

**THE RELATIONSHIP BETWEEN ALCOHOL USE DISORDERS AND DEPRESSION
IN MEN. A CASE STUDY OF THE MEN IN KIRIGITI AREA, KIAMBU COUNTY.**

BY

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IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A
MASTERS DEGREE IN COUNSELLING PSYCHOLOGY.**

DECLARATION

I declare that this research proposal is my original work and has not been presented for the award of any degree or diploma in any other University.

Sign:



Date 22/06/2022

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This research proposal has been submitted for examination with my approval as the university supervisor.

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DEDICATION

I give a special dedication to my grandmother for this work for she has been a major support system for me by supporting me financially, emotionally and psychologically. I also give special thanks to my mum and my siblings for supporting and encouraging me throughout the process.

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ABBREVIATIONS

AUD: Alcohol Use Disorder.

NACADA: National Campaign against Drugs Authority.

WHO: World Health Organizations.

CDC: Center for Disease Control.

AUD: Alcohol use disorder

PHQ: Patient Health Questionnaire.

AUDIT: Alcohol Use Disorder Identification Test

ABSTRACT

Alcohol has been a known contributor for disease. According to the World Health Organization, over three million deaths are associated with alcohol annually. Excessive consumption of alcohol continues being a public health concern globally.

Alcohol use has continued being a problem in many parts of the world. Kenya has been greatly affected by the negative consequences of alcohol. Many rehabilitation centers in Kenya are full and cannot accommodate any more. Some people are able to afford rehabilitation to treat the problem while others are not able to afford treatment and rehabilitation. Some scientists believe that there is a connection between alcohol use disorders and depression. Depressive disorders are significant mental illnesses which can be diagnosed and treated by a mental health professional.

There are scientists who believe that depression and alcoholism are genetic disorders. Other scientists believe that depression and alcoholism can be learned. Other scientists also believe that there is a gene associated with these conditions but they must be activated by an external influence. This external influence can be an accident for the case of depression or alcohol consumption for alcoholism. There are other scientists who believe that alcohol may trigger the depression gene as well as cause anxiety. Alcoholism can be inherited and may be triggered by stress and depression.

This study intended to expound broadly the connection between alcohol use disorders and depression. The objectives of this study were to establish the connection between depression and alcohol use disorders, to determine if men in Kirigiti area were suffering from alcohol use disorders and to determine if men in Kirigiti area were suffering from depression.

This research was carried out in Kirigiti area, Kiambu County. The study utilized descriptive research design. The study participants were men between the age of 18 years to 60 years. Simple random sampling method was used to collect both qualitative and quantitative data. This study used questionnaires for data collection. Calculations were done using statistical methods and procedures and the results presented using charts, tables and figures. Ethical considerations were observed through attainment of a research permit. The findings were discussed and conclusions and recommendations made. They were presented to the department to be shared with various stakeholders. The findings may be used to improve treatment of patients with depression and alcohol use disorders.

CHAPTER ONE

BACKGROUND OF THE STUDY

1.0. Introduction

According to Richie & Roser (2018), it is reported that 107 million people worldwide suffer from alcoholism. Alcohol misuse is common among alcoholic males and is linked to negative health outcomes (Ekott & John, 2010). Characterized by a high frequency of unsafe alcohol consumption in broad samples collected in most parts of Africa, research supports a link between alcohol consumption and depression (Nalwadda et al., 2018). Furthermore, alcohol affects behavior directly by impairing judgement and memory; as well as actions that are not restrained possibly raising the chance of hazardous conduct. Furthermore, alcohol use disorders have an indirect impact on behavior.

According to Carvalho et al., (2019), for several decades, alcohol has been a major part of our society and culture. Throughout the world, people of all ages and races have been consuming alcohol. Veeck et al., (2018) state that alcohol is a common drink in many social events, festivals and rites both traditional and modern. Notably, approximately 3.3 million deaths related to alcohol are reported annually (WHO, 2014). This shows that drinking alcohol is a health risk for people who consume it.

Alcohol is any drink or ethanol-containing liquid, chiefly when it is regarded to be the stimulating agent in brewed and clarified liquors (Tracy, 2005). There are many types of alcoholic drinks which include and are not limited to vodka, whiskey, wine, rum, beer, and champagne. These are modern alcoholic drinks. These drinks have the capacity to make their consumers develop alcohol use disorders.

According to Kathol et al., (2018), AUD (Alcohol Use Disorder) is a lasting condition marked by binge drinking and also an obsession with alcohol. It is also known as alcohol addiction, alcohol dependence or alcoholism. Alcoholism is the lack of the ability to control drinking due to both a physical and emotional dependence on alcohol. The symptoms of alcohol use disorder include continuous alcohol consumption despite the consequences it has on a person's health or social life. The person may start drinking in the morning, feel guilty on their drinking and want to stop the drinking habit but they are unable to.

