

UNIVERSITY OF NAIROBI



DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

**ASSESSING THE CHALLENGES OF PREVENTING ALCOHOL ABUSE AMONG
THE YOUTH IN THE FAMILY: THE CASE OF GITOTHUA VILLAGE IN RUIRU
SUB-COUNTY OF KIAMBU COUNTY**

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REQUIREMENTS FOR THE AWARD OF DEGREE OF MASTERS OF ARTS IN
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DECLARATION

Declaration by the Student

This research project is my original work and has not been submitted to any college, institution or university other than the University of Nairobi.

Signature.....

Date.....

PETER MUGI KURUGA

Declaration by the Supervisor

This research project is submitted for examination with my approval as the University supervisor.

Signature.....

Date.....

PROFESSOR EDWARD MBURUGU

DEDICATION

My special dedication goes to my parents, the late Henry Fredrick Kuruga Mugi and Jean Nancy Wanjiku Kuruga for the gift of life and their sacrifice, both physically and financially, in ensuring I had a proper upbringing and educating me up to university level. Without their foresight and encouragement my educational journey would not have been possible. For this I will remain eternally grateful.

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ABBREVIATIONS AND ACRONYMS

DALY – Disability Adjusted Life Years

IOM – Institute of Medicine

KEBS – Kenya Bureau of Standards

MLDA – Minimum Legal Drinking Age

NACADA – National Agency for Campaign against Alcohol and Drug Abuse

NGOs – Non-Governmental Organisations

NIAAA – National Institute on Alcohol Abuse and Alcoholism

NRC – National Research Council

SPSS – Statistical Package for Social Sciences

UNODC – United Nations Office on Drugs and Crime

WHO – World Health Organisation

ABSTRACT

Drinking a lot at a time or over a long period will definitely affect one's health. Utilization of alcoholic substances adversely affects the wellbeing of humankind, socially, physically and mentally affecting his decision making and activities. Intoxicants modify the condition of a man's mental, social and physical prosperity in this manner affecting his or her considerations, substances, choices and activities. This has educated the worldwide accord by all countries to look for control or potentially forestall liquor mishandling. It was from this embodiment of liquor mishandling that this study looked to build up powerful approaches to anticipate and control liquor mishandling by the young, where and how it is contaminated without the information getting to the Kenya Bureau of Standards and other government offices.

Survey research design was utilized and the study focused on 900 families in Gitothua village. Ninety respondents were given a chance to take part in the study, which included 10 percent of the aggregate populace. The study gathered primary data utilizing a questionnaire with open-ended and also close-ended questions. The investigation of liquor abuse is of great significance as it's the young that are generally influenced yet they are the most important to the economy of a country. It is additionally of great significance to attempt and see how the individuals who live with these heavy drinkers are affected and how they adapt to the difficulties postured by the failure of their siblings and sisters to make good economic choices about their lives. For scholastic purposes, this study looked to approve and overhaul existing writing and catch developing issues and difficulties that keep on facing youth through liquor addiction.

A noteworthy finding was the declining impact of social and cultural foundations to impart moral values on the adolescents and different individuals from society about liquor misuse. It was likewise agreed that the general public, family and foundations have lost their control in this way permitting the adolescent to take part in useless and untrustworthy drinking to look for fulfillment and joy. This lack of morality has made them the endangered age group in Kenya. It is prescribed that morality ought to be utilized in controlling and reinventing the affected parties particularly the family, schools and communities.

CHAPTER ONE: INTRODUCTION

1.1 Background to the Study

In 1990, the World Health Organization (WHO) assessed that liquor represented 3.5 percent of the aggregate of all Disability Adjusted Life Years (DALY) lost to disease while others were disabled on the planet. This affected populations in both developed and developing nations.. This figure is, be that as it may, doubtlessly a gross underestimation of the real weight of liquor to society. In spite of the fact that an endeavor was made to appraise the indirect medical impacts, for example, handicap and demise from abusive behavior at home, assaults, car accidents, suicides, and sailing accidents where liquor is thought to have had influence, these were only generally assessed. The precise estimation of the poor medical, social and monetary expenses of extreme liquor usage has yet to be properly assessed. Albeit recorded liquor usage has fallen since 1980 in most developed nations, it has risen consistently in developing nations and the nations of the previous Soviet Union. The life expectancy of the male species has declined in the countries that formed the former Soviet Union, and this can be attributed, to some extent, to fast increments in unrecorded liquor usage since the fall of the Soviet Union. The increase in liquor utilization in these and other developing countries where medical and social economic frameworks are weakest is a grave worry to WHO. Nations much of the time have extremely little information on real liquor usage, times when alcohol is taken and issues particularly related to times of drinking. Furthermore, we realize that the measures used to gauge liquor usage and related damage are not accurate, for example, those that attempt to determine unrecorded production and usage (from smuggling, unlawful distilling of alcohol, making of liquor in homes) or liquor related brutality and wrongdoing. No volume portraying the poor medical impacts of liquor usage can be complete without elucidating the positive impact that usage of liquor at low levels may have for a few sections of the populace. Studies in the previous decade, fundamentally in developed nations, has demonstrated that for a few grown-ups at high danger of coronary illness and stroke, little measures of liquor can bring down the general danger of these medical conditions. The beneficial amount is yet to be accurately agreed on, but studies have demonstrated that the full advantage can be accomplished with as meager as one drink for each week. It must be noticed that this advantageous impact relates just to those at high hazard in a specific age group e.g. men more than forty-five years and post-menopausal ladies in nations where there is a high presentation of these medical conditions predominantly in developed

nations, as these conditions are not common in most developing nations. This improvement in health due to liquor usage does not include all drinkers and usage of bigger amounts of liquor by those at high danger of these conditions will also put them in danger of more medical complications.

Deaths and incapacitation related to liquor usage make life more expensive and shorter when compared to those brought on by tobacco use, as per the worldwide study on disease supported by WHO and the World Bank. This study put liquor's worldwide medical impact at the same level with perilous sex and above that of tobacco in regards to its contribution to the aggregate number of years of life lost to death and incapacity as recorded in Disability Adjusted Life Years (DALYs) (Murray and Lopez, 1996). Notwithstanding endless infections that may influence consumers after numerous years of overwhelming use, liquor adds to traumatic results that execute or cripple at a generally youthful age, bringing about the loss of numerous years of life to death or incapacity. Concerning mortality, regardless of the possibility that liquor has medical benefits against coronary illness, the mortality from liquor totaled more than seventy five percent of a million in 1990. 80% of these deaths happened in the developing areas of the world. As per the worldwide weight of disease study, deaths from liquor, measured in years of life lost to incapacitation, had greatly affected medical wellbeing than malnutrition or poor sanitation.

While recorded liquor usage among grown-ups has fallen consistently in most developed nations since 1980, it has progressively increased in the developing nations and nations of the previous Soviet Union. The decrease in life expectancy of the male species in the countries of the former Soviet Union is a wakeup call of the wellbeing of the people when the liquor market is uncontrolled. (Leon et al., 1997; Kauhanen et al., 1997; McKee and Britton, 1998). The decrease is, in any event to some degree, the consequence of fast increments in unrecorded (emerging from locally or unlawfully manufactured and sold liquor) liquor usage since the fall of the Soviet Union. The increase in liquor usage in developing nations gives adequate cause to worry over the possible increase in liquor related health issues in those locales of the world most at hazard.

The WHO gauges that there are around 2 billion (33%) individuals in the world who drink liquor and 76.3 million with diagnosable liquor usage medical disorders (WHO, 2004), making liquor the most broadly used and misused substance all over the earth (Basangwaet al., 2006). The great usage of liquor is enabled by simplicity of its manufacturing procedure (i.e., a straightforward

procedure of fermenting of yeast with sugar) and different every day uses for cultural events, remedial and religious ceremonies (Basangwaet al., 2006). Liquor usage, all the same, has bad medical and social impacts making its control and prevention to be of great importance to Public health authorities. The WHO estimates (2002, 2004) that liquor causes 1.8 million deaths (3.2% of aggregate), 33% (600,000) of which result from accidental wounds. It additionally causes 58.3 million losses (4% of aggregate) Disability-Adjusted Life Years of which forty percent are because of neuropsychiatric conditions.

Liquor usage and misuse is caused by various attributes including sex, family history, and parental control. Men will probably use liquor more than women with some studies suggesting a proportion of 5:1 (Emmite and Swierzewski, 2008). Men are additionally at higher danger of overdrinking and inebriation (Gmel, Rehm, and Kuntsche, 2003) resulting in liquor usage medical problems (Jhinganet al., 2003). Be that as it may, the number of ladies who drink and misuse liquor, and get to be reliant on liquor is increasing.

Research indicates that up to 25% of youngsters with a drunkard parent will have liquor misuse problems or become reliant (Basangwaet al., 2006). The commonness of liquor addiction among people with alcoholic guardians or kin is more than two times that found in the society. The major familial hazard for liquor addiction is the growing up with guardians who are liquor dependents, use liquor to manage stress or have existing mental disorder(s). Others are family brutality and having a few close blood relatives who are liquor reliant. A few studies demonstrate that despite having a family history of liquor abuse, an absence of parental care, extreme and intermittent family strife, and poor parent-child associations can add to liquor misuse in teenagers. Youngsters with poor behaviour, poor socialization, and inadequate adapting abilities, and those with little association with guardians, other relatives, or school, might be at an expanded hazard for liquor misuse or reliance. Peers likewise impact drinking conduct. Late studies in the USA reported that lower educational levels and unemployment don't bring about higher rates of liquor abuse (Emmite and Swierzewski, 2008).

Research further shows that inebriation is the most widely recognized reason for liquor related issues, causing wounds and unexpected loss of life (Basangwaet al., 2006). In Australia, liquor inebriation causes of 30% of road mishaps, 44% of wounds caused by fire, 34% of falls and suffocating and 16% of kid mistreatment cases. Additionally, it adds to 12% of suicides, 10% of

factory injuries and 67% of the years of life lost from liquor misuse (Government of South Australia, 2010). Liquor additionally brings about criminal conduct – in Australia more than 70% of those imprisoned due to assault have misused liquor before carrying out the offense and more than 40% of aggressive behavior at home also involve drinking of liquor.

Liquor adds to transient impacts including loss of work efficiency through truancy, delay or leaving early, feeling wiped out at work, having issues with completing work assignments, mishaps, and harm to colleague and client relations (Blum, Roman, and Martin, 1993; Gordis, 1999; Randerson, 2007)¹. This also causes problems at the work place as employees keep losing jobs and the high turnover requires new employees and more recruitment costs, more use of medical allowances, on account of sickness or accidents that require reimbursement (Randerson, 2007). In the United States, liquor and misuse of drugs by company employees is assessed to add to organization loss of \$100 billion a year (Buddy, 2003). Moreover, liquor misuse among those employed can harm to the public, for example, on account of not performing critical medical duties, fighting amongst workers or with customers. Secondly liquor causes huge psychosocial misfortunes regarding pain and agony experienced by the clients and their relatives and also by the business.

1.2 Problem Statement

Usage of drugs impacts negatively on mankind in the medical wellbeing, social, financial and political circles. Intoxicants adjust the condition of a man's mental, social and physical health consequently affecting his or her thinking, substances, choices, and activities. This has educated the worldwide accord by all countries to look for control and forestall alcohol misuse.

In Kenya, misuse of liquor and use of other intoxicants leads to huge general medical issues with sweeping repercussions leading to reduced productivity in all areas of the economy, instability, and non-achievement of national development objectives. As per a study by the National Agency for the Campaign against Drug Abuse (NACADA), 14 percent of Kenyans between the ages of 15 and 64 as of now utilize liquor. The study also found that 8% of offspring of ages 10 to 14 had used liquor once in their lives (NACADA 2007). Illicit liquor appeared to be used among many Kenyans: 2% of 10-14 year-olds had drunk chang'aa once previously, while 15% of 15-64 year-olds have utilized chang'aa once in the past. Additionally, legal packaged liquor likewise

hurts the population because of the trust given to it by drinkers and subsequently they tend to overdrink and this is aggravated by forceful advertising by the liquor industry.

The development of "second generation" liquors has intensified the issue of liquor misuse since they are licit yet very strong and substandard. The studies found that the second era liquor was the most accessible, cheap and available. Another standard study by NACADA in 2010 additionally found the society was in agreement that liquor misuse was a major issue in Central Kenya due to the abnormally high level of drinking, how cheap they were and availability throughout the region. Around 66% of individuals interviewed reported that liquor drinking in their ranges was high or very high. More than 80 percent of the interviewees felt that drinking of the second era liquor was increasing, while 58 percent communicated the view that the original liquor was diminishing. A large number of the interviewees (almost 60%) reported that there was liquor usage before twelve, evidently the economically gainful hours of the day in their territories. The young fellows who take alcohol at this young hour in the morning are consequently no longer useful performing income raising activities leading to further destitution in the society.

Another research by Karugu (2013) of the University of Nairobi was performed in light of the fact that alcohol drinking was starting at a very early age and also more and more people were engaging in drinking. The drinkers had also become more irresponsible and in the process increasing poverty in the region while more deaths were being recorded and consequently destroying the family unit in the territory. All in all, the study observed that this abnormally high state of use of liquor, was becoming a significant socioeconomic issue, with the age at which individuals begin drinking liquor declining and most of the drinkers taking liquor every other day..

It is not clear why in spite of these study findings and recommendations being availed to the government and its liquor control Organisations, Kenyans keep on dying from liquor misuse and especially from second era liquor that has had a tendency to be routinely adulterated by corrupt merchants who look for benefits to the detriment of the life of Kenyans. The number and recurrence of fatalities coming about because of drinking of poorly distilled liquor beverages have achieved disturbing levels. Numerous individuals have lost their lives and a great deal more have lost their sight subsequent to drinking poorly made liquor.

It remains a mystery as to why the organizations charged with the responsibility of ensuring the quality of liquor sold and its misuse are controlled are unable to do so in the presence of the current studies and recommendations so as to control this danger that is persistently bringing on the deaths of Kenyans. Notwithstanding NACADA, the Kenya Bureau of Standards (KEBS) for whatever reasons has tended to look inept with regards to the examination and control of the nature of liquor sold to Kenyans. This research paper, sets out to establish effective ways to counteract liquor misuses among the young, and where and how it is contaminated without the information getting to KEBS and other government organizations. It will try to work out how the Government bodies, Non-Governmental Organizations (NGOs) and the society can combine efforts in controlling liquor abuse..

1.3 Research Objectives

1.3.1 General Objective

The general goal is to set up successful approaches to control and avoid liquor misuse by the young in a family and how to relieve impacts of liquor abuse.

1.3.2 Specific destinations

The specific objectives of the study are to:

- i. Establish why the young has resorted to liquor abuse so early in their lives;
- ii. Establish why the present alcohol control and preventive measures are not working;
- iii. Assess the demeanors and impression of the group towards the issue of youth liquor abuse;
- iv. Examine the relationship between poverty and alcohol abuse;
- v. Come up with measures to be taken to enhance control and prevention of liquor abuse.

1.4 Rationale/Justification of the study

The study recognizes that liquor abuse in Kenya by the youth is a very worrying phenomenon, and this has raised a great deal of worry lately. The government has noted this concern and consequently has set up NACADA, The establishment of a National Drug Policy and other different endeavors serve to show the government is worried about the size of the alcohol abuse problem. The Authority's primary concern is on reducing the demand, which includes educating the public on prevention measures, improving awareness in the general population, life skills,

treatment, restoration and psycho-social support to the overall population. It additionally contributes towards supply reduction through formulation of appropriate policies and building the capacity in society.

A dependence on liquor is known to bring destruction to the body and adversely influence the life of the individual and the lives of those he or she cherishes (Barrows, 1991). In Central Kenya, it seems to have a bad impact, broking down families both physically and emotionally. (Berman, 1992). A specific target is the young men in Central Province. This region is focused on because of declining fertility rates as a consequence of liquor abuse among men that is leading to infertility (Burton, 2010).

