reported that deaths and hospitalization resulting from consumption of alcohol had been reported in Embu, Kiambu, Makueni, Kitui, Nakuru, Murang'a, Nyeri, Nyandarua, Kirinyaga, Machakos, Trans Nzoia, Uasin Gishu, and Kajiado Counties. Three more people were hospitalized at Embu hospital on 15th May 2014 after consuming the lethal brew in Embu County (The Daily Nation, May 16, 2014. Nairobi). This was as NACADA warned that 30 percent of all drinks in the market were unsafe and would be banned and recalled.

In addition, Mureithi (2002) reported that in Kenya in November 2000 alone, 140 people died, many went blind and hundreds were hospitalized after consuming poisonous liquor (*kumi kumi*) in Mukuru Kwa Njenga and Mukuru Kaiyaba. In August 1998 in Nairobi, more than 80 people died in Kenya after drinking Chang'aa or methanol poisoning. In November, 2000 in Nairobi, 512 people were admitted for Chang'aa intoxication at Kenyatta National Hospital. Out of the 512 admitted; 137 people died, 20 people became blind and others visually impaired and physically disabled. In July 2005, as a result of 'Chang'aa' poisoning, twelve people died in Nairobi's Shauri Moyo Estate. In April 2010, 5 died in Thindigwa, Kiambu County, in July 2010, 23 people died in Kibera, and 5 died in Laikipia in August 2010. The fact that it has affected many families individually and collectively warrants a social investigation.

The situation is so critical that in some areas, men steal cereals from family granaries, which they take to bars in exchange for cheap, illicit alcohol; besides, drunken men staggering home confront children walking to school in the morning. As a result, families are falling apart, children dropping out of schools and mothers fear their husbands have been turned into vegetables. However, this menace and deaths caused by alcohol are still on the increase despite government interventions (IRIN, 2007).

The problem of alcoholism is so rife in Kenya that leaders and residents concerned at consumption of illicit brews have called for and taken urgent measures to end the menace that has now assumed epidemic proportions. NACADA for instance recently composed a Crisis wing whose mandate will be to handle crisis like the consumption of illicit brews that in the month of April and May 2014 killed hundreds of Kenyans. The Ministry of Transport has also implemented the use of alcoblow on the roads to discourage drunken driving which causes accidents. NACADA also requires all liquor to be tested and approved as safe for consumption prior to its distribution in the market. In an effort to address these problems, the Government also formulated the Alcoholic Drinks Control Bill on 13th August 2010 (*Mututho Laws*) which sought to legalize traditional liquor (*Chang'aa*) in an effort to enhance its quality and repeal the previous *Chang'aa prohibition Act*; which regulates alcohol advertising and sale; limits the number of hours that alcohol can be sold in restaurants, hotels and grocery stores; prevent underage drinking (i.e. drinking below 18 years would be prohibited); outlaw the sale of alcohol to uniformed police officers among other things. Besides, the Government has also established National Campaign Against Drug Abuse (NACADA) whose mandate seeks to protect the youth against alcohol abuse through education and prevention of alcohol advertising; facilitate development of a comprehensive policy and legislative framework for the control and management of drugs; strengthen the human resource and administration base for effective management and control of drugs; and, provide licenses to anyone intending to manufacture, sell, import, or export alcoholic drinks (Gachire, 2011). According to Gachire, the magnitude of the problem made the Government use nearly all of public engagements, especially in Central Kenya where alcoholism is more prevalent, to preach against consumption of illicit brews and alcoholism. However, despite awareness and concerted efforts aimed at fighting alcoholism, little behavioural change has been realized especially from the youth and leaders who have compromised the fight against the proliferation of alcohol for personal and political gains.

In Kenya, the problem of alcoholism is so critical that leaders making attempts at curbing it find themselves at war with consumers and businessmen. A good example is the initiator of the Alcoholic Drinks Control Bill John Mututho who allegedly lost nominations for the 2013 general elections because alcohol cartels were against him; “We ran a clean campaign but massive propaganda carried the day and the alcohol cartels have made their voices heard. We respect the next leadership and wish them well as they continue with the journey and I thank Naivasha people for the wonderful support,” *Standard Digital Newspaper*, (February 19, 2013).

In developed countries, a lot of studies have been done on the socio-economic impacts of alcoholism; and this study seeks to add to the knowledge and information base of Kenya the same by looking at both the family as a unit and rural society as a whole. Besides, Eastern Kenya and Embu County in particular has been notorious of alcoholism menace and as such, the effect of alcoholism is more adverse and a survey of the same would be much holistic. Therefore, the knowledge gap on why alcoholism has become a problem in society and the impact of alcoholism on the health and family welfare of rural Kenya will be best covered by this study.

This study was designed to investigate alcohol abuse and its effects on the welfare of rural households covering impact on the family, and the health of the consumers as well as what society is doing about it.

1.3 Research Questions

- a) Why has alcoholism become a problem in society?
- b) How does alcoholism affect one's family life?
- c) How does alcoholism affect the health of its consumers?
- d) What is the society doing to address the problem of alcoholism?

1.4 Objectives of the Study

The study focused on both the broad and specific objectives.

1.4.1 General Objective

To establish the impact of alcoholism on the welfare of rural households.

1.4.2 Specific Objectives

The study sought to achieve the following specific objectives:

- a) To establish factors that lead to high alcohol consumption in rural households;
- b) To determine the impact of alcoholism on the family unit;
- c) To find out the effect of alcoholism on the health of the consumers;
- d) To establish the community's reaction towards the problem of alcoholism in society.

1.5 Justification of the Study

In the recent past, a lot has been written and spoken on how people (men, women and the youth) in Kenya have consumed alcohol excessively, leading to the decline in their socio-economic well-being and to increased poverty levels in the country. (Mwai, 2004).

Alcoholism is one of the major problems in society; the effects of this disease are serious leading to deaths, visual and physical impairment among other things. Alcoholism causes cancer in the stomach, kidneys, and liver. Besides, alcohol alters the digestion of nutrients that the body needs to stay healthy. For instance, from 6th to 11th May, NACADA reported that 493 people died, and 782 people were hospitalized and treated as a result of consuming lethal brew in Embu, Kiambu, Makueni, Kitui, Nakuru, Murang'a, Nyeri, Nyandarua, Kirinyaga, Machakos, Trans Nzoia, Uasin Gishu, and Kajiado Counties. Further, in Shauri Moyo estate in Nairobi, several people died while others lost their sight after drinking illicit brew (Daily Nation, April 10, 2010, page 5). The same newspaper reported that thirteen persons died after taking liquor known as "miti ya dawa" (Daily Nation, June 14, 2011, page 3).

Alcoholism also causes severe damage to the neurons, so it causes alterations in the body movements, loss of appetite, and depression. There are other effects in the body like gastritis and cirrhosis of the liver. All these physical consequences could cause death if one consumes alcohol in mass quantities. Besides, many people get used to drinking alcohol and they can easily abuse which compounds the problem. Alcoholism affects family harmony leading to break-ups in extreme. Thus, the necessity for education on the impacts of the vice on the community welfare especially on the family unit is undisputable. Therefore, the adverse effects of alcoholism have motivated this study whose main purpose is to establish the social and economic effects of alcoholism.

This project was prompted by: the continued alcohol abuse, the subsequent numerous blindness cases, family break-ups, alcohol-related diseases and the resultant deaths and; the desire by a sociologist to empower people against alcoholism by providing relevant information on the impacts of the vice on societal welfare.

1.6 Scope of the Study

Conceptually, the study is bound by the factors that promote alcohol consumption, the effect of alcoholism on the family unit, and the health of the consumer. Further, the study focuses on what society both at local and national level is doing to address the problem of alcoholism.

1.7 Definition of Key Terms

Alcoblow: A simple to use, rapid response instrument that is used simply to determine whether or not a person has any alcohol in their breath at all.

Alcohol: A thin, clear liquid with a harsh burning taste. It has high volatility, and is usually consumed in diluted concentrations of ethanol/ethyl alcohol.

Alcoholism: A broad term for problems with alcohol that is generally used to mean compulsive and uncontrolled consumption of alcoholic beverages, usually to the detriment of the drinker's health, personal relationships, and social standing. It is medically considered a disease.

Alcohol abuse: It's described in the DSM-IV as a psychiatric diagnosis describing the recurring use of alcoholic beverages despite its negative consequences (a habitual misuse of alcohol).

Alcohol dependence: A substance related disorder in which an individual is addicted to alcohol either physically or mentally, and continues to use alcohol despite significant areas of dysfunction, evidence of physical dependence, and/or related hardship.

Excessive alcohol consumption: Excessive alcohol use includes binge drinking, heavy drinking, any alcohol use by people under the minimum legal drinking age, and any alcohol use by pregnant women.

Binge drinking: According to the American National Institute on Alcohol Abuse and Alcoholism, binge drinking is defined as a pattern of alcohol consumption that brings the blood alcohol concentration (BAC) level to 0.08% or more. This pattern of drinking usually corresponds to 5 or more drinks on a single occasion for men or 4 or more drinks on a single occasion for women, generally within about 2 hours.

Osiris: The god of wine, believed by Egyptians to have invented beer.

Alcohol poisoning: Also known as acute intoxication; and refers to when a large amount of alcohol is drunk, followed shortly afterwards by changes in mood or behaviour, impaired judgement or social functioning, and one or more of physical signs of drunkenness such as slurred speech, unsteadiness, lack of coordination, impaired attention or loss of consciousness.

Hangover: Occurs in anyone after a single episode of heavy alcohol use and is characterized by nausea, vomiting, sweating, fatigue, shakiness, headache, sensitivity to light and irritability.

Community: This is a group of people who share a common territory area as their base of operation for daily activities. Community members share an awareness of their unique and separate identity as a group. It is now obvious that a community is not a mere village because we can have either a village or an urban community.

Constitution: A document containing fundamental laws from where all other laws are derived; laws are derived from a higher law. The constitution is a social contract between the governors and the governed in which the governed are the overriding party.

Development: This refers to gradual change or progression through a number of stages towards a desirable state. To develop means moving from one situation to another, this is

better than a previous one. Development is closely associated with economic growth, improvement in health, shelter, education among others. Development means improvement from the stand point of economic, political, cultural and social spheres.

Rural households: These are households of, relating to, or characteristic of the country or country life.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter presents literature review and theoretical framework. It is a review of the literature related to the purpose of the study and is organized according to specific objectives in order to ensure relevance to the research problem. The chapter concentrates on reviewing the related literature on the impact of alcoholism on the welfare of rural households dwelling on the factors identified for investigation in the study namely the factors that promote alcohol consumption, the effect of alcoholism on the family unit, and the health of the consumer and what society both at local, national and international level is doing to address the problem of alcoholism. Theories discussed help the reader understand the study.

2.2 Global patterns of alcohol consumption

Alcohol carries a lot of cultural significance; it is used on social occasions and also in religious ceremonies throughout the world. In some countries it is frowned upon; in others, banned altogether. Reasons for drinking range from a need for relaxation, for pleasure, and to accompany celebrations, to „drowning of sorrows“, to habit, followed by compulsion in some cases (Sutton, 2011). Culture and social customs often encourage alcohol use in a diversity of social purposes (Kinney, 2006). Alcohol has been historically used for settling disputes, evoking courage in a battle, contract resolution, festivities or celebrations, and as an aphrodisiac (Pacific Academy of the Healing Arts, 2010). In many parts of the world, drinking alcoholic beverages is a common feature of social gatherings (Mayowo and Chikere, 2011). While alcohol use is deeply embedded in many societies, recent years have seen changes in drinking patterns across the globe: rates of consumption, drinking to excess among the general population and heavy episodic drinking among young people are on the rise in many countries (Mayowa, Ebirim & Chikere, 2011).

In traditional African societies alcohol consumption outside of ceremonially sanctioned occasions was condemned and regarded as something foreign to local cultures. But, alcohol consumption has now become very much associated with the concept of “Westernization” and “modernity” (Malulu, 2003). In fact, it is now a sign of social sophistication and a symbol of prestige. Today regular and recreational alcohol consumption has gradually spread to most of the communities in spite of the past social stigma and serious cultural reservations. Most of the developing countries have now set up their own breweries and distilleries, and the tax on alcohol is a major source of revenue for many of them.

For centuries alcoholic drinks, namely local brews, have been consumed in most African communities for various social and cultural functions such as offering thanksgiving after harvest, marriage, birth, initiations, death and for intercession with ancestral spirits (Kilonzo & Pitkanen, 1992). The same pattern has been observed in Tanzania over the past 30 years or so. Alcoholic beverages are increasingly being produced for commercial purposes and taken for recreational use. In settings where there are few recreational facilities, drinking may be the main source of recreation accompanied by increased harmful patterns of alcohol use (Kilonzo, 1989).

There are many factors influencing alcohol abuse in the society. Among them are psychological factors, psychiatric factors, family related factors, peer influence, mass media advertisement, accessibility and affordability.

Psychological factors refer to patterns of thought, behaviour, personality traits, self-esteem and coping skills among others (Swadi, 1999). Such non pathological factors may cause individuals to develop alcohol and drug abuse problems. Owing to a lot of mental stress in society and unachievable expectations from family members and friends, some people turn to drugs as a coping mechanism (Nasibi, 2003). It is known that people who witness or experience physical and/or sexual assault are at a greater danger of developing alcohol and other drug use disorders.

Psychiatric factors refer to emotional and behavioural conditions severe enough to be classified as mental disorder by the DSM-1V (APA, 1994). Psychiatric disorders such as anxiety, post-traumatic stress disorder (PTSD) may be related to alcohol and substance use in people. Deas-Nesmith et al. (1998) have revealed that social anxiety disorder is the most common. The anxiety disorder exists with alcohol and other drug use. According to Clark et al. (1997), alcohol abusing people are 6 to 12 times likely to have a history of physical abuse and 18-21 times more likely to have a history of sexual abuse and that PTSD and alcohol dependency was stronger in female than in male.

Further, about ten years ago, scientists at the National Institute of Health in Washington D.C., USA conducted an experiment that gave credence to alcohol dependency as a disease of the brain. The study proved that despite the harmful consequences of alcohol some people who suffer from alcoholism are actually sick and not simply irresponsible (The Daily Nation, May 16, 2014 (page 13)).

Breakdown in social structure of society, which includes the family and its role of inculcating morals to young ones, has contributed to drug abuse (Nasibi, 2003). Most families are characterized by issues of immorality, spiritual emptiness, lack of direction and purpose in life among other problems. Coombs et al. (1991) have conducted a comparative study on 225 adolescent drug users and an equal number of abstainers. Their study reveals that the drug free children not only feel closer to their parents but consider it important to get along with them. The drug users bear such characteristics as loneliness, rejection, isolation and constant punishment. Furthermore, Needle et al. (1990) have shown that youths from disrupted families tend to get involved in substance abuse. On the other hand, Coombs (1990) has observed that abstainer parents have firmer standards regarding curfew, television, school work, use of alcohol and other drugs.

Peer influence also plays a big role in influencing alcohol abuse. Individuals have an urge to belong, to be loved and liked by those close to them. This can lead to one doing things he/she could not have done to gain group approvals and identity with it. This is more serious when one has low self-esteem, sense of lack of security and dependency. The insecure people find comfort and approval by conforming to the standards of a peer group. Wills et al. (2001) have conducted a study of 1700 youths and assessed them yearly from the seventh to the ninth grade. The findings show that there is a good co-relation between the level of alcohol and other drug use in the respondents and the number of the peers who used the drugs. In addition, when children of drinking parents lose parental tie, they tend to be strongly influenced by peers who could also be heavy drinkers. In addition to acting as role models, parents who consume a great deal of alcohol have been shown to exhibit reduced parental monitoring of the activities of the children and to produce stress and negative effect on their children.

Kenyans are bombarded with a multi-million marketing of alcohol each year. Alcohol advertising and product placements are very common and often occur on television and in radio shows for which the majority of the audience is underage, on Internet sites attractive to young people, and on billboards and in retail outlets where young people are frequently present. Advertising often uses youth oriented themes. According to Coombs (2002), apart from drug manufacturing industries; tobacco, alcohol, pharmaceutical, drug-glamorizing industries such as the entertainment media, music, fashion paraphernalia and advertising industry play a large role in drug abuse addiction. All these glamorize the drug lifestyle making it an attractive and appealing high life especially to young people. Television not only dominates leisure and family time, it powerfully affects our attitude, behaviours and relationships like any other kind of communication. It teaches viewers through what it

portrays, more specifically; people often look to television for role models Coombs (2002). In 1999 the White House released a study on popular movies rental and 1,000 of the most popular songs from 1996 and 1997. It was revealed that: 98% of movies and 29% of songs depict illicit drugs, alcohol or tobacco. Illicit drugs appeared in the 22% of the movies. Fewer than 15% youths, who smoke marijuana or cigarettes, experience apparent consequences. 20% of the movies portrayed illicit drugs use in a humorous context. Illicit drugs use was associated with health or luxury in 20% of the songs in which drugs appeared, sexual activities in 30%, crime or violence in 20%. Alcohol and tobacco were used in over 76% of movies.

Fashion industry also promotes and glamorizes drug use. There have been reports that heroin addiction is common among fashion photographers and models used to dress like the "heroin chic" of advertisement for Calvin Klein Clothes 1997 dubbed so because models used to dress like drug addicts, Coombs (2002).

According to a study by NACADA 2011, International drug peddlers have invaded Kenya so that all sorts of drugs are in our country. Some of the drugs are consumed within but others find their way out of the country. Kenya has become a transit point and people charged with the responsibility have been compromised so that arrests are for public relation, uncoordinated steps of arrest. Cannabis Sativa (bhang), which is commonly abused, is locally available in Kenya. It is grown on the slopes of Mt. Kenya and also comes from Uganda through Lake Victoria and Tanzania through Namanga and Kuria borders. It is cheap and therefore most people can afford. Miraa is also accessible and affordable as it is grown in Meru parts of Kenya. Its open use and the powerful "drug culture" where drug use is considered normal by communities is also another factor. Most parents give their children a lot of money (pocket money), which enables them to buy all they need, drugs included. Those not given involve themselves in criminal acts like robbery and prostitution to get money.

Alcohol is one of the most readily available consumer products. Many communities, especially in low-income areas, are saturated with alcohol outlets. Alcohol is often more available than basic staples and school supplies. Alcohol sales are often key to the success of convenience stores and gas stations, which may be located in residential areas, near schools, and in other wards frequented by families. Alcohol is cheap and becoming cheaper. The real price of alcohol has been steadily dropping for the last five decades. Cheap beers are now roughly the same price as popular brands of soft drinks. Price promotions, such as happy hours and drinking games, often target young drinkers and promote binge drinking WHO (2001). Furthermore, the problem has been compounded by irresponsible manufacturers who

add hard drugs to their drinks. NACADA boss, John Mututho recently reported that some licensed manufacturers were lacing their products with hard drugs stating that “Preliminary investigations into numerous licensed liquors submitted to my office have found traces of heroin and cocaine in the drinks” *Daily Nation*, 5th June 2014(page 22).

2.3 Impact of Alcoholism on the Family Unit

The impact of alcohol problems on families can reach into every area of life – physical and psychological health, finances, employment, social life and relationships. Problematic alcohol use can have a particular impact on the family, its structures and functions. Velleman (1993) suggested that there were seven key aspects of family life that could be adversely affected – roles, rituals, routines, social life, finances, communication and conflict.

Families are spending millions of shillings to rehabilitate their sons and daughters who are addicted to drugs and alcohol (The Daily Nation, May 30, 2014. Nairobi (page 10)).The same Daily reported that 3months of rehabilitation costs at least Ksh.200, 000 and some parents are selling family assets to get youngsters off drugs and alcohol. Further, where victims relapse more than once, the cost of rehabilitation has left wealthy and influential families on the verge of financial ruin and in some cases led to divorce and/or suicide.