Mental health is defined as a person's state of wellbeing in terms of their mind and emotions. Mental health is a state of wellbeing in which a person realizes their own abilities according to the World Health Organization. Oxford dictionary also terms depression as a mental health condition marked by feelings of extreme inadequacy, hopelessness, guilt, sleep disturbances, lack of energy and appetite changes.

Depression is a stressful and debilitating illness that has a detrimental impact on a range of self-care practices (Butler et al., 2019). Based on the demographic analyzed, the time period researched, and the instruments used to characterize the individuals, the existence of depression is from 20% to 79 percent (Lai et al., 2019). Ferrari et al., (2021), state that assessing depression in alcoholics must be done with caution since certain difficult physical symptoms might mask depression indications.

According to Yasin et al. (2021), depression is defined with a set of signs which make it difficult for the individual to sleep, work, concentrate, eat, and engage in formerly enjoyable activities. Additionally, Cacha et al. (2019) states that severe depression is incapacitating and impairs one's ability to operate properly. In the general public, the incidence of major depressive illness is reported to be between 10% and 25% for women and between 5% and 12% for males. According to estimates, serious depression will emerge as the main cause of disability and mortality globally by 2025 (Devaux et al., 2019).

According to Fatabhoy & Hassett, (2021), there is usually a 'chicken or the egg problem' in regards to alcohol use disorders and mental health and most especially they are occurring at the same time. During treatment, mental health professionals try to determine whether a person's depression comes first which leads to their drinking problem, or whether their drinking problem leads to depression. This principle is called 'the chicken or the egg problem' according to the Ria Expert Summary' journal.

Pachankis et al., (2020) state that studies established that individuals who have had a drinking problem in the past had a higher likelihood of suffering from depression. The risk is four times higher than the individuals with no past of alcohol consumption. Research also shows that females are more prone than males to suffer from depression followed by an alcohol use disorder.

According to Zoicas et al. (2019), alcohol consumption lowers dopamine and serotonin levels. These are the hormones which control mood in the body. The lowered levels of these hormones worsen preexisting depression symptoms Gabrielle (Seunagal 2021). Alcohol affects the brain's natural level of happy hormones such that even though the consumer may feel an initial boost, the chemicals subside drastically over time leaving one depressed.

Additionally, Eashwar et al. (2020), believes drinking of alcohol is harmful to mental health of its consumers. Excessive consumption of alcohol causes brain damage, stress and depression, psychosis and worsens the symptoms in bipolar patients. Heavy alcohol intake exaggerates the shrinkage of the frontal cortex in the brain while moderate consumption of alcohol has a lesser effect.

According to WHO (2014), depression is placed number four on a ranking of the world's most pressing health issues. According to Nakimuli-Mpungu, et al. (2011), roughly half of all males in the world are said to suffer from depression. Men's major depressive disorder is frequent, and that might be linked to substance abuse (Dixit & Crum RM, 2000). Furthermore, alcohol consumption is firmly ingrained in many communities, with around 2000 million individuals using alcohol throughout most regions of the globe (Babor, et al., 2003). According to the World Health Report (2002), alcohol intake is now one of the most significant health dangers worldwide; as well as the main a potential risk in underdeveloped nations having low rates of death and came thirdly in affluent ones.

According to Chodkiewicz et al., (2020), alcoholism and depression have a significant influence on public health across most African nations. In the region, nonetheless, Win et al., (2021) states that there is minimal evidence on the connection among AUDs (alcohol use disorders) with MDDs (major depressive disorders). Additionally, alcohol use has indeed been linked to depression's onset (Erickson et al., 2019). Due to the widespread hazardous usage alcohol in several countries with relatively large prevalence and incidence of alcohol dependence, alcohol consumption rates and trends may significantly contribute to a high risk of depression among males. According to Li et al. (2020), nations with a significant risk of alcohol intake have revealed a solid association between depression and binge intake, showing a greater frequency of depression amongst those who suffer from alcoholism than the general population. According to reports solely on medical inspection or health record checks, males who consume alcohol have

significant prevalence of depressed episodes (Luo et al., 2019). Notably, Depression may strike at any time in one's life, for example, shortly after losing a job or after a divorce, among other things (Wachter, 2020).

Despite the reality that mental health issues are seldom acknowledged by professionals, many alcoholic males with mental health issues will seek treatment at mental health facilities (McHugh, 2019). According to Freeman et al. (2007), experts have established those therapeutic interventions must incorporate mental health evaluation and effective regulation (WHO, 2008).

1.1. Statement of the Problem

Although prior studies have revealed the coexistence of depression and consumption of alcohol, the relationship between the two has proven hard to explain. Alcohol use disorders have continued being prevalent in the society today especially here in Kenya. Co-currently, depression is also on the rise especially among young people. A higher percentage of people affected by alcohol use disorders and depression are male. Limited research has been done to establish if there is a relationship between alcohol use disorders and depression especially in men here in Kenya.