The issue has become so terrible that ladies in the area have organized demonstrations to prevent brewers from offering liquor to their spouses. However, liquor abuse does not just exist inside Central Province, but is in on increasingly being observed throughout the nation. In light of research done in Central Province, Kenya, bar proprietors keep on reporting increasing incomes as clients are guaranteed each night. The consistency of drinking in bars seems to be all over the country and is not dependent on ethnicity, district, race or social class (Berman, 1992).

Numerous marital unions today have collapsed or resulted in separations since ladies experience mental torment attempting to assume the parts of both father and mother while the spouses are liquor addicts, no longer bringing incomes to the families; devouring ghastly alcohol of which to them is a fulfillment past family concerns (Grant, 1998).

In Central Kenya, it is now generally agreed that alcohol abuse is the motivation behind which spouses beat their husbands. As indicated in the study by NACADA, liquor usage in the region is rather high (Berman, 1992). Even though by Part 2 of the Fourth Schedule of Kenya's new Constitution, the functions of the new regional governments cover, among others, " cultural practices, and entertainment for the public, including video shows and leasing area parks, beaches and other recreational areas and alcohol licensing, , time for enjoying such facilities should be well regulated so men can have enough time with their spouses at home (Gachiri, 2008).

The contention is that when the Alcoholic Drinks Control Act (2010), otherwise called the Mututho law, was enacted, it was planned for the most part to ensure families, particularly in

Central Province, are protected. The over usage of liquor in the region has attained worrying levels causing numerous men lose the ability to father children, as well as to perform their matrimonial duties (Grant, 1998).

The rising instances of single parenthood, where ladies are willingly volunteering to bring up kids, and the increasing numbers of divorce cases are an indication of the miserable situation in the territory, as per Mr. Njoka (Doyle, 2011).

Like John Mututho of NACADA and Maendeleo ya Wanaume, Mwai Kibaki, the previous president had noted that if liquor usage was not well managed, then infertility of men in Central Province would keep on rising, significantly increasing the barrenness men in the region (Babor, 2010).

Kiambu County (where Gitothua village is located) has continuously appeared in the press for all the wrong reasons and has been depicted as having one of the largest population badly affected by liquor abuse. This has prompted it to be among the first counties to draft a bill to control the production and sale of liquor in the region.

The study of alcohol abuse, particularly in Central Kenya, is consequently of high significance as it's the young who are economically most productive members of the community yet they are ones greatly involved in liquor abuse. It is likewise essential to attempt and see how the individuals who live with these heavy drinkers are affected, and how they adapt to the difficulties posed by the powerlessness of their siblings and sisters to make good choices about their lives.

For scholastic purposes, this research will try to ratify and update existing writings and catch emerging issues and difficulties that keep on facing youth through liquor addiction.

1.5 Scope and confinements of the study

The study aims to establish the difficulties confronted by government bodies, NGOs and the society in preventing liquor misuse among the young in Kenya, and how they can turn out to be more effective in kicking the bad habit. It will try to see how the society sees the issue of liquor addiction among the adolescent. The study will likewise seek to comprehend the ways of dealing with stress received by these liquor addicts and how this destructive usage of liquor has influenced the incomes of families whose adolescents continue to suffer the ill effects of the scourge. The

study is to be done in Gitothua village of Ruiru sub-county, Kiambu County. Usage of liquor in this community has been normal for ages and is therefore appropriate for the study.

The study's limitations are due to the fact that its information was gathered from just one village in Kiambu County and in this way its findings may not be extremely representative of the population in the bigger Kiambu County or the entire nation. Its findings, accordingly, albeit valuable in comprehension of issues identified with avoidance of liquor misuse in the nation, may not be definitive as a few issues may contrast for different parts of the nation from which information won't be gathered.

1.6 Key Concepts

Alcohol abuse: Is an illness that is portrayed by the sufferer having a habit of overdrinking notwithstanding the negative impacts of liquor on the individual's work, medical, legal, educational, and social life.

Alcoholism: An addiction to the drinking of liquor or the mental illness and habitual misconduct coming about because of liquor reliance.

Peer Group: Is both a social group and a primary group of individuals who have comparative interests, age, background, or economic status. The individuals from this group are more often than not going to impact a person's values and conduct.

Culture: Is a lifestyle of a group of individuals - the practices, beliefs, values, and symbols that they acknowledge without questioning- -that are passed along verbally and by imitating from one era then onto the next.

Youth: A youngster who has not yet achieved adulthood and alludes to the period before he or she turns into a grown-up.

Attitudes: A settled mindset or sentiment either preferring or despise about somebody or something, regularly one that is reflected in a man's conduct.

Poverty: Is general shortage, deficiency, or the condition of one who does not have a specific measure of material belonging or cash. It is a multi-faceted idea, which incorporates social, financial, and political components.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 Introduction

Consumption of alcohol has always been a part of our way of life. It helps us celebrate and mingle, and it improves our religious services. However, drinking excessively at a time or over time, can bring genuine concern for our health. Americans generally agree that excessive drinking may cause accidents or prompt liquor dependence. However, that is just part of the story. Notwithstanding these difficult issues, liquor misuse can harm organs, affect the bodies immunity, and add to cancerous growths. In addition, similar to smoking, liquor impacts diverse individuals in different ways. Genes, environment, and even eating habits assume a part in whether you build up a liquor related ailment.

On the other side, a few people really may profit by savoring liquor in little amounts. Studies indicate safe drinking levels for men are close to four beers in a day but not more than 14 drinks for in any week. For ladies, "generally safe" drinking levels are about three beers on any single day but not more than seven drinks in any week. To remain okay, you should keep inside both the single-day and week by week restricts. Indeed, even inside these breaking points, you can have issues on the off chance that you drink too rapidly, have medical conditions, or are more than 65 years. Those over 65 years ought to have only about three drinks and not more than seven beers in any week. In light of your medical condition and how liquor affects you, you may need to drink a lot less or not drink at all. Individuals who ought to refrain from liquor totally comprise the individuals who:

- Plan to drive a vehicle or work apparatus.
- Pregnant ladies or those attempting to get pregnant.
- Take medications that conflict with liquor.
- Have a medicinal condition that liquor can worsen.

2.1 Literature Review

Liquor is a complex medical and social issue. It is very clear that alcohol abuse has always been harmful and even the liquor industry acknowledges this, yet with some restraint, drinking liquor is a satisfactory tradition used by more than two billion individuals around the world. While it is

conceivable, even likely, that if liquor was invented now it would be banned, declaring it illegal is not on the plan in Kenya and neither is it in most different parts of the world (Muslim ruled nations being the special case). The basic issue then is how can one avert and control its misuse and minimize the related damages?

Liquor drinking has been a piece of mankind's history for as long as man has lived on earth. There are not only many scriptural illustrations and other myths which allude to liquor, there is also oral history and archeological discoveries that confirm beer drinking has always been a in the African culture, ceremonies, convention and custom since "time immemorial." But the reality of continuing liquor consumption and the inheritance of this habit through the centuries does not satisfactorily clarify why liquor drinking tradition continues. Also, the use of liquor overtime continues to change, and there is proof that the amount taken now in far much more than in previous times (See pg. 4). The WHO assesses that around two billion individuals overall drink liquor (WHO 2004), and there is plainly no single motivation behind why they do or why diverse individuals drink at different degrees. It is obvious however that drinking is affected by elements, for example, hereditary qualities, social environment, culture, age, sexual orientation, availability, presentation, and identity.

2.1.1 Challenges of liquor abuse

Liquor abuse is present when a man wants liquor and can't control or contain his or her drinking. In the event that somebody encounters withdrawal symptoms, for example, sickness, sweating, instability, or tension when liquor drinking has stopped, or if there is a need to drink larger amounts of liquor to feel high, that individual is an in all probability alcoholic. Some may believe that it's simply an issue of having the will to quit drinking, yet liquor addiction is more confounded than that (McCarthy, 2005).

As per Torr, (2008), a heavy drinker's desire for liquor is great to the point that it stifles their capacity to quit drinking. Most of the drunkards actually need help to quit drinking. With treatment and support from family and companions, have good number have regained the capacity to quit drinking and reconstruct their lives. It is a dismal reality however, that there are still some who can't stop notwithstanding the help provided. Researchers say that somebody who has alcoholic dependence in his/her family will probably develop liquor dependence in the event that they opt to drink. Liquor abuse can likewise arise or intensify in view of a man's

environment and traumatic encounters in life. These elements may incorporate culture, family, companions, peer weights, and the way the individual lives.

Liquor addiction can lead individuals into genuine mental and physical complications. As of now, liquor drinking is blamed in half of all wrongdoings, murders, coincidental deaths, and suicides. There are additionally numerous medical issues connected with liquor drinking for example, cerebrum harm, tumors, coronary illness, and sicknesses of the liver. Drunkards who don't quit drinking reduce their age by 10 to 15 years (Wekesser, 2004).

As per Gifford (2010), a lot of liquor drinking can harm brain cells and consequently lead to damaging of the brain. Liquor altogether aggravates the structure and capacity of the focal sensory system, obstructing the capacity to recover, merge, and prepare data.

- Moderate usage of liquor can influence intellectual capacities while huge sums meddle with the oxygen supply to the brain creating a blackout when completely intoxicated.
- Liquor dependency may likewise cause wounds in the mouth, throat, and stomach, and could bring about cancerous tumors in these regions, particularly in those who additionally smoke.
- Splurge drinking may cause sporadic heartbeats, and abusers encounter a higher danger of high blood pressure, heart attacks, and other heart harm.
- Liquor drinking additionally can hurt vision, harm sexual capacity, slow circulation, and be the cause for malnutrition and water sustenance.
- It can likewise prompt skin and pancreatic disorders, and debilitate the bones and muscles, in the process diminishing immunity.

Liquor and illegal medication can cause major issues compromising the mental and physical health of millions. The United Nations Office on Drugs and Crime [UNODC] (2012) gauges that in 2010, 15.5-38.6 million individuals worldwide were illegal drug users. About 200,000 individuals overall die every year from illegal drug use. As indicated by WHO (2011), 320,000 youngsters between the ages of 15-29 die on from liquor related causes every year. Generally, unsafe liquor usage brings about 2.5 million deaths every year that are brought about by accidental and non-accidental wounds. The main problem are drug users who have been noted to have substance dependence (either substance abusers or substance dependents).

Hurtful liquor usage and risky drinking allude to an example of liquor usage that causes physical or mental harm to one's wellbeing (WHO, 1994). The bad wounds that are liquor related have a tendency to happen in the more youthful age bunches. Not just does unsafe drinking hinder the physical and mental soundness of the consumer, yet it likewise hurts the health and wellbeing of individuals living with the alcoholic by putting them at danger of accidents or brutality of the addict (WHO, 2011). The misuse of unlawful medications causes noteworthy medical and social issues not only for the drug users but also the general population who associate with them as well as for different people in their families and groups (WHO, 2012). A few cases of the medical issues created by illegal medication include cardiovascular dysfunctions, lung maladies, and kidney malfunctioning. Deaths due to use of illegal medication, whether by overdose, medical accidents, suicide, or medicinal conditions connected with or exacerbated by illegal medication, show the most serious outcome of substance abuse, which frequently impacts the youngsters (UNODC, 2012).

2.1.2 Issues on difficulties of liquor mishandle among the adolescent in the family

Liquor usage is a key determinant of physical and mental wellbeing and is clearly a cause of medical problems among youngsters. Adolescent drinking is an especially vital policy matter for several reasons. The age at which individuals begin consistent drinking is indicative of utilization and liquor related issues in later years (Grant, 1997). Taking of alcohol by more youthful individuals brings about more amounts of damage than similar amounts taken by more mature individuals (Jernigan, 2001, NHMRC, 2009). There additionally exist confirmation of mind disability connected with inebriation in the high school years (Hart, 2007); including ranges identified with making judgments, learning and memory (Draw the Line, no date, NHMRC, 2009).

Youth is a time of personality development and experimentation. A portion of this formative procedure incorporates chance taking, whether it be risky sex, perilous driving, not wearing safety belts or liquor drinking. The motivation for trying intoxicating substances differ. Some of the young ones sees it as a type of insubordination or attention seeking, giving delight, mitigating fatigue, seeking satisfaction, encouraging social bonding, achieving peer status, or as an escape/way of dealing with stress. In this sense, liquor usage is a useful conduct. It can likewise be a typical conduct. Drinking or use of illegal medication is often done before a crowd of peers

and others, communicating solidarity in a gathering or showing differences with others (Room, 1994). As the young gradually move into adulthood, liquor usage can be indicative of autonomy and independence, giving youth an apparently grown-up status (Jessor, (1992); Jessor and Jessor, (1977). Positive way of life commercials and sponsorships add to general great affirmations and anticipations from liquor.

Messages about not drinking "until you are mature enough" have a twofold edge, strengthening the status of drinking or smoking as according grown-up status. With regards to the social acknowledgment of drinking and smoking among grown-ups, youth see restraint messages as double-dealing and, hence, are probably going to reject them (D'Emidio-Caston and Brown, 1998). To a huge extent most youths tries liquor or illegal intoxicants without getting to become drug users or dependants. A formative point of view shows that liquor and another medication experimentation or utilize are standardizing in the high school years, and drug abuse will probably decrease in one's mid-to-late 20s (Chen and Kandel, 1995; Dewitt et al. 1997; Kandel and Logan, 1984). The "growing op" process more often than not matches with the assumption of grown-up roles and duties (Bachman, Wadsworth, O'Malley, Johnston, and Schulenberg, 1997). One vital study demonstrated that exploratory use of liquor was connected with great mental wellbeing in late puberty, contrasted with continuous drinking or no drinking, and further, that experimenters were the most mentally balanced as youngsters (Shedler and Block, 1990). In this way liquor use among the adolescent has gotten to be common in the last few years. .

Studies have found that specific elements existing at the individual, family, school, and society levels put the young at more serious danger of liquor and illegal intoxicants. At some levels different factors can help diminish their danger of using liquor and illicit drugs (National Research Council (NRC) and Institute of Medicine (IOM), 2009). Some essential factors that contribute to abuse of liquor and illegal medication among the young are rebellion, acceptance towards drug use, guardians or kin using drugs, poor parental guidance, accessibility and availability of substances, and connections with illegal substance using peers (NRC and IOM, 2009). Then again, some imperative defensive components that shield or ruin the advancement of liquor and medication misuse among young include healthy living, assistance in sorting out issues and scholarly accomplishment. Additionally, this is also achieved through incorporate

parental support, strong associations with relatives, clear desires for good conduct, and engagement inside school and in society (NRC and IOM, 2009).

2.1.3 Peer group impact and liquor usage

The subject of liquor use remains a socially critical moral issue (Hyde, 2001) and is unmistakably becoming a serious issue among the adolescents of school going ages (National Coalition Against Alcohol and Drug Abuse report 'NACODA', 2007). In his research about the part of peers in bringing about risky conduct, Kimberly (2002) noted that if companions don't take part in exercises that involve liquor usage, the young may be less inclined to participate in it. (Chalder, Elgari, and Bennett (2005) concurred that companions are a key determinant in bringing on liquor drinking, and this impact could be increased by the drinking practices of the people in they associate with. This notwithstanding, it is important to take note of the fact that the sort of association one joins will decide the sort of impact one will get. Steinberg and Silverberg (1986) found that as youngsters develop they surrender to the impacts of their companions as they shed off their parental guidance and supplant it with reliance on their associates. Companions may urge their associates to take part in undesirable acts like battling, liquor drinking, and sexual over indulgence.

