SELF-EFFICACY AMONG SPONTANEOUS RECOVERED ALCOHOLICS: A CASE OF MATHARE NORTH IN NAIROBI COUNTY, KENYA.

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DECLARATION

This research work is my original work and has never been submitted for a degree in any other university or college for examination or academic purposes.

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This research work has been submitted for examination with my approval as the University supervisor.

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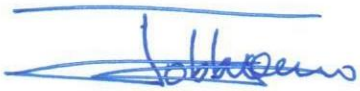

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My family's emotional support and prayers shall eternally be valued.

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DEDICATION

I dedicate this work to my family, whose prayers and firm support impelled me to great lengths throughout my studies. To my children so young yet so understanding of momma's thirst for education, i pray education continue inspiring you to make the world a better place. To God the source of knowledge and understanding, worthy be His name forever.

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LIST OF ABBREVIATIONS

DALYs	Disability Adjusted Life Years
MSE	Mental Status Examination
NACADA	National Agency for the Campaign against Drug and Substance Abuse
NACASA	National Centre on Addiction and Substance Abuse
NACOSTI	National Council of Science Technology and Innovation
NIAAA	National Interscholastic Athletic Administrators Association
SES	Socio-Economic Status
SLT	Social Learning Theory
SPSS	Statistical Package for Social Sciences
UNDCP	United Nations Drug Control Programme
UNODC	United Nations Office of Drug Abuse and Crime
USA	United States of America
WHO	World Health Organization

ABSTRACT

A United Nations Office on Drugs and Crime (UNODC, 2016) report reveals alcohol abuse has been on escalation globally, thus distressing economies of states and societies at an estimate of 0.5 to 1.3% of GDP-Gross Domestic Product. In Kenya, the capital city Nairobi has the highest rate of alcohol consumption and abuse at 18.4%, posing need to find mitigation measures that will help curtail the problem. The study was geared towards investigating the levels of self-efficacy in spontaneous recovery among alcoholics within Nairobi County. The viability of the research was tested by a pilot study in Kibera Slum in Nairobi County, owing to the study conducted by NACADA in 2007, which attributed alcoholism to low income areas. This formed the basis for recommendation for measures to curb and cure alcohol abuse. The study aims to investigate and determine the level of self-efficacy among spontaneous-recovered alcoholics and is informed by Social Learning Theory. Data collection took place at Mathare North in Nairobi County. This study embraced a descriptive research survey design and targeted alcoholics who recovered and relapsed. Using snowballing, the researcher began with a small number of respondents, who were available at the initial stage. Consequently, the researcher asked these respondents to recommend other persons willing to participate and who met the requirements of the research. This process was applied until the sample of 83 respondents was arrived at. The study was guided by Social Learning Theory by Bandura. Interviewing was the main method of data collection while main tools for data collection in the interview included CAGE hierarchy of assessment tool and Bandura's self-efficacy scale. The responses from the interviews were reported by descriptive narrative arising from content analysis. From the findings and conclusions of the research, key areas that have been identified as influencing spontaneous recovery among recovered alcoholics in Nairobi County included: financial burdens on the respondents and their families, fatal and near death situations in addition to health problems occasioned by alcohol consumption. The study therefore recommended that the respondents should apply cognitive appraisal coping mechanism through using techniques and procedures such as: finding distraction like physical exercise and listening to music to overcome alcohol consuming thoughts, talking to therapist, as well as reaching out to friends for comfort and support.

CHAPTER ONE: INTRODUCTION

1.1 Study Background

An international report by the United Nations Office on Drugs and Crime (UNODC, 2016) shows alcohol abuse has been on the rise worldwide, thus negatively affecting economies of states and societies at an estimate of 0.4 to 1.3% of GDP- Gross Domestic Product. Estimates from World Drug Report by the World Health Organization (WHO, 2014) put total number of alcohol users at above 200 million, which is equivalent to 5% world's population. UNODC (2015) highlights 30% of adult population globally abuse alcohol. Out of this adult population, 10% are women while 20% are men. Further, WHO (2012; 2014) explains that alcohol abuse has great effects on the mortality and mobility of the global population. WHO (2012) established a connection between alcohol abuse and 1.8 million global deaths in 2010. Use of alcohol has also been attributed to risky sexual behaviours, sexually transmitted diseases and various forms of cancer (WHO, 2014).

Research shows that globally, about 70 to 90% of patients who abuse alcohol are likely to relapse at least once every quadrennial after treatment (Polich, Armor &Braiker, 2011). Most of these patients revert to drugs a year after treatment. Therefore, management of alcoholics as a key issue in the treatment of alcohol addicts needs more research (Polich, Armor & Braiker, 2011). The information gap that exists in this line of study is the reason behind numerous relapse cases after rehabilitation and treatment is administered on addicts. Various other studies have questioned success of rehabilitation and treatment services in purposefully providing for treatment rising demand.

Spontaneous recovery involves an addict or alcoholic summarily abandoning use of substance after treatment. (UNODC, 2016). DuPont (2016) through a study in Stockholm Sweden claimed that ‘addiction is not self-curing. Cloninger (2013) through a study in Rio Brazil argued that not seeking treatment was fatal since alcohol addiction is a disease which requires management.

Alcoholism in Africa has been problematic for years with highest consumption levels recorded in Southern Africa, while low consumption levels were documented in North Africa and Sub Saharan Africa countries like Senegal, Niger and Guinea (WHO, 2014). In South Africa, consumption of alcohol by adult per capital was 11 litres, out of which 3% was estimated to be illegally produced. According to UNODC (2016), Africa has become a market and industrial centre for alcoholic beverage. Despite technological advancement, unhygienic and unprocessed alcoholic drinks are still being consumed by low income earners in the society (WHO, 2014).

The United Nations Office on Drugs and Crime report puts Kenya among African countries with worst alcohol abuse (UNODC, 2015). Research conducted by NACADA records that Nairobi County has the highest cases of alcohol-related disorders at a rate of 18.4%, with voluminous users being low-income earners. Western region stands at 13.1% and Eastern at 10.6%. Central Province has second lowest rate at 8.3%, while North Eastern stands at 1.4%. Rural areas recorded a rise in alcohol consumption with prevalence rate at 29.6%, compared to 31.7% in urban areas. The research further shows that at least 13 percent of the total population in all Kenya provinces are consumers of alcohol, with about half of the abusers being of age between 10-19 years (NACADA, 2017).

The Government of Kenya has put preventive measures and legislations, including alcohol education in schools to curb alcohol abuse (UNODC, 2016; WHO, 2014). These efforts have elicited diverse opinions with some scholars like Kwamanga, Odhiambo and Amukoye (2015) establishing that education offered in Kenyan schools may increase child's self-efficacy to resist initiation to drug abuse. Despite various legislations being put in place to control and minimize alcohol consumption and abuse in Kenya, attributable burden of diseases remains on the rise (WHO, 2014).

While a number of alcohol addicts prefer natural methods of recovery, majority seek treatment in rehabilitation centres around Kenya. There is however scanty information and documented literature on spontaneous recovery of alcoholics in Kenya and Africa in general. This research therefore studied the factors influencing spontaneous recovery among recovered alcoholics in Nairobi County, leading to a documentation of empirical literature.

1.2 Problem Statement

Alcohol abuse in Kenya not only sets serious challenges to abusers but also their families and society in general. This has influenced setting up of many treatment and rehabilitation centres to carter for patients. The Kenya remission rates for the untreated are in the range of 50 to 80% or higher, depending on the seriousness of addiction. Katatu (2015) adds that for the treated patients, the remission rates are much lower ranging between 20 to 62%, depending on the addiction and the remission method.

Data provided by NACADA (2017) show that treatment and rehabilitation centres have increasingly grown from 13 in 1999, to more than 48 centres in 2007 and 103 in 2016.

Despite efforts both by the government and stakeholders to increase numbers of rehabilitation centres and coming up with legislations like Mututho Law to counter alcoholism, the problem is still rife (NACADA, 2011). The high numbers of relapse cases begs to question whether these efforts are effective in ensuring reduced cases of alcoholism. The research intends to investigate what leads individuals to alcoholism, why they seek assistance, the quality of assistance at the rehabilitation centres and aftercare. These will help identify if there exists inefficiency in rehabilitations centres and recommend ways to decrease cases of relapse among alcoholics.

1.3 General Objective Study

This research main objective was to access the factors that are associated with spontaneous recovery among alcoholics in Mathare North, Nairobi County, Kenya.

1.4 Specific objectives of the Study

Below mentioned are defined research objectives that will direct the study:

i. To ascertain how intellectual appraisal influences spontaneous recovery among recovered alcoholics at Mathare North in Nairobi County.
ii. To assess how motivation influencesspontaneous recovery amongrecovered alcoholics at Mathare North in Nairobi County.
iii. To find out how coping mechanisms influences spontaneous recovery among recovered alcoholics at Mathare North in Nairobi County.