Men have a higher probability of suffering from depression than women (Gassó et al., 2020), despite the fact that it is mostly overlooked (Briggs et al., 2018). Sadly, even when depression is diagnosed professionally, it is often left untreated (Briggs et al., 2018). Alcohol consumption may be one of the variables related to men's greater incidence of perceived stress (Choi et al., 2018). In addition to depression, additional disorders associated with alcohol use are produced through drinking throughout time, resulting in physical or psychological health difficulties, social connections, marital problems, and school or job performance issues.

According to Choi et al. (2018), alcohol dependency, misuse, drunkenness, and withdrawals are all examples of disorders associated with alcohol use. Besides, WHO classifies alcoholism and hazardous alcohol consumption as mental health illnesses (WHO, 2002). The incidence rate of AUD (which includes both alcohol addiction and abuse) is estimated to be between 8.3 percent and thirty-point three percent. The harmful effects of alcohol can impact almost every part of the human body, culminating in far more than 60 distinct disorders (Ofori-Adjei et al., 2007).

Domestic violence as well as marital breakup, child maltreatment, absenteeism, and loss of

employment are among difficulties that can be exacerbated by heavy drinking, both acute and chronic (Gilchrist et al., 2022).

Alcohol abuse is among the primary causes of illness and death, with over 107, 000 people dying each year as a consequence of it (Peacock et al., 2018). Peripheral neuropathy, hospitalization, sleeplessness, liver disease, epilepsy, poor nutrition, and accidents have all been connected to alcohol abuse (Pang & Pucci, 2021). Alcoholism is linked to mental disorders, cardiovascular illness, neurologic dysfunction, liver disease, as well as malignant neo plasma, and is a leading cause of death. Panic disorder, schizophrenia, phobias, major depression, hypomania, mania, dysthymia, personality disorders, generalized anxiety disorder, any substance use problem, and suicide are all psychiatric illnesses linked to alcoholism (Fletcher et al., 2018).

Psychiatric comorbidity, in contrast is linked to more severe alcohol-related disorders. Drinking too much alcohol damages the brain. Alcohol is responsible for up to 41% of suicide cases, whereas 23% of those with self harm behaviors are also alcoholics (Demirbas et al., 2003). As per Budney et al., (2019), alcoholism is one of the most destructive health issues in developed countries such as USA as far as the public is concerned as a result of such consequences. In Kenya, research done to determine trends of drug misuse in patients admitted to public medical institutions found that 25.1 percent of patients were alcohol users (Nyongesa et al., 2021). Notably many studies have been done focusing on the physical and social effects of alcohol.

This study aided in establishing the relationship between disorders associated with alcohol use and depression which is a significant aspect of mental health. It was necessary to investigate if there is a connection between alcohol use disorders and depression in men in order for recommendations could be made to rehabilitation centers and treatment facilities for better treatment methods. The information would also be useful to other stakeholders involved in treatment and management of alcohol use disorders and depression.

1.2. The purpose of the study

This research purpose was to establish the relationship between alcohol use disorders and depression in men holding all the other factors constant.

1.3. Objectives of the study

The primary objective of conducting the research was to find the relationship of disorders associated with alcohol use and depression in men in Kirigiti area, Kiambu County. This research had the following objectives;

- ii) To determine if men in Kirigiti area were suffering from alcohol use disorders.
- iii) To determine if men in Kirigiti area were suffering from depression.
- i) To establish the connection between depression and alcohol use disorders in men of Kirigiti area, Kiambu County .

1.4 Research question

The goal statement of a research is narrowed and focused by a research question, which drives the investigation and implementation of the research (Black 2012). The research question of this study stated as follows:

What is the relationship between alcohol use disorders and depression in men in Kirigiti area, Kiambu County?

1.5. Research Hypothesis

- i) There is no relationship between alcohol use disorders and depression in men in Kirigiti area Kiambu County.
- ii) The men in Kirigiti area are suffering from alcohol use disorders.
- iii) Men in Kirigiti area are not suffering from depression.

1.6. Justification of the Study

Majority of the Kenyan population have consumed alcohol excessively in the past resulting in a decrease in their mental, social and economic well-being. It has also led to a rise in the country's levels of poverty (Mwai 2004).

Excessive alcohol consumption contributes to suicide, depressive disorders, anxiety disorders and other mental illnesses. In Kenya, domestic violence, homicide and suicide cases have been on the rise as a result of alcohol consumption. Alcoholism also impacts consumer's emotional functioning, which leads to time wastage by spending more of their time in recovery facilities.

The need for awareness on the influences of alcohol on community welfare, especially on consumer's mental health, is therefore undisputed.