Society offers rewards and endorsement to people who keep its values; honor is given as opposed to blame. In the event that society utilizes this kind of persuasion to bring the individuals into living within societal values, Bany (1994) brought up that people are ignorant of the effect and the influence that is being brought on their conduct. Such impact creates unquestioning dedication to the society and its measures, convictions, behaviours and desires. What the society approves, people will accept, what it denounces, people will also denounce. In any case, Kimberly (2002) noted that peers may have an impact on a person in shaping his or her beliefs and how they interpret data with respect to hazardous exercises.

Kandel, Kessler, and Margulies (1978) called attention to that young people, who have been companions for long, end up having similar habits that incorporate liquor usage. Steinberg and Silverberg (1986), and Barcett et al. (1988) contended that companions' impact is a central point in youths' liquor taking, which eventually brings undesirable behaviours. In general, they noticed that peer groups impact was the standard hotspot for the association in unsafe exercises. Foxcroft and Lowe (1991) reported that social collaboration with companions is a key determinant that

leads in liquor usage among the young people. The report agrees with what was distributed by the National Institute on Alcohol Abuse and Alcoholism Journal (NIAAA) that companionships contribute a great deal in forming student's perceptions towards drinking (NIAAA, 1997). Also, a study did in Uganda by the National Coalition Against Alcohol and Drug Abuse discovered that youths start drinking liquor at a very young age (NACADA, 2007). This aspect has got some serious implications on issues like getting dependent on liquor, and the odds are that they may therefore make their companions to start using liquor while at school. Because of this reality, school directors are attempting their level best to start counselling programs and to have Counsellors accessible at school that could assist students who have different issues, including those with respect to liquor (NACADA, 2007).

2.1.4 Parental influence on youth and liquor addiction

Youths are initially acquainted with liquor in the family home, and the individuals who drink liquor routinely (weekly consumers) report guardians as their most likely source for getting liquor. Notwithstanding giving liquor to their young people, guardians seem to impact kids due to their perception as regards drinking and even more specifically due to their drinking habits that the youth tend to copy.

Parental demeanors toward drinking speaks volumes to the youth who model their behaviour accordingly this and might be conveyed either plainly or implicitly through the setting of limits or by communicating the desirable and undesirable qualities with respect to liquor use by guardians (Allen et al., 2006). Studies have found that guardians who drink liquor will probably display leniency toward liquor use in their youthful kids. Guardians' tolerance in regards to liquor drinking has all the earmarks of being compelling in getting the youth to start liquor usage early and the consequent move to heavier drinking.

One major harmful cause for youth liquor use problems is the presence of liquor usage problems among guardians. Research has reliably found that parental use of liquor increases both the probability that their juvenile youngsters will take part in liquor use and further increases the possibility of occurrence of other liquor related complications. It is likely that numerous improper and unsafe examples of drinking were learnt from the family. Youngsters introduced to liquor at home additionally tend to start drinking early and take part in problematic drinking at a more youthful age than kids who were not introduced to alcohol at home (Bauman et al., 1996).

Studies have likewise shown that less problematic but consistent parental drinking is also has negative outcomess. For instance, information from the Australian Mater University birth companion research demonstrates that maternal drinking (more than one glass of liquor a day), used while the kid was age 14, was a solid indicator of possible liquor abuse in youngsters at age 21. This possibility keeps on arising even in the wake of controlling for a scope of natural, familial and interpersonal components. While hereditary and ecological parts may add to such issues, social learning is likewise seen to be a critical deciding variable (Bowen et al., 2008).

2.1.5 Attitudes and perceptions of the society and liquor addiction

Culture assumes a greater part in affecting the path individuals from a particular society to lead their everyday life. Diverse societies on the planet have distinctive methodologies while managing liquor particularly while initiating individuals through positively identified rites of passage. Indeed, even with coming of the western culture, which is widespread in Kenya, there is still a solid social bond in different ethnic groups concerning usage and treatment of liquor. On rare occasions, a few groups will for the most part use liquor while in other societies, liquor use is a part of their daily lives that is impossible to do without (Karr, 2008).

Most of the times people get used to drinking in light of what they take in and gain from the individuals in their family. On the off chance that a father is a drunkard, there is a great potential to of having kids who will take up from their father and become alcoholics too. This factor has been referred to by many doctors as a “physio-psychosocial and spiritual disease” that is generally treated in rehabilitation centers, and that is expanding in urban and provincial zones of the nation. Numerous ethicists concur that liquor addiction can't be cured by medical doctors and psychologists alone. There is a desperate need of incorporating church centred counselling with psychological services for the healing of those affected and in this way improving the role assigned to the father-mother in the family, particularly on the off chance that they are great coaches and symbols to their kids (Bennett, et al. 2000).

Be that as it may, these conventional phases of society could be utilized astutely by educationists, ethicists, religious leaders, opinion leaders and the government in passing essential data with respect to liquor managemnt and usage to the different users. Numerous sociologists contend that a general public that cares for its yuong today and instills moral, religious, social and religious qualities can be hopeful for the continuation of an improving society in the days to

come (Moore, 2007). Both the large and nuclear families, despite the fact that they come from varied social cultural backgrounds, never lose sight of moral qualities and values that they have upheld and which they ensure to pass on to who come after them.

There is, in this way, an extraordinary requirement for the morally upright African leaders and the administration to have a reasonable and deliberate plan of action to retain past African ideologies. The need emerges on the grounds that the adolescent and the youthful experts of today are offspring of the two universes - to be specific the past and the current globalized world (Cross, New Hampshire., and United States. 2002). These methodologies will help the family, instructors and administrators to approach the African customers at various meeting purposes of their varied lives.

2.1.6. Poverty and alcoholism

It is frequently accepted that risky utilization of liquor and especially of drugs is connected with neediness and exclusion, yet studies looking at the connections in detail is moderately meager. Overdrinking of liquor has both immediate and indirect consequences for the poverty status of people, families, and the society (Gifford, 2010).

The economic outcomes of liquor usage are especially serious for poor people. In addition to the cash which is spent on drinking, alcoholics regularly endure other money related issues, for example, lower wages and losing jobs, higher expenditure on medical bills, and diminished qualification for developmental openings which are accessible at local levels, (for example, Micro-Finance Loans, NAADS2 incentives) (Posner, 1999). Additionally, for a specific number of alcoholics, the sum they spend on liquor surpasses their salary, suggesting that their family will battle with indebtedness.

Of specific concern is the way that more females are involved in drug abuse than at any other time in recent memory, and there real proof of alcohol related medical issues and social problems, especially among youngsters. In observing the harm caused by drug use, it is important to note of that the way and setting in which drugs are utilized can frequently be more hurtful than the properties of the drugs themselves (Muse, Labor Press Society, and Labor Literature Society 1996).

There is generous proof to demonstrate that practices, for example, use of intoxicants, wrongdoing and the related mortality and bleakness are more prominent in societies and nations where there is noteworthy income imbalance. There are steady reports that individuals who are from lower income groups and who are destitute, unemployed or underemployed are at more serious danger of liquor use than other individuals in the community (Blumberg, et. al. 2008).

It has been observed that issues, for example, liquor and drug reliance and mental wellbeing can be exacerbated by a noteworthy change in territories, for example, the working environment, the home, and the larger society, as is basic in contemporary society.

In what is an endless loop, liquor and drug usage (counting tobacco smoking) can be a method for adapting to social segregation and different impacts of destitution. In any case, this strategy for adapting makes creates issues with respect to diverting money for buying food and other necessities, to creating issues of drug dependency and expanding the danger of related medical issues and infectious diseases, for example, hepatitis C (Hyde, 2001).

The impacts of low financial status on drug and liquor usage can likewise be intergenerational. There is confirmation to suggest that youngsters brought up in families with low financial status might be at a higher danger of early onset of drug usage, which itself is a danger for increased drug usage.

2.2 Regional dimensions of alcohol abuse

Liquor is not a standard ware but rather a dangerous substance with respect to its immediate and indirect consequences for a wide range of body organs and systems. It is increasingly amongst the most hurtful dangers to ones wellbeing. No less than 61 unique sorts of damage, sickness or demise which are possibly brought about by the use of liquor have been recognized. For 38 of such conditions, there is evidence of a direct causal affiliation has appeared in a benchmark research with risky or unsafe usage of liquor.

Bad impacts of liquor have been shown for several diseases, including liver cirrhosis, dysfunctional behavior, a variety of cancers, pancreatitis, and harm to the baby among pregnant ladies. Liquor usage is additionally identified with social behaviours, for example, drink-driving wounds and fatalities, brutality, family disruptions and diminished efficiency in production. Roughly two billion individuals overall drink liquor, around 76 million or more than 1% of

whom have been noted to experience the ill effects of liquor usage. In nations with high pervasiveness of liquor usage, occupational productivity is extremely hampered by "Hangover"-related non-reporting for duty and poor performance at the workplace. Liquor related issues are the consequence of individual use of liquor and the social, financial, physical environment, political and social settings. The World Health Assembly of May 2005 embraced resolution WHA58.26 Public medical issues brought on by unsafe use of liquor. The choice perceived that the examples, setting and general level of liquor use and impact the soundness of the populace in general, and that hurtful drinking is among the premier basic reasons for ailments, harm, savagery, incapacity, social issues and unexpected fatalities (Gifford, 2010). The religious, social and financial qualities of the Eastern Mediterranean Region, and the diverse examples of misuse of liquor and different substances in the Region calls for customization and adjustment of the worldwide systems in light of applicable proof.

2.2.1 Alcoholism in Kenya

Liquor is the most regularly abused substance in the nation and causes the most harm to Kenyans as indicated by the various catastrophes connected with over usage and adulteration of illegal intoxicating substances. Among the various kinds of brews, traditionally brewed alcohol is the most accessible kind of liquor, followed by wines and spirits and ultimately chang'aa. When all is said and done, 30 % of Kenyans between the ages of 15-65 have at one time taken liquor in their life; 13.3% of Kenyans as of now drink liquor totaling to no less than 4 million individuals. Alcohol brewed customarily is still more prone to have been taken by kids in the rural areas than in urban centres. More kids in the rural areas are probably going to have ever taken chang'aa than those in urban zones. The present usage of every inebriating substances is higher among men than ladies; for example, the present use of tobacco and miraa is broadly constrained to men with the exception of in North Eastern Province. Studies have demonstrated that 17% of men smoke tobacco while just 2.1% of ladies are known to use tobacco products (NACADA, 2012).

Liquor is perennially the psychoactive substance used more often as by the youth in addition to tobacco by youngsters at any one time (Grant, 1998). Endeavors to limit the number of the young drinking liquor have to a great extent been unsuccessful in light of the fact that studies in light of preventive methodologies have not been consistently implemented. The numbers of the young drinking liquor in Kenya's Central Province is 26.3% (Barrows, 1991).

Numerous marital unions today have either completely failed or ended up in separation since ladies experience mental torment as they try to assume the roles of both father and mother while the spouses are liquor addicts, of no use to the families; devouring horrible alcohol of which to them gives fulfillment above family concerns (Grant, 1998). The contention is that when the Alcoholic Drinks Control Act became effective, it was proposed essentially to secure families particularly in Central Province, where extreme liquor usage has brought about calamity prompting numerous men be unable to father kids as well as to exercise their matrimonial duties (Grant, 1998).

Endeavors however have been made to prevent the misuse of liquor and other intoxicating substances in Kenya. The NACADA office was established in 2001 as a component of the Executive Office of the President, to help the government achieve the national objective of lessening liquor usage and abuse. As per the NACADA Service Charter (2001), its main goal is to facilitate the avoidance, diminishment, and control of liquor and use of other intoxicating substances through government funded seminars, strengthening the liquor control laws, and enforcing them. NACADA does several things towards alcohol control and these include , sensitization, preparing and assisting the general population on matters pertaining to use of drugs and liquor abuse. Additionally, it provides a library with data on liquor and other intoxicating substance misuse; creating a centre where stakeholders in matters drug abuse can meet to discuss issues of demand and supply in the region, including members of the society in the identification of drug use issues and generation of local solutions. Additionally, the organization likewise publishes appropriate flyers with different messages on the impacts of liquor use to schools and the general society. The organization has prepared strategic plans that involve awareness crusades, mediations for impromptu groupings, counselling clinics, restoration and support for the young that are likely to be affected.

While trying to battle liquor and its misuse among pupils in Kenya, around 4000 head masters assembled in Mombasa, Kenya in June 2005 (NACADA, 2005). They upheld the government's proposed prohibition of billboards and TV promotion of liquor and cigarettes. The Kenya Secondary Schools Heads Association (KSSHA) likewise with a plan by the government to ban smoking of cigarettes publicly. So far KSSHA has begun a crusade targeting the reduction of drug use among pupils and has endeavored to have programs on the battle against drug and

liquor misuse as highlighted in the electronic media, particularly focusing on school instructors and their pupils. Additionally, their Chairman has asked the administration to actualize the prohibition on liquor and tobacco advertisements, saying they focus on the adolescents. He contended that we should do everything conceivable to secure the future of the adolescents, who we expect will be our leaders in the future.

Some worship centres have likewise developed programmes against the use of drugs. One such is Lavington United Church in Nairobi, Kenya whose outreach service helps in preparing and instructing pupils about the risks of drug use in schools, universities, and colleges. The young are instructed how to engage others through counselling (NACADA, 2007). The Anglican Church of Kenya (ACK) has likewise started programs on how to control drug abuse for the adolescents and grown-ups in every bishopric and has carried out campaigns to battle the use of drugs in schools and universities. Likewise, the church has set up treatment and recovery stations to establish awareness and realize physical and internal mending for the affected and addicts (Githinji, 2004:40). While presiding to a workshop on the drug issue in Kenya, Bishop Nzimbi (Githinji, 2004) accentuated that the congregation has a scriptural order, a commitment and responsibility to be involved in the war against the use of drugs and any other ills affecting the community. The churchminister went ahead to state the drug issue has shaken family traditions and the society and that in spite of the fact that a considerable attention has been given to address the issue of liquor and abuse of drugs among the young, whatever is causing the issue must be tended to. The issue of drug misuse, he said, mirror a more concerning issue and is an immediate result of how kids are brought up and about societal values.

Liquor abuse has a various bad consequences for the individual, the family, and the society. Such impacts occasionally leads to losing consciousness; capacity to pay debts; having numerous sex partners; suicides; getting involved in accidents and aggressive behavior at home. Others are societal level impacts, for example, low school attendance; secondary school drop-out rates; poor results in national examinations; diminished employability; marriage failures; and barrenness.

2.2.2 Alcoholism in America

A parent raises a glass of champagne to toast a recently married couple. Companions assemble after work or at the end of the week to talk, drink and unwind. A host produces an expensive bottle of alcohol to finish off an exceptional supper. These are the instances that strike a chord

when one considers drinking in America. There are other more serious impacts of drinking: an inebriated driver losing control of an auto, family differences brought on by liquor growing into a grisly incident, a family member missing to report to work because of progressively experiencing beer aftereffects and a vagrant carrying a container in a downtown road. These pictures catch just part of what liquor implies in America and furthermore show a vital point: drinking is an inescapable and profound established element of American life. Liquor refreshments have been broadly taken all through American history, regardless of endeavors by government and different establishments to shape or even wipe out drinking (Olson Steve, 1956 pg. 1).

The most radical endeavor by the administration to limit drinking in the United States came in the years 1920 to 1933 when the eighteenth Amendment to the U.S. Constitution reduced drinking by banning the making and sale of liquor. Despite the fact that the many voted in favor of Prohibition, numerous individuals rejected or were apathetic regarding its implementation and the years of the "honorable intention" were a period of blatant failure to follow the law. Be that as it may, after its cancelation by the 21st Amendment, Prohibition came to have a much more extensive significance in the general population. For the majority, it turned into a case of the worthlessness of government endeavors to make laws to govern morality (Olson Steve, 1956 pg. 2).