1.5 Research Questions

i. How does intellectual appraisal influence spontaneous recovery among recovered alcoholicsat Mathare North in Nairobi County?

ii. To what scope does motivation influence spontaneous recovery among recovered alcoholicsat Mathare North in Nairobi County?

iii. How does coping mechanism influence spontaneous recovery among recovered alcoholicsat Mathare North in Nairobi County?

iv. How confident are alcoholics who relapse that they will continue with alcohol?

1.6 Justification of the Study

Consumption of alcoholic drinks may lead to addiction. The young generation has especially been affected by consumption of alcohol. While addicted individuals may try to recover from alcohol consumption, it is not always easy. Rehabilitation centers have taken the initiative to assist individuals towards alcohol addiction recovery by guiding them through management of alcohol related disorders, so as to attain reasonable state of function. This involves taking the patient through multi-disciplinary programs.

For comprehensive management of alcoholics, several issues need to be addressed. That is: medication response, motivation, craving, psychological and emotional issues, psychiatric co-morbidity, social and family influences, health, legal and family consequences. The management process involves detoxification, rehabilitation, relapse management, after care, social and vocational rehabilitation. Indeed, an understanding of spontaneous recovery among rehabilitated alcoholics is important. This will help in

knowing whether individuals fully recover or there are some individuals who relapse. Undoubtedly, the research will assist in highlighting management of alcoholics and drug addicts in rehabilitation centres within Nairobi County. Professionals and personnel responsible for treatment and care of drug abuse patients at rehabilitation centre swill especially benefit from findings in providing suitable framework for the best treatment methods to use on individual alcoholics and drug addicts.

The study will in addition provide an understanding of factors that are related with spontaneous recovery. These will help individuals who are recovering from substance addiction use proposed factors for the purpose of their recovery. More so, rehabilitation centers will find more ways of advising their clients on recovery from drugs.

1.7 Scope and Limitation of the Study

This study focused on respondents who have undergone formal treatment of alcohol addiction in rehabilitation centres within Nairobi County. Additionally, the study sought to assess: socio-economic predicators including family income, social class and youth behavior, level of self-efficacy, employment status and how these affect recoveries among rehabilitated alcoholics.

However, limitations abide as the research may not necessarily be a precise representation of other regions in the country. Also, this study focused exclusively on alcoholic addicts.

1.8 Operational definitions of terms

Spontaneous Recovery: Is that process of recovery after an addict has gone through treatment in rehabilitation centers.

Self-Efficacy: a person's capability in management of alcoholism affecting their lives and coping behaviors employed during such situations.

Drug Abuser: this is an individual who makes use of an unacceptable drug or one who uses an acceptable drug excessively or in appropriately resulting to physical or psychological harm.

Drug: this is any substance that affects the nervous system or the brain.

Rehabilitation Centers: They are centers that provide treatment and life skills to drug abusers, to encourage them to have an active and healthy life and function normally.

Alcoholic: This is an individual who makes use of alcohol in excess or in appropriately resulting to physical or psychological harm

Alcohol: This is a chemical substance containing ethanol that has an effect on the consciousness, mood or function of an individual

Life Skills: These are abilities impacted in a person so as to enable such an individual to effectively deal with the problems in their daily lives. Some of those skills include self-esteem, assertiveness and self-awareness.

P**sychoactive Drugs**: They are chemical substances that change a person's consciousness, mood or perception. They include sedatives, marijuana, inhalants, alcohol, hallucinogens, opiates, inhalants and stimulants

Relapse: It is the return to drug abuse of a patient who had quite drug abuse after duration of abstinence.

Rehabilitation: The processes that are used to help people deal with drug abuse challenges

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter's critical focus is centered on literature related to accessing factors associated with spontaneous recovery among alcoholics within Nairobi County. The chapter will begin with an overview of theoretical review, followed by concept of alcohol addicts where all the study variables are analyzed based on empirical evidence.

2.2 Empirical Review

NACADA (2004) conducted a base line survey of alcohol and substance abuse. The target, mainly youths ranging between 20-29 years, revealed an escalation of alcohol abuse. Further, the survey revealed that alcohol addiction not only affects the users but the society in its entirety. Most youths abused alcohol due to life challenges as well as a mechanism to cope with life difficulties.

Some of the factors affecting the issue of alcohol abuse in Kenya include: environmental factors, genetic factors and personality factors. The office of United Nations on Drug and Crime (UNODC) has offered support to different research programs on drug abuse in the country. Notable research studies show alcohol abuse has affected most of the people in communities, most being youths and young adults (NACADA, 2004).

Alcohol addiction has both short and long term effects. In August 2001, persons affected by alcohol addiction held a meeting in Nairobi County to discuss preventive health measures education, whereby effects of drug abuse were categorized into three clusters

namely: economic, social and health. These clusters affect individuals as well as their families, communities and the nation at large. Major effects of alcohol abuse include damage of vital organs, some which lead to little or no self-control; and also unstable emotions which cause maladaptive behavior. Significantly, finances are likely to be impacted due to high cost of treatment and rehabilitation, while loss of employment and work opportunities due to unproductively and absenteeism remain evident, leading to poverty (Raymond, 2008).

While the government and other key players continue to improve efforts to curtail the problem of alcoholism, it is obvious the issue of relapse cannot be isolated, as this majorly puts in question the effectiveness and goals of these efforts. Marlatt and Donavan (2005) define relapse as inability to transform target behavior, while Melemis (2015) defines relapse as a gradual process whereby a person recovering goes back to drugs intake. Habil (2001) states that more than 70 percent of addicts who have undergone rehabilitation are likely to relapse, while Bidnas (2015) also gave a close percentage of 40 to 60%. In Kenya, despite a report by NACADA (2011) admitting that alcohol relapse cases are high, no statistics were given.

Factors that lead to relapse include family history (genes), unemployment and lack of support system (Moos, 2006). A survey by NACADA reported most relapse cases after rehabilitation are as a result of individuals going back to the same environment that triggered alcohol abuse like friends, as well as media which gave cues that motivated individuals to slip back into drinking alcohol (NACADA, 2007)

The aforementioned relatively high statistics of relapse have diverse effects on individuals as well as the society at large. While individuals may have physical and psychological side effects from drugs administered to manage relapse, they are also prone to crime activities which may lead to a strain relationship with those they live amongst (Tomlinson, Tate, Anderson, McCarthy & Brown, 2006). Strained relationships mainly happen with family and close friends, who may get disappointed with individual's going back to drinking alcohol, considering the financial strain and psychological burden they may have gone through in the hope of saving the addict. The hopelessness that comes with relapse may also push family and friends to withdraw their support to an individual, pushing them further to alcoholism.

Rollins, O'Neil and Davis (2005) state that there is no specific method to stop Relapsing of alcoholics. However, Relapse management that equip individuals with education on how to cope with triggers can be employed.

2.2.1 Cognitive Appraisal and Spontaneous Recovery among Alcoholics

Intellectual appraisal is a reflection of how an individual perceives a circumstance or occurrence. In major assessment, more concentrations given on how an individual's well-being is affected by events, while in minor assessment, managing response is considered (Folkman*et al.,* 2010). In the perspective of spontaneous recovery, major lifetime events encourage specific persons to consider the effects of their misuse of drugs and decide to reform as a way of coping mechanism. Particular early research (Hazel & Mohatt, 2002; Sobell*et al.,* 2006) and the current People Emerging Study with Alaskan Inhabitants (Mohatt*et al.,* 2008) recommend that intellectual assessment is life-threatening to self-

transformation procedure in spontaneous recovery. Further, more analysis on survey studies recommend that intellectual assessment is essential to many personal transformation processes, of those who recovered 'on their own' from addiction substance use (Klingemann & Sobell, 2007; Sobell*et al.,* 2000).

2.2.2 Motivation and Spontaneous Recovery among Alcoholics

Miller and Rollnick (2002) propose that motivation is a major ingredient for individuals to change their substance abuse behavior with minimal assistance. It can be intrinsic where an individual is motivated to change substance abuse as a result of traumatic life threatening incident like suffering from a chronic disease due to alcoholism or extrinsic, due to renewed responsibility like renewed respect for people around or alcoholic and starting a family and therefore becoming a bread winner. Osher & Kofoed (1989). Similar sentiments were highlighted in Prochaska and DiClemente (1986); Prochaska, DiClemente and Norcross (1992) who asserted that active assistance is not all that necessary as motivation in changing individual's self-control and preventing relapse. Studies have presented a series of steps that involve motivation. They include: Pre-contemplation (before change consideration). Contemplation (change consideration without action), Preparation (plan to change), action (making changes) and maintenance (changing lifestyle to maintain new behavior) (DiClemente & Prochaska, 1998; Prochaska *et al*., 1992).