Consequently, this research, whose main objective centered to ascertain the relationship between disorders associated with alcoholism and psychological wellbeing was inspired by the dire need to have mentally stable adults in the society and the rise of alcohol related deaths in the country. This research was also motivated by the excessive alcohol consumption in the society, the resulting multiple mental health cases and the rise in the cases of domestic violence, homicides and suicides as a consequence of excess alcohol consumption.

1.7. Significance of the Study

This research will be of importance to the society by shedding more light on the relationship between alcoholism and depression on its consumers. Given that alcohol is a common drink in social spaces, the research focused on discovering the connection between alcohol use disorders and depression in men in Kirigiti area, Kiambu county.

The research will help scholars with a pool of information which will help in the implementation of improved healthcare for people with mental health disorders especially in rehabilitation centers. This is because more information was available in regards to how alcohol use disorders and psychological health are related.

The results of the research were used to make recommendations to people suffering from depression and alcoholism.

1.8. The Study's Scope and Limitations

The study centered on the connection between alcoholism and depression in men. The intention of this research was to generate considerable results that can be used in making recommendations which can be applied in other treatment facilities and rehabilitation facilities in the country. This research was biased because it failed to talk about the effects of the other drugs and only focused on alcohol.

The confounding variables such as family history, major life stressors or traumatic experiences also affected the findings of this study. The respondents were also hesitant to fill the questionnaire due to privacy concerns.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The objective of this literature review is to give insight into earlier investigations (Blaxter et al., 2010). The chapter presents the theoretical review, essentially the main theories on the topic under study. This section also makes an attempt to evaluate some of the most well-known research on the topic under study. As a result, this chapter gives a critical overview of the literature on the relationship between disorders associated with alcohol use and depression; and additionally reviews the literature on the relationship between existing variable linking the alcohol use disorders with depression. Following the examination of empirical literature, the literature review is summarized. Later the research gap was identified. The study intended to illustrate the experience of men in Kirigiti area, in Kiambu County.

2.1 Background

Alcohol use is common in many life events and rites of passage, funerals and weddings and in many sections of the globe (Monroe et al., 2019). In these events, alcoholic drinks are often included in the occasion. According to the World Health Organization's Global Status Report on Alcohol and Health, 3.3 million deaths occur as an outcome of issues caused by alcohol. The report also states that 5.9 percent of the deaths that occur worldwide are caused by alcohol. According to NACADA (2012), 5.8 percent of the Kenyan population abuse alcohol. 5.5 percent of these are addicted to alcohol use. 5.9 deaths occur globally due to alcohol use. Harmful use of alcohol is a public health problem which calls for a public health intervention according to Mwangi (2016)

Alcohol imposes no obvious damage to certain individuals while to other people, it could have damaging effects. Mild use of alcohol, however, comes with risks. According to Bouvard et al (2007), alcohol may cause a number of health problems when consumed consistently over time and/or when drunk intensely. Amongst those who are heavily addicted to drinking alcohol, the chances of diseases associated with alcohol and supplementary medical problems stimulated by alcohol are high. According to Rehm (2005), alcohol impairs all body systems such as the brain and the sense organs.

The World Health Organization (WHO) study found alcohol to be responsible for approximately 60 forms of accidents and disorders WHO (2000). It also linked alcohol to other negative outcomes such as unsafe sex, high blood pressure and tobacco use WHO (2002).

Alcohol poisoning can also occur in users. This condition is associated with the consumption huge amounts of alcohol in a small space of time. High quantities of alcohol in the body can cause the brain's essential portions that govern respiration, pulse rate, as well as body temperature to stop working, resulting in death.

There are several accounts of alcohol-related deaths among young people in Kenya. The drinking of alcohol is quite common amongst young persons of between 25 to 34 years of age. 79% of these are men while 15% are women NACADA (2011). At least 60 percent of families in Kenya are reported to be affected by drug and substance use Pan African News Agency, Dakar (2005). A 2007 NACADA (National Agency for the Fight against Substance Abuse) study found that 13 percent of the population currently consumes alcohol nationally.

According to (Peltier et al., 2019), heavy consumption of alcohol affects chemicals in the brain known as neurotransmitters and hormones linked in the development of anxiety and depression. It attributes to why alcohol consumption brings about symptoms similar to those of a mental illness. An example of such a symptom is mood disturbances which are common in mental disorders such as bipolar disorder. Mood disturbances occur in about 80 percent of alcohol patients according to Brown and Schuckit (1988). Excessive consumption of alcohol also causes the frontal lobe to shrink by 11.3 percent. According to Rodd et al (2004), frontal lobe damage has also been known to interfere with the development of personality, abstract reasoning, attention, memory, logic, and impulse control.