The per capita usage of liquor in the United States has differed broadly in the course of the last 140 years. Before 1850, per capita usage was declining from the elevated amounts of 6 to 7 gallons every year of legal liquor per grown-up normal for early America. Somewhere around 1850 and the start of the First World War 1, it shifted to around 1.75 and 2.75 gallons achieving its high point just before the war. Prohibition lessened per usage to its most reduced level in U.S. history, most likely under 1.5 gallons. Since around 1960, per capita usage has again been increasing with significant increase noted in the 1960s. Today it is tending to what it was toward the start of World War 1 (Rutgers University Center of Alcohol Studies).

As indicated by the U.S. National Institute of Alcohol Abuse and Alcoholism, around 70% of American grown-ups dependably drink at acceptable levels or don't drink altogether. (Thirty-five percent of Americans don't take liquor.) About 28% of American grown-ups drink at levels that put them at danger of liquor reliance and liquor related issues.

Drinking in Adolescence. About 50% of under-age Americans have drunk liquor. Around 2 million individuals of ages 12-20 are viewed as drunkards, and 4.4 million are binge drinkers. Any individual who starts drinking in puberty is a likely victim of liquor addiction. The earlier a man starts drinking, the more likely he is to become an alcoholic. A study of more than 40,000 grown-ups showed that among the individuals who began drinking before age 14, about half had gotten to be liquor reliant by the age of 21. Conversely, just 9% of individuals who started drinking after the age of 21 experienced liquor addiction.

Youngsters most likely to be in danger of early drinking are those with a background marked by alcoholism, family brutality, depressions, and upsetting life situations. People with a family history of liquor abuse are additionally more inclined to start drinking before the age of 20 and to wind up alcoholic. Such youthful consumers are additionally more prone to belittle the impacts of drinking and to make judgment blunders, for example, drinking too much at a time or drinking and driving, than youthful consumers without a family history of liquor addiction.

2.2.3 Alcoholism in Europe

Individuals in Europe drink more liquor than anywhere else on the planet, drinking about 12.5 liters of unadulterated liquor a year or just about three glasses of wine a day, as indicated by a report by the World Health Organization and the European Commission. Yet, while the title of world's heaviest consumers goes to the European Union in general, where alcohol usage is twofold the worldwide average, there are likewise wide variances in drinking levels between different regions, and huge contrasts in the frequency, where and when individuals drink.

Zsuzsanna Jakab, the WHO's territorial executive for Europe, said Europe's "dubious honour" of having twofold the worldwide normal liquor usage has "clearly, notable medical effects for consumers, people around them and society." In a breakdown of drinking by sub-locale, the heaviest consumers were in central-eastern and Eastern Europe - devouring 14.5 liters of unadulterated liquor per grown-up every year contrasted with 12.4 liters in central-western and Western Europe, 11.2 liters in southern Europe and 10.4 liters in Nordic nations.

In any case, the report found an alternate picture when it broke down these information weighted against markers of supposed perilous drinking -, for example, drinking outside mealtimes, drinking out in the open spaces and sporadic, heavy or "binge" drinking. In this

specific situation, Nordic nations timed a dangerous drinking score of 2.8 - in a range where 1 is minimum danger and 5 is most perilous - while central-eastern and Eastern Europe scored just somewhat higher at 2.9. Focal western and Western Europe and southern Europe had unsafe drinking scores of 1.5 and 1.1 respectively.

2.2.4 Alcoholism in Asia

The earliest recorded usage of liquor in Asia is from somewhere in the range of 9000 years ago (around 7000 BC) in China. This drink was kept in wine containers and clearly produced using fermented rice, fruits and honey. The drinking of liquor was practiced all through the region, commonly playing a focal part in religious services and being offered to the divine beings to keep them cheerful.

Every nation built up their specific favored drink in view of a staple of the particular area, rice – from Sato of Thailand, Makgeolli of Korea and Sake (nihonshu) of Japan. Alongside rice, there are neighborhood tipples made from of different natural products, sweet potato, and wheat, commonly mixed with various herbs and flavors, snakes or hornets, all expected to bring the consumer energy and wellbeing. Religion likewise lead to rejection of liquor in all forms, with the extensive Muslim populaces in nations, for example, Indonesia, Malaysia and India abstaining from drinking.

Liquor usage all over Asia/Pacific populaces is most elevated among more developed nations. Grown-ups aged 15 years and over in the Republic of Korea, Australia, New Zealand and Japan devoured more than seven liters of liquor for per capita in 2008. In Thailand, Macao, China, the Lao PDR, and the Philippines, utilization was somewhere around four and seven liters. Liquor usage figures in these nations are insignificant in light of the fact that social and religious customs forbid drinking liquor. In a few nations, just certain individuals or communities drink liquor. In Thailand, for instance, around 33% of the populace drinks. The normal drinking in most of over 20 Asia/Pacific nations and economies in 2008 was a humble 2.4 liters for each capita, contrasted with 10.0 in OECD nations.

Average utilization over the entire region showed an increment somewhere around 1990 and 2008, but there are variations between nations. In nations with increased use, liquor drinking declined in DPR Korea, Hong Kong, China, Japan, New Zealand and Australia. Alcohol intake is

however on the rise in Macao, China; Cambodia; Mongolia; China; the Lao PDR and Thailand. For China, liquor usage expanded from 3.4 liters for every capita in 1990 to 4.7 in 2007, in conjunction with the rise in performance of its economy (WHO Global Information System on Alcohol and Health (GISAH); OECD Health Data 2012).

2.2.5 Alcoholism in Africa

In Africa drinking is definitely an issue. It is the new era of multinational brewing companies hoping to increase profitability in an ever alcohol soaked planet. The African region has the ideal developing economic situations with a moderately little measure of commercially produced liquor being taken and a rising working class with disposable revenues. In addition, there exists a gigantic market from the youth going to become adults and a casual moonshine segment, up to 4 times the size of the business that government might want to control.

Be that as it may, Africa ill prepared to adapt to a deluge of liquor. Essential medical services providers do not have the necessary equipment to deal with the arising medical conditions. There is next to zero plan of action for unreliable acts like driving while inebriated. Endless corruption implies each new control measure is an open door for police to request for bribes. While normal per capita utilization figures (barring South Africa) are low, Africa has biggest proponent of binge drinkers on the planet: 25% of the individuals who drink excessively, as indicated by WHO. Alcohol brewing organizations reject that figure as inadequately sourced, and for sure, the issue has been studied poorly.

The issue of demographics also arises. The "big number of the young" in the population is a critical issue as the large number of kids and youthful grown-ups guarantees numerous youthful liquor users will be unemployed. Also, the liquor business' objective to get moonshine purchasers drinking business blends is, as per commentators, only an alternate adaptation of a similar issue.

2.3 Alcohol preventive measures and their effectiveness

Counteractive measures are planned to lessen liquor misuse and its effects. Such measures incorporate strategies managing liquor related conduct on one hand and societal values interceding and trying to correct drinkers misconduct on the other (Coate, D., and Grossman, M. 1998). Analysts use logical strategies, for example, randomized controlled trials, time-

arrangement examination, and computer simulation to decide the viability of preventive activities. The subsequent information gathered may both suggest policy initiatives and guide societal education in preventive measures. This Alcohol Alert summarises the studies on the adequacy of chosen corrective actions in each of these zones.

2.3.1 Governmental Policy Interventions

Liquor Taxes. Specialists find that liquor taxes and prices influence liquor drinking and related outcomes. Research shows that higher prices of brew prompts decreases in the levels and recurrence of drinking and overdrinking among young. Higher taxation consequently leads to lower car accident death rates, particularly among youthful drivers, and with lessened occurrence of crime in the community. Studies suggest that the heaviest-drinking 5 percent of consumers don't lower their drinking altogether in light of cost increments, not at all like consumers who drink liquor at lower levels (Saffer, H., and Grossman, M. 1987). In one research, those who over indulge and were unconscious of the bad medical effects of their drinking were less receptive to price increases than either moderate consumers or better educated but heavy drinkers.

Raising the Minimum Legal Drinking Age (MLDA). MLDA enactment is proposed to decrease liquor use among those under 21 so as to prevent motor accident fatalities and to maintain a safe environment. Raising the MLDA has been noted to have a positive effect on liquor usage, reducing car accidents, and related deaths among those under 21. An countrywide research found a substantial decrease in single-vehicle evening time (SVN) fatalities - those that had most likely drank liquor - among drivers under 21 taking after increments in the MLDA (Manning et al., 1995).

Warning Labels. The mandatory warning marks on liquor containers are meant to educate and remind consumers that liquor utilization can bring about children born with defects, reduced capacity to drive an auto or work apparatus, and medical issues (O'Malley, P.M., and Wagenaar, A.C. 1976). Studies further shows open support by the public for including labels to be high, and familiarity with the writings on the label has improved considerably over time. Additionally, the understanding of the depicted dangers was high before the mark showed up but had not improved; and that the labels have not brought any significant changes on unsafe conduct, albeit certain impacts might be characteristic of the early phases of behavioral change.

2.3.2 Parental-Based Prevention Programs

The capacity of guardians to control their youngsters drinking is very much acknowledged and is steady over racial/ethnic societies (e.g., Barnes et al. 2000; Steinberg et al. 1994). Setting clear goals about youngsters not taking beer, enforcing these principles, and checking kids conduct lessens the probability of their drinking at an early age. Family fights and absence of unity are connected with to this higher risk (Bogenschneider et al. 1998). Family intercessions urge guardians to know about the dangers from underage drinking, to speak with kids, to clear up assumptions in regards to liquor use, to set guidelines and results for infringement, to screen kids' exercises, and to decrease the accessibility of liquor in the home. Furthermore, content on family administration practices and relational abilities regularly are incorporated. Parent-coordinated projects have been incorporated with school-based intercessions, some of which have been noted to be successful; however these interventions have not been assessed independently (Flay 2000). Single family intercessions have been fruitful in diminishing liquor usage and other hazardous practices.

Family mediations work at both the individual and natural level. Intercessions try to change the conduct of both guardians and youngsters by expanding learning and abilities. In any case, by improving guardianship practices, they influence the essential social environment for the kids. This microenvironment-level change successfully diminishes accessibility and makes higher "costs" connected with drinking, which most likely leaves enduring impacts that have been established.

Families in trouble or youth who are displaying misconduct issues may require more escalated mediations (particular and called for interventions). Layered or stepped intercession procedures have been confined to all the more exorbitant services to the subset of families in great need.

2.3.3 Community-Based Prevention Programs

A key obstruction to preventing underage liquor usage is the way that youngsters regularly are in circumstances where drinking is allowed or even promoted. School-based mediations basically can't address each circumstance. That notwithstanding, societal based efforts, especially when a school-based corrective action has been set up, can lessen liquor use among young and youthful grown-ups (Wagenaar et al., 2000). These endeavors incorporate restricting liquor sales to

minors, improving the enforcement of underage alcohol consumption laws, and changing liquor policies at traditional social occasions, and also improving the sensitivity of the public about the issues connected with alcohol consumption.

Setting up expansive society wide avoidance efforts brings up another set of difficulties. Fruitful projects require the collaboration of a wide range of individuals speaking to various members of the society, with different backgrounds, resources and thoughts. Group limits must be plainly explained. Including more parts can add up the costs and require long term support to accomplish society wide results. Plainly stating the objectives for control measures in the group, and deciding approaches to gauge advances to obtain those objectives, might be a test too (Fagan et al., 2011).

Cautious planning is indispensable for success:

- Set objectives that are unmistakably well defined and reasonable.
- Allow satisfactory time for planning.
- Determine corrective action messages in light of the issues novel to that group.
- Make use of evidence supported approaches and practices.
- Put techniques set up to screen the program to guarantee objectives are met.¹⁷

Communities That Care (CTC) is one approach for correcting problematic issues practiced by the young. It is becoming especially successful in avoiding underage liquor abuse. This program, actualized in groups, gives avoidance instruments that work in a scope of settings. It gives group coalitions approaches to screen and assess the achievement of their counteractive actions.

2.4 Theoretical Framework for Adolescent Alcohol Misuse

Petraitis, Flay, and Miller (1995) directed a top to bottom survey of 14 of the most important theories of juvenile substance usage. These writers recognize that there is as of now no single theory that adequately clarifies the relationship or causal correlation on the use of intoxicants. The known theories may be separated into social learning hypotheses, cognitive theories, routine duty and social connection hypotheses. Others are speculations that place accentuation on the part of intrapersonal qualities, and those that look to coordinate the ideal models as said above.

For the end goal of this study, human development theory, social control, and social control theories are examined.

2.4.1 Ecology of Human Development Theory

Bronfenbrenner's (1981) ecology of human development theory states that young people are influenced by their social settings and the connections that these settings have with each other. Bronfenbrenner recommends that people ought to be seen from a man in-environment system. He contends that natural occasions have the most grounded consequences for self-improvement. Four frameworks influence the individual: the microsystem, the mesosystem, the exosystem, and the macrosystem. The microsystem consists foremost of principal and quick socialization settings. These incorporate family, companions, and school settings. Associations that happen in the mesosystem are made out of similar settings; and in any case, these procedures occur in at least two settings in which the developing individual turns into a dynamic member. The component underlines works in various settings are not totally unrelated. For instance, there are interconnections amongst family and school settings that influence the advancement of a person.

The exosystem comprises of social situations in which a kid may not much of the time collaborate, but rather that still influence the youngster's advancement. This incorporates the areas in which youngsters live. The macro system framework is the biggest framework and influences the kid through the laws and the social values of the general public. Appropriately, human advancement happens inside these frameworks and the relations between them shape conduct. He contends that dynamic engagement or even introduction to what others are doing rouses the person to utilize comparative exercises (Bronfenbrenner, 1981).

2.4.2 Social Cognitive/Learning Theory

Bandura's (1986) social intellectual/learning hypothesis states that good examples, particularly companions and guardians, impact young people's conduct. Bandura contends that teenagers' convictions can be both positively and adversely molded in light of their interaction with individuals in their surroundings who either use or decline to make use of drugs. The behaviour of the young is straightforwardly formed by their perceptions of these occasions. Perceptions of critical others directly shape young people's assumptions about social, individual, and physiological results of substance usage (Bandura, 1986).

As indicated by Petraitis, Fray, and Miller (1995), Bandura's model calls for avoidance endeavors to concentrate on increasing the numbers of those that do not abuse drugs and reducing the influence of substance-using role models. The attention ought to be on showing refusal aptitudes and improving refusal self-adequacy. Research has established that about half of the differences in alcohol usage could be explained by the fluctuation in liquor usage could be anticipated from young people's discernments that important others affirm the use of liquor.

2.4.3 Social Control Theory

Elliott's (1985) social control theory targets powerless bonds to customary society and establishments and people who dishearten freak practices as the reason for such practices. A feeble attachment to customary culture is produced when there is little attachment to the qualities, organizations, and socialization strengths, (for example, schools and religions), which involve traditional society. He contends that these frail bonds result in teenagers building up passionate connections to substance-utilizing peers. This depends on the supposition that when bonds to ordinary society are frail, teenagers won't place importance to customary practises or norms that influence their conduct. Rather than joining to routine good examples, for example, guardians or educators, those youths with frail bonds to customary society will get to be connected to substance-utilizing peers.

Elliot (1985, 1989) additionally attests that frail social bonds are shaped when there are strain and breakdown of set up foundations and incapable socialization to customary society. The strain is characterized as the disparity between a juvenile's desires and his observations about the chances to accomplish such objectives. Strain can happen in three circles: in the home, in school, and inside the youthful's occupation. The breakdown of built up set up organizations happens in unplanned neighborhoods with lots of crime, unemployment, inadequate schools, and failed social organizations. Disordered families, where the customary family structure is upset (i.e. single parent families or separated families), are additionally normal for the breakdown of established organisations. Ineffectual socialization may bring about teenagers who are attached to substance-abusing peers.