A parent’s alcohol misuse can dominate family relationships, affecting children both physically and emotionally. The impact will depend on the severity of the parent’s problems and any protective factors being in place, but can affect a child right from pre-birth to adulthood. Drinking during pregnancy can cause premature birth, low birth weight, damage to the central nervous system and physical abnormalities. Alcohol-misusing parents are less likely to attend antenatal appointments or consult medical staff if they have concerns. At the extreme end, heavy drinking throughout pregnancy can lead to giving birth to a baby with foetal alcohol syndrome. Physical problems can continue into childhood and beyond, with children from a very early age experiencing tremors, seizures and epilepsy.

Family members suffer a range of problems as a result of being in an environment where a parent has an alcohol problem – physical, psychological and social (Velleman, 2002). Family members can be affected, albeit differently, regardless of whether it is the mother or father who is the problematic drinker. They often take on responsibilities that are beyond their years, thus affecting their education and peer relationships. The members can be deprived of their childhood as they are too ashamed to bring friends home, or are not able to go out with friends because they have to care for a drunk parent. Also experiencing or witnessing

physical, verbal and sexual abuse are realities, with the drinking affecting family holidays and celebrations such as Christmas and birthdays. The family members will commonly blame themselves for the problems that the family is experiencing in a vain attempt to make their environment better able to support them. Children exposed to alcohol because their mother drank problematically whilst pregnant are at risk from a particular range of physical and psychological problems.

Studies suggest that problematic alcohol use by a parent most significantly affects the quality of their parenting. Problematic-drinking can result in a parent being emotionally unavailable, inconsistent and unpredictable (Cleaver et al., 1999). This can lead to parenting that is passive, cruel or neglectful; where children are not supervised, nurtured or supported.

How family members are affected by parental problematic drinking can vary, with gender and age being particular areas of difference. Increasingly, research provides evidence of the impact of parental substance misuse on child welfare at both an emotional and physical level and of the effects on child-parent attachment across the life-cycle (Kroll and Taylor, 2003).

In almost every study reviewed children of problematic drinking parents have higher levels of a range of problems than children of non-problem drinkers, even when compared with children of parents with other problems. Factors that can increase the likelihood of children being adversely affected include parental disharmony, violence, both parents drinking problematically, and the drinking taking place within the family home.

Risk factors in terms of resulting problems for the child can be grouped under three main headings - anti-social behaviour (increased risk of aggressive behaviour towards others, hyperactivity and other forms of conduct disorder), emotional problems (a wider range of psychosomatic problems from asthma to bedwetting, negative attitudes to their parents and themselves, high levels of self-blame, withdrawal and depression) and the school environment (learning difficulties, reading retardation, loss of concentration, generally poor school performance, aggression and truancy) (Velleman, 1993). In addition, children can have problems that include poor development of trust, fear of neglect and abandonment, fear that the parent will die or otherwise have problems in making and sustaining friendships, verbal or physical aggression and witnessing or being a victim of conflict or violence.

Thus, it is more likely that the conflict and disharmony is associated with problematic alcohol consumption, rather than the drinking per se, that brings adverse consequences (Velleman and Orford, 1999).

A related key area of concern is the impact of domestic violence on children particularly given the increasingly clear links between domestic violence and alcohol consumption. However, it seems that “the scale of the problem is often underestimated” (WHO, 2001) as domestic violence and its impact on children have been notoriously difficult to research. Most commonly, such violence is perpetrated by men towards women (Simmons et al., 2002) with children the innocent, but harmed, bystanders. With one in four women suffering violence from their partner at some point in their lives (Mirrlees-Black, 1999) and 54% of women repeat victims of domestic violence (Kershaw et al., 2001), there is no doubt that children are at risk from such violent behaviour in the home. Harwin and Forrester’s (2002) study of social work with families in which parents misuse drugs or alcohol found that “alcohol misuse was strongly associated with violence in the home” (p5).

There is no evidence that alcohol plays a direct causal role in domestic violence, but evidence suggests that injury severity and the risks of violence increase with the perpetrator’s consumption of alcohol (Berk et al., 1983; Brecklin, 2002; Eberle, 1982; Pernanen, 1991). Victims of domestic violence estimate that 45% of perpetrators had been drinking at the time of the assault (Flood-Page and Taylor, 2003) with other studies suggesting figures considerably higher than this (Brookoff et al., 1997; Scully, 1990).

The impact of witnessing parental violence and the impact of parental problematic drinking on children is alarmingly similar (Galvani, 2003). While the impact of problematic drinking on children has been addressed above, the impact of domestic violence is often manifest in damage to family attachment, aggression or withdrawal, sleep problems, fear and a wish for safety (Mullender et al., 2002). By implication, a combination of a parent who has a problem with alcohol and who also suffers or perpetrates violence will exacerbate the harm and risks that children face. In addition, there is evidence that some women use alcohol to cope with the impact of domestic violence (Cantrell, 1986; Corbin et al., 2001; Downs et al., 1993; Downs and Miller, 1994) and that some men use alcohol as an excuse for its perpetration (Scully, 1990; Hearn, 1998). Therefore, any attempt to minimize harm to children from parental drinking has to address the presence of domestic violence and recognize the increased risk this may pose to children and family life.

The link between alcohol misuse and child abuse is also clear. Statistics suggest that alcohol plays a part in around a quarter of known cases of child abuse (Robinson and Hassell, 2000). In a study of fatal child abuse in the UK, a history of ‘substance abuse’ was recorded in 60% of cases (Wilczynski, 1995). Although concern about substance misuse often arose in these cases, this concern had rarely been included in a full assessment of the child’s needs. A study by the NSPCC between 1977 and 1982 suggested that heavy drinking was a factor in 25% of known child abuse cases, and that 20-30% of parents who physically abuse their children were heavy drinkers. Further, some research suggests that children are more likely to suffer physical abuse if the father is the drinker, and are more likely to suffer neglect if the mother is the drinker (Cleaver et al., 1999). In 1995, a Welsh study of 31 child protection case conferences found heavy drinking a factor in nearly 60% of cases (Social Service Insight, 1987). In the London Borough of Camden, a Child Protection Statistical Report for 1998-99 showed that domestic violence, drug misuse and alcohol misuse continue to be the highest contributory factors within the family unit that affected the welfare of the child (Robinson and Hassell, 2000).

More recent data indicates that around a third of cases held by a long-term child care social services team involved parental alcohol misuse, with just under half of those negatively influenced by alcohol misuse and a further third by combined alcohol and drug misuse – “...alcohol caused the most harm to children – and appeared to cause the most professional difficulties” (Harwin and Forrester, 2002). Of additional concern was the finding that these cases tended to be ‘heavy end’ scale – most involved care proceedings and 40% of those concerning registration on the child protection register featured alcohol or drugs.

In the main, these children tended to be younger and either to be part of a family where both parents were substance misusers, or to come from single parent families where the lone parent was a substance misuser. Harwin and Forrester describe families characterized by chaos, violence, relationship breakdowns, housing difficulties and unemployment. This is in addition to clear concerns regarding the children’s welfare usually characterised as neglect.

Furthermore, their data suggests that social workers struggle to work with these cases as a result of a lack of preparation and training in substance use and its impact on the family, difficulty with families who deny that their substance misuse is causing problems, the threat of violence and threatening behaviour from clients and the lack of involvement of substance misuse professionals in care plans.

There is increasing evidence of the impact of parental drinking on children. A 1994 study in New Zealand (Lynksey et al., 1994) found that young people reared in a family in which a

parent was described as having 'alcoholism' (sic) had rates of psychiatric disorder at the age of 15 years that were 2.2 - 3.9 times higher than other young people. Other studies have shown that young people with problematic drinking parents are more likely to be using alcohol at an earlier age and in a risky fashion (22.4% vs. 12.5%), and are more likely to be using other substances (i.e. illicit drugs) in a risky fashion (21.8% vs. 10%).

Preliminary results from a UK study (Callingham, 1999) of several thousand adults found that over 16% had experienced trauma in the home where they grew up, including having at least one problematic drinking parent. These adults were likely to continue suffering distress as a result of their childhood experiences, and were more likely to drink problematically, be unemployed or divorced. Thirty per cent of this group of respondents said that the problem had affected them 'very badly' as children; 10% said that it continued to affect them very badly. Respondents did not describe their relationships with their parents as positively as children who had not grown up in these environments; they also used more negative terminology to describe some aspects of themselves (Callingham, 1999).

Parents misusing alcohol generally try to give the impression of normality and a secure family life. They will try to conceal their drinking problem from their children, often unsuccessfully. The conflict and disharmony caused by drinking is particularly harmful. Family outings and occasions such as birthdays, Christmas and family holidays may either be completely forgotten or seen as the cause of increased stress and anxiety, either because the parent is not present or ruins the occasion by being there; Velleman (2002).

Alcohol misuse can mean parents are unable to look after their children or provide the practical and emotional support they need. Parents can be inconsistent, unpredictable, and in many cases add to the pressure by reversing the roles and relying on the child itself for their own emotional and physical support. False promises to change their behaviour and overly optimistic views of what they will be able to achieve if they stop misusing alcohol are common and can be particularly damaging Cleaver et al; 1999. These may, in turn, result in a cycle of disappointment and distrust as the children learn from experience.

Tension may stem from parents' lack of time and energy for their children. Poor parenting coupled with a chaotic lifestyle can leave children without adequate care. Children can perceive this lifestyle as the norm, which has serious implications for their own futures. Some parents strive to provide a supportive environment for their children but find it too difficult to sustain, or do not feel equipped to bring structure and routine into the family home Callingham (1999).

2.4 Alcoholism and the Health of the Consumers

For some people, alcohol is a regular or occasional drink enjoyed at social occasions that causes no apparent harm. However, even moderate alcohol use carries some risks, as alcohol causes breast cancer even at low doses, can damage the developing fetus before a woman even knows she is pregnant and can lead to addiction and dependence in any individual.

When drunk regularly over time and/or drunk in a pattern of heavy single drinking sessions, alcohol can cause a variety of health conditions (Bouvard, et al.2007). These include cancers and other conditions such as alcoholic liver disease, which can range from reversible to permanent liver damage due to alcohol. The risks of alcohol-related cancers and other health conditions caused by alcohol are greatest in those who are dependent on alcohol or drink heavily, and the risks increase with the average amount of alcohol drunk. Alcohol affects all parts of the body including:(Rehm, 2005) blood and immune system; bones and muscles; brain and nervous system; breasts (in women); eyes; heart and blood pressure; intestines; kidneys and fluid balance; liver; lungs; mental health; mouth and throat; pancreas and digestion of sugar; sexual and reproductive system – men; sexual and reproductive system– women; skin and fat; stomach and food pipe (esophagus).As well as potentially affecting the physical and mental health of individuals in many ways, chronic and heavy alcohol use can increase the risk of death (Kehoe, et al. 2010), either directly, for example through acute alcohol poisoning or because alcohol causes a fatal disease such as cancer (Bouvard, et al. 2007), or indirectly, such as alcohol being a factor in violent death or suicide. Alcohol contributes to a high burden of disease in society in terms of years that people spend with disability or in poor health because of alcohol-related illnesses or injuries (Rehm, 2005). Unintentional injuries from alcohol use often result from falls, burns, motor vehicle accidents, assaults and drowning (Kehoe, et al. 2010).

The relationship between alcohol use and some health conditions is complex. For example, drinking a small amount of alcohol may be beneficial in preventing heart disease in older adults, but drinking a lot of alcohol can also damage the heart. For other health conditions, alcohol is the single cause of the condition, such as alcoholic cirrhosis of the liver, fetal alcohol spectrum disorder (FASD) and alcohol-induced pancreatitis. For many other health conditions, alcohol is one cause, among others, of the condition – for example, cancers and pneumonia (Kehoe, et al. 2010). Overall, alcohol is a cause of more than 60 different health conditions and, for almost all conditions, heavier alcohol use means higher risk of disease or injury (Room, 2005).

Being drunk increases the chances of having unsafe sex (without a condom), having sex that is later regretted or experiencing sexual assault (Connor, 2010) as alcohol impairs judgment and lowers inhibitions (Brust, 2005). Such sexual experiences are also likely to increase the risk of getting a sexually transmitted infection (Cook, 2005), or having an unplanned pregnancy. Chronic heavy alcohol use can lead to reduced fertility and can make periods heavy or irregular or stop altogether (Noth, 2001). Consuming alcohol while pregnant may increase the risk of miscarriage, low birth weight, stillbirth and premature birth (Kehoe, 2010). It can also cause significant abnormalities in the unborn, developing baby (fetal alcohol spectrum disorder). (MoH, 2010). Chronic heavy alcohol use can lead to impotence, loss of sex drive, wasting of the testicles and reduced fertility (Mendiola, 2009). This is primarily because alcohol affects testosterone levels.

Many people use low doses of alcohol for relaxation and to relieve tension, nervousness and stress (Schuckit, 2005). However, in some people alcohol creates rather than reduces stress through stimulating stress hormones. Alcohol affects mood in a variety of ways, and can make people feel happy, sad or aggressive, and can also cause mood swings. However, there is a risk of becoming dependent on alcohol if it is used as a primary means to relieve stress and anxiety without addressing the underlying causes. Because it removes inhibitions and increases aggression and recklessness, alcohol is often found in the blood of people, who self harm, or attempt or complete suicide (Sher, 2006).

Alcohol is addictive and can lead to dependency. This is where the body requires more alcohol to achieve the desired effect (e.g. altered mood), where use of alcohol interferes with a person's life (causing legal, work/study, relationship or social problems), where a person continues to use alcohol despite it causing physical or mental problems, and where, if alcohol is not taken, withdrawal symptoms occur. The severity of withdrawal symptoms depends on the quantity of alcohol consumed and the length of the drinking session. Symptoms include shaking of the hands, which commonly occurs the morning after the drinking session and may be relieved by more alcohol. If alcohol is not taken, symptoms can progress to insomnia, increased heart rate, temperature and blood pressure, sweating, agitation, nausea, flushing of the face, nightmares, hallucinations (seeing, hearing or feeling things that are not present) and fits (Su, 2005). About ten years ago, scientists at the National Institute of Health in Washington D.C., USA conducted an experiment that gave credence to alcohol dependency as a disease of the brain. The study proved that despite the harmful consequences of alcohol some people who suffer from alcoholism are actually sick and not simply irresponsible (The Daily Nation, May 16, 2014 (page 13)).

The most serious withdrawal syndrome is 'delirium tremens', which develops in about 5 percent of people with alcohol withdrawal (more if fits are not treated) and by definition, includes the symptom of delirium (an altered and confused state of mind). This syndrome has a death rate of around 5 percent. In people who drink heavily, alcohol commonly causes mood disorders, including depression, anxiety and psychosis (a mental illness defined by changes in personality, a distorted sense of reality, and delusions). If these disorders only occur during drinking sessions or withdrawal, they will usually resolve once drinking is stopped (Schuckit, 2005). Alcohol abuse and dependency are also common in people with pre-existing mental health conditions.

Alcohol is a carcinogen, meaning that it causes cancers in humans. Regular alcohol use increases the risk of cancers of the mouth, throat and voice box. Drinking around 50g of alcohol a day (five standard drinks) increases the risk of these cancers by two to three times compared with non-drinkers, but for people who smoke, this risk is increased much more. Drinking more increases the risk of cancers, and drinking less decreases the risk of cancers.

A hangover can occur in anyone after a single episode of heavy alcohol use. Symptoms include headache, nausea, vomiting, sweating, fatigue, shakiness, sensitivity to light, and irritability (Brust, 2005). Typically, symptoms start a few hours after drinking stops, when blood alcohol is falling, and peak at the time the blood alcohol concentration is zero, but may continue for 24 hours after this. Alcohol causes hangover symptoms through dehydration (which causes thirst, dizziness and weakness), irritation of the stomach and liver (which causes nausea, vomiting and stomach pain), low blood sugar (which causes fatigue and mood changes), and disturbance of sleep (which causes 'jet lag' symptoms). The type of alcohol drunk may increase the chance of getting a hangover. Alcoholic drinks include compounds called congeners that add to the taste, smell or colour of the drink. Alcohol with fewer congeners, such as gin and vodka, may cause fewer hangover effects than alcohol with more congeners, such as brandy, whisky and red wine. The only cure for a hangover is time, although drinking water or fruit juice and eating bland food such as toast or crackers may help with dehydration and low blood sugar. Paracetamol should be avoided as this can be toxic to the liver during a hangover. Aspirin and anti-inflammatory medicines should also be avoided if nausea or stomach pain is present, as these can aggravate acute gastritis caused by alcohol, but antacids can be useful (Davidson, 1998).

Alcohol poisoning, known in emergency departments as acute intoxication, is when a large amount of alcohol is drunk, followed shortly afterwards by changes in mood or behaviour, impaired judgment or social functioning, and one or more physical signs of drunkenness, such as slurred speech, unsteadiness, lack of coordination, impaired attention or loss of consciousness (Addolorato, et al. 2008). The physical effects of alcohol poisoning are many, from nausea, vomiting and dehydration, which are familiar symptoms to those who may have drunk too much on one occasion, to the worst complication – death. The term ‘alcohol poisoning’ is sometimes used to describe the most serious and life-threatening complications of alcohol overdose, such as slowed breathing and loss of consciousness.

2.5 Interventions to Reduce Alcoholism Problems

The following interventions can be applied to reduce cases of alcohol abuse. They include: increasing the prices of alcohol, restricting the density of alcohol outlets in an area, controlling of alcohol advertising and promotion, and better communication and education about alcohol to help change attitudes and consequently behaviour.

2.5.1 Increasing Alcohol Prices

Alcohol prices have not kept pace with inflation, and thus, the real price of alcohol has been dropping steadily. Many different studies have found that higher alcohol prices lead to lower consumption and fewer alcohol-related problems. Higher prices tend to have a particularly strong effect on people. One common argument made against increases in alcohol prices is that such price increases would penalize the majority of responsible drinkers.

2.5.2 Restricting Alcohol Outlets

Restricting the density of alcohol outlets is one way of decreasing consumption and related problems (Parker, 1998). Several studies have demonstrated the connection between the density of alcohol outlets in a community and the rates of violence, particularly among youth. Alcohol outlets can be restricted through limiting the number or density of outlets or through limiting the types of wards where alcohol may be sold. For example, many communities have imposed limits on sales or consumption of alcohol in public places (such as parks and beaches), at public events (such as fairs and festivals), or at certain kinds of retail wards (such as gas stations).

2.5.3 Controlling Alcohol Advertising and Promotion

Studies on the effects of advertising on adults do not show a strong connection between exposure to advertising and overall consumption (WHO, 2004). However, survey studies on

alcohol advertising and young people consistently indicate that children and adolescents, who are exposed to alcohol advertisements have more favorable attitudes toward drinking, are more likely to be underage drinkers, and intend to drink more when they are adults. Nearly everyone is exposed to hundreds or even thousands of alcohol advertisements each year.

2.5.6 Better Education and Communication

The strategy includes a series of measures aimed at achieving a long term change in attitudes to irresponsible drinking and behaviour, including: making the “sensible drinking” message easier to understand and apply; targeting messages at those most at risk, including binge- and chronic drinkers; providing better information for consumers, both on products and at the point of sale; (WHO, 2002)providing alcohol education in schools that can change attitudes and behaviour; providing more support and advice for employers; and reviewing the code of practice for TV advertising to ensure that it does not target young drinkers or glamorize irresponsible behaviour.