There is a controversy surrounding alcohol and depression and how these two variables affect each other (Huang et al., 2020). 30 to 40 percent of alcohol consumers experience depressive episodes after consuming the drink, Schuckit (1993). Alcohol also results in hostile irresponsible behaviors like ADHD (attention deficit hyperactivity disorder). According to Newcomb et al. (2019), alcohol consumption among people with mental illnesses is twice as high as opposed to people who do not have a mental ailment.

According to Marees et al. (2019), it is estimated that 30 to 50 percent of alcohol consumers have a mental health condition. Mental health and alcohol use disorders coexist and this is known as dual diagnosis. According de la Iglesia-Larrad et al. (2020), people with schizophrenia are thrice more prone than the normal population to be alcoholic. This is because people with mental illnesses try to self-medicate using alcohol.

Delirium tremens is the most extreme condition which occurs after consuming alcohol in about five percent of individuals experiencing alcohol intoxication (Grover & Ghosh, 2018). This condition is characterized by delirium. Delirium is a frame of consciousness that is changed and disturbed. This condition can even lead to death. Alcohol also induces mood disturbances, melancholy, and insanity. This condition clears of on its own once alcohol use is stopped.

Alcohol has a huge impact on its consumers' mental well being (Hefner et al., 2019). These effects may be long term or short term. Drinking alcohol is linked to concerns relating to psychological health, including depressive disorders, memory loss, suicide etc. It is also a risk factor for various mental diseases like, anxiety disorders, schizophrenia, bipolar disorder among others. Alcohol consumption can trigger serious deterioration of these conditions if consumed by patients with these preexisting conditions. The neurotransmitters in the brain are disrupted by heavy drinking on a regular basis which are important for mental well-being. Alcohol may have relaxing effects at first but in the long run causes anxiety and depression.

There is a bilateral association between alcoholism and depression. Both conditions coexist and each disorder can trigger the other. Alcohol is said to worsen the symptoms of depression according to Stacy Mosel (2021). Drinking can also interfere with recovery from depression according to the review from the journal 'professional psychology'. Notably, people with alcohol use problems have a higher probability of being depressed than those who do not consume alcohol.

Although prior studies have revealed the coexistence of depression and consumption of alcohol, the relationship between the two has proven hard to explain. Various studies have also indicated that depression is mostly related to the alcohol consumption episodes and not a lifetime diagnosis of depression according to Mary W. Kuria et al. According to a study done in Tanzania, Patients hospitalised to Bugando Medical Centre in Mwanza had a link between depressive illness, anxiety attacks, and alcohol misuse.

2.2. Depression and Alcohol use Disorders

According to WHO assessments, approximately 340 million individuals globally are likely struggle with depressive disorders (Sawhney et al., 2018). Nearly eighteen million persons in the US have experienced a severe period of depression (National Institute of Mental Health). Because of discrepancies in instrument assessments, data on the prevalence of depression have differed significantly (Purtle et al., 2019). According to Kessler et al. (2003), the 12-month depression episode levels is estimated to be 1.7 percent to 3.4 percent, as well as the lifetime risk is 3.0 to 5.9 percent.

According to Oliveira et al. (2018), a series of researches have revealed the incidence of depression and alcoholism. Depression has been proven to not only undermine an alcoholic's will to give up drinking, but also to lead to the use of alcohol to treat depression (Cox & Klinger, 2022). Additionally, understanding the relevance of co-occurrence of depressive and disorders of alcohol use is vital as it might clarify why the vast number of the populace recover following treatment for alcohol addiction (Cox & Klinger, 2022). It may also clarify why medications have been used to treat mental illness and alcoholism in the modest way.

Research in Kenya observed a connection among significant depression disorder, anxiety disorder, as well as binge consumption among patients hospitalized at primary referral mental hospital (Ndetei et al., 2008). Numerous studies have verified that depression and alcoholism are frequently linked together, but the link between the two illnesses has been difficult to characterize (Anker, 2019). The incidence of this co-occurrence ranges from 16 percent to 68 percent (Halikas et al., 2001). The amount of alcohol dependency, demographic features, and illness related variables have all been used in studies to distinguish between depressed and non-depressed alcohol-dependent people.

Depression has been proven to be more closely linked to a recent alcoholic incident than a lifelong diagnosis of depression (Estévez-Lamorte et al., 2019). Following 2 weeks of detoxifying and withdrawal, depression identified during the current bout of alcoholism usually subsides and goes back to normal spectrum after a month..The quick healing contrasts with the longer (17-week) recovery following a severe depressive episode (Doerfler & Twigden, 2022). This might indicate that sadness in alcoholics is caused by the long-term effects of alcohol abuse and is connected to a current drinking binge.

The connection between alcoholism and serious depression might be explained in two ways (Castillo - Carniglia et al., 2019). One, it's likely that both diseases have core biological and epigenetic variables that enhance the likelihood of both conditions. Second, there's a chance that the two conditions are linked, with one raising the odds of another. Yet after correcting for confounding variables, a series of researchers have discovered proves of a persisting link between disorders related to alcohol use and severe depression. The causative effect of binge consumption illnesses in significant depressive disorder was greater compared to that of the possible association of major depressive disorder in disorders related to alcohol use in predictive research (Sawhney et al., 2018).