A study by Ennett et al. (2008) used a calculated structure in view of social environment, social learning, and social control hypotheses to distinguish the joint impacts of social settings and relevant traits on the advancement of pre-adult liquor abuse. The study affirms the value of the

theories as stipulated above and the impact of various social settings in the advancement of youthful liquor abuse. Accordingly the advancement of immature liquor utilize happens over the settings of associates, family, group, and schools.

Hawkins, Catalano, and Miller have combined control hypothesis and social learning hypothesis to frame the social improvement model to guide endeavors to avoid substance usage. The model underscores the imperative capacity of attaching to expert social parts of society in shielding youths from the hazard mentioned above. The model places importance on the requirement for expert social bonds to family, school, and associates as an immediate type of assurance from substance abuse. The model characterizes bonding to be like Bowlby's idea of connection. Solid parental connection, duty to tutoring, and the confidence in generalised social desires, standards and qualities are conversely identified with drug abuse. In particular, the model estimates "communications among (an) open doors for inclusion offered in every social unit, (b) the abilities offered by people as a part of these social units, and (c) the fortifications offered in these units." The collaboration will bring about the youth attaching to a social unit and "develop confidence in the values and beliefs of the social units in which youngsters grow" (Hawkins et al., 1992, 87). The writers contend that young who create bonds to social units that sustain hurtful standards about drug use are probably not going to misuse drugs.

Social development hypothesis proposes that preventive action procedures require "(a) to make accessible opportunities for youngsters to be utilised in pro-social exercises, (b) to give train them to perform these exercises effectively and (c) to give encouraging feedback for their participation" (Hawkins et al., 1992). These systems ought to be executed over an assortment of social settings and be founded on research of risky and protective elements.

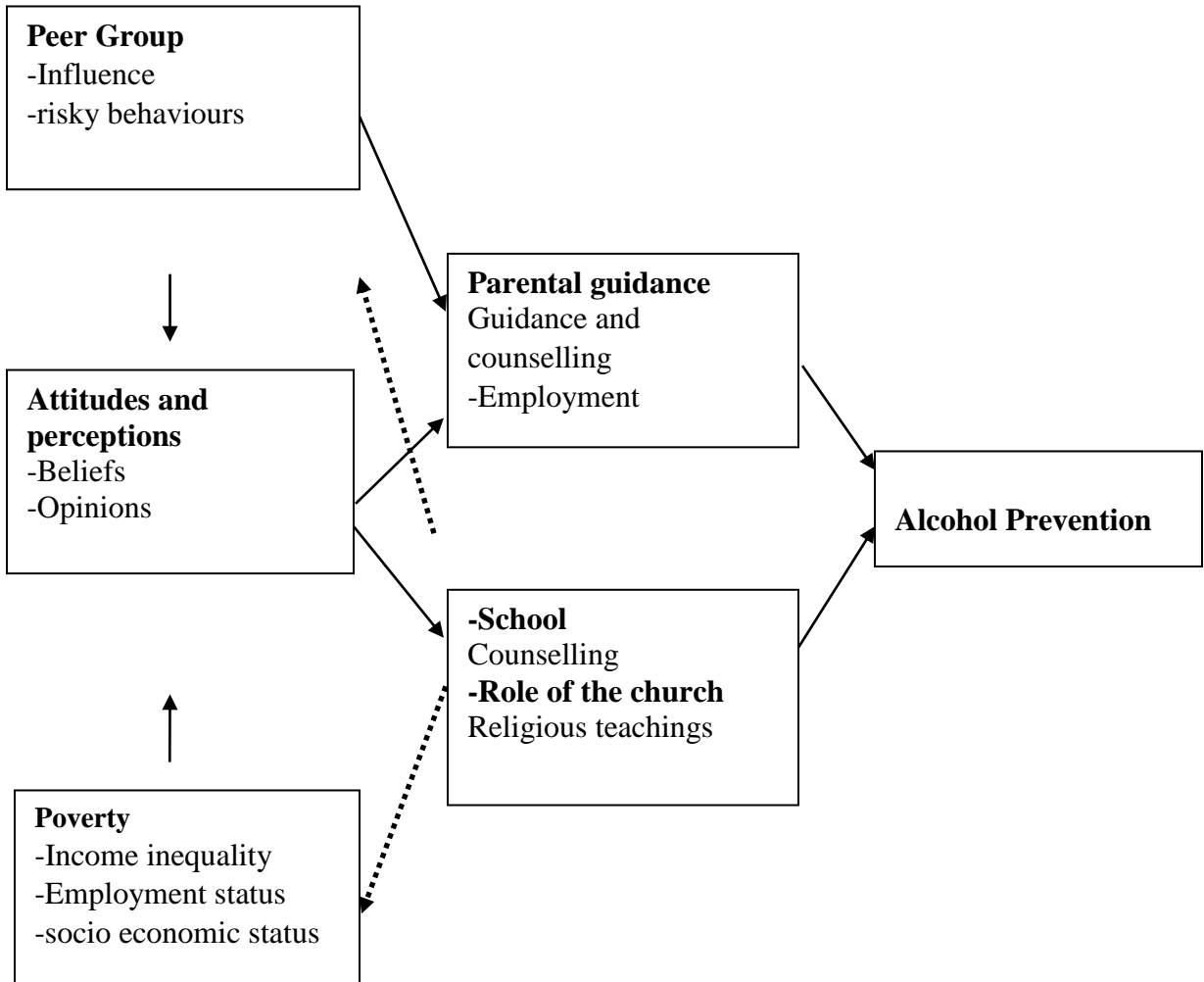
2.5 Conceptual Framework

As per Young (2009), a conceptual framework is a diagrammatical representation that demonstrates the relationship between dependent variables and independent variables. Independent variables are those that are systematically varied by the researcher while dependent variables are those whose values are dependent on variations of the Independent variables. In this research, the independent variables include peer groups, attitudes, and perceptions, and additionally poverty which influences liquor prevention, as demonstrated below:

Independent variables

Intervening Variables

Dependent variable



CHAPTER THREE: STUDY METHODOLOGY

3.0 Introduction

This chapter describes the stages and procedures that were followed in conducting the study. The chapter starts with the research design and then describes the target population and the sampling design. In addition, the data collection instruments and procedures are described in detail. At the end of this chapter, the data analysis and ethical considerations are described.

3.1 Location of the Study

The area of the study was Gitothua town. Gitothua is one of the towns in Ruiru Sub-County of Kiambu County. The town is situated off the Thika parkway and between the Eastern sidestep and the Ruiru-Kiambu landing area streets. It additionally confronts the Ruiru Prisons preparing school toward the south. The town has red volcanic soil that is exceedingly conducive for growing different products such as maize, beans and floriculture. Gtohua town was picked in light of the fact that the town has been recording high cases of liquor abuses. The researcher is familiar with the area (as he lives in Ruiru) and it is therefore suitable for collecting data. According to Orodho (2010) that a perfect setting for any study ought to be promptly accessible to the researcher.

3.2 Research Design

This study adopted a descriptive survey design. According to Ogula (2005) a descriptive survey is a study concerned with answering questions like what, where, and how of a subject. The descriptive research design was appropriate for this study because adequate provisions for protection against bias and while maximizing reliability can be achieved with due concern for economical completion of the study. In the opinion of (Kerlinger, 1973), research a research design is an outline or arrangement of an activity that sets up the structure. In addition, the design was adopted because it describes the subject as it is without prejudice or bias (Jaeger, 1988).

3.3 Unit of Analysis and Units of Observation

The unit of observation refers to the people or group about which generalization are made after data analysis (Mugenda and Mugenda, 2003). In this study, the unit of examination were drug users. This group consisted of young people between the ages of 15 to 35. This unit of analysis

was selected because they are the most affected by drug use as they are expected to contribute to the development of the economy.

3.4 Target Population

Population is defined as the total of subjects or units in which a researcher is interested (Mugenda and Mugenda, 2008). This study targeted the inhabitants of Gitothua town. This population consisted of 900 families living in Gitothua location.

3.5 Sample Size and Sampling Techniques

According to Kothari and Kothari (2001) a sample refers to a small number of units selected from a large population. Sampling is defined as a process through which comparatively few people, objects or activities are selected and analyzed for purposes of finding out something about the entire population from which it is chosen. A systematic random sampling method was used in this study. In this method, a sampling interval (K) was identified by dividing the sampling frame (N) by the sample size (n). The sampling frame of this study was 900 families living in Gitothua town. The sample size was 90. Sampling interval (K) = Sampling frame (N) / Sample size (n) = $900/90=10$ Therefore every 10th household was identified. Both male and female youths from each of the households were randomly sampled.

As indicated by the Kenya National Youth Policy (2006), youth are those people between the ages of 15 and 35 years, and this research adopted this definition to determine those who qualified to participate. The list of households was obtained from the Central Bureau of Statistics in the Ministry of Devolution and Planning based on the 2009 census. Purposive inspecting system was utilized to choose the example of 10 respondents who included a Deputy County Commissioner, an Assistant Chief, a senior, and authorities from both KEBS and NACADA.

Therefore a total sample of 100 respondents was used for this study, and that is the 90 respondents selected from residents of Gitothua village and the 10 respondents selected as indicated above from the key informants

3.6 Methods of Data Collection

For the purpose of collecting data related to project sustainability, the researcher used a questionnaire to collect primary data. The questionnaire comprised of two (2) sections. The first section consisted of the demographic features related to the characteristics of each of the respondents.

3.6.1 Collection of Quantitative Data

To collect quantitative data the researcher used closed ended. These questions required respondents to choose from the given alternatives the one they believed was the most suitable.

3.6.2 Collection of Qualitative Data

The data was obtained using a key informant guide. This guide was used to gather information from respondents who had a deeper understanding of alcoholism among the youth. The respondents were required to fill in blank questions by either stating their opinions or commenting on drug use and abuse among the youth in Gitothua Village

3.7 Ethical Considerations

First, permission to conduct this study was sought from the University of Nairobi, the Deputy County Commissioner of Ruiru and the Assistant Chief of Gitothua village. The respondents were educated of their rights to take part in the study or decline to participate in the study. All participants were assured of the confidentiality of information they provided and an informed consent will be verbally sought from all respondents

3.8 Data Analysis Presentation

Data analysis is defined as the systemic arrangement and amalgamation of research data and testing of hypothesis for the purpose of gaining information relevant to a given research question. In this study, the researcher thoroughly checked the returned questionnaires for completeness and consistency of answers. This involved cross checking the questionnaire items to identify those that were incomplete and illegible and any items which are wrongly responded to. The data was then coded to classify responses according to the items in the questionnaire. After that, descriptive statistics, correlations and content analysis was used to analyze the data. Thereafter, the data was keyed on to the SPSS software and analyzed with the use of descriptive and inferential statistics in the form of percentages, averages and correlations.

CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

In this chapter, data analysis, presentations in diagrams and interpretations of the findings are presented.

4.2 Data Analysis

4.2.1 Response Rate of Respondents

This study was carried out in Gitothua village in Ruiru sub-county in Kiambu County, Kenya with the general objective being to establish effective ways to control and prevent alcohol abuse by the youth in a family and how to mitigate effects of alcoholism. Out of ninety (90) questionnaires that were distributed to residents, 74 were duly filled and returned. Key informants included the Deputy County Commissioner for Ruiru Sub County, Assistant Chief of Gitothua village, a teacher, a pastor, an officer from Kenya Bureau of Standards (KEBS) and an officer from NACADA. These experts were guided to fill questionnaires which were all open ended to get their views and opinions on the subject of alcohol abuse by the youth.

Table 4.1 Response rate of respondents

Category	Frequency	Percentage
Response	74	82.2
Non Response	16	17.8
Total	90	100

Table 4.1 indicates a response rate of 82% while non-response was 18%. This means that there was a majority response.

4.2.2 Age of Respondents

The study sought to establish the ages of the respondents, and the distribution was in groups of below 18 years to above 40 years. The result showed that 6.7% were below 18 years of age, 20.3% were between 18 to 20 years, 64.9% were between 20 to 30 years, and 9% were between 31 to 40 years. The findings show that respondents are mainly between 20 to 40 years. Table 4.2 shows the age distribution. This implies that the information gathered is reliable because the

majority of the respondents were in the age bracket for the youth (13 to 35years) who are likely to abuse alcohol, the primary focus of this study. Table 4.1 presents these findings

Table 4.2 Age Distribution of Respondents

Age group	Frequency	Percent
Below 18 years	5	6.7
18-20 years	15	20.3
20-30 years	48	64.9
31-40 years	6	8.1
Total	74	100.0

4.2.3 Gender Distribution of Respondents

The respondents' gender was classified as in Table 4.3. The male and female genders were almost equally represented with men being 51.4% and women 48.6%. The proportions of sexes imply that the data is representative for the whole society. Also, the bias towards the male gender is necessary for the research since the problem of alcohol abuse is more pronounced in the male gender.

Table 4.3 Gender of Distribution

Gender	Frequency	Percent
Man	38	51.4
Woman	36	48.6
Total	74	100.0

4.2.4 Employment Status of Respondents

The employment status of the respondents was distributed as in Table 4.4. The majority of respondents at 68.9% were employed, and 31.1% were unemployed. Although the majority of the respondents were employed, unemployment was cited as a major reason behind alcohol abuse among the youth.

Table 4.4 Employment Status of Respondents

Status of Employment	Rate	Percent
Employed	51	68.9
Unemployed	23	31.1
Total	74	100.0

The data above shows that the unemployed youth are likely to use drugs than those with employment. A number of the factors that are responsible for alcohol abuse To begin with, from a psychological viewpoint, money related difficulties connected with unemployment could cause stress, uneasiness, and family disunity which may lead to increase consumption of liquor. In addition, some studies contend that lack of employment causes a large portion of the youth to worry about their lives (Karasek and Theorell 1990). People may also drink liquor due to hazardous work conditions, social pressure and long work hours (Arkes 2007; Catalano et al. 2011).

Secondly, some people start drinking as a result of loss of jobs and income (Catalano et al., 1999; Catalano et al., 2011). Be that as it may, it is possible that some individuals may reduce their liquor consumption amid a temporary economic downturn to protect themselves from potential occupation misfortune or diminished profit (Catalano et al. 2002). Third, potential unemployment in a declining economy may lead people to divert resources into improving wellbeing such as exercise and healthy eating (Bruckner, 2008; Catalano et al., 2011).

From purely monetary point of view, if liquor is ordinarily good, then a decrease in pay because of unemployment will prompt to decrease in liquor consumption. On the other hand, lack of employment opportunities may result in more leisure time, which may support social drinking (Arkes 2007; Dee 2001; Ettner 1997).

The workplace itself is another trigger for drinking because of the professionals gatherings which may encourage alcohol consumption. This suggests that having work can likewise prompt people to consume alcohol especially if there is not supervision of the young people. A constant income may facilitate indulgence into alcohol consumption which may lead to dependence.