Individuals make choices about how much and how often they drink. Individuals are responsible for these choices, but they both influence and are driven by their peers and the wider culture of society. Accurate information is needed if individuals are to make informed choices about alcohol. In particular, young people need to receive adequate education on the issues. Anyone who drinks alcohol needs to understand how sensible drinking guidelines apply to the kind of drinks they consume; and those who maybe experiencing problems, along with their families and friends, need to know where to get help and advice. But information is only one factor influencing behavior (WHO, 2000). The availability of alcohol, its role in our culture and the drinking behaviour by some groups in our society –particularly young people– all affect attitudes, which in turn shape and are shaped by culture. If individuals are to make responsible choices it is just as important to consider how to create social environments which discourage attitudes and behaviours which lead to the risk of harm.

2.5.7 Working with the Alcohol Industry

This strategy can build on the good practice of some existing initiatives and involve the alcohol industry in new initiatives at both national level (drinks producers) and at local level (retailers, pubs and clubs). At national level, a social responsibility charter for drinks producers, can strongly encourage drinks companies to: pledge not to manufacture products irresponsibly – for example, no products that appeal to under-age drinkers or that encourage people to drink well over recommended limits; ensure that advertising does not promote or condone irresponsible or excessive drinking; put the sensible drinking message clearly on bottles alongside information about unit content; (WHO, 2002) move to packaging products

in safer materials – for example, alternatives to glass bottles; and make a financial contribution to a fund that pays for new schemes to address alcohol misuse at national and local levels, such as providing information and alternative facilities for young people.

At local level, there should be new “code of good conduct” schemes for retailers, pubs and clubs, run locally by a partnership of the industry, police, and licensing panels, and led by the local authority (NACADA, 2011). These will ensure that the industry works alongside local communities on issues which really matter such as underage drinking and making town centers safer and more welcoming at night. Participation in these schemes will be voluntary.

Stringent measures should be put in place to deal with errant manufacturers especially considering that on 5th June 2014 John Mututho-the NACADA boss reported that some licensed alcohol manufacturers were lacing their products with hard drugs like heroin and cocaine. Further, the tests for compliance should be continuous to ensure compliance.

2.5.8 Institutional/Governance Responsibility

All institutional stakeholders both at the National and County levels should take responsibility so that irresponsible alcohol consumption is curbed.

NACADA for instance has done well introducing a crisis wing for emergency cases, and requiring that all liquor manufacturers submit test samples for testing prior to distribution and sale. However, the Authority should be strict in implementation of disciplinary measures to prevent recurrence of nonconforming alcohol use trends.

Chiefs and police at local levels should desist from receiving bribes at the expense of people’s lives. Religious leaders should also be involved in the fight against killer brews as these access and have a high level of influence in the villages.

2.6 Legal Framework

Some of the laws in Kenya that deal with the manufacture, sale and consumption of alcoholic drinks include:

2.6.1 Alcoholic Drinks Control Act 2010

The objective and purpose of this Act is to provide for the control of the production, sale and use of alcoholic drinks in order to: protect the health of the individual in the light of the dangers of excessive consumption of alcoholic drinks, protect the consumers of alcoholic drinks from misleading or deceptive inducements and inform them of the risks of excessive consumption of alcoholic drinks. It is also to protect the health of persons under the age of 18 years by preventing their access to alcoholic drinks. The Act also aims at: adopting and

implementing effective measures to eliminate illicit trade in alcohol including smuggling, illicit manufacturing and counterfeiting, promoting and providing for treatment and rehabilitation programs for those addicted or dependent on alcoholic drinks and lastly promoting research and dissemination of information on the effects of alcoholic drink consumption.

This Act provides for the relevant authority which in this case is NACADA, to administer in the following ways which include: keep statistics on the level of alcohol consumption, related death as well as carry out research, documentation and dissemination of all relevant information. Also promote national treatment and rehabilitation programs, advise the minister on the national policy to be adopted with regard to the production, manufacture, sale and consumption of alcoholic drinks. This will assist the government to plan and implement measures of controlling alcohol use in the society (law report of Kenya 2012).

This Act also provides for the establishment of the alcoholic drinks control fund which consists of monies received from licenses, other fees that may be payable under this act; which may be realized from property forfeited to the government. Sums received include contributions, gifts or grants from or by way of testamentary bequest by any person among others. This is contained in part 2 sections 5 and 6.

Part 3 section 7-8 touches on the control of alcoholic drinks which states that no person shall manufacture or otherwise produce, sell dispose of, deal with, import or export any alcoholic drink except under and in accordance with a license issued under this Act. The Sub county Alcoholic Drinks Regulation Committee was established under this Act to issue licenses and inspect licensed premises and any other assigned function. The committee will replace the current Liquor Licensing Courts. The act seeks to strengthen the licensing regime for alcoholic drinks by repealing and enacting the liquor licensing act. This is contained in part 3 from sections 9-20.

A person seeking to manufacture or produce any alcoholic drink or operate an establishment for the sale of an alcoholic drink shall make an application to the Sub county committee and pay a prescribed fee. The specific provisions of this Act are contained in part 4 sections 9-16. The types of licenses provided under this Act are brewers, wholesale and retail licenses. As this Act specifies these licenses are subject to renewal, withdrawal or cancellation in case the Sub county committee deems necessary. The sale of alcoholic drinks is restricted to persons above the age of 18. Sale of alcohol to persons under the age of 18 amounts to a criminal offence. The act provides that anyone buying an alcoholic drink should provide an identity

card or a passport bearing their name to verify their age as stated in part 3 section 28 sub-section 4.

Every retailer is required to post signs with the prescribed content that inform the public that the sale or the availing of an alcoholic drink to a person under the age of 18 years is prohibited by law. Every sign posted under this sub-section should bear the word “WARNING” in capital letters followed by the prescribed health warning. This content is provided in part 4 section 29.

As per the sale and consumption of the alcoholic drinks the Act provides that anyone found to be drunk and disorderly in or near a street, road, licensed premises, shop, hotel or other public place may be arrested without warrant and brought without unreasonable delay before a magistrate. Under part 5 section 33-42 outlines the provisions of this Act on unlawful sale and consumption of alcoholic drinks.

Part 6 section 43 to 49 outlines the provisions of the Act on some modes of promotion of alcoholic drinks. The act prohibits the promotion of alcoholic drinks by means of the packaging, that are false, misleading or deceptive or that are likely to create an erroneous impression about the characteristics, health effects, health hazards or social effects of the alcoholic drink. This section provides that no one shall promote an alcoholic drink at any event or activity associated with persons under the age of 18 years. Any promotion encouraging consumption of alcoholic drinks is prohibited under this section. The Act also provides for the owner of the premise to display clear and prominent notices in English and Kiswahili. A person who contravenes this section commits an offence and shall be liable to a fine not exceeding fifty thousand shillings or to imprisonment for a term not exceeding six months or to both.

Authorized officers under this Act are officers appointed by any law to maintain law and order such as DCs, DOs and Chiefs, public health officers or persons appointed by the minister under this act. Powers of authorized officers shall include inspection for compliance, analysis and testing of alcoholic drinks, entry into premises and seizure of alcoholic drinks.

In part 8 sections 65 to 69 the act outlines that the government is charged with the responsibility of educating the public about the health consequences, addictive nature and mortal threat posed by excessive alcoholic drink consumption through a comprehensive nationwide education and information campaign conducted through the relevant ministries, departments and other agencies including non-governmental organizations and civil society.

The government shall also provide training for the healthcare providers to acquire skills for proper information dissemination and education on alcohol consumption.

The minister under the Act has powers to make regulations generally for the better carrying out of the objects of this Act such as: hours within which the sale of alcoholic drinks shall be permitted, prohibit the addition or use of any harmful constituents or ingredients in the production of alcoholic drinks and substances to be declared as harmful constituents of alcoholic drinks (law report of Kenya 2012).

2.6.2 Public Health Act

This is an act of parliament that makes provision for regulation of the public health. Part II section 3 to 7 gives directions on the formation of the health board which will have its seat in Nairobi and it will consist of the director of medical services who shall be chairman, a sanitary engineer, a secretary and such person or persons not exceeding six (three of whom shall be medical practitioners). The names of all members appointed to the board shall be forthwith notified in the gazette and any number of the Gazette containing a notice of any such appointment shall be deemed sufficient evidence thereof for all purposes.

Part II section 8 outlines the functions of the board which shall be to advise the minister upon all matters affecting the public health and particularly upon all matters mentioned in sub-section 2 of section 10. Which states that the functions of the medical department shall be, subject to the provisions of this Act, to prevent and guard against the introduction of infectious disease into Kenya from outside; to promote the public and the prevention, limitation or suppression of infectious, communicable or preventable disease within Kenya; to advise and direct local authorities in regard to matters affecting the public health; to promote or carry out researches and investigations in connection with the prevention or treatment of human diseases; to prepare and publish reports and statistical or other information relative to the public health; and generally to carry out in accordance with directions, the powers and duties in relation to the public health conferred or imposed by this Act.

In part III section 17, the provisions of this Act unless otherwise expressed, shall so far as they concern notifiable infectious diseases, apply to small pox, plague, cholera, scarlatina or scarlet fever, typhus fever, diphtheria or membranous croup, measles, whooping-cough, erysipelas, puerperal fever (including septicemia, pyaemia, septic pelvic cellulitis or other serious septic condition occurring during the puerperal state), enteric or typhoid fever (including para-typhoid fever), epidemic cerebro-spinal meningitis or cerebro-spinal fever,

acute poliomyelitis, leprosy, anthrax, glanders, rabies, malta fever, sleeping sickness or human trypanosomiasis, beri-beri, yaws and all forms of tuberculosis which are clinically recognizable apart from reaction to the tuberculin test.

In part III section 18 the Act provides that in case of an infectious disease; the head of the family to which such inmate (in this Act referred to as the patient) belongs, and in his default the nearest relatives of the patient present in the building or in their default the person in charge of or in attendance on the patient, and in default of any such person the occupier of the building, shall, as soon as he becomes aware that the patient is suffering from any notifiable infectious disease to which this Act applies, send notice thereof to the nearest medical officer of health; every medical practitioner attending on or called in to visit the patient shall forthwith on becoming aware that the patient is suffering from any notifiable infectious disease to which this Act applies send the nearest medical officer of health a certificate stating the name of the patient, the situation of the building and the notifiable infectious disease from which, in the opinion of such medical practitioner, the patient is suffering; and shall also inform the head of the household or the occupier of the premises or any person in attendance on such patient of the infectious nature of the disease and the precautions to be taken to prevent its conveyance to others; in any case in which a medical practitioner has been called in, the obligation to notify an infectious disease shall rest on such medical practitioner only (law report of Kenya 2012).

2.6.3 The Liquor Licensing Act

It refers to an act of parliament that makes provision for regulating the sale and supply of liquor. The act denies application for sale of spirituous or distilled perfume and industrial alcohol. Liquor means any spirit, ale, wine, beer, perry, hop beer, cider or porter, or any liquor containing more than two per centum by weight of absolute alcohol or any other liquor which may be declared by way of a gazette notice but does not include traditional liquor as defined in the traditional liquor Act or industrial alcohol. This act states that there shall be for every licensing area a licensing court to consider and determine applications and cancellation of licenses. Members of the licensing committee include a Sub county commissioner of any Sub county within the licensing area who shall be appointed by the by the minister and shall be the chairman. Other members include one person appointed by every municipal council and county council having jurisdiction in the licensing area and not less than three or more than seven residents of the licensing area appointed by the minister.

The procedure of obtaining a license is discussed in part 3 of this Act. Section I of part 3 states that any person desiring to make an application shall apply in the prescribed form to the chairman of the appropriate licensing court; all the applications shall be delivered to the chairman of the licensing court before the 25th of March if they are to be considered at the May meeting of the court or before the 25th of September if they are to be considered at the November meeting of the court.

The Act states that a licensing court shall not grant new license for the sale of liquor to be consumed on the premises unless such court is satisfied that it would be in the public interest for provision to be made for the sale of liquor on the premises in the particular locality in respect to which the application is made. The premises in respect to which the application is made should be in good and wholesome condition, are clean and are provided with adequate and proper sanitary arrangements. These requirements are outlined in part 3 section 13 of this Act.

A licensing court shall not transfer a license or grant a new license to any person who has failed to satisfy the court if called upon to do so, has been convicted of selling liquor without a license, exposing and offering it for sale or any offence against any law for the time being in force relating to the distillation, manufacture, sale or use of industrial alcohol.

A license will also not be granted to a person who has been convicted of an offence and sentenced to imprisonment without the option of a fine in Kenya or elsewhere for a period in excess of six months; or in the case of a retail license, is not a resident of Kenya or is under 21 years of age or is undercharged bankrupt.

In a case where the licensee wants to transfer the license to another person, the Act requires that he may apply in writing to the chairman of the appropriate licensing court for the temporary transfer of his license to the purchaser or leasee or otherwise of such premises and the chairman may, if he thinks fit; grant a temporary transfer to such license to be valid only until the next meeting of the licensing court. A licensing court may remove the license in case of an objection.

In part V section 28, the Act provides that every license shall be prominently and conspicuously displayed on the premises to which it relates and any licensee who fails or neglects to display his license shall be guilty of an offense.

Notwithstanding the provision of any other law, sub-section 30 of part V states that no licensee shall employ a person under the age or apparent age of eighteen, or knowingly employ a person who has been convicted of an offence under this Act or any other Act regulating the sale of liquor; to sell, control or supervise the sale of liquor or to have the custody or control of liquor on licensed premises. No person shall knowingly sell or deliver liquor, or permit it to be sold or delivered to a person under the age or apparent age of eighteen. Any person who contravenes this provision shall be guilty of an offence. Any licensee who keeps his licensed premise open for the sale of liquor, sells or exposes liquor for sale during any time when he is not authorized by his license to sell, or allows any liquor purchased before the hour of closing to be consumed on such premises after the closing hour, shall be guilty of an offence (law report of Kenya 2012).

2.6.4 The Chang'aa Prohibition Act, 1980

This is an Act of parliament that prohibits the manufacture, supply and possession of chang'aa. In this Act chang'aa means any intoxicating spirits which are distilled otherwise than in accordance with a license issued under part IX of the customs and exercise Act, by whatever name called and includes spirits commonly known as “enguli”, “kangali”, “kill me quick”, “kisumu whisky”, “kivia”, “maai-matheru”, “machozi ya samba”, “machwara”, “nyeti” and “warigi”.

The act in chapter 70 section 3, says that no person shall manufacture, sell, supply consume or be in possession of chang'aa. No person shall, without lawful excuse, the burden of proof whereof shall be on him, be in possession of any implement, apparatus or utensils designed or adapted for the distillation of chang'aa.

In section 4 sub-section 1, any person who contravenes any of the provisions of section 3 shall be guilty of an offence and be liable to a fine not exceeding ten thousand shillings or to imprisonment for a term not exceeding two years or both.

In sub-section 2, on conviction of any person for an offence under this Act, the court shall order the forfeiture and destruction of all chang'aa and implement, apparatus or utensils used in connection with the commission of the offence. An offence under this section shall be cognizable and shall be triable by any subordinate court.

In section 5, sub-section 1, an administrative officer or a police officer may enter upon and search any premises at any time when he has reasonable grounds to believe that chang'aa is being manufactured, stored, sold, supplied or consumed.

Any person entering premises under sub-section 1, may; if he finds that chang'aa is being or has been manufactured or is being sold on the premises and may take possession of any chang'aa and any apparatus or utensils used for distillation or designed or adapted therefore, which is found there on.

A person arrested under this section, shall without necessary delay and subject to the provisions of the Criminal Procedure Code as to bail, be taken before a magistrate or an officer in-charge of a police station. No suit shall be maintained to recover any debt alleged to be due in respect of the sale or supply of chang'aa (law report of Kenya 2012).

2.7 Institutional Framework

2.7.1 National Campaign against Drug Abuse Authority (NACADA)

Alcohol and general drug use poses a threat to society and the government has sought to enact relevant laws and establish necessary institutions through which the vice can be fought. The Narcotic Drugs and Psychotropic Substance (control) Act was enacted in 1994. This was followed by the development of the National Master Plan which was completed in 1998. The plan was then approved in 2001 (NACADA, 2007). The National Agency for the Campaign against Drug Abuse was formed in March 2001, to spearhead preventive education and public awareness on alcohol and drug abuse in Kenya. In 2007, the National Campaign against Drug Abuse Authority was formed to replace the agency and gazette as a state corporation (parastatal) in June 2007 (NACADA, 2007).

The authority has a reinforced and expanded mandate which empowers it to coordinate a multi-sectoral effort aimed at preventing, controlling and mitigating the menace of alcohol and drug abuse within the Kenyan society. NACADA has developed a national policy that will among other things challenge some of the provisions of the law governing children's access to alcohol. Though it is illegal in the Kenyan law to sell alcohol to children under the age of 18 years, the same law meant to restrict children's access to alcohol, is silent on the increasing trend of children frequenting premises where alcohol is sold and consumed in the company of adults (ibid). Kenya has in place strict anti-narcotic laws but the challenge is their enforcement, where difficulties have been encountered due to conflicts and weaknesses in the criminal justice administration chain (NACADA, 2007).

NACADA's core mandate is to provide directly or in collaboration with other institutions, agencies or organizations for the coordination of public education against drug abuse. It is

also mandated to coordinate the implementation of the National Action Plan on curbing drug abuse by citizens of Kenya especially the youth and children. The agency plays an effective role in the development, setting up and expansion of rehabilitation centers for the rehabilitation of drug dependants, prepare and maintain a register of licensed persons to offer expert advice on treatment and prevention services in the field of drug abuse. It liaises with relevant authorities in carrying out trainings or approving the training curriculum of trainers in the campaign against drug abuse and advice on the best practices and discipline of licensed drug rehabilitation operators. NACADA undertakes research directly or in collaboration with other organisations or bodies on matters relating to drug abuse and chemical substances as may be approved by the board (NACADA, 2007).

2.7.2 The Kenya Police Anti-Narcotics Unit (ANU)

According to the National Strategy for Drug Control (2006), the Kenya Police Anti-Narcotics Unit (ANU) is the main narcotics law enforcement organization. It was formed in 1983 as a specialized unit within the Criminal Investigation Department (CID, ANU) for the purpose of fighting drugs trafficking and related crimes (National Strategy for Drug Control, 2006).

Functions of ANU include the following: investigating drug offences, detection and seizure of drugs, apprehension and prosecution of drug offenders, gathering, analyzing and disseminating drug intelligence, maintaining a databank on drug cases and liaising with local and enforcement agencies. The ANU has 27 stations across the country and 128 officers. Many ANU officers have undergone training, much of it through the UN Drug Control program (UNDCP) and sponsored by the U.S, Germany, British, Japanese and other governments. The ANU and customs now have a cadre of officers proficient in profiling and searching suspected drug couriers and containers at airports and seaports. They cover airports vulnerable border points and urban towns with increased incidence of drug crimes. There have been good results with profiling at airports, but not yet at seaports. The number of personnel are however, grossly inadequate for the task at hand, and there is need to recruit and train more officers. There is also need to expand the ANU team to ensure that it is multidisciplinary in nature, and has highly qualified and well remunerated professionals (National Strategy for Drug Control (2006).

The ANU is also involved in regional and International Corporation. It cooperates with the other East Africa countries and internationally fully cooperates with other nations on investigations and other operations. The ANU is building its surveillance capabilities, using US government-donated equipment, but still lacks the capacity to conduct sophisticated

undercover operations, inadequate resources, and a police-wide problem, reduces operational effectiveness (National Strategy for Drug Control, 2006).