In addition to intellectual assessment influenced by major life events in spontaneous recovery, change being central to an individual's initiation toward motivation has been recommended by a number of scholars (Klingemann, 1991; Sobell, *et al.,* 2000). Self-transformation theories likewise suggest that personal inspiration to modification can be

stimulated by a series of life experiences (Connors *et al*., 2001; Klingemann, 2000). Often, it comes from individual's alertness and community's impact on substance abuse, as well as their projected repercussions (e.g., poor health, challenges in relationship). Previously, inspiration has been influential in providing services for substance abuse, where a number of studies displayed better lasting results, when one is inspired to abstain and develop community modification (Miller, 2001).

2.2.3 Self-Efficacy and Spontaneous Recovery among Alcoholics

Self-efficacy when used on addictive behavior, determines if coping behavior will commence and be sustainable, despite being faced with obstacles (DiClemente, 2011). Self-efficiency plays an important role as a mediating factor in human behaviour. In addition, self-efficiency can be viewed as a person's capability in management of events affecting their lives and coping behaviors employed during such situations. (Bandura, 1989).

In the review of literature associated with alcohol abuse, Annis and Davis (2010) points out that self-sufficiency levels can be used to predict if a person will be able to abstain from drinking and misusing drugs. Additionally, he added that high levels of self-reliance can actually lead to higher abstinence levels. In contrast, low levels of self-reliance leads to poor abstinence rates and this at the end risks the abuser into going back to drinking and abusing drugs. Condiotte and Lichenstein (2011) demonstrates the correlation between self-sufficiency assessments and quitting smoking for those who completed treatment of five, eight and twelve weeks. According to regression analysis, the higher the levels of self-sufficiency after a patient is through with the treatment, the higher the chances the patient

will abstain from drug use after follow up and the ability to maintain a drug free lifestyle over a long period of time.

A research was carried out by DiClemente (2011) scrutinized the association between self-efficacy scores and individuals capability to maintain abstinence of about five months after treatment. According to the findings, patients who had abstained from drugs after follow-up subsequently to being in a five months treatment program, were found to have higher levels of self-sufficiency compared to those who had a relapse. There was also a high significance correlation between number of weeks patients had successfully abstained from drug use and self-sufficiency. The conclusion was, patients with higher self-sufficiency levels were observed to have abstained for longer periods.

Coon, Pena and Illich (2012) determined if self-sufficiency has any relation to maintenance and abstinence from drugs such as cocaine and if the phenomenon was quick to quantify via a phone interview. The study participants were made up of 186 subjects where 62% of the total populations were male while 38% were female. The participants were drawn from a treatment facility in the city. According to the findings, most of the drug abusers confessed cocaine was their key substance of abuse-61%. Other drugs abused as listed by the participants were alcohol and marijuana at 25% and 8% respectively. Once they enrolled for the treatment, patients were asked if they were willing to be part of an ongoing evaluation that assessed different follow up points. There were 186 subjects of the study who agreed to participate a month after being discharged. These subjects had received a 15 days treatment and contacted on the 28th or 60^{th} day after treatment.

From the findings, there was an increase in the self-sufficiency levels from when the patients started treatment to when they were discharged.

Rychtarik, Prue, Rapp and King (2012) conducted a 12 month follow up assessment where they examined the role played by self-sufficiency in predicting a relapse after undergoing an alcohol treatment program. Self-sufficiency was quantified during admission to the treatment and later during discharge. The consumption of alcohol was assessed among 78 male alcohol abusers who had finished treatment and through which subsequent telephone interviews were administered at weekly and monthly intervals, after being discharged. In cases where low self-sufficiency levels were observed, relapse was most likely to happen in six or twelve months after discharge. Survival analysis was used to analyze the pattern of relapse in the points of follow up. According to the analysis findings, ratings on self-sufficiency could be used to predict intervals of relapse. Clients who self-sufficiency scores were high during admission were less likely to relapse even with time. The scores on self-sufficiency were observed to greatly affect relapse at intervals, during the first few months after treatment.

According to Skalar, Annis and Turner (2014), a self-report questionnaire was prepared to evaluate the best autonomy method that could be used for better coping with each of the drugs abused. It was developed to act as a preventive mechanism to cope with self-efficacy over the causes of relapse namely: Physical Discomfort, Pleasant Emotions, Unpleasant Emotions, Testing Personal Control, Urges and Temptations to Use, Conflict with Others, and Social Pressure to Use and Pleasant Times with Others. Clients were self-assured to cope with the urge of consuming a drink or abusing a drug, in each of the above explained situations.

According to findings analyzed by the Drug-Taking Confidence Questionnaire, 157 patients who sought treatment for the abuse of cocaine, alcohol, cannabis, heroin and other drugs showed strong evidence supporting efficacy beliefs. Similar factors were analyzed which resulted to model of 3-factor, which was a best fit for data with below factors: Negative Situations (struggle with others, physical distress and hostile emotions); Positive Situations (friendship, enjoyable emotions); and Attempting Situations (desires, testing personal control, peer pressure to use drugs and temptations). The evidence shows that drugs abusers classify their efficiency abilities into different groups and that there are different reasons why the abusers abuse drugs. These provide hope that clinicians and researchers can look into the specific reasons for drug abuse among the users.

When a drug addict does away with their treatment and become aware of the situation that may lead to a relapse, the person will likely have a high self-sufficiency or confidence in his abilities to abstain from reuse of drugs. There is great need to do follow up on patients of drug abuse after treatment as this evaluates whether the person is satisfied with the services they received from the treatment facility. Additionally, it is a way to show concern for the person who has been treated, as well as build a relationship with the client, such that they can be able to revisit the treatment centre for other services. The centre may also get essential information that may be used to make changes to the facilities, thus improve on their services to clients.

2.2.4 Coping and Spontaneous Recovery among Alcoholics

A person's response to situations is major determinant to lapse or relapse to alcoholism. Therefore the responses, which may include affirmative self-talk or walking away from a high risk situation, become a coping mechanism. Bandura 1977; Marlatt and Gordon 1985.

Bandura (1977) asserts that an individual's lack of effective coping mechanism leads to giving in to the temptation of drinking alcohol. Two main coping mechanism include cognitive coping where an individual uses will power and behavioral coping, where an individual employs some form of action like physical activities (Lazarus & Folkman, 1984). To support this statement, Valliant (1983) in his interview to assess factors associated with stable abstinence noted over half the alcoholics mentioned will power as the reason for abstinence. A number of his interviewees also quoted activities like fishing as reason for abstinence. According to Bickel and Vuchinich (2000) lack of rewarding behavior, apart from substance use, may drive an individual into use of alcohol. They compare physical activities and substance use i.e alcohol, to have similar ability in inspiring moods and decrease anxiety. Therefore, physical activity can substitute the use of alcohol. However Bickel & Vuchinich (2000) cautions that, physical activity should be revolved around persons who do not use alcohol and drugs. Marlatt *et al*. (2004) attributes mindfulness meditation as another coping strategy. This is whereby an individual becomes aware of triggers for craving of alcohol and choosing to do something else that will divert the craving.

Bezdek and Spicer's (2006) study emphasized the significance of embracing innovative social maintenance systems within one's community, culture-based managing approaches and transformed divine interventions to support salvage. Mohatt, *et al.*'s (2008) biographies study recognized the vital role of social provision, most frequently through the family members. Interrelated individual scholars have reported that cultural identity of the native people is of significant to their health (Berry 2010; Kirmayer *et al.,* 2003; Mohatt*et al.,* 2008; Smillie-Adjarkwa, 2009). The Canadian study highlighted this most recently as

the curative journeys of First States, Inuit, and Métis, where people were recovering from prohibited drug abuse (Niccols*et al.*, 2010). These findings support the literature that has recognized culture as a key factor of the welfare for Aboriginal peoples (Newbold, 1998).

2.3 Theoretical Framework

This section gives critical review of different theoretical perspective to the subject under study and is based on Bandura Social Learning Theory.

2.3.1 Theory Social Learning by Bandura

Albert Bandura came up with a model in the 1970s, called Social Learning Theory, (SLT). This model describes how thought process affects goal-oriented behavior. The theory reflects if a person can learn in a social environment through observation. A major element used in the theory is reinforcement. If one is rewarded for certain behaviour, they are bound to redo it. For instance, a person feels relieved from stress when they take alcohol. Another concept that this theory points at is reciprocal determinism. This is the argument that environmental factors and personal dispositions cannot explain behaviour. Instead, Bandura assumes that personality traits, environmental factors, and overt behavior affect one another (Bandura, 1977).

Relating Bandura's theory to this study can be argued in a manner that the more one abuses alcohol, the more it becomes a habit. This is taking into consideration that effects of alcohol abuse on each abuser are different, just as wants and needs of addicts are different. The effects are determined by the person's personality, as well as their lifestyle and history. For instance, a person who abuses alcohol because they seek to overcome a life challenge will be affected differently from a person who is abusing alcohol due to peer pressure. When a

person abuses alcohol, they do so again expecting a similar experience. Most people are unaware that experience is affected by the dose of the substance, environment and personality of the person. With time however, others realize that these factors do affect the after feeling of alcohol use. The person expectations after taking the alcohol determine if or not the person continues taking alcohol.