4.2.5 Educational Level of Respondents

On the level of education, respondents gave results as in Table 4.5. The findings show that 48.6% of the respondents have a secondary education while 44.6% have post-secondary education. Another 5.4% had no formal education while 4% had primary education. The relatively high level of education is consistent with the finding that 68.9% of the respondents are employed as shown in Table 4.5

Table 4.5 Educational Level of Respoindents

Level of education	Frequency	Percent
No Education	4	5.4
Primary Education	1	1.4
Secondary Education	36	48.6
Post-Secondary Education	33	44.6
Total	74	100.0

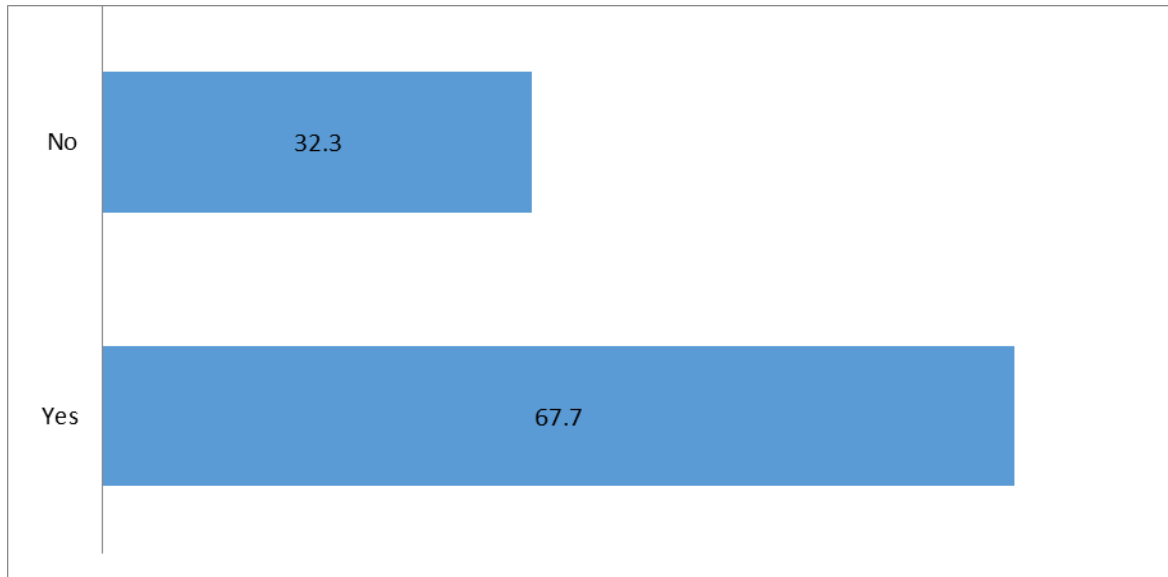
The level of education has been found to have an affect alcohol abuse. One specific study from 2004 in Copenhagen included that more than 30,000 men and ladies of ages 20-93 with some education were found to be smokers and consumed alcohol.

The key informants agree on the need for education as a measure to prevent alcohol abuse among the youth. There is a consensus generally that improving the level of education has benefits in trying to contain the problem of alcohol abuse. This study, however, shows that formal education alone is not sufficient in controlling alcohol consumption among the youth.

4.2.6 Peer Group Influence on Alcohol Consumption

The study sought the opinion of respondents on whether peer group influences alcohol consumption. The respondents had two options 'Yes' or 'No'. A majority of respondents (67.7%) agreed that peer groups influence alcohol consumption while a minority (32.3%) did not agree. This study, however, shows that formal education alone is not sufficient in controlling alcohol consumption among the youth. The results are in Figure 4.1

Figure 4.1: Whether peer group has influence on alcohol consumption (N=74)



Peer pressure has been found to have a fundamental effect on college and university students in that peers shape the direction and bolster expectations to go around this transitional period (Tees' and Bradley, 2008). The first year students are especially dependent on their friends and peers since they are new to the college or university environment as they adjust to the school way of life. Despite the fact that peers might be a fundamental in coping with stress during this transitional period, the involvement of peers in the day to day activities of new students may increase the impact of peer pressure. Peer pressure, whether direct or indirect may exert pressure on an individual to engage in risky activities (Santor, Messervey, and Kusumakar, 2000).

The way peers behave can act as an influential models by presenting, giving, or constraining risky activities such as liquor use to their friends (Kinard and Webster, 2010). By presenting these behaviours to their colleagues, college or university students review the consumption of liquor as a positive and socially worthy experience (Kinard and Webster, 2011).

However, college students fail to recognize the fact that there are negative consequences associated with the consumption of alcohol. For instance, the main source of death for young people between n 17 and 20 years of age is liquor related to motor vehicle accidents (US Department of Health and Human Services, 2011). Similarly, around 400,000 university or college students between the ages of 18 and 24 have unprotected sex because of drinking. More than one-fourth of those students report being excessively inebriated, making it impossible to

know whether they even assented to engage in sexual relations (US Department of Health and Human Services, 2011). Thus, it is important to comprehend peer pressure, and which groups of students, are more vulnerable to it, to avoid these negative outcomes from happening. The social identity theory helps to explain why students are impacted by peer pressure (Regan and Morrison, 2011).

The social identity theory suggest that a huge number individual's ego is formed through their peer groups, with the in-groups being seen more positively than the out-groups. In a school situation, it is basic for students to be connected with the in-groups to be socially accepted. Out-groups, such as green beans students and non-consumers, may do not have the social bolster required amid this transitional period since they don't fit in with the larger part of their associates. All the more particularly, non-consumers would be viewed as an out-gathering since they are not taking an interest in the standardizing conduct of liquor utilize. In this manner, students who enter school resolved to remain non-consumers frequently offer into associate pressure to end up a part of the in-gathering (Borsari and Carey, 2001). This experience of feeling like an out-gathering is pervasive in green beans students also. Green beans are very at hazard for liquor utilization since they are adjusting to the school way of life and endeavoring to grow new friendships (Bosari and Carey, 2001). Moreover, helpless school bunches (e.g., first year recruits and non-consumers) will offer into companion pressure planning to be socially acknowledged and have a fruitful move to school.

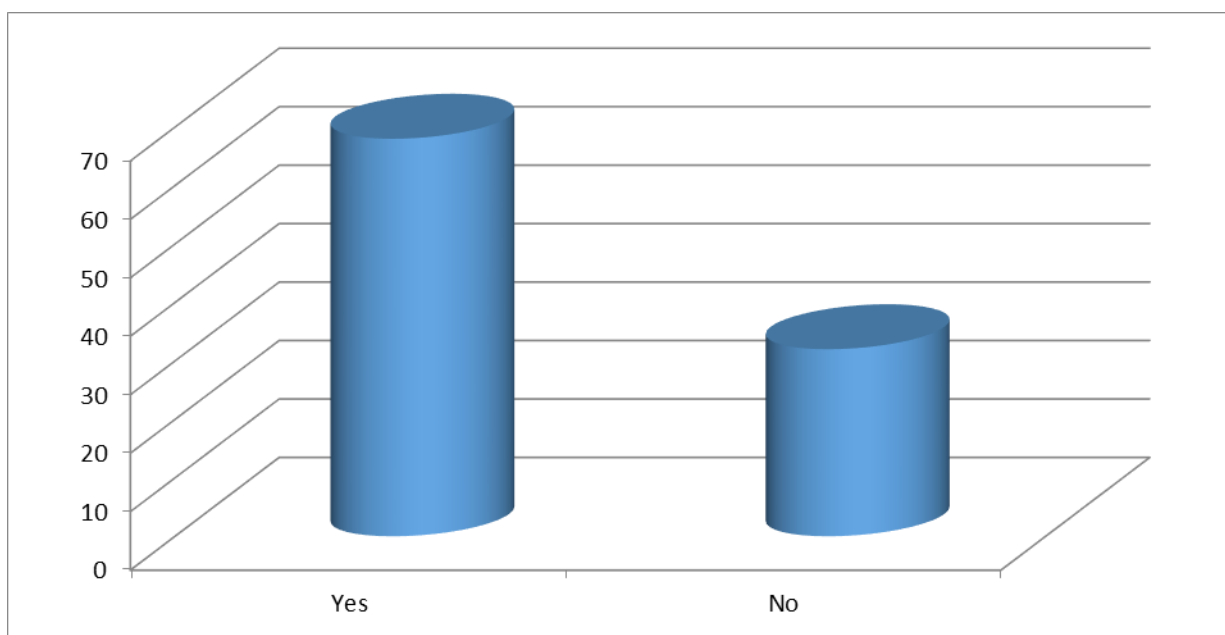
4.2.7 Alcohol Consumption by Respondents' Friends

The study inquired about respondents' friends and whether they consume alcohol. Sixty-five percent (65%) of the respondents agreed that their friends drink alcohol while 35% did not agree. This means that most of the respondents have friends who consume alcohol. This confirms the assertion by Chalder et al., (2005).

Sixty-five percent (65%) of the respondents concurred that their peers drink liquor while 35% did not concur. This implies that the majority of the respondents have friends who consume liquor. This affirms the assertion by Chalder et al., (2005) that peer groups have a great influence on liquor consumption and this impact could be enhanced by the drinking behaviours of the people in peer groups members themselves. Figure 4.2 demonstrates the responses.

The key informants at NACADA said that the young people had friends who had enjoyed drugs and had quit taking them. However, every one of the members I encountered in my study found said that most drug/substance abusers live in urban ghettos as opposed to rural areas. However, the references emphasized that, drug or substance abuse is not dependent on the region of residence and there is no critical relationship that exists between the two factors.

Figure 4.2: Whether friends of respondents consume alcohol



Friends can directly affect liquor consumption by pressurizing teenagers to drink. In extreme forms, peer pressure can be a type of bullying. Friends may encourage drinking by ridiculing a teenager, arguing that it is immature not to consume alcohol. Pressure from mature friends is particularly influential regardless of whether a teenager chooses to drink or not.

Whenever a teenager sees his or her friends drinking, she/he may drink to fit in with the group. Even when peer pressure does not exist, teenagers will, in some cases feel as though they are not part of the gathering when they are not participating in behaviours like that of their friends. A teenager may choose to drink to please potential friends, for example, a gathering of friends that he considers interesting or cool.

The teen years can be very distressing and confusing. Drinking liquor can make a teenager feel less insecure but more connected with friends and reducing feelings of social awkwardness. In a 2011 article published by the Mayo Clinic, "the physical changes of puberty may make a young person to be self-conscious and make him/her more inclined to take risks such as taking alcohol. The desire to associate with friends without feeling shy or uncomfortable may make a teenager choose to consume liquor.

Friends can also act as a deterrent to a high alcohol consumption by teenagers. Teenagers are more likely to avoid drinking alcohol if their friends do not take it. As noted in a 2010 article published by the American Academy of Pediatrics, having a friend who consumes liquor is one of the most obvious indicators of substance use by adolescents. Accordingly, having friends who concentrate on school, extracurricular activities and maintaining a strategic distance from liquor can be a deterrent factor in adolescent alcohol drinking.

Further, Steinberg and Silverberg (1986) found that as youngsters grow, they surrender to the influences of their associates as they shed off their parental orientation and supplant it with dependence on their friends. Peers may urge their friends to take part in undesirable acts like fighting, liquor drinking, and sexual immorality.

4.2.8 Reasons for alcohol abuse among the youth early in their lives

The respondents were required to rate various reasons behind alcohol abuse. The Likert rating scale was used from 1= no extent to 5= very great extent. The results indicate means of 2.2973 – 3.9595. Peer pressure rated highest among the reasons with a mean of 3.9595 indicating it is influencing alcohol abuse to a very great extent. Influence of mass media was least rated at 2.2973 meaning the influence is to a moderate extent. Frustrations at home were also ranked high (mean =3.8783), availability of drugs has a moderate effect (mean= 3.1622) and family background mean= 2.9324. This indicates a high level of agreement by respondents that peer pressure, family history, availability of drugs, failure at school, frustrations and stress at home and influence by media are reasons behind alcohol abuse. Table 4.6 gives the descriptive statistics.

Table 4.6 Respondents extent of agreement on the reasons behind alcohol abuse

Reasons behind alcohol abuse	Extent of agreement							Mean
	1	2	3	4	5	%	N	
Peer pressure leads to higher rates of alcohol abuse.	6.8	14.9	4.1	24.3	50.0	100.0	74	3.9595
Family backgrounds influence drinking habits of the youth.	13.5	25.7	31.1	13.5	16.2	100.0	74	2.9324
Availability of money increases rate of drug abuse.	8.1	14.9	17.6	25.7	33.8	100.0	74	3.6216
Those that fail school exams have a higher rate of drug abuse.	18.9	18.9	17.6	16.2	28.4	100.0	74	3.1622
Frustrations and stress at home increases the level of alcohol abuse.	5.4	12.2	16.2	25.7	40.5	100.0	74	3.8378
The mass media influences the drinking habits of the youth.	36.5	23.0	25.7	4.1	10.8	100.0	74	2.2973

Key

1 = No Extent

3 = Moderate Extent

5 = Very Great Extent

2 = Little Extent

4 = Great Extent

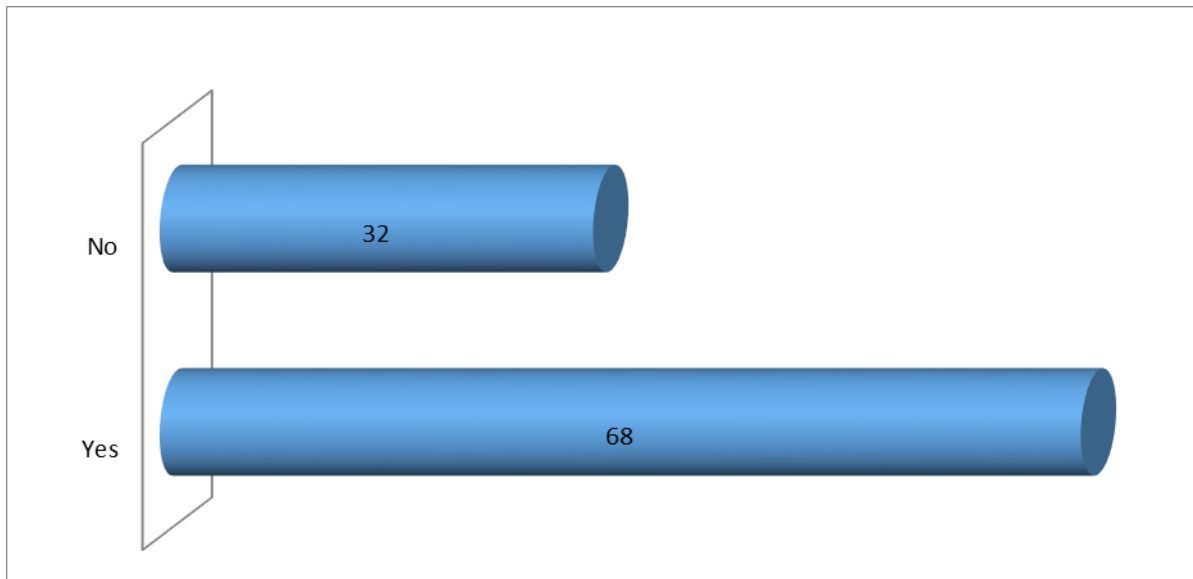
The opinions of respondents, therefore, indicate that peer pressure is rated as the greatest reason for alcohol abuse, followed by frustrations at home and the easy availability of alcohol. Failure at school and influence of the media were seen only to have a moderate influence. The key informants highlight peer pressure, parent absenteeism and unemployment as reasons for alcohol abuse among the youth. They also bring to light the breakdown of society regarding the lack of extended family ties and responsibilities.

4.3 Alcohol Preventive Measures

4.3.1 Existence of prevention measures to reduce alcohol abuse

Respondents were asked whether there were prevention measures to reduce alcohol abuse. Sixty-eight percent of the respondents indicated Yes while 32% indicated No. The majority of respondents believe there are prevention measures to reduce alcohol abuse.

Figure 4.3: Existence of prevention measures to reduce alcohol abuse



Respondents were further required to state preventive measures that aim to reduce alcohol abuse and its consequences. The various mechanisms mentioned by the key informants include:

- Advertisement messages on both TV and Radio advising that alcohol should not be sold to persons under the age of eighteen.

- That there are arrests of bar owners who sell alcohol to those below 18 years, and also for selling alcohol before the authorised hours.
- The National Transport and Safety Authority also arrests those who drink and drive.
- In public meetings and forums the youth are advised against drinking and further educated on the dangers related to underage drinking.

Seminars and workshops have also been organised by NACADA to lay preventive techniques in liquor utilization.