2.7.3 The Customs Department

The Kenya Revenue Authority (KRA) is headed by a commissioner General who reports to the Minister for finance. The customs and excise department is one of the four departments that constitute the KRA. Although the Customs Department is placed in a critical position to counter drug smuggling through control of imports and exports, it is noted that there is much less focus on drug interdiction than on the collection of revenue. Police and customs services have a degree of cooperation in the larger towns of Kenya such as Nairobi and Mombasa. The participation of Kenya in the world customs Organisation Regional Intelligence Liaison office (RILO) network has facilitated closer co-operation. However, much more is required to increase the liaison between them at all entry and exit points. To aid this, it is suggested that a drug unit be formed within the customs department and a senior customs officer be appointed to head the unit and act as contact person on drug issues. A senior customs officer should be appointed to head the unit and act as contact person on drug issues within customs. Further, the customs department should be charged with full responsibility for drug interdiction at all air and sea entry and exit points. Furthermore, the post office and other parcel delivery services should be under constant surveillance (National Strategy for Drug Control, 2006).

2.7.4 Department of Immigration

The immigration department is responsible for controlling human traffic in and out of the country. The ongoing computerization of immigration desks at entry and exit points is a useful step in improving monitoring of suspected traffickers.

To involve them effectively in control of drug trafficking, there is need for an amendment to the immigration Act to recognize and include drug-related offences as part of the functions of the Immigration Department. The need for restriction on the period of stay for foreign nationals inclined to drug unit with the immigration department is also necessary (National Strategy for Drug Control, 2006).

2.7.5 The Government Forensic Laboratory

The Government Chemists Department of the ministry of health provides scientific evidence in the administration of justice. It analyses exhibits submitted from police investigation of cases like possession of drugs of abuse, illicit drugs (narcotics and part 1 poisons list), illicit brews, bribery cases, attempting poisoning and alcohol analysis in traffic offences. It also

provides forensic analysis of biological specimens for drugs of abuse, toxic chemicals and other substances in sudden death and clinical investigations, as well as grouping and DNA profiling of body fluids in cases of paternity disputes, murders, rapes and assaults. It additionally provides analytical services in the fields of public and environmental health through the analysis of foods, drugs, water, industrial products and waste waters and effluents for their chemical composition, safety quality and compliance with legal specifications where these exist and also for their suitability for various uses. These service areas involve provision of expert evidence to the courts under various statutes. The Government Chemists have branches in Nairobi, Kisumu and Mombasa. These branches have laboratory facilities with rudimentary equipment and methodologies in place and a staff strength of over 50 technical officers. Staff comprises of university and polytechnic graduates in chemistry and applied sciences. Current weaknesses include lack of skills in modern analytical techniques for a majority of the staff, lack of modern equipment and skills on their use, lack of computers for internet connection which would facilitate information access, outdated and obsolete equipment and inadequate consumables and other relevant apparatus (National Strategy for Drug Control, 2006).

2.8 Theoretical Framework

This section brings out two theories which are used to explain alcoholism and the individual. These are the deviance theory and the social disorganization theory.

2.8.1 Deviance Theories

a) Durkheim's Deviance Theory

Deviance is any behavior that violates social norms, and is usually of sufficient severity to warrant disapproval from the majority of society (Karugu, 2012). The concept of deviance is complex because norms vary considerably across groups, times, and places. In other words, what one group may consider acceptable, another may consider deviant (Durkheim, 1951). Durkheim (1951) first used the concept of anomie to explain deviant behavior. He focused on various conditions that ultimately produce a breakdown in regulatory norms. According to him, some of the conditions that led to normlessness include rapid social change and sudden economic crisis that disrupts the normal running of the society without bringing an alternative and effective means of regulating the society. These may lead to loss of normal certainty expectations.

Durkheim viewed society as vital in maintaining order and where members of the society engage in alcoholism, it means that social regulations have broken down. There is sudden

economic crisis that has disrupted the normal running of the society. For example most communities used to rely on agricultural products to meet their needs. Unfortunately these sources of livelihood have collapsed and people hardly meet their needs. This has led to frustrations and stress and as a result of this many have resulted to taking alcohol so as to forget their problems. Although he explained different kinds of suicide, this theory is useful in analyzing other kinds of behavior. An alcoholic is considered a deviant when drinking takes the form which deviates from societal controlled traditions and customs (Durkheim, 1951).

The breakdown in rules and regulations coupled with harsh economic conditions has devastated the family. It has affected marriage stability, where many families experience quarrels and fights due to drunkenness. The emotional wellbeing of family members is also adversely affected where children are not nurtured in an acceptable way due to drunkenness on the part of the parents. Children are likely to abuse alcohol due to frustrations, others may drop out of school due to pregnancy and indiscipline since they lack parental guidance (Crag 1979).

Merton et.al, (1966) and Richard Cloward and Lloyd Ohlin's (1960) argues that pervasive materialism in any culture creates unattainable aspiration for many segments of the population. They argue that there exists an environmental state of "strain" among the poor. The limited availability of legitimate opportunities for attaining material wealth forced the poor to adapt through deviance, either by achieving wealth through illegitimate means or by rejecting materialistic aspirations and withdrawing from society altogether. According to this reasoning, deviance is a byproduct of poverty and mechanism through which the poor may attain wealth, albeit illegitimately. Thus, "strain" theories of deviance interpret behaviors such as illegal drug selling, prostitution and armed robbery as innovative adaptations to blocked opportunities success. Similarly, the theories interpret violent crimes in terms of the frustrations of poverty, as acts of aggression triggered by those frustrations the exact mechanisms by which poverty and economic inequality influence rates of deviant behaviour.

Theories of the macro-level origins of deviance argue that many of the causes of deviance must be found in the characteristics of groups within society, or in the characteristics of geographic areas and communities. They offer explanations of groups and areas differences in deviance-for examples, why some cities have relatively higher rates of crime than other cities or why blacks have higher rates of serious interpersonal violence than other ethnic groups. These theories make no attempt to explain the behavior of individuals or the occurrence of individual deviant acts. Indeed, they reason that deviance is best understood as

a property of an area, community, or group, regardless of the individuals living in the area or community, or the individuals comprising the group by maintaining residential properties people become invested in their own community, which helps foster the mechanisms of informal social control that makes deviance less likely. Strengthening schools and other stabilizing institutions in neighborhoods, such as churches and community center, can also contribute to a reduction in deviance. Finally, establishing networks for jobs and job placement in disadvantaged areas may increase the opportunities of employment among youth. If they succeed in increasing employment, the network should decrease the chances that youth will turn to careers in crime (Macleod, 1995).

This theory is therefore useful because it argues the importance of moral guidance, that the family is the basic institution and should impart discipline and inform its members on acceptable behavior, that the family should provide adequate socialization to the individual. In the traditional society there were set limits for drinking which controlled drinking in the society. Today the pattern has changed due to social cultural changes. The religious and traditional regulations that used to guard against the misuse of alcohol are no longer there. In Kikuyu community, beer was drunk communally during special occasions and after work. It was drunk by elders. Today this has changed, alcohol is drunk individually. One can drink as much as he can as long as one can afford and this has promoted drunkenness among people. Young men and women were not allowed to drink but this is no longer the case. It is free to all and it is taken any time (Durkheim, 1951).

b) Walter Reckless's control theory

According to Walter Reckless's control theory, both inner and outer controls work against deviant tendencies. People may want at least some of the time to act in deviant ways, but most do not. They have various restraints: internal controls, such as conscience, values, integrity, morality, and the desire to be a “good person”; and outer controls, such as police, family, friends, and religious authorities. Travis Hirschi noted that these inner and outer restraints form a person's self-control, which prevents acting against social norms. The key to developing self-control is proper socialization, especially early in childhood. Children who lack this self-control, then, may grow up to commit crimes and other deviant behaviors.

Whereas theory also suggests that people society labels as “criminals” are probably members of subordinate groups, critics argue that this oversimplifies the situation. As examples, they cite wealthy and powerful businesspeople, politicians, and others who commit crimes. Critics also argue that conflict theory does little to explain the causes of deviance.

Proponents counter, however, by asserting that the theory does not attempt to delve into etiologies. Instead, the theory does what it claims to do: It discusses the relationships between socialization, social controls, and behavior.

c) Merton's theory of deviance

Another theory about deviance related to addiction is Merton's theory of deviance, also called the Strain Theory which emerged from the early structural functionalists. Structural functionalists argued that deviance could be caused by an individual or the society but the deviance was always embedded in the society. Later Merton's theory took it to a further level and proposed that anomie occurred in times of rapid social change in societies which caused deviance because of losing motivation to conform to the new regulations (Adrian, 2003).

Merton et.al, (1966) and Richard Cloward and Lloyd Ohlin's (1960) argues that pervasive materialism in any culture creates unattainable aspiration for many segments of the population. They argue that there exists an environmental state of "strain" among the poor. The limited availability of legitimate opportunities for attaining material wealth forced the poor to adapt through deviance, either by achieving wealth through illegitimate means or by rejecting materialistic aspirations and withdrawing from society altogether. According to this reasoning, deviance is a byproduct of poverty and mechanism through which the poor may attain wealth, albeit illegitimately. Thus, "strain" theories of deviance interpret behaviors such as illegal drug selling, prostitution and armed robbery as innovative adaptations to blocked opportunities success. Similarly, the theories interpret violent crimes in terms of the frustrations of poverty, as acts of aggression triggered by those frustrations the exact mechanisms by which poverty and economic inequality influence rates of deviant behaviour.

d) Differential-association theory

Edwin Sutherland (1939) coined the phrase differential association to address the issue of how people learn deviance. According to this theory, the environment plays a major role in deciding which norms people learn to violate. Specifically, people within a particular reference group provide norms of conformity and deviance, and thus heavily influence the way other people look at the world, including how they react. People also learn their norms from various socializing agents' parents, teachers, ministers, family, friends, co-workers, and the media. In short, people learn alcoholism habits, criminal behavior, like other behaviors, from their interactions with others, especially in intimate groups.

Peer pressure during adolescence is particularly powerful. The need for acceptance, while always an important drive, is especially strong during this formative period, and helps to account for the heavy drug use in the youth subculture. The pressure is not always overt or obvious but may be covert or subtle: The fact that an activity may be the agent around which the group coalesces may provide the impetus for experimentation. In the case of marijuana, differential association is particularly important since the individual must associate with users in order to try the drug and then to obtain a supply. Both the preference resulting from association and the necessity prevail.

2.8.2 Social Disorganization Theory

The term social disorganization as used by Rajendra (1998) means deterioration of social relations between members of a society because of which members are unable to function according to their status in the society. This leads to chaotic conditions in social institutions, associations, customs, traditions and folkways. Thus the term social disorganization includes in its compass material disorganization, disorganization in the family, rural and urban disorganization among others. This theory argues that people are currently witnessing changes in the function of the family in India particularly in the urban areas. There is relaxation in the control of family authority on its members. There is no change in man-woman equation. Women do not wish to consider that they are inferior to men; they are rebelling against male supremacy and domination. Women are seeking jobs outside family and wish to enjoy the fruits of their newly won freedom. All this is producing tension and conflicts in homes, bitterness and disaffection rules.

According to Rajendra (1998), the problem of well-educated couples has distinctly come to the fore. The cases of maladjustment and war of sexes is common. The transformation of personalities of individuals in urban areas is showing its impact on the family structure.

According to this theory there is a direct correspondence between personal and social organization. Any intensification of personal disorganization leads to corresponding disorganization in society and vice versa and as a result of personal disorganization man's relation with the environment becomes disturbed. He is unable to fulfill his roles in the society and his acts cease to be positive and constructive. A disorganized personality inclines towards crime, alcoholism, sex-perversions and suicide. A disturbed personality undergoes drastic changes in attitudes and outlook towards the society. However, there is no unbridgeable gap between the normal and disturbed personalities. As a matter of fact, a normal personality may become disturbed due to sudden change in environment, loss or

tragedy. Similarly, a disturbed personality automatically becomes normal with passage of time (Rajendra (1998)).

Rajendra argues that attitudes and interests keep changing with time and the changes in the society. Personal disorganization can be due to many factors, the major one being conflict of personal attitudes and social norms. Everyone tries to behave within the limits set by society, but due to strong passions and sudden emotional fits, man violates the social norms. When the conflicts between man's needs and desires become acute and man becomes unable to control himself, he indulges in antisocial acts like rape, cheating, prostitution, fraud and alcoholism among others. Due to this antisocial behavior, he becomes a sociopath and this alienates him further from society (Rajendra (1998)).

This theory argues that man drinks and alcohol and smokes marijuana among other drugs in order to escape from realities of life and live in an imaginary heaven. These trips are short-lived and can only intensify the problem. Suicide is the most vicious form of personal disorganization. According to Durkheim there are three types of suicides: logistic, anomiques and altruistic. Anomiques is due to social disorganization (Durkheim, 1951).

Family and social disorganization affect young people most. The children coming from slums and broken homes see all types of crimes while very young. Therefore their minds are over excited but immature, thus they take to minor crimes and lead a life of vagabondage. They are unable to seek adjustment with the society (Durkheim 1951).

The theory also argues that once an individual becomes disorganized, he is not able to fulfill his role in the society. The instability that arises due to alcoholism cannot enable the family to achieve its goals. The theory is useful as it suggests that once an individual person becomes disorganized the environment around him can also become disorganized. An alcoholic can be treated and counseled in order to quit drinking and become a productive member of the society (Rajendra, 1998).

The theory is useful in explaining alcoholism and its impact in the society because alcohol is seen as one of the factors that cause both personal and family disorganization. Alcoholism disturbs family relationships causing domestic quarrels, moral degradation and juvenile delinquency and inflicts general harm to the individual, family and society at large. However this theory gives encouragement that the bridge between the disorganized and the organized can be bridged. (Rajendra (1998)).

2.9 Conceptual Framework

According to the social disorganization theory by Rajendra there is a direct correspondence between personal and social disorganization. Any intensification of personal disorganization leads to corresponding disorganisation in society and vice versa and as a result of personal disorganization man's relation with the environment becomes disturbed. He is unable to fulfill his roles in the society and his acts cease to be positive and constructive. A disorganized personality inclines towards crime, alcoholism, sex-perversions and suicide. A disturbed personality undergoes drastic changes in attitudes and outlook towards the society. However, there is no unbridgeable gap between the normal and disturbed personalities. As a matter of fact, a normal personality may become disturbed due to sudden change in environment, loss or tragedy. Similarly, a disturbed personality automatically becomes normal with passage of time (Rajendra, 1998).

When the conflicts between man's needs and desires become acute and man becomes unable to control himself, he indulges in antisocial acts like rape, cheating, prostitution, fraud and alcoholism among others. Due to this antisocial behavior, he becomes a sociopath and this alienates him further from society. The theory also argues that once an individual becomes disorganized, he is not able to fulfill his role in the society. The instability that arises due to alcoholism cannot enable the family to achieve its goals. The theory is useful as it suggests that once an individual person becomes disorganized the environment around him can also become disorganized. An alcoholic can be treated and counseled in order to quit drinking and become a productive member of the society (Rajendra, 1998).

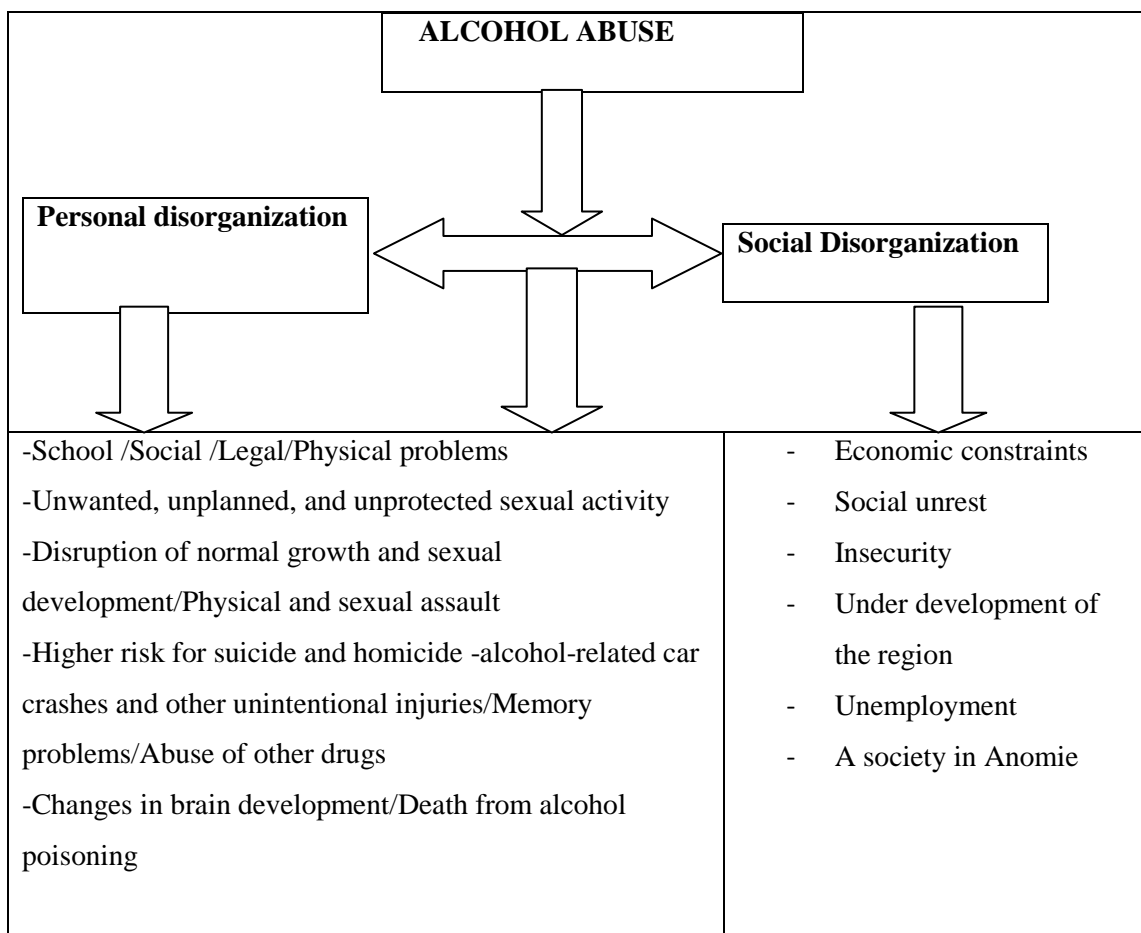
Indeed, they reason that deviance is best understood as a property of an area, community, or group, regardless of the individuals living in the area or community, or the individuals comprising the group. By maintaining residential properties people become invested in their own community, which helps foster the mechanisms of informal social control that makes deviance less likely. Strengthening schools and other stabilizing institutions in neighborhoods, such as churches and community center, can also contribute to a reduction in deviance. Finally, establishing networks for jobs and job placement in disadvantaged areas may increase the opportunities of employment among youth. If they succeed in increasing employment, the network should decrease the chances that youth will turn to careers in crime (Macleod, 1995).

Merton et.al, (1966) and Richard Cloward and Lloyd Ohlin's (1960) argues that pervasive materialism in any culture creates unattainable aspiration for many segments of the

population. They argue that there exists an environmental state of “strain” among the poor. The limited availability of legitimate opportunities for attaining material wealth forced the poor to adapt through deviance, either by achieving wealth through illegitimate means or by rejecting.

A disorganized personality leads to alcoholism, sex-perversions, abandonment of family responsibilities, crime and suicide. Personal disorganisation further leads to social disorganisation which includes; disorganisation at work, in church and education in general. An alcoholic will tend not to go to work or their productivity at work will decline due to the effects of alcohol on their concentration and ability to reason. Due to poor concentration, an alcoholic cannot be able to attend classes or even think of enrolling for any classes. This puts strain on the education system of the society leading to a large number of dropouts.