Another important factor considered in Social Learning Theory is self-efficacy or the person self-assurance on how well they can achieve the laid down goals. The self-assurance in a person affects the goals they seek to accomplish and the energy they put in achieving these goals. It also affects how long the person can continue to pursue the goals despite the challenges encountered. The self-assurance in a person affects the objectives being achieved (White, 2011).

The self-assurance is also affected by prior accomplishment or disappointments the person has had to deal with in trying to reach a given goal. Self-assurance can be a factor affecting an explicit task such as trying to stop using alcohol; and can also have a wider description. Self-efficiency is connected to restraint considering the emotions and surroundings at play and not only on the actions of the person. The self-sufficiency of a person is affected by stress and the history of staying on course during difficult situations (Bandura, 1977).

An alcoholic will look at only the positive effects of alcohol abuse such as it being a source of fun and forgetting the challenges of life, thereby forget the negative effects such as increased anxiety, health effects and possibility of getting into a car accident. The self-assurance level in such a person is low when they consider that they can have a good time with friends without taking alcohol. However, when alcohol is provided, there are different

reinforcing effects of alcohol to be considered. The person will expect the alcohol to give him more pressure and minimize the tension at play, which leads to alcohol intake. (Ketcham & Asbury, 2000).

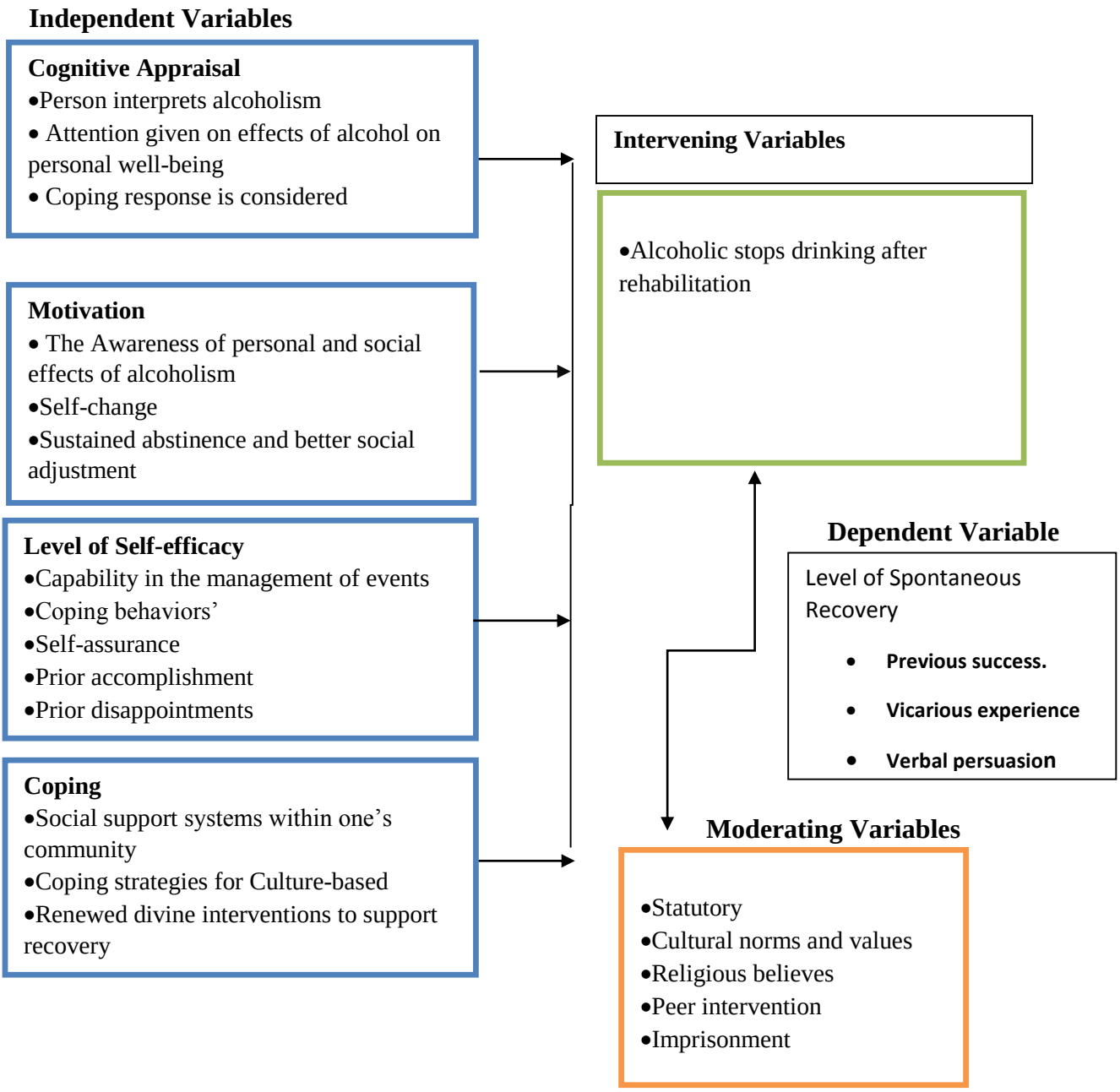
The Social Learning Theory should be considered in cases influenced by peers and other persons significant in the life of alcohol user. For instance, if the person grew up drinking or seeing their peers drinking alcohol, then such will be their mirror as they go for a drink. This behavior is termed as modeling. There are techniques of modeling that are used to teach alcohol addicts different coping mechanisms. An important effect in parental and per modeling is the internal expectation that grow from the effect of substance and alcohol abuse. When a child observes their parents drinking to reduce work related stress or when having a good time with friends, this behaviour can be reinforced if the child sees similar scenes on TV as such scenes are not uncommon in TV programs. The result is when that child grows up and if faced by stressful situation, they will readily use alcohol as a way to release the stress (Ketcham& Asbury, 2000).

2.4 Conceptual Framework

Figure 2.1hereunderdemonstrates the relationship between independent and dependent variables. The addiction to alcohol, intellectual appraisal, the level of self-efficacy, and the management of the addict while undergoing rehabilitation will greatly influence the recovery process of the addict. If an addict is well managed in the rehabilitation centre irrespective of the level of addiction, full recovery will be achieved with minimal chances of relapse. However, as Pavlov puts it, there is a likelihood of the individual relapsing (spontaneous recovery). It is at this point that Bandura argues that individuals will develop

a sense that he/she will succeed in going back to alcoholism if one, that individual has done so previously and succeeded (**previous success**); secondly, if that individual know others who have done so and succeeded (vicarious **experience)** and third if he/she is persuaded by other that he/she will succeed (**Verbal persuasion**).

Figure 2.1*: Factors Influencing Spontaneous Recovery among Recovered Alcoholics*



CHAPTER THREE: METHODOLOGY

3.1 Introduction

This section outlines research methodology. The chapter has: introduction, research aim, design, research instrument reliability and validity, the processing of data, as well as ethical considerations. There were 83 willing respondents who were derived from snowballing method.

3.2 Research Design

This study adopted descriptive research design as the researcher aimed to identify the respondents and categorize them. The researcher used alcoholics who spontaneously recovered in Nairobi County. The aim is to provide factual responses to their recovery journeys, highlight reasons that led them to alcoholism as well as reveal their inspiration to recoveries. The study analysed factors associated with spontaneous recovery while the unit of observation was the alcoholics.

3.3 Study Site

Research conducted in Nairobi County by NACADA records that Nairobi County has highest incidents of alcohol-related disorders at a rate of 18.4%, with voluminous users being low-income earners (NACADA, 2017). Data was collected in Mathare North, where the report by NACADA (2017) recorded high rates of alcohol abuse in Nairobi County.

Population in Mathare North is equally divided with a majority of residents being below 35 years of age. Majority of the residents have middle education level with quite a number having education level of secondary school and this was attributed to poor economic

situation of the residents and poor quality of educational facilities with many parents unable to afford to take their children to school.

Most of the residents are self-employed and unemployment increases with age especially with the female gender. It was assumed that the higher number of spontaneous recovered individuals was occasioned by the presence of a higher number of alcohol addicts in the region. These factors made Mathare North an area of interest in studying the dynamics prompting spontaneous recovery among recovered alcoholics in Nairobi County.

3.4 Target Population and Sample Size

The study targeted recovered alcoholics. A sample size defined a small group from the reachable population which was cautiously picked as representative of the total population, with preferred characteristics (Mugenda & Mugenda, 2003). Sampling is the process of partially selecting population that possesses a designated set of conditions to be studied (Miles & Huberman, 1994). According to Owens (2002), sampling is advantageous considering the fact that it enables the researcher come up with general conclusion of the target population, as well as reduce research biasness. Logically, it is costly, long-winding and nearly impossible to collect data from the entire study population.