NACADA has undertaken a number of different initiatives, which include awareness creation, training and empowering the general population on matters of medication and liquor or substance abuse, providing resource centers for drug and substance abuse and creating forums for stakeholder participation in reducing drug and substance abuse in society

In addition, the organization prepares and distributes leaflets with different messages on the impacts of medication manhandle to schools and people in general on the loose. The organization has been included in building up a key arrangement to incorporate open mindfulness battles, intercessions for extraordinary gatherings, advising administrations, and recovery and bolster administrations for the defenseless and the young

Some churches have also initiated some anti-drug programs. One such church is Lavington United Church in Nairobi, Kenya whose effort efforts help in training and educating young college and university graduates about the impact of drug abuse in society. The young people are trained how to reach others through peer counselling (NACADA, 2007). The Anglican Church of Kenya (ACK) has also implemented preventive drug projects for the youth and grown-ups in every diocese and has organized spiritual crusades to fight drug in schools and universities so as to bring about inner spiritual healing.

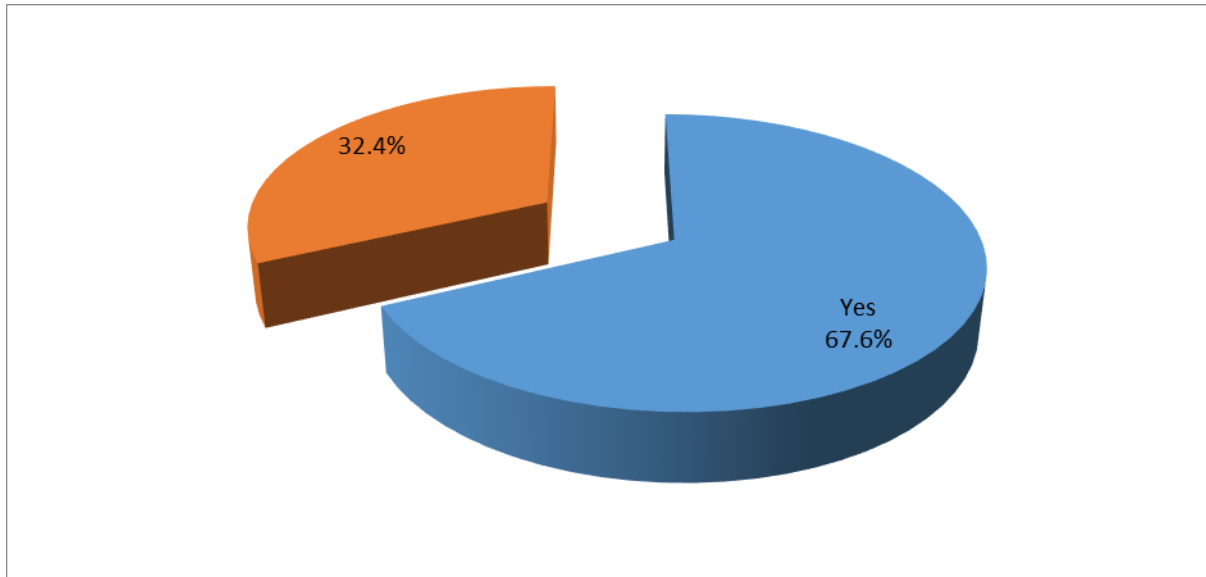
Likewise, the church has set up treatment and rehabilitation centers to create awareness to achieve physical and spiritual satisfaction among drug users and addicts (Githinji, 2004:40).

During drama festivals, there are many plays, choral verses and poems that condemn alcohol consumption, in particular among the youth. Interpersonal communication also helps prevent alcohol abuse, especially parental guidance to the children while still young.

4.3.2 Existing mechanisms of preventing illicit brew

The study sought to determine if there were deterrent mechanisms to illicit brew. The results indicate 68% responded 'Yes' while 32% responded 'No.' Figure 4.4 below presents the response. The key informants advise that preventive measures are many and include issues like the Government banning the blending of indigenous mixed beverages, for example, "chang"aa" and 'kumi-kumi,' which are viewed as dangerous to human wellbeing (NACADA, 2006). The Government has further instructed all the District County Commissioners, Chiefs, and Assistant Chiefs to raid any illegal breweries and drinking dens, confiscate such brewing equipment and arrest both their owners and patrons in their districts. This year the Government has gone further and banned the production and sale of second generation alcohol that has been killing people as they are not fit for human consumption.

Figure 4.4: Whether there are preventive mechanisms to illicit brew



4.3.3 Statements on factors related to alcohol consumption

Respondents were required to rate various statements on factors that affect alcohol consumption on a scale from 1= no extent to 5=very great extent. As shown in Table 4.7 the results give means of between 2.6351 to 3.5811. The majority of respondents agree with the statements to a moderate extent. The respondents at 3.5811 decided that the key impediment to avoiding underage liquor consumption is the way that youngsters frequently are in situations where drinking of liquor is tolerated. In these findings, respondents appeared not to concur with the

announcement "that the capacity of guardians or parents to influence whether their kids drink is very much documented. This appears to concur with our key witness' findings that parents and guardians nowadays appear to have lost the ability to manage their children as they are not available because of their working schedules.

This research has shown that 'Higher taxes on brew are connected with lower car accident casualty rates, particularly among youthful drivers, and with lessened occurrence of a few sorts of wrongdoing', however the respondents in this study with a mean of 3.01 percent demonstrated a direct level of concurrence with this announcement.

Table 4.7: Extent of agreement with statements on factors related to why alcohol is abused.

Statements	Extent of agreement					Total		Mean
	1	2	3	4	4	%	N	
Taxes on alcohol affect its rate of consumption.	24.3	17.6	21.6	13.5	23	100.0	74	2.9324
Higher taxes on beer are associated with lower motor vehicle crash fatality rates.	24.3	16.2	20.3	12.2	27	100.0	74	3.0135
Raising the minimum legal drinking age has been accompanied by reduced alcohol consumption.	20.3	20.3	17.6	17.6	24.3	100.0	74	3.0541
The ability of parents to influence whether their children drink is well documented.	24.3	28.4	23.0	8.1	16.2	100.0	74	2.6351
A key obstacle to preventing underage alcohol use is the fact that young people often are in situations where drinking is tolerated.	14.9	9.5	14.9	24.3	36.5	100	74	3.5811

1 = No Extent

3 = Moderate Extent

5 = Very Great Extent

2 = Little Extent

4 = Great Extent

The key informants indicated that taxes have little effect on alcohol assumption because illegal brewers are many, and their products are readily available. The illicit brews are cheap but very potent such that a young person will readily be hooked and abuse alcohol. Traffic fatalities are still highly related to alcohol consumption. The key informants also bring in the perspective of absent parents and broken down families enhancing alcoholism among the youth.

4.4 Poverty and Alcoholism

The study sought the view of respondents on the relationship between alcohol consumption and poverty status of the entire community. The majority (52%) agreed while 48% disagreed. This finding agrees with that of Blumberg, et al. (2008) who reported that individuals who are from lower financial status and who are destitute, unemployed or underemployed are at more serious danger of liquor use than the general community.

In the opinion of specialists from NACADA, liquor utilization consequently causes increment in destitution because of lack of money and economic breakdown, loss of focus in life in an existence loaded with regrets, indiscipline, and loss of jobs for those working, and low self-esteem. There also arises an absence of advancement, both physically and spiritually, uncertainty, viciousness, hostility and confusion in all that the drunkard does. Studies demonstrates that continuous liquor misuse happens among individuals who are of low financial status. It implies that in circumstances of neediness and unemployment, these individuals are very likely to end up overdrinking liquor. The absence of resources and support from the community exacerbates the issue even further. Liquor is therefore an easy escape from reality (Korhonen, 2004).

4.4.1 Alcohol consumption and the poverty status of the community

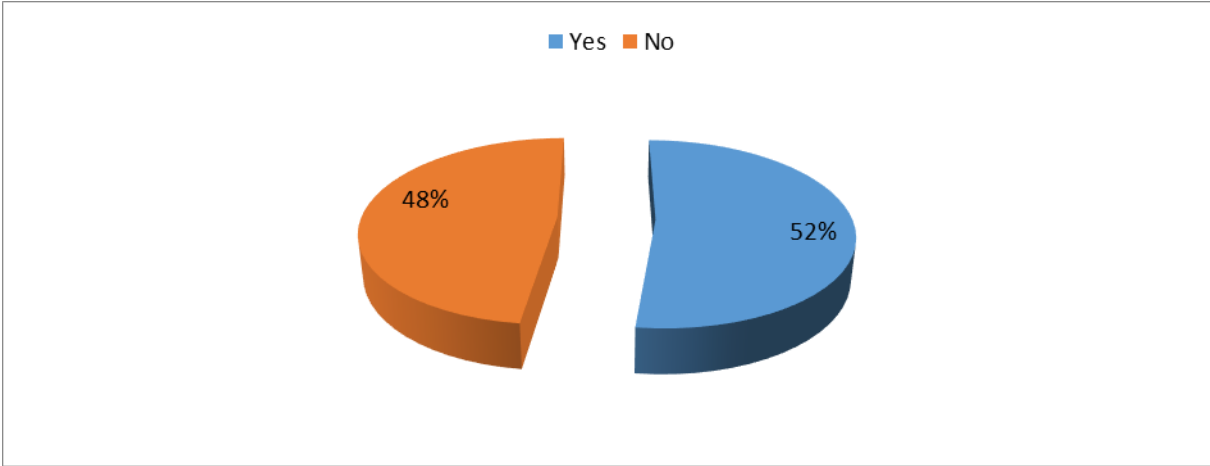
The question tried to see if or not liquor utilization directly affects poverty status of the community. The lion's share (52%) of respondents showed that liquor usage has direct effects on the poverty status of the community while 48% said liquor does not. This finding concurs with prior research that adapting to liquor creates issues in regards to usage of money meant for food and other necessities being diverted towards purchase of beer. It also promotes issues of alcohol dependence and increasing the danger of related medical issues and infectious diseases, for example, hepatitis C (Hyde, 2001). The key informants demonstrated that important results, and

additionally measurable affiliations, bolster the conclusion that liquor adds to and further worsens the poverty levels in many communities. Liquor utilization can have bad social and economic effects on the individual liquor taker, the drinkers environmental surroundings and the community as a whole. For sure, people other than the alcohol consumer can be affected, for instance, by auto mobile collisions or viciousness. It affects society in general with respect to assets required for criminal justice, medicinal services and other social organizations.

The negative impacts of overdrinking liquor and poverty multiply each other when they happen together. A family whose welfare is seriously affected by genuine poverty yet has no drunkard is entirely better off over one of equal monetary status but with a family member who is a drunkard. The simplest example is the impact on medical wellbeing. A poor individual who is a drunkard is a great deal more prone to experience the ill effects of liquor than an affluent individual drinking proportional amounts. The more noteworthy effect includes, for instance, the impact on the available food for the individual and family, transmission of tuberculosis and even the frequency of liver sickness. In addition, a few days of sick off because of a liquor related issues has increased effect on a family that is already very poor. Simply put the loss of the day by day salary is sufficient to worsen the families status.

More unpretentious impacts incorporate the impact of liquor on such things as how we identify with each other. Under poor and bad living conditions, the propensity for the frail to be the ones who become drunkards is common in society. The vulnearability of a few men and most women and youngsters is therefore increased. A significant part of the damage originates from inebriated individuals being permitted to misbehave, causing greater harm in overcrowded and open living spaces. The synergistic impact of liquor and destitution, or the shared improvement of each other's negative impacts, almost kills the individuals who are doubly affected.

Figure 4.5: Response whether liquor consumption effects the destitution status of people and group



4.4.2 Applicability of statements to alcohol abusers in the community

Respondents were required to rate on a Likert scale the extent to which the alcohol abusers in the community felt the consequences with 1 = small extent to 5 = very great extent. The result has means from 3.5672 to 4.5075, indicating that the listed consequences are felt to a great extent. From the table below misuse of money and lost employment opportunities had the highest responses of very great extent. This finding is in line with that of Gifford, 2010, who said that misuse of liquor is one of the most serious causes of disease, injuries, brutality, disability, social problems and premature fatalities. The findings are as shown in Table 4.8.

Table 4.8 Applicability of statements to alcohol abusers in the community

Statements	Extent agreement					Total		Mean
	1	2	3	4	5	%	N	
They have a tendency to misuse money.	5.4	1.4	4.1	10.8	78.4	100.0	74	4.5075
They earn lower wages than other people in society.	8.1	10.8	24.3	23	33.8	100.0	74	3.5672
They lose employment opportunities that are available.	4.1	6.8	6.8	17.6	64.9	100.0	74	4.3433
They incur increased medical expenses over time.	9.5	6.8	21.6	18.9	43.2	100	74	3.7612
They do not to qualify for economic improvement chances availed at locally.	14.9	9.5	14.9	21.6	39.2	100.0	74	3.6269

1 = No Extent

3 = Moderate Extent

5 = Very Great Extent

2 = Little Extent

4 = Great Extent

As per the specialists from NACADA, the impacts of drug and substance abuse are; medical difficulties, family separations, poor grades in schools as well as contributing to social misdeeds in the society. Many more issues that arise are dropping out of schools, sicknesses like cancer, HIV, and AIDs, sexually transmitted infections because of the impact of the intoxicating substances they use, for example, liquor, injecting drugs, among others.

They also called attention to that different impacts leading rising in criminal cases, mental incapacity, and disorders, social immoralities, for example, sexual assaults which leading to undesirable pregnancies among young ladies. Over drinking of liquor has brought about a calamity prompting to numerous young fellows being not able father adequate kids and additionally inability to perform their matrimonial duties (Grant, 1998).

The respondents concluded that there is a relationship between poverty and liquor. The income levels influences alcohol usage among the young, and most respondents reported that drinking of liquor increased with wage increment. Still others differed, arguing that pay has no impact on liquor use among the adolescents.

Grown-ups assume an indispensable part in the performance of gender roles and sex socialization of society's young individuals. This contention is educated by the Social Learning Theory, created by Albert Bandura (1977), which underscores the significance of kids' impersonation of the conduct of others (shows). In the light of reports of substantial liquor use among grown-up Kenyans and of grown-up men ignoring their sex roles, questions emerge with reference to what effect such liquor usage may have on the execution of gender roles and sexual socialization of their kids particularly among rural societies in Kenya.

The specialists in NACADA demonstrated a huge increment in liquor utilization in Kenya. There have additionally been many media reports of liquor related fatalities in Kenya and also reports about ladies in parts of Kenya demonstrating against the abandonment of marital responsibilities by their alcoholic companions. Key issues emerge with reference to how liquor abuse impacts on the performance of gender roles and gender role socialization for the youthful individuals from the Kenyan society.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This section is a summary of the findings of the study with specific reference to the objectives and research questions of the study, which were utilized as units of investigation. Information gathered was analysed, and the results compared with both experimental and hypothetical writing accessible. The conclusion relates straightforwardly to the specific objectives and research questions. Any suggestions or recommendations are as a result of analysis of the findings.

5.1 Summary of Findings

The study discovered that there are various explanations for alcohol abuse so early in the lives of the youths, which include peer pressure, exposure to alcohol at home, availability of the alcohol, failure at school, stress and influence by mass media. Peer pressure featured highest among the respondents while influence by mass media had the least response.

The findings of the study identify rehabilitation centers, some church and school programmes, elders and arrests by the police as current alcohol abuse control and prevention measures. However, corruption is ranked high as a reason for the actions not working.

The findings indicate that the community mostly perceives alcohol consumption as normal. This is further supported by traditional ceremonies which involve taking alcohol. However, liquor consumption among the youth is considered as a vice.