Figure 2.1: Flow chart illustrating personal and social disorganization effects of alcoholism



According to the social disorganization theory by Rajendra there is a direct correlation between personal and social organization. Any intensification of personal disorganization leads to corresponding disorganization in society and vice versa and as a result of personal disorganization man's relation with the environment becomes disturbed. He is unable to fulfill his roles in the society and his acts cease to be positive and constructive. A disorganized personality inclines towards crime, alcoholism, sex-perversions and suicide. A disturbed personality undergoes drastic changes in attitudes and outlook towards the society. However, there is no unbridgeable gap between the normal and disturbed personalities. As a matter of fact, a normal personality may become disturbed due to sudden change in environment, loss or tragedy. Similarly, a disturbed personality automatically becomes normal with passage of time (Rajendra, 1998).

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population. They argue that there exists an environmental state of “strain” among the poor. The limited availability of legitimate opportunities for attaining material wealth forced the poor to adapt through deviance, either by achieving wealth through illegitimate means or by rejecting materialistic aspirations and withdrawing from society altogether.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter sets out various stages and phases that were followed in completing the study. It involves a blueprint for the collection, measurement and analysis of data. In this section the researcher will discuss the procedures and techniques that were used in the collection, processing and analysis of data. Specifically the following subsections were included; research design, target population, data collection instruments, data collection procedures and finally data analysis.

3.2 Research Design

The study adopted a descriptive survey. A descriptive survey research seeks to obtain information that describes existing phenomena by asking individuals about their perceptions, attitude, behaviour or values (Mugenda and Mugenda 2003). A descriptive study design is deemed the best design to fulfill the objectives of the study. This design is considered appropriate for the type of objective of this study and the implied comparative analysis to determine the effects of alcohol use on the welfare of rural households. This fact-finding investigation provided adequate interpretation of the phenomenon being studied. Its specificity was highly useful because it focused on particular aspects of the problem being studied.

3.3 Target Population

Target population as described by Borg and Grall (2009) is a universal set of study of all members of a real or hypothetical set of people, events or objects to which an investigator wishes to generalize the result. Mugenda and Mugenda, (2003), explain that the target population should have some observable characteristics, to which the researcher intends to generalize the results of the study.

The target population for this study was divided into Primary and Secondary respondents; primary respondents were the household heads. Secondary respondents comprised alcohol abusers identified through referral by the community members.

3.4 Unit of Observation

For the purpose of this research, the unit of observation was the household head. This was because the household heads are in contact with those who use and/or abuse alcohol in the community and are best placed to provide information on behaviours they perceive as reasonably significant in identification of alcohol abusers.

3.5 Unit of Analysis

Singleton and Straits (1999) describe the unit of analysis as the object of study or item under study, or simply as what or who is to be described or analyzed. Hence the unit of analysis was the aspect impact of alcohol abuse on rural households.

3.6 Sampling Techniques and Sample Size

Kombo and Tromp (2009), define sampling as the procedure a researcher uses to gather people, places or things to study. This shows that the sample is a set of respondents from a larger population for the purpose of the survey. Cooper and Schindler (2000) state that the sample size is the selected element or subset of the population that is to be studied. To ensure that the sample accurately represents the population, Cooper and Schindler (2000) further recommend that the researcher must clearly define the characteristic of the population, determine the required sample size and choose the best method for selecting members of the sample from the larger population. The major criterion used when deciding on the sample size is the extent to which the sample size is represents the population.

According to the table for determining sample size from a given population (annex IV) by Krejcie and Morgan (1970), a sample of 384 units is selected for populations greater than 10, 000. The population in Mbeti-North ward (Itabua, Gatituri, Kamiu and Kiangima Sub–Locations) is more than 10,000 hence the study targeted a sample of 384. The study further employed convenience sampling to select 200 household heads to be interviewed from the community.

According to Cooper and Schindler (2008) convenience samples are non-probability samples that are not restricted. In convenience sampling the researcher has the freedom to collect data from whomever respondents they find. A sample is drawn on the basis of opportunity, for example, the sample includes any fan who attended a test event. Convenience samples are taken to test an idea or to gain insight about a subject of interest.

Besides, non-probability sampling was used where purposive sampling was applied to provide rich and in-depth analysis focused on the study through selection of those considered to be alcohol abusers in society, and key informants. Through referrals by the household heads interviewed, 20 alcohol abusers were identified. The following 10 key informants were also interviewed: the study area's chief and his four assistant chiefs, two religious leaders, a NACADA regional officer, and 2 medical practitioners from health institutions in the area.

3.7 Data Collection Methods and Tools

The researcher applied the methods below in data collection. Both qualitative and quantitative methods of data collection were employed.

3.7.1 Qualitative Methods

This is a form of research that involves description. It relies on research strategy that is interactive and flexible. This includes interviewing, focus group discussions, observation and questionnaires (Orotho and Kombo 2002). Qualitative methods used by the researcher included a key informant interview.

3.7.1.1 Key Informant Interviews

Key informant interviews are usually in-depth interviews. Key informants were selected on the basis of having relevant information on alcohol use, abuse and abusers in the study area. They were supplementary sources of data by creating a better understanding of the phenomenon under study. This methodology was guided by a key informant guide, a tool that had key questions that steered the discussion.

Key informants in this study included the area chief (1), area assistant chiefs (4), religious leaders (2), a NACADA regional officer (1), area medical personnel (3) and a Red Cross official (1).

3.7.2 Quantitative Research Methods

Quantitative research methods generate statistics by use of tools such as questionnaires and structured interviews (Kombo, 2006). It focuses on assignment of numerical events according to rules. The numbers are specified, for example; sex: male or female (ibid).

3.7.2.1 Interviews

Interviews were conducted one on one with the respondents. This helped the interviewer to gather valid and reliable data that was relevant to the research questions and objectives.

3.8 Tools of Data Collection

Research instruments that were used in this study included questionnaires and interview guides.

3.8.1 Questionnaire

A questionnaire is a research instrument that gathers data and can be open-ended, closed or both. In this study the researcher used questionnaires with both open-ended and closed

questions. Enumerators were sourced, and trained on the contents and aim of the questionnaire. The questionnaires were pre-tested prior to the study, and one on one interviews were conducted.

3.8.2 In-depth Interview Guide

The interview guide contained questions that the researcher used to guide respondents throughout the interview. The interview guide focused the discussion on the topic being investigated. The researcher went through the interview guide with the key informants, one on one gathering information and seeking clarifications.

3.9 Ethical Issues

Reliability: Cronbach's alpha was used to measure internal consistency of the data collected. The Cronbach's alpha (α) generated from SPSS was 0.7 which indicated a good internal consistency of the data. According to Cronbach (1951), an alpha (α) in the range $0.7 \leq \alpha < 0.9$ indicates good internal consistency.

Confidentiality of the data and obtaining relevant authorization to collect data: The researcher obtained consent to collect data from the study area chief.

Finally, the researcher assured the respondents that data collected would be used for academic purposes only and treated with utmost confidentiality.

3.10 Data Analysis and Presentation

The data collected was analyzed using descriptive statistics. After data collection, the researcher pre-processed the data to eliminate unwanted and unusable data which could have been contradictory or ambiguous, developed a coding scheme/code list by creating codes and scales from the responses which was then summarized and analyzed. The data was coded in the Statistical Package of Social Science (SPSS) for analysis, and then it was presented through percentages, means, standard deviations and frequencies. The findings were displayed by use of bar charts, graphs and pie charts and in prose-form.

CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS

4.1 Data Presentation and Analysis of the Primary Respondents

This chapter presents the analysis and interpretation of the data collected. The objective of this study was to establish the impact of alcohol abuse on the welfare of rural households. Specifically, the study sought to establish factors that lead to high alcohol consumption in rural households; the impact of alcoholism on the family unit; the effect of alcoholism on the health of the consumers and; the community's reaction towards the problem of alcoholism in society.

4.2 Response Rate

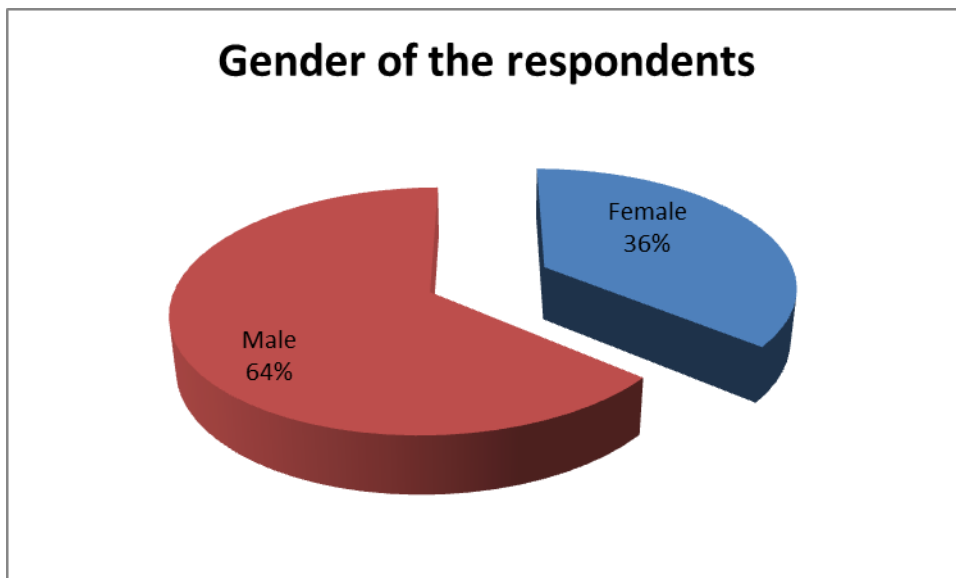
The study targeted 200 community members' specifically household heads in Mbeti-North ward, Embu County. A total of 168 questionnaires were collected resulting in a response rate of 91.5 % which was adequate for statistical generalization of the study findings. According to Mugenda and Mugenda (1999), a response rate of 50% is adequate for analysis and reporting; a rate of 60% is good and a response rate of 70% and over is excellent.

4.3 Background Information

4.3.1 Gender of the Respondents

Out of the 168 respondents interviewed, 60 (36%) were female and 108 (64%) were male. The indication is that most of the household heads in the study area male.

Figure 4.1: Gender of the respondents

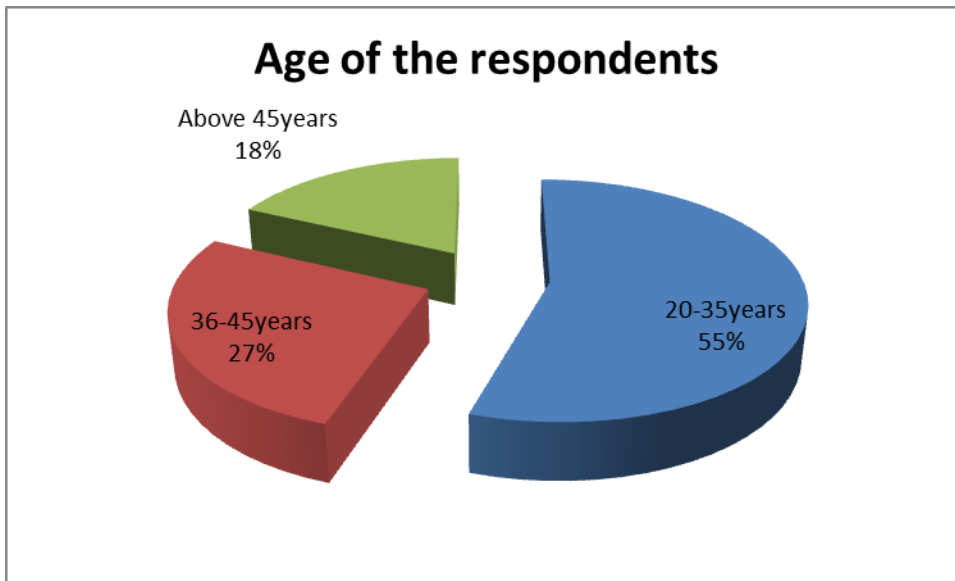


4.3.2 Age of the Respondents

The research findings in figure 4.2 below show that majority of the respondents 92 (55%) were aged between 20 and 35 years, 45 (27%) of the respondents were aged between 36 and 45 years and 31(18%) were aged above 45 years.

The data collected therefore, indicated that majority of the respondents interviewed were in the age bracket of 20-35years (55%).

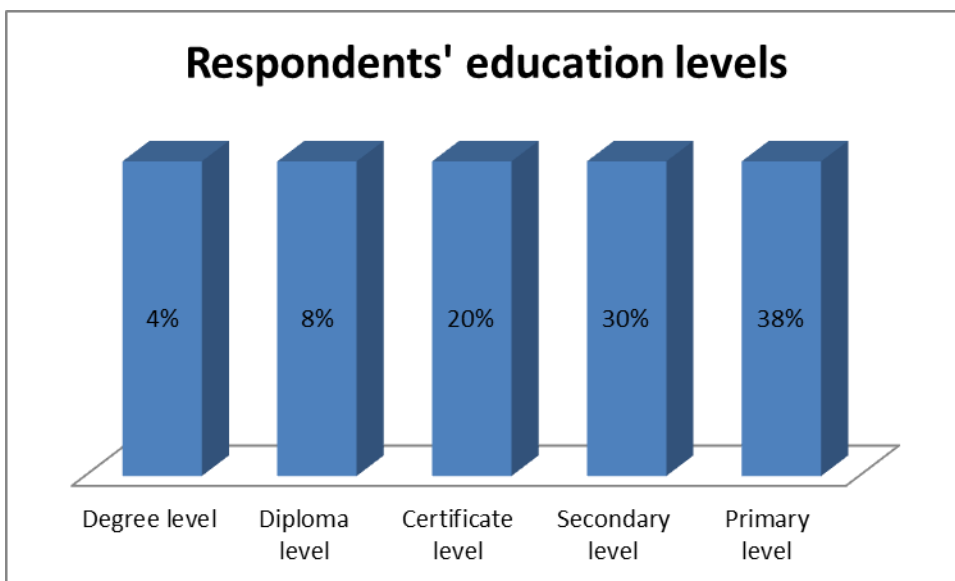
Figure 4.2: Age of the respondents



4.3.2 Level of Education

The study found out that majority 64 (38%) of the respondents had primary level education followed by secondary level holders 50 (30%), certificate 34 (20%), diploma 13 (8%), and bachelor's degree holders 7 (4%). This data points to the fact that majority of the respondents interviewed had primary school level education.

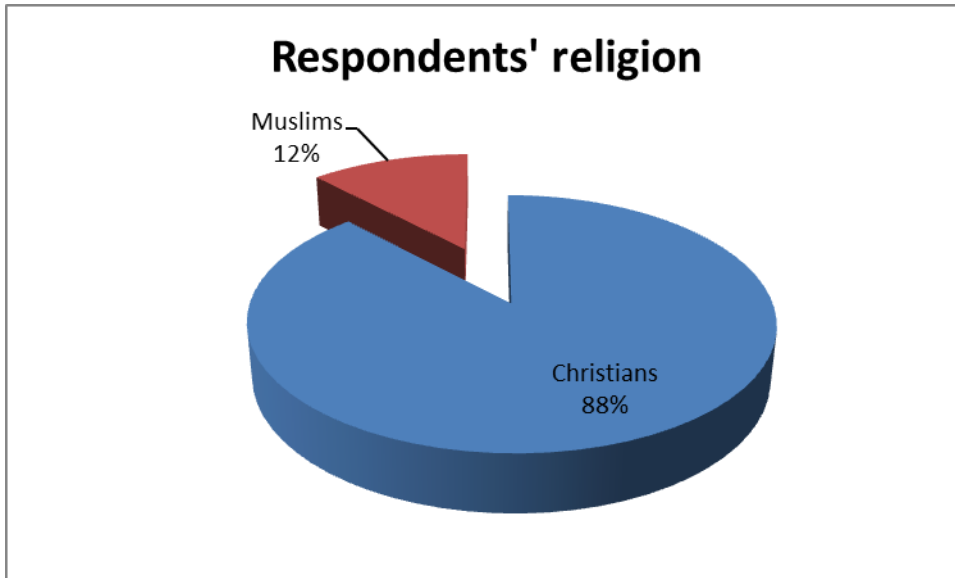
Figure 4.3: Level of education



4.3.3 Religion of the Respondents

The study found out that out of the 168 respondents interviewed, 148 (88%) were christians and 20 (12%) were muslims. The data collected therefore, indicates that majority of the respondents interviewed were christians.

Figure 4.4: Religion of the respondents

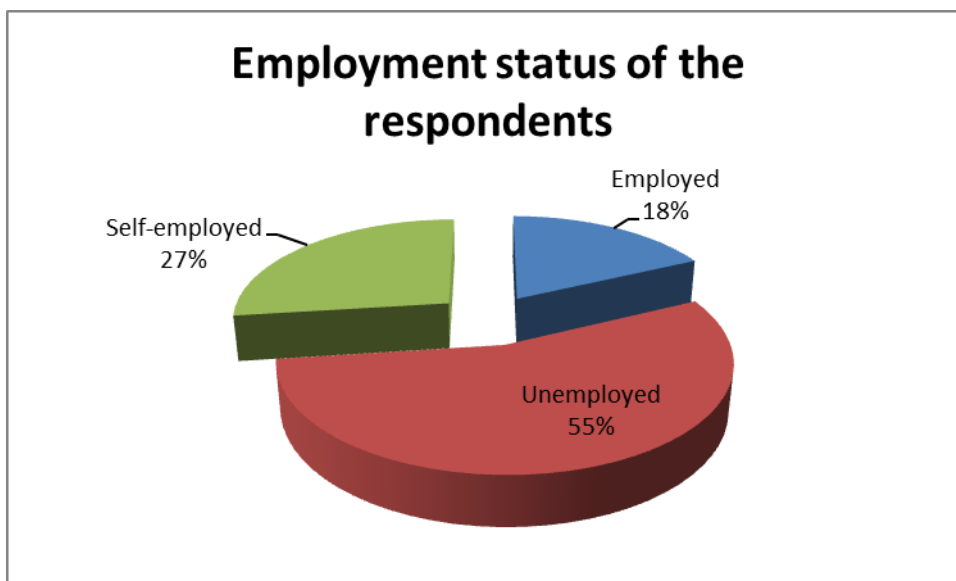


4.3.4 Employment Status

The research findings in figure 4.5 below show that majority of the respondents 92 (55%) were unemployed, 45 (27%) of the respondents were self-employed and 31(18%) were employed in people's farms.

The data collected therefore, indicates that majority of the respondents interviewed were unemployed.

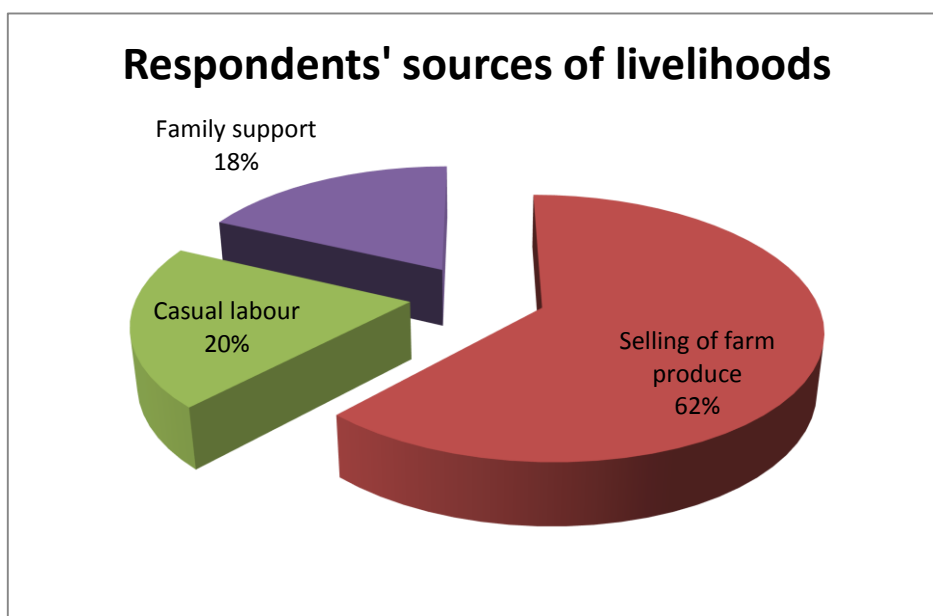
Figure 4.5: Employment Status



4.3.5 Sources of Livelihoods

104 (62%) of the respondents interviewed reported that they earned their livelihoods by selling some of their farm produce, 34 (20%) by taking casual jobs and 30 (18%) rely on their families for support.