3.4.1 Inclusion Criteria

An inclusion criterion for participation was as follows:

I. Any individual who had recovered from alcoholism.

3.4.2 Exclusion Criteria

An exclusion criterion for participation was as follows:

I. Individuals below 18 years.

II. Having any co-morbid severe psychiatric illness or currently taking any psychiatric medicine.

3.5 Sampling and Sampling Procedure

Using snowballing, the researcher began with identifying known respondents who referred the researcher to a few respondents who were available in the initial stage. The researcher subsequently asked the respondents to recommend other individuals who met the conditions of the research and who would be ready to take part in the project. This process graduated to when the sample of 83 respondents was completed.

3.6 Data collection Methods and Tools

In-depth interview was the main source of data for the present study. All interviews with the respondents were conducted by the researcher to generate main data. Importance of building a trustworthy relationship between the interviewer and the interviewee was well treasured aspect in generating quality data. For this reason, first concern was to establish a sustainable rapport. As the domain of drug addiction is naturally full of stigma and discrimination, a strong trustworthy relationship was very essential and emphasized by having a non-judgmental attitude. Otherwise, it would not be possible to unfold the hidden life stories of the respondents thus hindering the purpose of the interview. Bearing in mind this complex issue, regular communication on intermittent interval was maintained with the respondents over phone until the actual interview took place.

Before engaging in the in-depth discussion, consent of the respondents was taken both verbally and in written form. The consent form was incorporated to observe informed choice for participation in the present study, approval to record the interview, assurance of confidentiality and the possibility for second interview (if necessary). Every respondent was also provided with an explanatory statement report containing essential details of the present study and contact address of all the associated personnel of this study. This was so that the respondents could feel more secured to keep their trust on the whole research procedure. Important socio-demographic variables were recorded in the data information sheet. The main tools were;

1. **The CAGE hierarchy of assessment tool**

The cage assessment tool is a screening questionnaire designed to identify potential alcohol complications. The CAGE questionnaire score by asking some question. For instance: At any particular moment have you felt the need to moderate on your drinking habit? Did it bother you whenever your drinking habit was questioned? Did you ever feel guilty of your drinking habit? How often did you start your day with a drink to quench your alcohol thirstiness? The CAGE is a secretive or concealed screening of alcoholism, due to its indirect approach in evaluating alcohol drinking. It is also characterized by its shortness and exactness of applicability for varied clinical settings in assessing alcoholism (Centor R, Allinson J. The ROC Analyzer for Windows; 2002) Scoring: CAGE item responses are marked 0 or 1. Usually, the advanced mark denotes alcohol disorders. A total **score** of 2 or greater is considered clinically significant. Interviewing was the main method of data collection. An interview schedule was given to the participants in a bid to collect factual data that showed the extent and nature of alcohol abuse. The interview schedule contained

unstructured items which assisted in the collection of in-depth qualitative data. Data collection took place at Mathare North in Nairobi County. The area chiefs, *NyumbaKumi* leaders and the locals were consulted in coming up with the list of spontaneous-recovered alcoholics in their jurisdictions and areas of residence respectively.

2. Bandura's self-efficacy scale

Self-efficacy assesses personal confidence in achieving actions possible to produce precise performance (Bandura, 2012). **Self-efficacy** reflects natural ability to have power over own inspiration, attitude, and social interaction. This confidence or self-belief in instrumental in warding off psychological stress. Despite there being several tools for gaging self-efficacy, the most Ideal one was Self-Efficacy Survey (SES) because it is based upon Bandura's socio-cognitive theory, (Self-Efficacy Survey: A new assessment tool,(2012, March 16).The Self-Efficacy Survey is programmed to evaluate ten functional areas of life, each containing a six-point Likert scale. Digit 1 represents a strong disagreement while 6 represent a strong agreement of each subject's perceived self-efficacy in diverse areas of life. Therefore, once an individual's chooses higher number, it means he or she is satisfied or contented. On the other hand, the lesser number means you strongly disagree. For instance, high (intellectual, career, family, social, educational, spiritual, erotic, moral, principled and health) vice- versa, low are the lesser levels of satisfaction)(Bandura, 2012).

3.7 Pretesting the Tools

Pre-testing was done in this study to allow modification of the interview schedule, by considering the suggestions and comments provided by the respondents during a pilot study (Mugenda & Mugenda, 2003). The pilot study was conducted at Kibera to show existing of deficiencies in the research instrument. Therefore, expert judgment in instrument

preparation and the use of representative sample ensured both internal and external validity was achieved respectively and piloting justified.

3.8 Data Analysis

Data recorded during the interview was recreated. The process of data analysis involved data clear-out. The data was also verified for any inaccuracies, while analysis of the secondary data was done qualitatively. The responses from the interview were informed by descriptive narrative arising from content examined whereas content analysis was employed to analyse data. This enabled the researcher select a wide range of data volume, to get the information needed. It was an important method used to describe the focus of a group, institution or person.

The method further allowed for inferences which could be collaborated with other data collection methods (Jackson, 2009). Content analysis that is qualitative in nature is not statistically significant. It gives themes, patterns and categories that are significant to the reality on the ground. Also, providing findings from qualitative content analysis is difficult. Most researchers use quotations to come up with conclusions (Orodho, 2005). The study incorporated other means to display data such as charts and graphs (Jackson, 2009). Qualitative research is more importantly interpretive and the interpretation gives a representation of personal and theoretical understanding of the subject of research.

Data was recorded using a voice recording device which was later transcribed from voice to word format, En Vivo computer software was used to group the transcribed data into pre-determined themes then data was thematically analyzed. Results were introduced in

prose format, tables, bar charts and pie charts. Social demographic data was analyzed using SPSS computer software and presented in tables, bar charts and pie charts format.

3.9 Validity of Research Instrument

The validity of research instrument was quantified using content validity test, where it was determined by the psychiatry expert and the supervisor. (Kothari, 2008).The supervisor examined the interview schedule and gave his recommendations. A psychiatrist on Alcohol, Drug Addiction and Rehabilitation was requested to assess the content and instrument.

3.10 Reliability of the Instrument

The reliability of the research instrument was achieved by using uniform testing procedures. The researcher was also cautious not to introduce any new questions to the respondents during collection of data.

3.11 Ethical Considerations

I. All respondents were given detailed materials concerning the nature, intended reason and possible future utilization of the present research, to have a clear understanding. It was also done to ensure their voluntary participation in this study, by having informed choice. A consent form was prepared where each and every issue was mentioned clearly e.g. the recording of their interview, doing second interview (if necessary) etc.

II. Authorization was sought from the University of Nairobi and research permit from NACOSTI

III. Explanatory statement report was prepared and provided to each respondent to ensure they had detailed information of the study and also have the sense of control, as it contained the contact address of the researcher, her supervisor and the University.

IV. Privacy and confidentiality of the respondents was given high priority to protect their sensitive and personal information. All interviews and discussions were conducted in a secure place approved by the respondents.

V. Moreover, all data was de-identified to make the respondents anonymous during transcribing the audio recorded files. An individual code number was used in the demographic data sheet for each respondent to ensure anonymity. The respondents were assured of confidentiality.

VI. The interview process did not cause any severe distress among the respondents and thus the study did not cause any severe or long-term harm of any form. However, consideration of the wellbeing of respondents was given highest priority during the data collection.

VII. The respondents were at liberty to participate or quit at will.

CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter presents results of the analyzed data collected from respondents. The chapter commences with background information and eventually presentation of data in relation to specific study objectives.

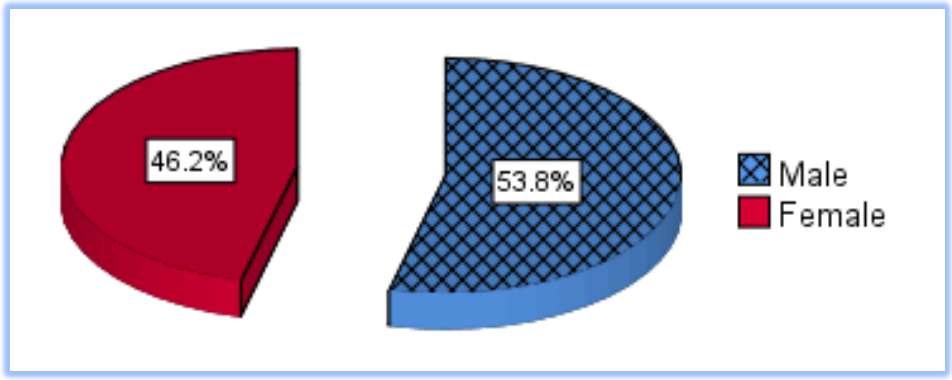
4.2 Background Information of the Respondents

Respondents' characteristics were analyzed and presented in the following categories: gender, age, alcohol intake duration, alcohol intake symptoms and factors that led to alcohol intake as presented in the subsections that follow.