According to Schmits & Glowacz (2021), studies suggest the more a man consumes, the higher the chance of being prone to suffer serious depressive episodes. Notably, existence of alcoholism problem or serious depressive episodes is connected to a twofold hazard of one of the conditions. Furthermore, there could be a bidirectional significant correlation where the existence of alcohol consumption boosts the chance of acquiring the opposite condition. Consequently, according to Grant et al. (2009), people, who are using alcohol to decrease mental anguish, could be doing self-treatment through drinking and a correlation has been found whereby depressive episodes which are related to alcoholism and vice versa.

Direct impact of disorders linked to alcohol use are linked to depressive episodes indicates that certain forms of depressive episodes improve following medication of binge dependency (Altman et al., 2022). Individuals who consume alcohol to reduce episodes of depression might need treatment for mental illness to obtain complete recovery following the treatment of alcoholism. According to Godfrey et al. (2021), different researchers have indicated an existing neuro-physiological and hormonal relationship involving binge usage and depressive episodes. Whereas a few researchers have revealed gender variations in the connection underlying depression and alcoholic diseases, some haven't. Notably, in Kenya, there are no statistical reports on the relationship between disorders linked to alcohol use and depression.

According to Burd & Popova (2019), alcohol abuse is a big public health problem since the disorder is pricey but avoidable. Alcohol abuse is high intake of alcohol, consuming more than 5 bottles of alcohol every event (Morojele et al., 2021). Men overuse binge more often compared

to female. According to studies, merely five percent of females had twelve or a few days longer of intense alcohol consumption contrasted to seventeen percent of males.

According to Volkow (2020), depression influences the therapy of disorders caused by drug usage. Notably, information on effects of episodes of depression, as evaluated through the use of BDI (Beck Depression Inventory) on care of consumption of alcohol in the period of active medication of Project MATCH (the very first ninety days) imply that depressive episodes at the beginning of medication is affiliated with both alcoholic beverages per consumption day, and point margin days celibate all through the first thirty days of intervention, and not during the remaining days; even farther, the next thirty days were affiliated with Beck depression inventory depression score at third month. In brief, depressive disorders are related with more consumption early in medication, and more consumption earlier in medication is linked with subsequent episodes of depression.

Following an analysis performed totally separate for men and women which held in check for gender and ethnicity, co - occurring MDD was a strong predictor of total count of illegal substances used by many males and not by many females, was indeed a good determinant of the prevalence of substance reliance diagnosis and treatment among men and not between women. According to Castel et al (2006), between many health care's seeking persons with a lifetime prevalence of MDD, drug disturbances might be a little more drastic as represented by greater likelihood of poly-substance usages, further reliance symptoms, and much more drug and substance reliance comparative to persons entering treatment programs without the need for a history of MDD.

According to Shiels et al., (2020), heavy drinking is one of the primary causes of illness and mortality, with over 107, 000 people dying each year as a consequence of it. Heavy drinking can also have serious impact on one's physical and mental health. Liver disease, peripheral neuropathy, sleeplessness, epilepsy, poor nutrition, wounds, and incarceration have all been connected to alcohol abuse (Pang &Pucci, 2021). Alcohol misuse is among of the major expensive concerns about global health in USA as a result of these consequences.

According to Santomauro et al. (2021), depression is another health condition that is becoming more prevalent and well-known as a worldwide public health issue. Additionally, Exten & Salomaa, (2020) notes that major depression is known to impact 7% of grownups in United

States of America. Depression, like alcohol abuse, has been linked to a slew of health problems. Disability, poor health, and death are only a few of these issues.

The obvious parallels between alcohol consumption and depression have rendered both diseases objectives for study to uncover causative agents or factors associated for both (Müller et al., 2021). Drug usage and depression disorders usually co-exist (Strid et al., 2019). Owing to this regular coexistence, mostly one ailment is noticed whereas the opposite disorder is entirely overlooked. According to Watts (2008), it is estimated that among persons who experience depression, 25 percent recognize excessive alcohol usage. Depression symptoms could be induced by consuming alcohol or the following retreat from alcohol or drugs. Separately, Bazargan-Hejazi et al (2008) as well as Watts (2008), state that alcohol abuse and depression are terrible illnesses, but combined, they have far greater repercussions including high risk for suicide and poor mental and physical well being.