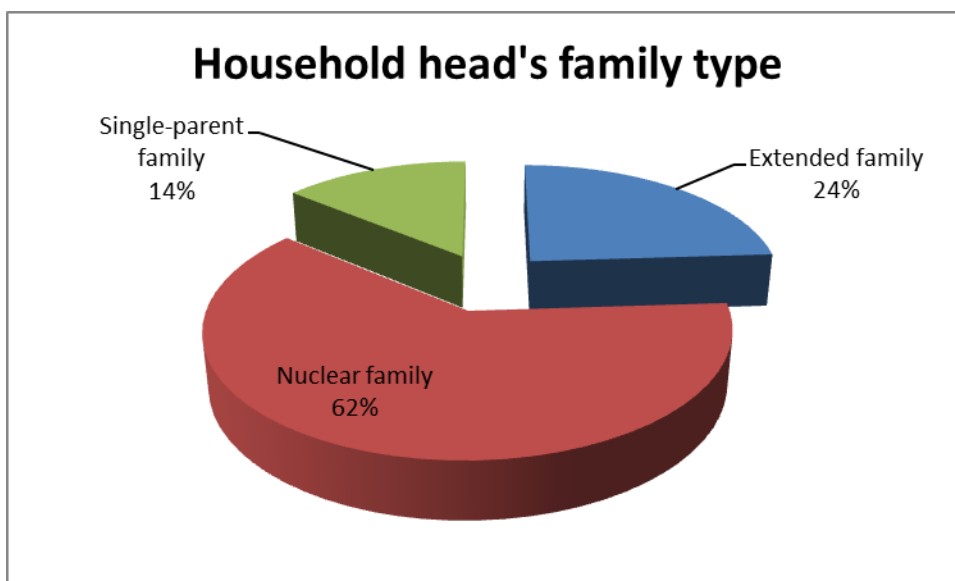
Figure 4.6: Sources of Livelihoods



4.3.6 Type of Family

It was reported that 104 (62%) of the respondents belonged to a nuclear family, 40 (24%) were in single-parent families and 24 (14%) were from extended families. The indication of this data is that most of the household heads interviewed were from nuclear families.

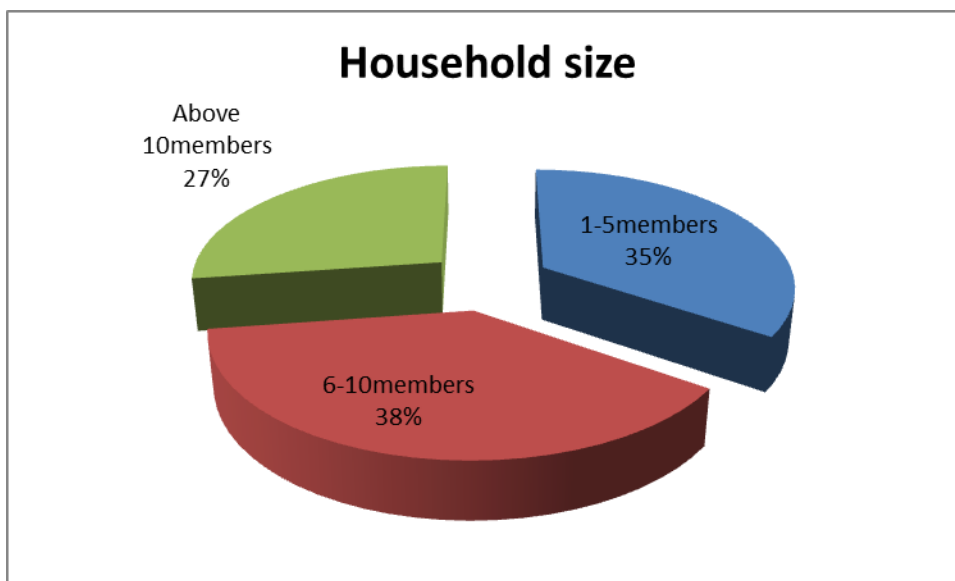
Figure 4.7: Type of Family



4.3.7 Household Size

The study found out that out of the 168 respondents interviewed, 71 (42%) belonged to households of 6 to 10 members followed by 1 to 5 members 64 (38%) and lastly above 10 members 33 (30%). This data indicates that majority of the household heads interviewed were from households of between six to ten members.

Figure 4.8: Household size

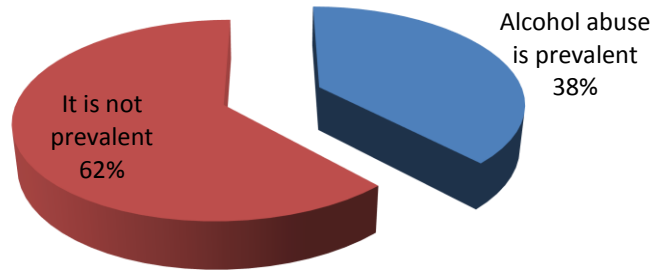


4.4 Prevalence of Excessive Alcohol Consumption

104 (62%) of the respondents interviewed reported that they knew someone who abuses alcohol in the area while 64 (38%) reported the contrary. Alcohol abuse in this case means alcohol consumption that leads to irresponsibility in socio-economic, occupational or other spheres of life. In their own descriptions, respondents viewed alcohol abuse as characterized by the following behaviours: Drinking large amounts of alcohol in a hurry and using money meant for other uses just to show off to friends; Drinking alcohol to a point of forgetting to go home; Drinking alcohol and using the wrong route home thus finding themselves in a strange place the following morning; Drinking and going home singing loudly and sometimes sleeping in trenches or by the roadside unable to reach home; Drinking and going home to beat my wife and quarrel my father and making noise all night.

Figure 4.9: Prevalence of Excessive Alcohol Consumption in the Community

Prevalence of alcohol abuse in the community



One of the respondents was quoted as saying:

“I have seen drunken people wake up by the roadside in the morning many times after sleeping there drunk; there is a certain teacher here who is picked in trenches by his wife and children almost daily after drinking a lot”.

According to one of the key informants, sights of drunken men lying by the road sides in the morning are common. Infact, he explained that over the past month two middle aged men had been summoned by the area chief after being reported by villagers because of their habit of drinking too much, and going home to quarrel their parents, and even attacking physically neighbours who tried to intervene.

Another key informant, (A full gospel church pastor in the area who is also a private primary school head teacher) explained that majority of the parents who drink excessively do not pay school fees in good time, they do not attend most of the parents meetings and most of the time their children are not neatly dressed in school. The pastor was quoted as saying:

“We recently called in one of the parents who drink excessively to come and work at our school so as to settle some of the school fees debt he owed us but he worked for two days and disappeared with the school’s slasher, panga and some maize from the school kitchen. All these stolen items he took to his local drinking den in exchange for liquor”.

A parent to a 32-year old man who drinks excessively explained that his son has lost direction in life stating that:

“My son started drinking cheap liquor daily and in large quantities about five years ago. When in college, we would give him school fees but he would disappear for a week and resurface looking hang-overed with nothing. He was unable to complete his degree and now he drinks day and night. He leaves for drinking at eight in the morning, and comes back at 3am in the night. When he comes back home late at night, he abuses me and bangs doors. He has lost many friends because when drunk he is violent, so his best friend is alcohol”.

4.5 Factors that Lead to Excessive Alcohol Consumption in Rural Households

The study found out that the main factors that predispose people in the study area to excessive alcohol consumption are: corruption (89%), peer pressure (85%), idleness (58%), unemployment (54%), poverty (52%), marital problems (37%), media influence (34%) and work related stress (26%).

Table 4.1: Factors that lead to excessive alcohol consumption

Factors that lead to excessive alcohol consumption	Frequency	Percent (%)
Corruption	150	89
Peer Pressure	143	85
Idleness	97	58
Unemployment	91	54
Poverty	87	52
Marital problems(disagreements between spouses, emotional and physical violence especially in front of children)	62	37
Media influence	57	34
Work Related Stress	61	26

4.5.1 Corruption

The study established that corruption was the highest contributing factor towards excessive alcohol consumption in the study area. Respondents pointed out that law enforcers allowed selling of alcohol outside the stipulated hours as long as they were bribed. To compound the problem, respondents reported that there are well known liquor dens that sell methanol-laced liquor but they are untouchable because they give law enforcers hefty bribes.

One of the key respondents was quoted as saying:

“Our police are the source of all these problems. They take bribes from bar owners and put people’s lives on the line. We have for example a popular den where methanol-laced liquor is sold. Infact the place is called ‘Kwa XYZ wa

methanol'. The police know about it but they receive monthly cash tokens from the owner thus they can't stop him. The police have failed our village.'

4.5.2 Peer Pressure

The study found out that peer pressure was the leading factor predisposing respondents to excessive alcohol consumption. Having friends who abuse alcohol or consume alcohol excessively encourages the same behaviour as one tries to conform.

Overall study findings indicate that one of the main causes of high alcohol consumption in rural households is peer groups. These findings are in line with Wills et al. (2001) who argued that peer influence plays a big role in influencing alcohol abuse.

One of the parents of a son who drinks excessively was quoted as saying:

"My son works very hard the whole day, and he does not drink on his own. However, when his groups of friends pass by and go out with him in the evening, he comes back at home at 3am in the morning drunk, making noise and even abusing his father. I think his friends encourage him to drink".

4.5.3 Idleness

According to the study, idleness came second at 58% in terms of its ability to lead to excessive alcohol consumption.

The area chief explained that with the high levels of unemployment in the area, most people are idle. Note that the majority of respondents in this study (55%) were aged between 20-35 years and idleness due to lack of employment predisposes them to stress as this is the period in life when their families and society expect them to be responsible. To deal with this pressure from family and society, most of them turn to alcohol.

One of the respondents explained that:

"I am the first born in a family of four and my parents are farmers. They educated me so that I can help my siblings but after form four I still don't have a job. I prefer going to sit with my fellow jobless friends all day drinking than to sit at home and watch my mother 'die' because of poverty".

61% (102) of the 168 respondents further indicated that high alcohol consumption in rural households is moderately influenced by the need to cope with stress and these findings are in tandem with Nasibi (2003) who argued that some people turn to drugs as a coping mechanism due to a lot of mental stress in society and unachievable expectations from family members and friends.

4.5.4 Unemployment

The study rated unemployment as the third factor contributing to excessive alcohol consumption. This is related to factor number two above because, when there are no job opportunities, people are likely to be idle thus engage in deviant behaviour.

4.5.5 Poverty

The area chief explained that with the high levels of unemployment in the area, most people are idle. Note that the majority of respondents in this study (55%) were aged between 20-35years and idleness due to lack of employment predisposes them to stress as this is the period in life when their families and society expect them to be responsible. To deal with this pressure from family and society, most of them turn to alcohol. What these findings point at is that, unemployment leads to idleness predisposes one to peer influence which in turn may encourage excessive alcohol consumption.

The area chief explained that:

“Majority of the people who drink excessively in my location are from poor families. They have no jobs, and even when they get little income from casual jobs such as in construction sites, they get excited and use all the money on alcohol to forget their problems”.

4.5.6 Marital Problems

The other factor reported to contribute to excessive alcohol consumption was marital problems at 37%; where 62 of the 168 respondents explained that disagreements between spouses, emotional and physical violence especially in front of children resulted in stress for the family members who later resulted to excessive alcohol consumption for stress management. Further, from the study findings in table 4.2, majority of the respondents(59%) agreed that families that are characterized by issues of immorality, spiritual emptiness, lack of direction and purpose in life among other problems are more likely to engage in high alcohol consumption and 79% of the respondents also agreed that youths from disrupted families tend to get involved in substance abuse.

The respondents stated that excessive alcohol consumption helped them feel good and relaxed by enabling them forget their problems and relieve anxiety even if for a short while. In addition, individuals who were abused as children have a higher risk for substance abuse later in life.

The study findings are in tandem with Swadi (1999) who stated that psychological factors such as coping skills when stressed among others may cause individuals to develop alcohol and drug abuse problems.

4.5.7 Media Influence

Media influence came second last possibly because the study focused on a rural setting whose inhabitants have minimal access to the Internet, Television and Print media which mostly contains advertisements that portray alcohol consumption as trendy.

4.5.8 Work-Related Stress

Work-related stress has minimal contribution towards excessive consumption of alcohol in the study area. This is possibly because unemployment levels are high in the area with 54% of the respondents stating that unemployment is a major factor that leads to excessive alcohol consumption. As one of the respondents stated,

“Work-related stress cannot be a contributing factor for me and most of my drinking mates because if we do not have work, how can we even talk about work-related stress? Our stress comes from lack of jobs”.

In addition, when respondents were asked to state the extent to which they agree with the following statements relating to factors that lead to the high alcohol consumption in rural households, the target population of 168 household heads responded as shown in table 4.2 overleaf.

Table 4.2: Rating of factors that lead to the high alcohol consumption in rural households

Key: F-Frequency, SD-Strongly Disagree, D-Disagree, N-Neutral, A-Agree, and SA-Strongly Agree where the total number of respondents was 168.

Frequency/Percentage	F	%	F	%	F	%	F	%	F	%
Statement	SD		D		N		A		SA	
Families that are characterized by issues of immorality, spiritual emptiness, lack of direction and purpose in life among other problems predispose members to high alcohol consumption	2	1%	9	5%	24	14%	99	59%	34	20%
Youths from disrupted families tend to get involved in substance abuse	1	0.6%	5	3%	28	17%	101	79%	33	20%
The main cause of high alcohol consumption in rural households is through peer pressure	0	0	0	0	16	10%	96	57%	56	33%
Alcohol consumption enables people cope with stress	10	6%	16	10%	102	61%	23	14%	17	10%
Alcohol consumption makes people work and think smart	8	5%	71	42%	9	5%	41	24%	39	23%
Alcohol consumption helps people get business deals	14	8%	92	55%	34	20%	11	7%	17	10%

The respondents stated that alcohol consumption is also caused by the claims that it causes good feeling. People who abuse alcohol often claim that it gives them a feeling of relaxation. Some say that getting drunk make them forget their problems and anxiety leaving them happy. Psychiatric disorders such as anxiety or depression increase the risk for self-medication with alcohol. Another reason for alcohol abuse is violence, depression, and stressful life events. Individuals who were abused as children have a higher risk for substance abuse later in life.

The study established that some people are more likely to use alcohol when predisposed to factors such as living in a family whose members abuse alcohol, living a facility with

continuous conflicts, having fiends whose abuse alcohol, high poverty levels, lack of employment, and living near sources of alcohol such as bars, pubs, wines and spirit shops and brewing dens.

Availability of alcohol leads to increased consumption. For example, presence of alcohol in unlocked cabinet at home encourages alcohol use in teens. Their friends may also have alcohol or teens may have older friends that can buy it for them. Teens are often curious about many things that they haven't yet tried and alcohol is often one of them. The teen may wonder why other people are drinking and this can encourage them to try it for themselves. Unfortunately, if they like it, it becomes a big problem.

55% (92) of the respondents however disagreed with the statements that alcohol makes people work and think smart and that it helps people get business deals (x=2.012) explaining that when one has consumed alcohol excessively it's difficult for people to think smart let alone close business deals. These findings are

Respondents also agreed that easy availability of alcohol also leads to increased consumption. One of the respondents was quoted as saying,

“You can get alcohol easily in Embu County depending on what you have. If you have money, you get but if you don't have cash, there are places where you can take maize or things like jembes, cups or wheelbarrows in exchange for liquor”.

These findings are in tandem with a previous study by Karugu (2012) which found out that in some areas, men steal cereals from family granaries, which they take to bars in exchange for cheap, illicit alcohol; besides, drunken men staggering home confront children walking to school in the morning.

4.6 Impact of Alcoholism on the Family Unit

The study found out that the main impacts of excessive alcohol consumption on the family unit are domestic violence (100%), marital problems (95%), selling of family property without due consultation with family members (76%) and death of addicts (58%).

Table 4.3: Impact of alcoholism on the family

Impact of alcoholism on the family unit	Frequency	Percent
Domestic violence	168	100
Marital problems	160	95
Selling of family property without due consultation with family members	128	76
Death	97	58
Committing suicide	24	14

4.6.1 Domestic Violence

All the respondents agreed that domestic violence was one of the major effects of alcoholism on the family unit as shown in table 4.4 above. The main types of domestic violence reported were wife battering, hostility and physical violence towards parents by drinking children and mistreatment of children by parents.

54% (91) of the respondents also agreed that a parent's alcohol misuse can dominate family relationships, affecting children both physically and emotionally while 65% (110) further agreed that family members suffer a range of problems as a result of being in an environment where a parent has an alcohol problem – physical, psychological and social.

One of the key informants-the area chief explained that he handles at least four cases of domestic violence from the ward every month, and he was quoted as saying,

“We have a big alcohol problem in this location. Men consume alcohol and fail to go home. When questioned by their wives, they beat them up and these cases end up in my office. However, the trend is changing and we have more and more young men in their early thirties who consume alcohol and then go home to verbally abuse their fathers and some physically attacking their mothers”.

These findings are in line with a previous study by Harwin and Forrester's (2002) whose study of social work with families in which parents misuse drugs or alcohol found that “alcohol misuse was strongly associated with violence in the home” (p5).

4.6.2 Marital Problems

Out of all the respondents contacted, 95% agreed that marital problems were also an effect of alcoholism on the family unit. Marital problems mentioned by respondents comprised of family quarrels caused by drinking parents who use all of the family's money on alcohol, abandonment of conjugal obligations for the married, child neglect, violence and domestic quarrels.

60% (100) of the respondents further agreed that key aspects of family life such as roles, rituals, routines, social life, finances, communication and conflict resolution are adversely affected by alcoholism.

Some of the key informants pointed out that some of the household heads-especially men spent all of their income on alcohol thus neglecting the family needs like provision of food and school fees. This led to constant quarrels with the wife and sometimes divorce which negatively affects children.

A respondent found in a drinking den consuming alcohol at 7am in the morning was quoted as saying,

“My wife left me because I drink and now people laugh at me. She took my children away, so I sometimes sleep here drinking because I have no one to go home to”.

The respondents stated that they consume alcohol because it blocks out emotional pain and is often perceived as a loyal friend when human relationships fail. They associate alcohol consumption with freedom. However, when alcohol abusers try to quit drinking, they suffer from a strong urge to resume consumption. They develop depression, anxiety and stress. These negative moods continue to tempt alcoholics to return to drinking long after physical withdrawal symptoms have abated.

These findings are in tandem with Velleman (1993) who suggested that there were seven key aspects of family life that could be adversely affected by excessive alcohol consumption – roles, rituals, routines, social life, finances, communication and conflict.