4.2.1 Gender of the Respondents

The study strived to observe respondent's distribution based on gender. From the findings as seen in Figure 4.1, majority of the respondents (53.8%) were male while (46.2%) were female. These males attributed their drinking problems to issues like: family responsibilities and high expectations, lack of proper guidance and monitoring from their parents. On the other hand, the female population attributed their drinking problems to influence from their male counterparts and relatives. Most responses in the research questions relied on opinions, perceptions and personal experiences, the gender distribution accommodated perceptions, opinions and experiences of either gender.

Figure 4.1*: Gender of the Respondents*

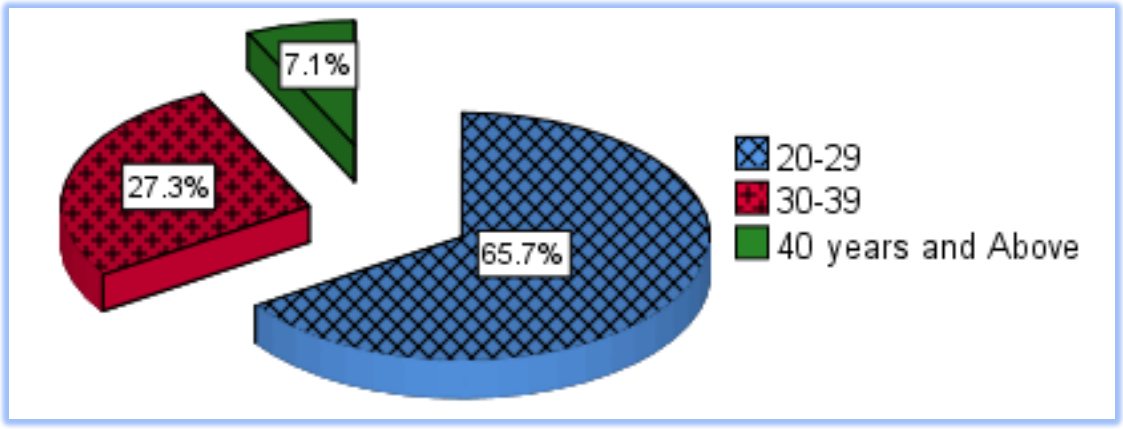


n=83

4.2.2 Age of the Respondents

The study focused to observe respondents age representation. These were summarized and presented in Figure 4.2 which highlighted the following: Majority (65.7%) of the respondents were between 20 and29 years old, (27.3%) were between 30 to 39 years old while(7.1%)were from 40years and above. The population of below 30 years attributed their alcohol intake to curiosity and peer pressure especially from their friends, as well as easy availability of alcohol. On the other hand, the population of alcoholics below 40 years attributed their drinking to life hardships like loss of jobs and therefore, alcohol seemed to make them forget their life problems. This population also attributed influence from their close associates and need to fit in a particular social class as the cause of their alcohol drinking. The population of above 40 years attributed their drinking habits to their culture, like changaa drinking which was traditionally taken during celebrations and social gatherings, as well as life hardship and broken relationships. From the findings, it is evident that all appropriate age categories were adequately represented and as such, the findings could be generalized.

Figure 4.2: Age of the Respondents



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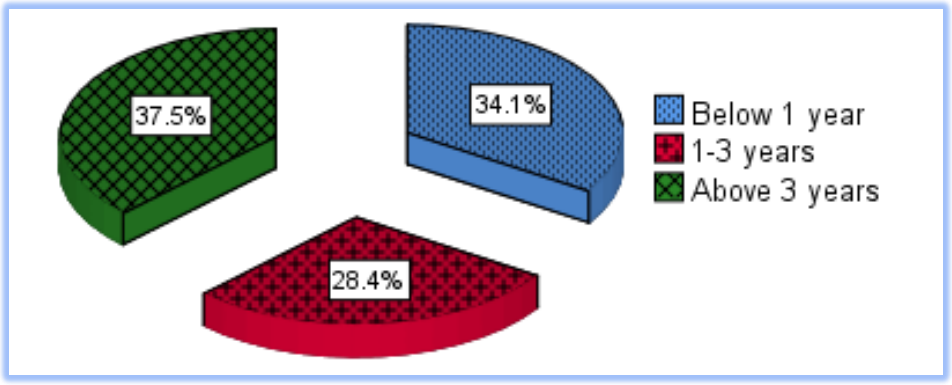
4.2.3 Duration the respondent was in alcohol before they decided to quit

The study questioned respondents on duration of alcohol consumption before they quit. As summarized in Figure 4.3, majority (37.5%) of the respondents, consumed alcohol for more than 3 years before deciding to quit. Their reasons for quitting ranged from self-realization, family responsibilities, near death or fatal experiences, as well as renewed respect for their support system. 34.1% of the respondents said they consumed alcohol for less than a year, while 28.4% consumed alcohol for a period of one to three years.

Figure 4.3*: Respondent's report about the duration they were in alcohol before they decided to quit*



n=83

4.2.4 How respondents felt after taking alcohol

The study observed effects of alcohol consumption among respondents and findings summarized in Table 4.1. From the table, 28.0% of the respondents said they were highly dissatisfied with taking alcohol 32.7% of the respondents said they were dissatisfied with taking alcohol, 24.3% of the respondents said they were moderately satisfied with taking alcohol, 14.0% of the respondents said they were satisfied with taking alcohol, while 0.9% of the respondents confessed to be extremely satisfied with taking alcohol. Their reasons varied from cognitive appraisal to high self-efficacy level.

Table 4.1: ***Respondents perceptions on how they felt after taking alcohol***

	Frequency	**Percent**	**Cumulative Percent**
Highly Dissatisfied	30	28.0	.9
Dissatisfied	35	32.7	15.0
Moderately Satisfied	26	24.3	39.3
Satisfied	15	14.0	72.0
Highly Satisfied	1	.9	100.0
Total	**107**	**100.0**	

The study sought to establish factors that drove respondents into consuming alcohol. Majority of the respondents cited stress factors such as pressure at work places, losing jobs, broken relationships and/or family issues. Other respondents cited peer pressure, idleness due to lack of jobs, an escape from sorrow, curiosity (wondering how it feels) as well as to fit in with popular groups in the society.

4.3 Assessment of Alcoholism

The study sought to assess probability of heavy consumption of alcohol among respondents, using the CAGE tool. The findings were summarized, presented and discussed in the paragraphs that follow.

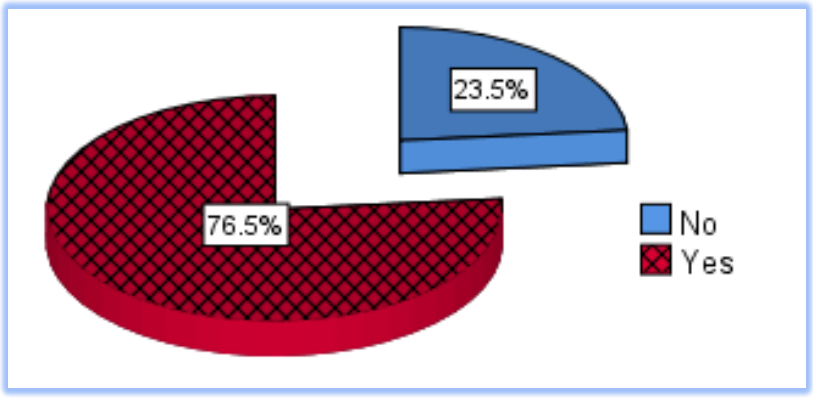
In the first step, study sought to establish whether the respondent had ever considered cutting down on alcohol (C). Some of the respondents were uncertain whether they had quit alcohol although those certain confessed they had quit taking alcohol recently and precisely in the past 1-5 years. The study further wanted to find what made the respondents quit alcohol. Majority of the respondents cited introspection and their families influence, tragic experiences and health problems brought about by alcohol consumption.

The study wanted to find out the coping mechanisms that were used by the respondents. Majority of the respondents said they applied cognitive appraisal coping mechanism. The study further wanted to find out how they applied coping mechanism, as well as techniques and procedures they used to prevent going back to alcohol. A majority of the respondents said that they found something to destruct them from the thoughts of taking alcohol by doing physical exercise, talking to therapist, listening to music, as well as reaching out to friends for comfort and support. The study also wanted to find out experiences that the respondents had before they made the decision to stop alcohol. Majority said they lost their jobs due to excessive drinking and subsequently, not going to work or going to work while highly intoxicated and not delivering. Some said they developed ill health due to excessive drinking, while others said family problems ensued due to excessive drinking. The researcher asked the respondents why they opted for spontaneous recovery from alcoholism instead of seeking formal treatment. Majority said that formal treatment was

expensive compared to spontaneous recovery, while others said they did not feel the need to seek formal treatment.