A suffering with one condition raises the likelihood for acquiring the other one. Serious binge drinking could lengthen the amount of period an individual is sad (Muthiah et al., 2021). Excessive alcohol consumption can make life extra hard and relations more challenging, which then in turn causes depressive episodes. Kottasz et al. (2019), states that alcohol consumption is additionally connected to a depressed mood and an all-consuming unhappiness. Consequently, undiagnosed depressive episodes raise the likelihood for relapse after binge usage is discontinued. The people with mental health issues may resort to drinking under the illusion that it would relieve their symptoms. The unpredictable nature of alcohol usage and depression may make the problems far harder to assess and manage.

Several researchers have established a link between depression and degree of consumption of binge (Stanton et al., 2020). Nevertheless, in other research, the connection has been negative for various indicators of alcohol intake. Research findings might vary as a function of the manner depression and alcohol are assessed. Wardell et al., (2020) reported that the degree in the connection involving depressive episodes and use of alcohol is modified by assessment of these factors. Notably, depressive episodes are susceptible to assessment while establishing sex variations among depressive symptoms. Additionally, an association between binge intake and episodes of depression was drinking significant alcohol concentrations each occurrence that was greater for female compared to males. Binge intake correlation to depressive episodes was

revealed as being significantly greater for females as compared to males. The study additionally verified that the consumption trends have an additional substantial influence in depressive episodes compared to total amount of intake.

Alcohol intake was studied by Haynes et al. (2005) as a potential contributing element of depressive episodes as well as anxiety. Men that excessively consumed alcohol regularly had thrice the risk of sadness and anxiety three years later. There was no such link seen amongst female. Therefore, the research backs up the theory that alcohol consumption habits matter more than the amount of alcohol consumed.

In most regions of the world, around 2000 million people use alcohol, which is strongly established in many communities (Wardell et al., 2020). Alcohol consumption is linked to high-risk loss of jobs, which are a significant mechanism of depression (WHO, 2005). Among the individual, the prevalence of alcohol use problems is significant. When alcohol use problems and depression coexist, physical and mental difficulties might arise. Increased alcohol usage is associated to episodes of depression and low mental health through a variety of bio psychosocial model pathways.

According to Palfai, (2013), despite evidence of a link between alcohol consumption and depression episodes in men, a few researches looked into whether depression episodes indicate additional consumption, particularly amongst heavy drinkers, or conversely.

Depressive disorders can have a variety of causes (Freeman et al., 2020). It's possible that the brain's genetic code is linked. Furthermore, internal and exterior forces can be linked through inner feelings, thoughts as well as environmental elements. The use of proper sensitivity measuring tools to determine the cause of a client's depression gates to the creation of additional pertinent medication alternatives. Severe depressive disorders as well as addictions are mental well-being issues that are connected to stressful life events and have a high rate of recurrence and relapse even after medication. Standard medical disorders, drug misuse, especially alcohol, home, bodily, and sexual assault, sorrow, loneliness, a dysfunctional social structure, interpersonal troubles, oppression, and a lack of basic commodities are all extrinsic variables that have been linked to depression.

One of the major causes of depression is family abuse (Gilchrist et al., 2022). It is frequently linked to poor socioeconomic situations as a result of unemployment, which is more prevalent in disadvantaged people. According to Caetano & Cunradi, (2003), domestic violence increases the number of housing changes and traumatic life experiences in minority areas. Felons are well-known for employing tactics that divert the emphasis and accusation to their targets. Offenders try hard to keep victims away from their families and friends. While dealing with these persons, criminals frequently admit to having family problems, suggesting that the target might approach them with a "plot," meaning that they are not telling the truth and therefore could be psychologically and emotionally disturbed.

Psychological dread, despair, prejudice, as well as financial hurdles such as bankruptcy are all part of the route to rehabilitation from physical abuse (Doerfler & Twigden, 2022). Additionally, they suggest that professionals should be aware that basic liberties which are taken for granted, such as freedom and safety of decision are frequently inaccessible to victims of domestic violence.

The most often diagnosed mental disease is major depressive disorder, which has been connected to assaults (Shiel et al. 2020). Victims and survivors of sexual abuse and severe depressive illness had a greater risk of impairment in mental health, physical pain, career and psychosocial adjustment. It was shown that abuse and depression are linked. When compared to individuals who did not have a depressive illness, those with severe episodes of depression were significantly two times more prone to have been molested at a certain time throughout their life. According to Pico-Alfonso et al. (2007), latest abuse was linked to more hospitalizations in the previous year, but not to the immediate physical impacts of abuse.

Poor physical and mental health have also been linked to sexual and physical abuse (Dube et al., 2003). Depression, mental illnesses, eating disorders, sexual dysfunction, suicidal conduct, and drug misuse are among mental health repercussions (Springer, Sheridan, & Kuo, 2003). According to Draper et al. (2008), all physical or sexual abuse have been linked to absence or scarcity of help from others, a smaller percentage of marriage, and a greater likelihood of failed partnerships, as well as a higher probability of completing high school education.