4.6.3 Selling of Family Property without Due Consultation with Family Members

76% of the respondents interviewed cited selling of family property without due consultation with family members as one of the impacts of alcoholism on the family unit. One of the key informants-the area chief reported that he had received many cases of young men who sell their parents farm produce, water tanks and household furniture just to get money to go buy liquor.

A parent to a son who drinks excessively also was quoted as saying:

“My son has become very irresponsible because of alcohol. He waits for when I’m not at home and then he sells household things. In the past 3months he has sold water tanks, sofa sets, iron sheets, maize and even a bicycle. Even after being held in police custody he comes and continues with the habit. Yesterday he sold three jembes”.

These findings are in tandem with a previous study by Karugu (2012) which found out that in some areas, men steal cereals from family granaries, which they take to bars in exchange for cheap, illicit alcohol; besides, drunken men staggering home confront children walking to school in the morning.

4.6.4 Death

58% of the respondents agreed that excessive alcohol consumption can result to loss of family members through death. A key informant-NACADA explained that death from excessive alcohol consumption can result from consumption of illicit liquor that is laced with methanol or hard drugs, acute domestic violence where the alcoholic attacks family members to death, involvement in fatal accidents that occur when operating machines or motor vehicles when drunk, death from alcohol-related cancers and permanent liver disease or even failure to recover from alcoholism. For instance, from 6th to 11th May, NACADA reported that 493 people died, and 782 people were hospitalized and treated as a result of consuming lethal brew in Embu, Kiambu, Makueni, Kitui, Nakuru, Murang'a, Nyeri, Nyandarua, Kirinyaga, Machakos, Trans Nzoia, Uasin Gishu, and Kajiado Counties as shown in the table overleaf:

Table 4.4: Summary of deaths reported as a result of alcohol abuse

County	6th May	7th May	8th May	9th May	10th May	11th May
Embu	19	35	37	37	39	39
Makueni	16	17	17	17	17	17
Kiambu	11	11	11	11	11	11
Kitui	0	9	9	10	10	10
Murang'a	2	5	5	8	8	8
Nyandarua	0	0	0	3	3	6
Nakuru	0	0	0	0	5	5
Trans Nzoia	0	0	0	0	0	3
Kajiado	0	0	0	0	3	3
Machakos	0	0	0	2	0	0
Total Deaths	48	77	79	88	96	105

Source: NACADA (2014)

These findings are in line with previous studies that found out that; Excessive alcohol consumption has the potential to affect the physical and mental health of individuals in many ways, chronic and heavy alcohol use can increase the risk of death (Kehoe, et al. 2010), either directly, for example through acute alcohol poisoning or because alcohol causes a fatal disease such as cancer (Bouvard, et al. 2007), or indirectly, such as alcohol being a factor in violent death or suicide.

4.6.5 Committing Suicide

14% of the respondents also listed suicide as an impact of excessive alcohol consumption. One of the key informants-a medical practitioner explained that she knew of cases where alcohol addicts who had relapsed severally eventually gave up on life and killed themselves. These findings are in line with a previous study which concluded that because it removes

inhibitions and increases aggression and recklessness, alcohol is often found in the blood of people, who self harm, or attempt or complete suicide (Sher, 2006).

Further, respondents were further asked to indicate the extent to which they agree with the following statements relating to the impact of alcoholism on the family unit. Table 4.4 overleaf shows the findings of the study.

**Table 4.5: Rating of Respondents views on the impact of alcoholism on the family unit
SD-Strongly Disagree, D-Disagree, N-Neutral, A-Agree, and SA-Strongly Agree where
the total number of respondents was 168.**

Frequency/Percentage	F	%	F	%	F	%	F	%	F	%
Statement	SD		D		N		A		SA	
Key aspects of family life such as roles, rituals, routines, social life, finances, communication and conflict are adversely affected by alcoholism	1	0.6%	10	6%	13	8%	100	60%	44	26%
Family members are spending millions of shillings to rehabilitate their sons and daughters who are addicted to drugs and alcohol	16	10%	98	58%	23	14%	15	9%	16	10%
A parent's alcohol misuse can dominate family relationships, affecting children both physically and emotionally.	5	3%	2	1%	21	13%	91	54%	49	29%
Drinking during pregnancy can cause premature birth, low birth weight, damage to the central nervous system and physical abnormalities.	0	0%	0	0%	19	11%	108	64%	41	24%
Family members suffer a range of problems as a result of being in an environment where a parent has an alcohol problem – physical, psychological and social.	1	0.6%	6	4%	2	1%	110	65%	49	29%
Family members can be deprived of their childhood as they are too ashamed to bring friends home, or are not able to go out with friends because they have to care for a drinking parent.	1	0.6%	12	7%	19	11%	117	70%	19	11%
Problematic alcohol use by a parent can lead to parenting that is passive, cruel or neglectful; where children are not supervised, nurtured or supported.	4	2%	7	4%	11	7%	118	70%	28	17%
Children of problematic drinking parents have higher	5		7		20		98		38	

levels of a range of problems than children of non-problem drinkers, even when compared with children of parents with other problems.		3%		4%		12%		58%		23%
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64% (108) of the respondents agreed that dinking during pregnancy can cause premature birth, low birth weight, damage to the central nervous system and physical abnormalities. This is supported by a previous study that concluded that, overall alcohol is a cause of more than 60 different health conditions and, for almost all conditions, heavier alcohol use means higher risk of disease or injury (Room, 2005).

70% (117) of those interviewed also agreed that family members can be deprived of their childhood as they are too ashamed to bring friends home, or are not able to go out with friends because they have to care for a drunk parent. 58% (98) of the respondents also agreed that children of problematic drinking parents have higher levels of a range of problems than children of non-problem drinkers, even when compared with children of parents with other problems. Further, 70% (117) of the respondents agreed that children of drinking parents can have problems that include poor development of trust, fear of neglect and abandonment, fear that the parent will die or otherwise have problems in making and sustaining friendships, verbal or physical aggression and witnessing or being a victim of conflict or violence. These findings are in tandem with a previous study that concluded that the link between alcohol misuse and child abuse is clear. Statistics suggest that alcohol plays a part in around a quarter of known cases of child abuse (Robinson and Hassell, 2000). Other studies that support these findings include Needle et al. (1990) who have shown that youths from disrupted families tend to get involved in substance abuse, Coombs (1990) who observed that abstainer parents have firmer standards regarding curfew, television, school work, use of alcohol and drugs and Coombs et al. (1991) who reveal that the drug free children not only feel closer to their parents but consider it important to get along with them.

However, 58% (98) of the respondents disagreed with the statement that families are spending millions of shillings to rehabilitate their sons and daughters who are addicted to drugs and alcohol. This was possibly because rehabilitation centres are not yet a popular option in the study area as it is a rural setting. One of the key informants pointed out that most people who consume alcohol excessively or have alcohol problems in the area are side-lined by society, and instead of being assisted, they are mostly viewed as irresponsible. The society has thus abandoned its role of disciplining members unless the victim is maybe imprisoned for

consuming alcohol out of the stipulated hours. The study findings are in agreement with a previous study by Nasibi (2003) which came to a conclusion that breakdown in social structure of society, which includes the family and its role of inculcating morals to young ones, has contributed to drug abuse.

4.7 Alcoholism and the Health of the Consumers

The study also sought to establish the relationship between alcoholism and the health of the consumers. The study found out that the main impacts of excessive alcohol consumption on the health of the consumer are disability as a result of alcohol-related injuries/accidents (100%), poor health associated with malnutrition and lack of good hygiene (70%), health conditions like liver disease, and cancer (50%) and loss of eyesight and/or death (40%) as shown in table 4.6 overleaf.

Table 4.6: Impact of alcoholism on the health of the consumer

Impact of alcoholism on the health of the consumer	Frequency	Percent
Disability as a result of alcohol-related injuries/accidents	168	100
Poor health associated with malnutrition and lack of good hygiene	118	70
Health conditions like liver disease, cancer	84	50
Loss of eyesight and/or Death	67	40

4.7.1 Disability as a Result of Alcohol-Related Injuries/Accidents

All the respondents agreed that alcoholism can result to disability as a result of alcohol-related injuries and accidents. The area chief explained that these were mainly experienced in the town centres when people drink heavily and drive.

4.7.2 Poor Health Associated with Malnutrition and Lack of Good Hygiene

70% of the respondents agreed that alcoholism was capable of contributing to poor health in the consumer. A respondent who from observation looked emaciated explained that:

“I wake up in the morning feeling tired, and my lips and eyes are usually swollen. If I take tea or food, I vomit. So I go and drink one or two and that’s when I feel better because then even my hands stop shaking. I mostly don’t like water so I take soup, ugali and more alcohol and I feel strong. ”

4.7.3 Health Conditions like Liver Disease, Cancer

Half (50%) of the respondents interviewed agreed that indeed alcoholism had the ability to cause health conditions like liver disease and cancer in consumers. A key informant from

Embu's Level 5 hospital explained that indeed the institution had treated cases of alcohol-caused liver disease in the past. These findings are in tandem with a previous study that concluded that, when drunk regularly over time and/or drunk in a pattern of heavy single drinking sessions, alcohol can cause a variety of health conditions (Bouvard, et al.2007).

4.7.4 Loss of Eyesight and/or Death

40% of the respondents agreed that alcoholism has cost some families eyesight and even death.

The table overleaf from the NACADA website shows numbers of people who were hospitalized and some who died as a result of consumption of lethal liquor:

Summary of deaths reported:

Table 4.7: Loss of Eyesight and/or Death

County	6th May	7th May	8th May	9th May	10th May	11th May
Embu	19	35	37	37	39	39
Makueni	16	17	17	17	17	17
Kiambu	11	11	11	11	11	11
Kitui	0	9	9	10	10	10
Murang'a	2	5	5	8	8	8
Nyandarua	0	0	0	3	3	6
Nakuru	0	0	0	0	5	5
Trans Nzoia	0	0	0	0	0	3
Kajiado	0	0	0	0	3	3
Machakos	0	0	0	2	0	0
Total Deaths	48	77	79	88	96	105

Source: NACADA (2014)

Table 4.8: Summary of Treatment/Hospitalization

County	6th May	7th May	8th May	9th May	10th May	11th May
Makueni	49	64	64	64	59	59
Embu	5	76	96	96	23	23
Nyandarua	-	-	-	-	-	15
Kitui	-	8	8	8	8	8
Naivasha	-	-	-	-	8	8
Trans Nzoia	-	-	-	-	-	8

Machakos			-	5	5	5
Uasin Gishu	-	-	-	-	-	4
Kajiado	-	-	-	-	-	3
Total	54	148	168	173	103	133

Source: NACADA (2014)

The respondents were asked to indicate the extent to which they agree with the following statements related to the impact of alcoholism on the Health of the Consumers. The response was rated on a five point scale on which 1=strongly disagree, 2=disagree, 3=Neutral, 4=Agree and 5 strongly agree. Mean and standard deviation were calculated and the findings shown in table 4.6 overleaf.

Table 4.9: Rating of Respondents' views on Alcoholism and the Health of the Consumers

SD-Strongly Disagree, D-Disagree, N-Neutral, A-Agree, and SA-Strongly Agree where the total number of respondents was 168.

Frequency/Percentage	F	%	F	%	F	%	F	%	F	%
Statement	SD		D		N		A		SA	
When drunk regularly over time and/or drunk in a pattern of heavy single drinking sessions, alcohol can cause a variety of health conditions including cancers and other conditions such as alcoholic liver disease, which can range from reversible to permanent liver damage due to alcohol.	0	0%	0	0%	2	1%	107	64%	59	35%
Alcohol affects all parts of the body including: blood and immune system; bones and muscles; brain and nervous system.	4	2%	1	0.6%	10	6%	108	64%	45	27%
Alcohol contributes to a high burden of disease in society in terms of years that people spend with disability or in poor health because of alcohol-related illnesses or injuries	0	0%	0	0%	26	15%	94	56%	48	29%
Drinking a small amount of alcohol may be beneficial in preventing heart disease in older adults, but drinking a lot of alcohol can also damage the heart.	1	0.6%	3	2%	22	13%	108	64%	34	20%
Being drunk increases the chances of having unsafe sex (without a condom), having sex that is later regretted or experiencing sexual assault as alcohol impairs judgment and lowers inhibitions	0	0%	1	0.6%	6	4%	110	65%	51	30%
Consuming alcohol while pregnant may increase the risk of miscarriage, low birth weight, stillbirth and premature birth	0	0%	10	6%	23	14%	117	70%	18	11%
Many people use low doses of alcohol for relaxation and to relieve tension, nervousness and stress	4	2%	8	5%	13	8%	116	69%	27	16%

Key informants reported that most drinkers suffered poor health because of their poor feeding habits since they mostly spent all their money and time drinking alcohol and thus good nutrition was not a priority for them. Infact, most of the drinking respondents interviewed looked weak and emaciated.

From the study findings in table 4.6, 64% (107)majority of the respondents agreed that when drunk regularly over time and/or drunk in a pattern of heavy single drinking sessions, alcohol can cause a variety of health conditions including cancers and other conditions such as alcoholic liver disease, which can range from reversible to permanent liver damage due to alcohol and that alcohol affects all parts of the body including: blood and immune system; bones and muscles; brain and nervous system; breasts (in women); eyes; heart and blood pressure; intestines; kidneys and fluid balance; liver; lungs; mental health; mouth and throat; pancreas and digestion of sugar; sexual and reproductive system – men; sexual and reproductive system– women; skin and fat; stomach and food pipe.

One of the key informants i.e. a doctor from Gertrude Dispensary of Itabua Sub location explained that the dispensary indeed receives cases of patients who have consumed alcohol especially illicit liquor excessively. He explained that they mostly report vomiting, diarrhoea, stomach problems and others pneumonia due to staying out late in the cold drinking. The doctor also reported that some of them suffer liver disease and high blood pressure. He gave an example of a lecturer in one of the local technical institutes and was quoted saying;

“He was a brilliant educated man teaching Mathematics. He however was always drunk and inspite of us warning him to stop drinking because he was on both liver cirrhosis and high blood pressure medication, he did no listen. We took him in ill two weeks ago very ill and referred him our Embu Level5 hospital but he passed on”.

These findings are in tandem with a previous study that concluded that, when drunk regularly over time and/or drunk in a pattern of heavy single drinking sessions, alcohol can cause a variety of health conditions (Bouvard, et al.2007).

94 (56%) of the respondents also agreed that alcohol contributes to a high burden of disease in society in terms of years that people spend with disability or in poor health because of alcohol-related illnesses or injuries.

Further, 108 (64%) of the respondents agreed that drinking a small amount of alcohol may be beneficial in preventing heart disease in older adults, but drinking a lot of alcohol can also damage the heart, 110 (65%) agreed that being drunk increases the chances of having unsafe

sex (without a condom), having sex that is later regretted or experiencing sexual assault as alcohol impairs judgment and lowers inhibitions, and 117 (70%) agreed that consuming alcohol while pregnant may increase the risk of miscarriage, low birth weight, stillbirth and premature birth.

One of the key informants (a former excessive alcohol consumer who lost his eyesight during the recent illicit liquor crisis in Embu) expressed regret saying;

“Just the other day I was in good health and my two eyes functioning properly. Now I have become blind, a condition that has brought sadness to my family. I cannot work anymore, and although I am whole physically I feel sick inside. Alcohol made me loose my eyesight 32years after I was born”.

Other key informants including area sub chiefs and religious leaders explained that most of the excessive consumers are always in and out of police custody, and thus have become a burden to their families because every time they are arrested-their families have to pay cash bail. These findings support a past study that concluded that, alcohol contributes to a high burden of disease in society in terms of years that people spend with disability or in poor health because of alcohol-related illnesses or injuries (Rehm, 2005).

4.8 Community’s Reaction towards the Problem of Alcoholism in Society

The study examined the community’s reaction towards the problem of alcoholism in society. The study established the following:

Community members expressed their concern over the many in the location consuming alcohol excessively. However, they mostly assumed an observer’s seat saying that it was the duty of the police to ensure those drinking excessively are arrested so that they can be an example to others. Those interviewed pointed a finger at the law enforcers for allowing people to consume alcohol out of the stipulated hours, and allowing well-known ‘untouchables’ to continue selling methanol-laced liquor just because they are given bribes.

The police in the area represented by the OCPD reported to be doing their level best to ensure this vice is curbed by ensuring bar owners open at the stipulated hours only, and also by ensuring only those over 18years were allowed to drink.

Religious leaders and school heads in the area also reported to be participating in the fight against this vice by preaching against it in schools and churches. The Catholic Bishop in the area for instance explained that plans by the church are underway to put up a rehabilitation

centre that will assist those who have already been addicted even as prevention of new cases goes on.

NACADA also reported to have Alcoholics Anonymous sessions particular days of every month in Embu and other towns to assist those already in the vice to redeem themselves.

The area chief and his four sub chiefs also reported that they were working closely with the community members to identify illicit liquor brewing dens, bars that open at prohibited hours, and to ensure that those who disturb peace and order after drinking are disciplined.

The respondents were asked to indicate the extent to which they agree with the following statements on the community's reaction towards the problem of alcoholism in society (Table 4.10).

Table 4.10: Rating of Respondents' views on other communities' reactions towards the problem of alcoholism in society

SD-Strongly Disagree, D-Disagree, N-Neutral, A-Agree, and SA-Strongly Agree where the total number of respondents was 168.

Frequency/Percentage	F	%	F	%	F	%	F	%	F	%
Statement	SD		D		N		A		SA	
Excessive alcohol consumption can be restricted through limiting the number or density of outlets or through limiting the types of wards where alcohol may be sold	0	0%	9	5%	1	0.6%	91	54%	67	40%
Children and adolescents, who are exposed to alcohol advertisements have more favorable attitudes toward drinking and intend to drink more when they are adults.	6	4%	17	10%	11	7%	100	60%	34	20%
Providing alcohol education in schools can change attitudes towards alcohol hence behavior; providing more support and advice for employers; and reviewing the code of practice for TV advertising to ensure that it does not target young drinkers or glamorize irresponsible behavior.	10	6%	23	14%	30	18%	73	43%	32	19%
At national level, a social responsibility charter for drinks producers can	3		5		34		95		31	

strongly encourage drinks companies to pledge not to manufacture products irresponsibly.		2%		3%		20%		57%		18%
Chiefs and police at local levels should desist receiving bribes at the expense of people's lives.	1	0.6%	4	2%	7	4%	99	59%	59	35%

91 (54%) of the respondents agreed that excessive alcohol consumption can be curbed by limiting alcohol outlets i.e. limiting the number or density of outlets or through limiting the types of wards where alcohol may be sold, 100 (60%) of the respondents agreed that children and adolescents, who are exposed to alcohol advertisements have more favorable attitudes toward drinking and intend to drink more when they are adults, 73 (43%) of the respondents agreed that providing alcohol education in schools, more support and advice for employers and reviewing the code of practice for TV advertising can change attitudes and behaviour and ensure that it does not target young drinkers or glamorize irresponsible behavior. 99 (59%) of the respondents also agreed that chiefs and police at local levels should desist receiving bribes at the expense of people's lives and NACADA should be empowered to deal with illicit brewers and 95 (57%) of the respondents agreed that at national level, a social responsibility charter for drinks producers, can strongly encourage drinks companies to: pledge not to manufacture products irresponsibly.

The study established that the community plays a major role in the prevalence of alcohol abuse in Mbeti North ward. The community is not concerned with the problems associated with alcohol and substance abuse. Community members are individualistic thus people with alcohol problems are left to deal with their issue alone. Community members known to engage in manufacture and sale of illicit brews (particularly those laced with methanol) are left to continue with their illicit alcohol trade. Parents predispose their children by taking alcohol in their presence and not following up whether their children are involved in alcohol consumption.