Further, the study wanted to find out if the respondents ever felt the need to stop drinking while consuming alcohol. From the finding summarized in Figure 4.4, majority (76.5%) of the respondents agreed they felt the need to reduce their alcohol consumption, while only 23.5% said that they did not feel the need to reduce or stop drinking alcohol.

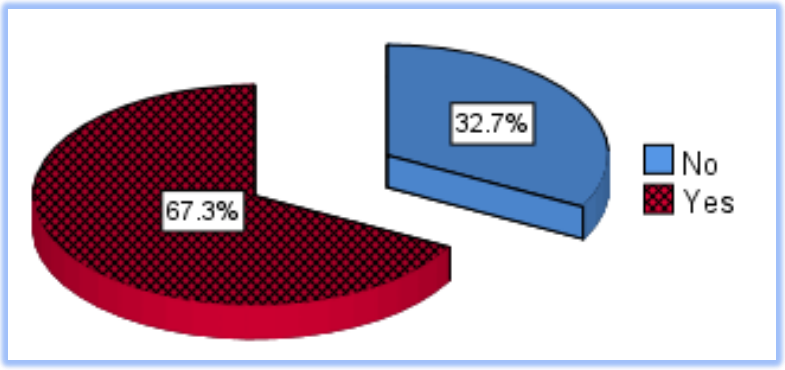
Figure 4.4*: Respondents perceptions on the need to cut down on their drinking*



n=83

The study strived to observe whether respondents' contacts were angered and/or criticized (A) about their alcohol consumption. The findings were summarized in Figure 4.5. From the figure, majority (67.3%) of the respondents said that the people around them were not annoyed by their alcohol intake, while 32.7% of the respondents said people around them were annoyed about their alcohol consumption and criticized their drinking

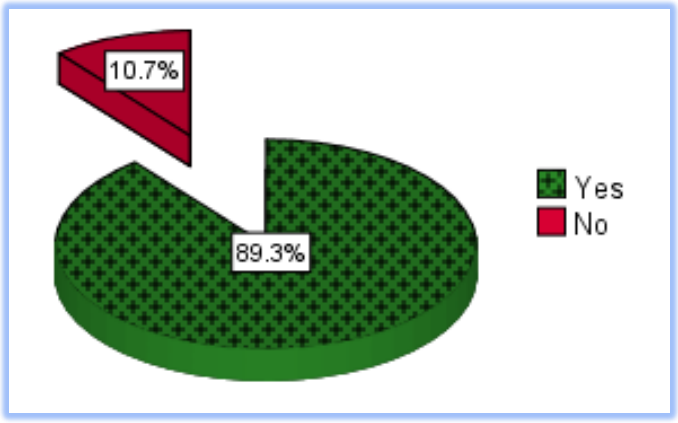
Figure 4.5*: Perceptions of people around the respondents on their drinking*



n=83

The study wanted to find out whether the respondents felt guilty (G) about drinking. The findings summarized in Figure 4.6. The figure demonstrated that a majority (89.3%) said they felt guilty about drinking alcohol, while 10.7% said they did not feel guilty about drinking alcohol

Figure 4.6*: Respondents emotion about their drinking*



n=83

The study strived to find out whether respondents need for alcohol consumption first thing in the morning (Eye-opener) (E) was to steady their nerves or get rid of a hangover.

Table 4.2: ***Respondents need for a drink first thing in the morning (Eye-opener)***

	Frequency(n)	**Percentage (%)**
Yes	13	13.3
No	85	86.7
Total	**98**	**100.0**

From the findings summarized in Table 4.2, majority (86.7%) of the respondents agreed they did not need to take a drink in the morning (Eye-opener) to steady their nerves or to get rid of a hangover, while 13.3% of the respondents agreed the need for a drink first thing in the morning (Eye-opener) was intended to steady their nerves or to get rid of a hangover.

To indicate and assess alcoholism among respondents, screening was done to establish the number of respondents who said "yes" to ever feeling the need to stop drinking, whether people around them were annoyed, criticized their drinking, felt guilty about drinking or if they needed a drink first thing in the morning. From the CAGE perspective, for each question, "yes" response received 1 point, while the cutoff point (the score that makes the test results positive) was2 for this study. The following were the findings.

Table 4.3: ***Screening Test on Alcoholism***

	Frequency(n)	**Percentage (%)**
Yes to less than two	78	79.9
Yes to more than two	20	20.1
Total	**98**	**100.0**

Findings in Table 4.3 indicate that on average, more than three-quarter (79.9%)of the responses were on affirmative "yes" to less than two questions posed to assess alcoholism

among the respondents. This implies that 79.9% of the respondents felt they needed to cut down on their drinking, made people around them annoyed by their drinking habits, were criticized by those around them for their alcohol consumption, felt guilty and/or felt the need to take a drink first thing in the morning. The findings also indicated minority of the respondents responded positively to two or more screening queries raised and were likely to be alcoholics. Therefore, they had difficulties focusing on counselling effectively which led to relapse. A minority of 20.1% had a negative response with affirmative "yes" to more than two queries raised. This indicated likelihood of them being alcoholics, thus showing counseling was not effective in their alcoholism recovery.

4.4 Self-Efficacy to Regulate Alcohol Drinking Habits Questions

The study sought to establish if alcohol was available and affordable to the respondents and whether they considered taking it. The findings summarized in Table 4.4 show that (41.1%) of the respondents said not at all for once in two months, (46.2%) of the respondents said not at all for once monthly, (58.5%) of the respondents said not at all for once after two weeks, (67.3%) of the respondents said not at all forsaking alcohol weekly, 37.4% of the respondents said they will not consider taking it daily, while 67.0% of the respondents said they will not consider taking alcohol any time it is available and as much as it is available.

Table 4.4: ***Self-Efficacy***

	Not at all		May be		Sure I will	
	F	%	F	%	F	%
Suppose alcohol is available to you now and affordable, will you consider taking it once in two months	44	41.1%	24	22.4%	39	36.4%
Suppose alcohol is available to you now and affordable, will you consider taking it once a month	49	46.2%	33	31.1%	24	22.6%
Suppose alcohol is available to you now and affordable, will you consider taking it once after two weeks	62	58.5%	37	34.9%	7	6.6%
Suppose alcohol is available to you now and affordable, will you consider taking it weekly	72	67.3%	31	29.0%	4	3.7%
Suppose alcohol is available to you now and affordable, will you consider taking it daily	40	37.4%	30	28.0%	37	34.6%
Suppose alcohol is available to you now and affordable, will you consider taking it any time it is available and as much it is available	71	67.0%	20	18.9%	15	14.2%

From the findings above whereby majority of the responses tended towards 'Not at all' response, this study notes that most of the respondents had self-efficacy , as most of them said they will not take alcohol if it was available and affordable. These findings were in line with the argument of Annis and Davis (2010) who pointed out that self-sufficiency levels can be used to predict if a person will be able to abstain from drinking and misusing drugs. The authors added that, high levels of self-sufficiency may lead to higher abstinence levels while low levels of self-sufficiency lead to poor abstinence rates and an increased risk of relapse. A similar study conducted by DiClemente (2011) inspected the correlation

between self-efficacy scores and the subject's ability to maintain post-treatment abstinence at five months and concluded that, patients that had higher self-sufficiency levels were observed to have abstained for longer periods.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The general objective of the study was to ascertain factors that influence spontaneous recovery among recovered alcoholics in Mathare Slum, Nairobi County. This chapter presents the findings summary, conclusions and recommendations of the study.

5.2 Summary

Research shows that globally, about 70 to 90% of the patients who abuse alcohol are likely to relapse at least once every four years after treatment (Polich, Armor & Braiker, 2011) with most patients relapsing one year after the treatment. The United Nations Office on Drugs and Crime report puts Kenya among African countries with worst alcohol abuse (UNODC, 2015). The alcohol abuse rate stands at 36.3%, nicotine 17.5%, bhang 9.9%, heroine 8.0%, miraa/khat 2.7% and cocaine 2.2%. It is estimated that there are more than 2 million drug abusers, out of which 90% abuse alcohol which subsequently affects 70% of families (WHO, 2012). Therefore, the general objective of this study sought to establish factors influencing spontaneous recovery among recovered alcoholics in Mathare Slum, Nairobi County.

The researcher intended to find coping mechanisms that were used by the respondents, whereby majority of the respondents said they applied cognitive appraisal coping mechanism. The study further wanted to find out how they applied coping mechanism as well as techniques and procedures they used to prevent re-intake of alcohol. A majority of the respondents said they found something to destruct them from thoughts of taking alcohol by taking walks, talking to therapist, listening to music, as well as reaching out to friends

for comfort and support. The study also intended to find out experiences the respondents had before they made the decision to stop alcohol. Majority said they lost their jobs due to excessive drinking and subsequently, not going to work or going to work while highly intoxicated and not delivering. Some said they developed ill health due to excessive drinking while others said family problems ensued due to excessive drinking.