The study established that there was a relationship between poverty and alcohol abuse in Gitothua. There are many effects of alcohol abuse that relate to poverty. These include misuse of money, low wages, unemployment, larger health expenses and reduced development opportunities. Comparatively, those abusing alcohol are susceptible to poverty.

The research further established that there should be more measures to control and prevent alcohol abuse among the youth considering that peer pressure is a major factor in alcohol abuse.

5.2 Conclusions

The youth resorted to alcohol abuse early in their lives due to various factors. Peer pressure was ranked highest as one of the major factors affecting consumption of alcohol among the youth.

Current alcohol abuse control and prevention measures are facing a significant barrier, which is corruption. All efforts will not reduce alcohol abuse unless corruption is eradicated. Culture assumes a greater part in impacting the route individuals in any society to go about their everyday life. Diverse societies on the planet have distinctive methodologies while managing liquor particularly in the initiation of individuals to recognized rites of passage in societies. Indeed, even with a cutting edge western culture which is uncontrolled in Kenya, there is still a solid social bond in different ethnic gatherings concerning use and treatment of liquor. During cultural events, a few groups will primarily use liquor while in other societies liquor is a basic part of life. Nonetheless, these customary phases of society could be utilized astutely by educationists, ethicists, religious leaders, and the administration in passing fundamental data with respect to liquor usage by different people in society.

Alcohol abuse is one of the leading causes of poverty for individuals, families, and communities. It further results in crime and inability of the youth to be involved in development opportunities that continue to aggravate the poverty levels. The community perceives alcohol abuse among young people as a vice, which must be fought by both the community and by the government through laws that prohibit alcohol use by the youth.

There is, therefore, need for more effective measures to control and prevent alcohol abuse due to its effects on individuals, families, and communities at large.

5.3 Recommendations

In reducing the cause of alcohol abuse early in the lives of youths, interventions must be multifaceted. The approaches in intervention must be broad spectrum, including creating employment opportunities, social support for young people to control alcohol consumption in ceremonies and parents to openly discuss alcohol consumption with the youth about alcohol use. The individuals who are unable to control liquor usage require professional assistance, counselling and treatment.

The current laws on illegal alcohol have not prevented individuals from mishandling it. The laws ought to be amended and punishments on the individuals who mishandle them made harsher.

To get rid of liquor addiction among the adolescents, a good school environment which supports dynamic co-curricular exercises, for example, sports, music, dramatization, clubs and social

orders are required. Such exercises will give the young a solid feeling of having a place and reason in life, accordingly lessening weariness and inaction, both of which are decidedly connected with liquor addiction among the adolescents. Liquor control and good instructive projects in schools and other learning organizations ought to concentrate on both the adolescents' social and academic skills, including upgrading of discretion, peer connections, adapting abilities, social practices and liquor refusal abilities. This will manage their activities as talked about by the deontological hypothesis of morals.

Counselling of students ought to be reinforced in schools and instructors should be prepared in this field. This would empower them to unquestionably and professionally assist those who need help. The guardians ought to take up more responsibility. At the point when guardians get to be heavy drinkers, their association with the youngsters is no longer tenable, as they don't have room schedule-wise to talk about significant issues in their lives and especially the unsafe impacts of liquor abuse. Guardians ought to have an opportunity to give love and consideration regarding their youngsters. This would help the youngsters get a decent mental self-view. All the more significantly, guardians ought to be good examples to their kids. Various intervention measures to control alcohol abuse are hindered by corruption involving the police and illegal sellers. The study recommends more vigilance by the anti-corruption and ethics body to punish corrupt law enforcers so as to deter and reduce corruption and in effect support efforts of the government, religious groups and rehabilitation centres to control and prevent alcohol abuse.

The community should clearly mark the responsible age for partaking in alcohol even if it is in a traditional ceremony. The youth still requires guidance from all stakeholders about taking alcohol. Guiding and counselling centres and panels ought to be given at each societal level with qualified work force to offer such counselling. This should be set up in each district. This will accelerate the procedure of liquor control and management. This will include recognizing singular social operators specializing in liquor administration utilizing moral and cultural values.

The ability of families to address the issue of intoxicants among their youngsters ought to be improved by creating gatherings for adolescents and their guardians where they impart their knowledge, guidance and coping skills.

Centres with experts that know how to treat and restore heavy drinkers ought to be built up close to the guardians, who intern must be advised about the location of such centre. The community,

the government, and religious groups need forums to work out unique measures to enhance control and prevention of alcohol abuse in Gitothua. Homemade measures will be effective with the support of government through the administrative arm and the police.

5.4 Proposed Areas for Further Research

The study proposes further research on the effects of higher levels of education on the consumption of alcohol.

REFERENCES

- Allen, J.P., Porter, M.R., McFarland, F.C. (2006). Leaders and followers in adolescent close friendships: Susceptibility to peer influence as a predictor of risky behavior, friendship instability, and depression. *Development and Psychopathology*, *18*, 155-172
- Bandura, A. (1986) *Social foundations of thought and action: A social cognitive theory*. Englewood, NY: Prentice Hall.
- Bauman, K.E., Ennett, S.T. (1996). *Review on the importance of peer influence for adolescent drug use: commonly neglected considerations*. *Addiction*, *91*(2), 185-198.
- Bennett, S. E., Coggan, C., & University of Auckland. (2000). *Don't nag me!: Young people's perceptions of risk taking and alcohol consumption*. Auckland, N.Z: Injury Prevention Research Centre, Dept. of Community Health, University of Auckland
- Blumberg, L. U., Shipley, T. E., & Barsky, S. F. (2008). *Liquor and poverty: Skid Row as a human condition*. New Brunswick, N.J: Publications Division, Rutgers Center of Alcohol Studies.
- Bowen, G.L., Rose, R.A., Powers, J.D., Glennie, E.J. (2008). The joint effects of neighborhoods, schools, peers, and families on changes in the school success of middle school students. *Family Relations*, *57*, 504-516.
- Bronfenbrenner, U. (1981). *The ecology of human development: Experiments by nature and design*. Cambridge, Ma: Harvard University Press.
- Bryman, A. (2008) *Social Research Methods*. 3rd ed. Oxford: Oxford University Press.
- Coate, D., & Grossman, M. (1998) The effects of alcoholic beverage prices and legal drinking ages on youth alcohol use. *Journal of Law and Economics* *31*(1):145-171.
- Cross, C. W., New Hampshire., & United States. (2002). *Tapping into teen concerns, perceptions and behaviors 2000-2001 multi-community report: A report of the Teen Assessment Project (TAP) University of New Hampshire Cooperative Extension*. Durham, NH: UNH Cooperative Extension
- Elliott, D.S., Huizina, D., Mernard, S. (1989). *Multiple problem youth: Delinquency, substance use, and mental health problems*. New York, New York: Springer-Verlag.
- Elliott, D.S., Huizinga, D., Ageton, S.S. (1985). *Explaining delinquency and drug use*. Beverly Hills, CA: Sage.
- Ennett, S.T., Foshee, V.A., Bauman, K.E., Hussong, A., Cai, L., Reyes, H.L.M., Faris, R.,

- Hipp, J & Durant, R. (2008). The social ecology of adolescent alcohol misuse. *Child Development*, 79(6), 1777-1791.
- Fagan, A.A.; Hawkins, J.D.; and Catalano, R.F. (2011) Engaging communities to prevent underage drinking. *Alcohol Research & Health* 34(2):167–174.
- Gifford, M. (2010). *Alcoholism*. Santa Barbara, Calif: Greenwood Press/ABC-CLIO.
- Hawkins, J.D., Catalano, R.F., Miller, J.Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implication for substance abuse prevention. *Psychological Bulletin*, 112(1), 64-105.
- Hawkins, J.D., Graham, J.W., Maguin, E., Abbot, R. Hill, K.G., Catalano, R.F. (1997). Exploring the effects of age of alcohol initiation and psychosocial risk factors on subsequent alcohol misuse. *Journal of Studies on Alcohol*, 58, 280-290.
- Karugu Miriam (2013). *The Effects of Alcoholism in Society: A Case Study of Alcohol Consumption Patterns in Majengo Sub Location of Nyeri County*
- Karr, J. (2008). *Alcoholism*. Detroit: Greenhaven Press.
- Kerlinger, F. (1993). *Foundations of Behavioral Research*. New York: Holt, Rinehart & Winston
- Manning, W.G.; Blumberg, L.; & Moulton, L.H (1995) The demand for alcohol: The differential response to price. *Journal of Health Economics* 14(2):123-148.
- McCarthy, A. R. (2005). *Healthy teens: Facing the challenges of young lives : a practical guide for parents, caregivers, educators, and health professionals*. Birmingham, Mich: Bridge Communications.
- Moore, V. L. (2007). *Alcohol and drug service providers' perceptions of interagency collaboration with child welfare services*
- Mugenda, O.M., and Mugenda, A.G. (2003). *Research Methods: Quantitative & Qualitative Approaches*. Acts Press. Nairobi. Kenya.
- Mugenda, O.M., and Mugenda, A.G. (2008). *Quantitative & Qualitative Methods*. Acts Press. Nairobi. Kenya.
- Muse, C. E., Labour Press Society., & Labour Literature Society. (1996). *Poverty and drunkenness (a socialist's view): Dedicated to the Temperance Party*. Manchester: Labour Press Society.
- Nacada The role of Parents in Prevention and Control of Alcohol and Drug Abuse among

- their Children in Nairobi (2010).
- Nacada Rapid Assessment of Drug and Substance Abuse Situation in Kenya (2012).
- Nacada Role-of-School-environment-in-students-alcohol-and-drug-abuse.(2010).
- O'Malley, P.M., & Wagenaar, A.C. (1976) Effects of minimum drinking age laws on alcohol use, related behaviors and traffic crash involvement among American youth:
- Petraitis, J., Fray, B.R., Miller, T.Q. (1995). Reviewing theories of adolescent substance use: Organizing pieces in the puzzle. *Psychological Bulletin*, 117(1), 67-86.
- Posner, J.K., Vandell, D.L. (1999). After-school activities and the development of low-income urban children: a longitudinal study. *Developmental Psychology*, 35, 868-879.
- Saffer, H., & Grossman, M. (1987) Beer taxes, the legal drinking age, and youth motor vehicle fatalities. *Journal of Legal Studies* 16(2):351-374, 1987.
- Torr, J. D. (2008). *Alcoholism*. San Diego: Greenhaven Press.
- Wagenaar, A.C.; Murray, D.M.; Gehan, J.P.; et al (2000). Communities mobilizing for change on alcohol: Outcomes from a randomized community trial. *Journal of Studies on Alcohol* 61(1):85-94.
- Wekesser, C. (2004). *Alcoholism*. San Diego, CA: Greenhaven Press.

APPENDICES.

APPENDIX 1: QUESTIONARE.

TITLE: ASSESSING THE CHALLENGES OF PREVENTING ALCOHOL ABUSE AMONG THE YOUTH IN THE KENYAN FAMILY: THE CASE OF GITOTHUA VILLAGE IN RUIRU SUB-COUNTY OF KIAMBU COUNTY

This instrument is meant to collect information on your views with regard to the challenges of preventing alcohol abuse among the youth in the Kenyan family: the case of Gitothua village in Ruiru sub County of Kiambu County.

INSTRUCTIONS

Do not write your name

All information you give will be treated with full confidentiality and will not be made in reference to you in any way.

PART A: SOCIAL AND DEMOGRAPHIC INFORMATION

1. What is your age? (tick the appropriate age)
 - a. Below 18 years
 - b. 18-20 years
 - c. 21-30 years
 - d. 31-40 years
 - e. Above 40 years
2. What is your gender? (tick the appropriate gender)
 - a. Man
 - b. Woman
3. Employment status (tick the appropriate status)
 - a. Employed
 - b. Unemployed
4. Educational level
 - a. No education
 - b. Primary education
 - c. Secondary education

d. Post-secondary education

PART B: REASONS FOR ALCOHOL ABUSE BY YOUTHS SO EARLY IN THEIR LIVES.

1. Does peer group influence alcohol consumption?

Yes

No

2. Do your friends consume alcohol?

Yes No

3. To what extent do you agree with the following statements with regard to the reasons behind alcohol abuse? Use a scale of 1 to 5 where 1= No Extent, 2= Little Extent, 3= Moderate Extent, 4= Great Extent and 5=Very Great Extent.

No	Statements	1	2	3	4	5
1	Peer pressure leads to higher rates of alcohol abuse.					
2	Family backgrounds influence drinking habits of the youth.					
3	Availability of money increases rate of drug abuse.					
4	Those that fail school exams have a higher rate of drug abuse.					
5	Frustrations and stress at home increases the level of alcohol abuse.					
6	The mass media influences drinking habits of the youth.					

4. In your own opinion which are the reasons for alcohol abuse by youths so early in their lives?

.....

.....

PART C: ALCOHOL PREVENTIVE MEASURES AND THEIR EFFECTIVENESS

1. Are there prevention measures that aim to reduce alcohol abuse?

Yes []

No []

2. If yes, kindly state one.

.....
Are there preventive mechanisms to illicit brew in your society?

Yes []

No []

Don't know []

3. If yes, how effective are they?

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What are the barriers which hinder successful prevention of alcohol abuse in your society?

.....
 To what extent do you agree with the following statements? Use a scale of 1 to 5 where 1= No Extent, 2= Little Extent, 3= Moderate Extent, 4= Great Extent and 5=Very Great Extent.

N	Statements	1	2	3	4	5
1	Taxes on alcohol affect its consumption.					
2	Higher taxes on beer are associated with lower traffic crash fatality rates.					
3	Raising the minimum legal drinking age has been accompanied by reduced alcohol consumption.					
4	The ability of parents to influence whether their children drink is well					

	documented.					
5	A key obstacle to preventing underage alcohol use is the fact that young people often are in situations where drinking is tolerated.					

PART D: POVERTY AND ALCOHOLISM

1. Does alcohol consumption have direct effects on the poverty status of individuals, families, and the entire community?

Yes

No

2. If yes, what are these effects? (kindly state)

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3. To what extent are the following statements applicable to alcohol abusers in your society? Use a scale of 1 to 5 where 1= No Extent, 2= Little Extent, 3= Moderate Extent, 4= Great Extent and 5=Very Great Extent.

No	Statements	1	2	3	4	5
1	They have a tendency to misuse money.					
2	They earn lower wages than other people in society.					
3	They lose employment opportunities that are available.					
4	They incur increased medical expenses over time.					
5	They are mostly unable to qualify for development opportunities which are available at local levels (such as Micro-Finance Loans).					

4. How does level of income affect alcohol consumption among the youth? (State one)

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APPENDIX 2: KEY INFORMANT INTERVIEW GUIDE

TITLE: ASSESSING THE CHALLENGES OF PREVENTING ALCOHOL ABUSE AMONG THE YOUTH IN THE KENYAN FAMILY: THE CASE OF GITOTHUA VILLAGE IN RUIRU SUB COUNTY OF KIAMBU COUNTY

REASONS FOR ALCOHOL ABUSE BY YOUTHS SO EARLY IN THEIR LIVES.

1. What are the major reasons for alcohol abuse among youths so early in life?

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2. How does peer group influence alcohol consumption?

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3. How do friends influence abuse of alcohol among the youth?

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4. In your own opinion which are the reasons for alcohol abuse by youths so early in their lives?

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ALCOHOL PREVENTIVE MEASURES AND THEIR EFFECTIVENESS

5. What are the prevention measures that aim to reduce alcohol abuse and its consequences in your society?

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6. What are the barriers which hinder successful prevention of alcohol abuse in your society?

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7. If your colleague has a problem with alcohol and other drugs which best advice would you give them?

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8. In what ways can the legal framework help in reducing alcohol consumption?

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POVERTY AND ALCOHOLISM

9. How does poverty status of individuals, families, and the entire community affect alcohol consumption?

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10. How does level of income affect alcohol consumption among youths? (State one)

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