The study established that of policies related to alcohol abuse in Kenya and especially in Embu County have not been effectiveness. The regulatory measures have not been helped curb alcohol consumption in the region. Other main barriers to providing services, conducting activities or carrying out policy towards alcohol abuse in this community include: lack of enough funds, resistance from alcohol addicts, increase in alcohol trade, less involvement in eradication of alcohol and substance abuse by the government and development agencies.

The respondents recommended that alcohol addict should be assisted to seek medication. The extreme addicts can withdraw from alcohol under medical supervision. The doctor can give medicine that help to safely withdraw from alcohol. With a doctor's help, withdrawal from alcohol

The study established the following actions that can help excessive alcohol consumers/alcohol abusers to stop consumption: the consumers can get rid of temptations by removing all alcohol, barware, and other drinking reminders from home and office. The consumer should have goal and let friends, family members, and co-workers know that he or she is trying to stop drinking. If friends, family members and co-workers drink, the addict can ask them to support his or her recovery by not doing so in his or her presence. The consumer should be upfront about his/her new limits by make it clear that drinking will not be allowed in their home and that they may not be able to attend events where alcohol is being served. Consumers should also avoid bad influences by distancing themselves from people who do not support their efforts to stop drinking or respect the limits set. This may mean giving up certain friends and social connections.

The respondents stated that the harms associated with alcohol abuse in the community can be managed through community driven initiatives such as sports, community clean up exercises and community-led awareness creation.

4.9 Data Presentation and Analysis of the Secondary Respondents

The study examined the perspective of alcohol abusers on alcoholism in rural households in Mbeti-North Ward. The set of twenty alcohol abusers was identified through referral by the household heads. Specifically the study examined the following:

4.9.1 Frequency of Alcohol Consumption among Respondents Perceived to Drink Excessively

53% i.e. 11 of the 20 alcohol abusers contacted reported that they consume alcohol daily. They explained that it gives them 'raha', meaning happiness hence they can't go a day without it.

2% of the respondents explained that they consume alcohol at least twice a week, while the remainder 45% reported that they consume alcohol occasionally but in heavy doses.

4.9.2 Factors that Motivate Alcohol Consumption

52% (11) of the 20 respondents interviewed reported that they were unemployed (idleness) and preferred to drink daily to reduce their worries. One of the respondents was quoted as saying:

“I drink daily and heavily because I need to forget my problems. I have no ‘kibarua’ (job), and my father does not have land to give me”.

26% (6) of the respondents said that they drink due to peer pressure, and that they can keep off alcohol as long as they don’t meet their friends.

The rest of the respondents 22% (3) explained that they drink due to poverty, availability of the drink when it’s bought by friends and to enjoy.

4.9.3 Effects of Alcohol Consumption on the Health of the Consumer

The respondents cited a number of health problems associated with alcohol consumption in Mbeti-North ward.

All of the respondents 100% (20) reported that after an episode of heavy drinking they suffer hangovers characterized by severe headaches, vomiting and blood-shot eyes.

30% (6) of the respondents explained that alcohol consumption is a major factor in violence. The six reported that while drunk, they had been involved in physical violence that caused them bodily harm-injuries. One of the respondents who did not have an eye was quoted as saying:

“I lost my eye when we fought with a friend in a bar 3months ago. I blame it on being drunk because when I’m not drunk I cannot fight. Even the person who harmed me is sorry that due to drunkenness he made me blind”.

4.9.4 Effects of Alcohol on the Family

The study established that alcohol consumption has had the following effects on the families of those contacted:

72% (15) of the respondents reported that their habit had led to lack of peace in the home.

They explained that whenever they came home drunk, their wives and/or parents would either refuse to talk to them or complain about their state.

One of the two respondents explained that he had been left by his wife due to excessive alcohol consumption. He said that:

“She left me because she said I was always at the ‘base’ taking alcohol and chewing Miraa, and that she could not wash clothes for a man who sits on soil all day drinking”.

20% (4) of the respondents however reported that their families had accepted their drinking habit, and they did not see how it affected their families whether immediate or extended.

4.9.5 Society’s Reaction towards Perceived Excessive Alcohol Consumers

All the respondents interviewed reported that they receive complains from their close family members about their drinking habits.

One respondent however explained that his father had had him locked in police cells severally for drinking excessively and abusing him. The same respondent reported that he had received the area chief’s sermon once where he was warned against drinking heavily and disrupting peace in his father’s house.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the study findings, conclusion and recommendations. The objective of this study was to establish the impact of alcoholism on the welfare of rural households. Specifically, the study sought to establish factors that lead to high alcohol consumption in rural households; the impact of alcoholism on the family unit; the effect of alcoholism on the health of the consumers and; the community's reaction towards the problem of alcoholism in society.

5.2 Summary of Key Findings from the Primary Respondents (Household Heads)

5.2.1 Prevalence of Alcohol Abuse in the Study Area

The study established that 104 (62%) of the respondents interviewed reported that they knew someone who abuses alcohol in the area while 64 (38%) reported the contrary. Alcohol abuse in this case means alcohol consumption that leads to irresponsibility in socio-economic, occupational or other spheres of life. These continue to consume alcohol excessively inspite of the behaviour causing them serious health, family, and even legal problems.

5.2.2 Factors that Lead to High Alcohol Consumption in Rural Households

The main factors that make people use alcohol excessively in Embu County are corruption, peer pressure, idleness, unemployment, poverty, marital problems, media influence and work related stress. Alcohol consumption in rural households is moderately influenced by the need to cope with stress and relate with opposite sex.

Corruption on the side of law enforcers, bar owners and liquor dens was cited as the topmost factor contributing to excessive alcohol consumption in the area.

5.2.3 Impact of Alcoholism on the Family Unit

The study established that the main impacts of excessive alcohol consumption on the family unit are domestic violence (100%), marital problems (95%), selling of family property without due consultation with family members (76%) and death (58%).

5.2.4 Alcoholism and the Health of the Consumers

The study found out that the main impacts of excessive alcohol consumption on the health of the consumer are disability as a result of alcohol-related injuries/accidents (100%), poor health associated with malnutrition and lack of good hygiene (70%), health conditions like liver disease, and cancer (50%) and loss of eyesight and/or death (40%).

5.2.5 Community's Reaction towards the Problem of Alcoholism in Society

The Mbeti-North community was acting to curb the vice by:

- Ensuring bar owners open at the stipulated hours only, and allowing only those over 18years to drink.
- Preaching against alcohol abuse (excessive alcohol consumption included) in schools and churches.
- Putting up a rehabilitation centre that will assist those who have already been addicted even as prevention of new cases goes on.
- Having Alcoholics Anonymous sessions on particular days of every month in Embu and other towns to assist those already in the vice to redeem themselves.

Those interviewed pointed a finger at the law enforcers for allowing people to consume alcohol out of the stipulated hours, and allowing well-known 'untouchables' to continue selling methanol-laced liquor just because they are given bribes.

The study findings also revealed that:

- Children and adolescents who are exposed to alcohol advertisements have more favorable attitudes towards drinking and intend to drink more when they are adults.
- Providing alcohol education in schools can change attitudes towards alcohol consumption and behavior
- Alcohol outlets can be restricted through limiting the number or density of outlets or through limiting the types of wards where alcohol may be sold.
- Law enforcers at local levels should desist from receiving bribes at the expense of people's lives.
- NACADA should be empowered to deal with illicit brewers and at national level, a social responsibility charter for drinks producers, can strongly encourage drinks companies to pledge not to manufacture products irresponsibly.

5.3 Summary of Key Findings from the Secondary Respondents (Alcohol Abusers)

The study established that majority of the perceived excessive alcohol consumers consume alcohol daily.

The consume alcohol excessively due to unemployment, idleness, pressure from friends, availability of the drink and for enjoyment purposes.

The study also established that excessive alcohol consumption has led to health conditions like hangovers and physical injuries that cause permanent disabilities as well as family

problems including conflict with parents, and marriage break ups. From the alcohol abusers' viewpoint, society has been reacting negatively towards the habit of excessive alcohol consumption: but only at the familial and administrative levels i.e. only close family members and officers like the area chief who question the vice.

5.4 Conclusion

These findings point to the fact that alcohol abuse and particularly excessive alcohol consumption has adverse effects on the welfare of rural households in Mbeti North ward of Embu County. This is evidenced by rampant excessive alcohol consumption despite the community's efforts at curbing the vice, regardless of the Alcoholic Drinks and Control Act 2010, and the adverse effects involved. A most worrying trend is the ability the vice has to make families dysfunctional, cause health conditions and even death. This vice has been perpetuated by corrupt law enforcers, peer influence, unemployment, and poverty among other factors. All in this community agree that alcohol abuse has negative effects on the welfare of individuals, families and their health. With the Mbeti North Ward community already aware of these facts, and having already started reacting to the problem, it will be easier to achieve positive results if government policies and laws are effectively implemented i.e., with consistency, and without fear or favour by the enforcers of the Alcoholic Drinks Control Act.

5.5 Recommendations

5.5.1 Recommendations for Policy Consideration

The study recommends the following:

- Enhancement of discipline for the law enforcers to ensure they effect the Alcoholic Drinks and Control Act 2010 effectively without being corrupted or favoring/fearing anybody.
- The Embu County government to come up with programmes that engage youth to reduce cases of idleness, unemployment and poverty which highly contribute to excessive alcohol consumption.
- The government at both the County and National level to come up with Anti-alcoholic initiatives which should be incorporated in school curriculums at all levels- primary, secondary and college levels.
- The government should empower NACADA to deal with illicit brewers directly.
- A social responsibility charter for alcoholic drinks producers should be formed in order to encourage drinks companies not to manufacture products irresponsibly.

5.5.2 Recommendations for Further Studies

The study recommends further studies on effectiveness of government regulations on alcohol consumption. The study will reveal the strengths and weaknesses of government policies on

alcohol consumption and recommend measures that can enhance regulation of alcohol production, sale and consumption.

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ANNEXURE

ANNEX I: QUESTIONNAIRE FOR COMMUNITY MEMBERS

Instructions: (Please read the instructions given and answer the questions as appropriately as possible). It is advisable that you read carefully and correctly fill in each section as provided.

Section A: Demographic Information

1. What is your gender? Male [] Female []
2. Which is your age bracket?
[] 20-35 years [] 36-45 years [] above 45 years
3. What is your education level?
[] Certificate [] Diploma [] Bachelor [] Other
4. What is your religion?
[] Christian [] Muslim
5. What is your employment status?
[] Employed [] Self-employed [] Unemployed [] Other
6. How do you earn your livelihood?
[] Sale of farm produce [] Casual labour [] Family support [] Other
7. Describe your family
Single parent [] Nuclear family [] Extended family [] Other
8. What is your family size?
[] 1-5 members [] 6-10 members [] Above 10 members
9. Do you know someone who consumes alcohol and behaves irresponsibly in your neighbourhood?
Yes [] No []
10. If yes, would you be willing to take me to his/her house?

Section B: factors that lead to high alcohol consumption in rural households

11. Thinking about alcohol consumption in this area, what are the main factors that make drink excessively?
Idleness [] Peer Pressure [] Work Related Stress []
Poverty [] Unemployment [] Marital problems []
Media influence [] Others (Specify) _____
12. The following statements relate factors that lead to the high alcohol consumption in rural households. To what extent do you agree with each of the statement? Use a scale where 1- Strongly Disagree, 2- Disagree, 3- Neutral, 4- Agree and 5- Strongly Agree.

	1	2	3	4	5
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Most families that are characterized by issues of immorality, spiritual emptiness, lack of direction and purpose in life among other problems lead to high alcohol consumption					
Youths from disrupted families tend to get involved in substance abuse					
The main cause of high alcohol consumption in rural households is through peer groups					
Alcohol assists people cope with stress					
Alcohol enables people work and think smart					
Alcohol helps people get business deals					
Alcohol helps people relate better with opposite sex					

Section C: Impact of alcoholism on the family unit;

Thinking about alcohol consumption in this area, what impact does it have on the family unit?

Death Committing suicide

Domestic violence and other crimes Marital problems

Selling of family property without due consultation with family members

13. The following statements relate impact of alcoholism on the family unit;. To what extent do you agree with each of the statement? Use a scale where 1- Strongly Disagree, 2- Disagree, 3- Neutral, 4- Agree and 5- Strongly Agree.

	1	2	3	4	5
Key aspects of family life such as roles, rituals, routines, social life, finances, communication and conflict are adversely affected by alcoholism					
Families are spending millions of shillings to rehabilitate their sons and daughters who are addicted to drugs and alcohol					
A parent's alcohol misuse can dominate family relationships, affecting children both physically and emotionally.					
Drinking during pregnancy can cause premature birth, low birth weight, damage to the central nervous system and physical abnormalities.					
Family members suffer a range of problems as a result of being in an environment where a parent has an alcohol problem – physical, psychological and social					

Family members can be deprived of their childhood as they are too ashamed to bring friends home, or are not able to go out with friends because they have to care for a drinking/drunken parent.					
Problematic alcohol use by a parent lead to parenting that is passive, cruel or neglectful; where children are not supervised, nurtured or supported.					
Children of problematic drinking parents have higher levels of a range of problems than children of non-problem drinkers, even when compared with children of parents with other problems.					
Children of drinking parents can have problems that include poor development of trust, fear of neglect and abandonment, fear that the parent will die or otherwise have problems in making and sustaining friendships, verbal or physical aggression and witnessing or being a victim of conflict or violence.					

Section D: Alcoholism and the Health of the Consumers

14. The following statements relate impact of alcoholism on the Health of the Consumers. To what extent do you agree with each of the statement? Use a scale where 1- Strongly Disagree, 2- Disagree, 3- Neutral, 4- Agree and 5- Strongly Agree.

	1	2	3	4	5
When drunk regularly over time and/or drunk in a pattern of heavy single drinking sessions, alcohol can cause a variety of health conditions including cancers and other conditions such as alcoholic liver disease, which can range from reversible to permanent liver damage due to alcohol.					
Alcohol affects all parts of the body including: blood and immune system; bones and muscles; brain and nervous system; breasts (in women); eyes; heart and blood pressure; intestines; kidneys and fluid balance; liver; lungs; mental health; mouth and throat; pancreas and digestion of sugar; sexual and reproductive system – men; sexual and					

reproductive system– women; skin and fat; stomach and food pipe					
Alcohol contributes to a high burden of disease in society in terms of years that people spend with disability or in poor health because of alcohol-related illnesses or injuries					
Drinking a small amount of alcohol may be beneficial in preventing heart disease in older adults, but drinking a lot of alcohol can also damage the heart.					
Being drunk increases the chances of having unsafe sex (without a condom), having sex that is later regretted or experiencing sexual assault as alcohol impairs judgment and lowers inhibitions					
Consuming alcohol while pregnant may increase the risk of miscarriage, low birth weight, stillbirth and premature birth					
Many people use low doses of alcohol for relaxation and to relieve tension, nervousness and stress					
Driving when drunk increases chances of causing road accident which kills					

Section E: Community’s reaction towards the problem of alcoholism in society.

15. The following statements relate Community’s reaction towards the problem of alcoholism in society. To what extent do you agree with each of the statement? Use a scale where 1- Strongly Disagree, 2- Disagree, 3- Neutral, 4- Agree and 5- Strongly Agree.

	1	2	3	4	5
Alcohol outlets can be restricted through limiting the number or density of outlets or through limiting the types of wards where alcohol may be sold					
Children and adolescents, who are exposed to alcohol advertisements have more favorable attitudes toward drinking and intend to drink more when they are adults.					
providing alcohol education in schools that can change attitudes and behaviour; providing more support and advice for employers; and reviewing the code of practice for TV advertising to ensure that it does not target young drinkers or glamorize irresponsible behaviour.					
At national level, a social responsibility charter for drinks					

producers, can strongly encourage drinks companies to: pledge not to manufacture products irresponsibly					
Chiefs and police at local levels should desist from receiving bribes at the expense of people's lives.					
NACADA should be empowered to deal with illicit brewers					

ANNEX II: KEY INFORMANTS INDEPTH INTERVIEW GUIDE

My name is Lydia Wamugo Njeru a Post-graduate student from the University of Nairobi. I am carrying out research on the impact of alcohol abuse on the welfare of rural households: A Case Study of Mbeti-North ward, Embu county-Kenya. This is in partial fulfillment of my Master of Arts (MA) Degree in Rural Sociology and Community Development. I promise that all information you provide will be treated in confidence. Your support will be highly appreciated. Kindly respond to each question by ticking or filling in the appropriate answer.

1. Is there a prevalence of excessive alcohol consumption in this community?
2. What do you think are the main reasons people consume alcohol excessively in this community? Please Explain
3. Are there any reasons why some people are more likely to have problems with alcohol use?
4. Does alcohol use correlate proportionately with proximity to production and trafficking networks, or levels of poverty?
5. Do you perceive there to be a correlation between levels, or pace of, development and seriousness of illicit brews problems in the community?
6. Are there any problems associated with alcohol in this community? Please describe them.
7. In your opinion, are there any services, activities or policies that could be put in place to manage harms associated with alcohol abuse in the community?
8. Does your agency provide any services to people using alcohol or does your agency have any policies towards alcohol and other substance use?
9. What barriers are there to providing services, conducting activities or carrying out policy towards alcohol abuse in this community?
10. What role do you think the community plays in the context of illicit brews in this area? Are they not involved/involved with illicit drugs: traffickers, mules, dealers, or addicts? Do you think your view reflects mainstream society?
11. In your opinion, what would help to avoid problems related to alcohol or drug use?
12. What are you and other stakeholders doing to avoid the deaths and impairment witnessed after taking illicit brews?
13. How would you rate the success/effectiveness of policies related to alcohol abuse in Kenya and especially in Embu County? In what ways have you seen these policies impact upon communities in Mbeti- North in more recent years?

Thank You for Your Participation

ANNEX III: INTERVIEW GUIDE FOR COMMUNITY MEMBERS

PERCEIVED TO DRINK EXCESSIVELY

My name is Lydia Wamugo Njeru a Post-graduate student from the University of Nairobi. I am carrying out research on the impact of alcohol abuse on the welfare of rural households: A Case Study of Mbeti-North ward, Embu county-Kenya. This is in partial fulfillment of my Master of Arts (MA) Degree in Rural Sociology and Community Development. I promise that all information you provide will be treated in confidence. Your support will be highly appreciated. Kindly respond to each question by ticking or filling in the appropriate answer.

1. How often do you consume alcohol?

Daily---Occasionally--- Others-----

2. What motivates you to consume alcohol the way you do?
-

3. Has alcohol consumption affected your family life in any way?

Yes ---

No---

If yes, please explain

4. Has alcohol consumption affected your health in any way?

Yes

No

If yes, please explain

5. Has anyone from your family or your village ever expressed their opinion about your drinking habits?

Yes----

No----

If yes, what was their opinion?

Thank You for Your Participation

**ANNEX IV: TABLE FOR DETERMINING SAMPLE SIZE FROM A GIVEN
POPULATION**

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	246
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	351
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	181	1200	291	6000	361
45	40	180	118	400	196	1300	297	7000	364
50	44	190	123	420	201	1400	302	8000	367
55	48	200	127	440	205	1500	306	9000	368
60	52	210	132	460	210	1600	310	10000	373
65	56	220	136	480	214	1700	313	15000	375
70	59	230	140	500	217	1800	317	20000	377
75	63	240	144	550	225	1900	320	30000	379
80	66	250	148	600	234	2000	322	40000	380
85	70	260	152	650	242	2200	327	50000	381
90	73	270	155	700	248	2400	331	75000	382
95	76	270	159	750	256	2600	335	100000	384

Note: "N" is population size "S" is sample size.

(By Krejcie and Morgan (1970))