The researcher asked the respondents why they opted for spontaneous recovery from alcoholism instead of seeking formal treatment. Majority confessed formal treatment was expensive compared to spontaneous recovery, while others said they did not feel the need to seek formal treatment. The study also asked respondents if during their alcohol abuse lifestyle, they felt the urge to reduce on their drinking habit. From the findings, majority of respondents acknowledged the need to reduce on their drinking during their alcohol abuse life. The study intended to establish whether people around the respondents were annoyed and criticized their drinking. The findings showed most of the respondents (67.3%)acknowledged people around them were not annoyed about their alcohol drinking habits and did not criticized them. The study also strived to establish whether the respondents ever felt guilty about their drinking problem. The findings showed majority (89.3) were guilty about their drinking problem. In addition, the study wanted to find out if the respondents ever felt the need to drink first thing in the morning (Eye-opener) to steady their nerves or to get rid of hangover. From the findings, majority (86.7%) of the respondents acknowledged they did not feel the need for a drink first thing in the morning (Eye-opener) to steady their nerves or to get rid of a hangover.

Findings indicated majority of the respondents responded positively to less than two of the screening queries raised and were not likely to be alcoholics. Therefore, they had no

difficulties in focusing effectively to counseling, which led to spontaneous recovery to alcoholism. Minority of the respondents had a negative response with "yes" to more than two queries raised, indicating a likelihood of them being alcoholics. Therefore, counseling was not effective on them and they were likely to revert to alcoholism.

The study sought to establish whether the respondents would consider taking alcohol if it was available and affordable. The findings revealed that majority (41.1%) said they would not consider taking alcohol once in two months, while majority (46.2%) said they would not consider taking it once a month. In addition, majority (58.5%) said they would not consider taking alcohol once after two weeks, while majority (67.3%) said they would not consider taking alcohol weekly. More respondents (37.4%) said they would not consider at all taking alcohol daily, while a large majority (67.0%) said they would not consider taking alcohol any time it is available and as much as it is available.

5.3 Conclusions of the Study

The study sought to determine the level of self-efficacy among spontaneous-recovered alcoholics in Mathare Slum, Nairobi County. The research asked the respondents whether they would consider taking alcohol if it was available and affordable after treatment in rehabilitation centers. From the findings, the level of respondents' self-efficacy was strong and therefore majority of them were not likely to relapse if the opportunity presented itself. This was majorly attributed to conditions like near death experience, chronic illnesses caused by alcohol intake, renewed respect for their support system, new responsibilities at work place and within family unit. The study also revealed that high cases of relapse were attributed to individuals who lacked especially coping mechanism, motivation and

cognitive appraisal. These life skills can be inducted while individuals are still in rehabilitation centers to cut down the number of relapse cases.

5.4 Policy Recommendations

Policies by government agencies and rehabilitation centers are crucial in monitoring and controlling relapse cases. So far, the government has put policies like Mututho laws which stipulated alcohol selling centers operating hours and prohibition of manufacturing and distribution of third generation alcoholic drinks. However, these evidently in this research and those already done reveal that relapse cases are still high. The research noted that there was no proper follow up of individuals by rehabilitation centers. It remains largely dependent on individuals to decide whether to have follow up by the rehabilitation centres. Unfortunately with this methodology, most individuals fail to present themselves for follow up. Costs charged by the rehabilitation centers is one of the reasons why individuals would not present themselves for follow up. The government should therefore ensure such costs are reasonably subsidized.

There is also need to sensitize the community on embracing alcoholics back to the community after rehabilitation and also offer them social support. Unfortunately alcoholism is still demonized in the society and victims are discussed in hush tones else they cause embarrassment. There needs to be sensitization that alcoholism is an illness that the society makes it worse by denying or shunning its existence and those affected by the problem.

The government also needs to put more punitive measures where alcoholics are sent to rehabilitation centers, rather than jail term. This will be more effective if the government

employs more social workers to counsel and educate the alcoholics on life skills thus prevent relapse cases.

5.5 Recommendations for Further Research

It was widely noted that there is not enough statistic present on relapse cases and spontaneous recovery. Lack of statistics only shows that there is less study done on this topic. It is therefore imperative that more research to be done especially in providing statistics on alcoholism relapse and spontaneous recovery.

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APPENDICES

Appendix I: Interview Schedule

Part A: General Information

1. Indicate your Gender

   Male ( )

   Female ( )

2. Indicate your Age

   20 - 29 years ( )

   30 - 39 years ( )

   Above 40 years ( )

3. How long were you in alcohol before you decided to quit?

   Below one year One to three years above three years

4. What was your feeling after taking alcohol?

   Highly Satisfied ( )

   Satisfied ( )

   Moderately Satisfied ( )

   Dissatisfied ( )

   Highly Dissatisfied ( )

5. What influenced you to taking alcohol?

……

Part B: Factors Associated With Spontaneous Recovery

6. When did you quit taking alcohol? ……...
7. What made you quit?

   ……

   ……..
8. What coping mechanisms are you using?

   ……

   …….
9. How did you apply the coping mechanisms?

   ……

   ……..

10. Which techniques and procedures are you using to prevent the re-intake of alcohol?

    ……

    ……
11. What experience did you have before you made the decision to stop alcohol?

    ……

    ……..
12. Why did you opt for spontaneous recovery from alcoholism instead of seeking formal treatment?

    ……

    ……..

Part C: CAGE Questions

CAGE asks about lifetime alcohol or drug consumption questions each "yes" response receives 1 point, and the cutoff point (the score that makes the test results positive) is either 1 or 2. Two "yes" answers results in a very small false-positive rate and the clinician will be less likely to identify clients as potentially having a substance use disorder when they do not. However, the higher cutoff of 2 points decreases the sensitivity of CAGE for people drinking alcohol—that is, increases the likelihood that some people who are at risk for a substance problem will receive a negative screening score (i.e., it increases the false-negative rate). Tick

13. When you used to drink did you ever feel that you needed to **cut** down on your drinking?

No	
Yes	

14. Were people around you Annoyed about you and criticized your drinking?

No	
Yes	

15. Did you ever feel Guilty about drinking?

No	
Yes	

16. Did you ever feel that you needed a drink first thing in the morning (**E**ye-opener) to steady your nerves or to get rid of a hangover?

No	
Yes	

Part D: Self-Efficacy to Regulate Alcohol Drinking Habits Questions

Please read the following statements carefully. Each one describes a way that you might (or might not) feel about *your* drinking. For each statement, circle one number from 1 to 3, to indicate how much you agree or disagree with it *right now*. Please circle one and only one number for every statement

1 = Not all, 2= May be, 3.=Sure I will

Suppose alcohol is available to you now and affordable, will you consider taking it;

1. Once in two months

1
2
3

2. Once a month

1
2
3

3. Once after two weeks.

1
2
3

4. Weekly

1
2
3

5. Daily .

1
2
3

6. Any time it is available and as much it is available

1
2
3

Thank you

d

Appendix II: Participants Consent Form

Eunice Machuki

University of Nairobi

Dear Respondent,

RE: DATA COLLECTION

Hello, my name is Eunice Machuki and I am the researcher in the study from University of Nairobi pursuing Masters of Arts degree in Disaster Management. I am currently working on my project and would greatly appreciate your assistance. You have been randomly sampled to participate in the study **SELF-EFFICACY AMONG SPONTANEOUS RECOVERED ALCOHOLICS: A CASE OF MATHARE NORTH.**

There are no foreseeable risks for you participating in the study or payment for you. If you may have questions while taking part, please stop and ask. You will be required to read and respond to the questions in the questionnaire that you will be provided with. Please answer the questions with honesty. The information given by you will be treated with anonymity and confidentiality.

Your participation in this research is voluntary, and you will not be victimized if you refuse to participate or decide to stop.

Participant's Name……..

Signature……..Date……..

Researchers Name……

Signature……Date…….....

Appendix III: Introduction Letter

From: **Eunice Machuki**

To: Respondent

Dear, Respondent

Re: Questionnaire

I am a student at University of Nairobi pursuing Masters of Arts Degree in Sociology (Disaster Management). I am carrying out a study on

SELF-EFFICACY AMONG SPONTANEOUS RECOVERED ALCOHOLICS .A CASE OF MATHARE NORTH.

You are kindly requested you to complete the attached questionnaire so as to enable me accomplish the study. Please, note that all the information given shall be treated purely and used for academic purposes and shall be treated as confidential. Thank you for taking your time to complete the questionnaire and for your time and cooperation.

Yours sincerely

Eunice Machuki

University Of Nairobi

Appendix IV: Approval Letter