Mood disorders are influenced by a variety of routes (Doerfler & Twigden, 2022). The sympathetic nervous system is implicated biologically, and disorders in the adrenal glands,

pituitary, and also hypothalamus are also involved. Women who have been abused have been shown to have autonomic reactions (Helm et al., 2000). In women who have been abused, heightened activation in biochemical processes has been identified to inhibit immunological function (Altemus et al., 2003). According to Buckley & Kaloupek, (2001), physical symptoms are typically among abuse survivors, and they alter heart rate and blood pressure, which are associated to an increased danger in heart diseases in women in their forties and fifties. Depression, PTSD (post - traumatic stress disorder), and suicidal conduct can all be linked to an individual's feelings.

Proneness to depressive conditions or episodes is linked to the emergence of assertive or aggressive individual characteristics, as well as a feeling of losing control in one's existence (Erickson et al., 2019). The thoughts and attitudes that affect daily living are part of an individual's behavioral networks (Springer, et al., 2003). In terms of cognition, whether individuals regard themselves to being in good health or unwell appears to be critical. Assault and health consequences are linked by a person's social networks, which include problems forming close connections, self-doubt, and emotional conflict. Assault's consequences tend to endure a lifetime; yet, maturity can lessen these consequences in more strong people who manage well amid distress.

Aptitude and individual traits are additionally linked to how effectively a person cope with the consequences of maltreatment (Estévez-Lamorte et al., 2019). Furthermore, religious or spiritual consolation has been found to be a preventative measure against suicide conduct in adult patients of depression. Cognitive behavioral therapy was proven to enhance an individual's sense of power and control and lessen solitude, depression, and anxiety in men with depressive episodes linked with assault. Institutions for community-based training have also been demonstrated to continue improving an individual's feeling of superiority and lessen sense of isolation, depression, as well as anxiety.

Huang et al., (2020) states that although bereavement and sadness are sometimes linked. Acute depression that lasts more than two months must be distinguished from regular depression. According to the DSM, if the symptoms of depression continue for longer period of time like six weeks, or are marked with substantial impairment in terms of function, suicidal thoughts, abnormal preoccupied with unworthiness, symptoms of psychosis, or agitation of the mind and

body, they are not best explained by grief. Prolonged Grief Disorder (PGD) should always be examined after this time period (Kottasz et al., 2019). PGD indications go beyond those associated with a standard diagnosis of major depression illness.

According to Cox & Klinger (2022), a significant number of people establish symptoms associated of grief after the loss of an important other. According to (Boelen et al., 2020), Prolonged Grief Disorder is defined as current whenever a person experience one among three symptoms of separation anxiety following a loss: First, unwanted episodic memory or anxiety attacks about the fallen connection; second, strenuous casts or agony of extreme distress about the lost association; and thirdly troublingly strong needs and desires for the lost connection.

Also, a few of these aforementioned mental, behavioral, and psychological conditions which have resulted in severe problems in productivity for at least six months, would also be prevalent: One, since the death, a piece of one's self has perished as a consequence of the death loss, one's sense of self has become confused or emptiness; two, reluctance to recognize the loss as true; third, avoiding of loss flashbacks; fourth, difficulty in trusting others after the loss; fifth, deeply ingrained loss of feeling and lack of feelings since the loss; sixth, major difficulties trying to move on with life (e.g., socializing, continuing to pursue best interest); seventh, severe anger or frustration associated with loss; eighth, immense difficulty trouble going on with your life; lastly being taken aback, confused, or surprised by the loss.

Appetite problems, gloominess, worrying excessively about things, having little or enthusiasm in the stuffs, among others are all indicators of depression and extended mourning, in addition to separation anxiety and cognitively behavioral and emotional indicators (Stroebe & Abakoumkin, 2005). According to Boelen (2003), PGD has been proven in studies to reflect a distinct collection of grief-related psychopathology which would be ignored if the focus was just on anxiety or depression.

Drug misuse, notably alcohol consumption, has been linked to depression and is thought to be a probable cause (Carvalho et al., 2019). In 25% of individuals, substance misuse disorder, involving alcoholism, was identified alongside severe depressive illness (Melartin, et al, 2002). According to Nolen-Hoeksema et al (2007), the presence of rumination linked to depression

reported a significant increase in social issues associated with drug misuse, as well as prospective rises in drug abuse signs.

2.3. Theoretical Framework

This study used the social learning theory by Albert Bandura. I used this theory because unlike other theories, the ideas in this theory are more practical compared to other theories. This theory states that there is a link between our thoughts and behavior (Rumjaun & Narod, 2020). Behavior can be learned by observation which is also called vicarious learning. Observing another person going through reinforcement of a behavior enables a person to learn and imitate the behavior.

According to Bandura (1986), vicarious learning occurs as a result of observation on individuals who did not have the behavior before, an individuals will to limit or increase the number of times of occurrence and lastly as a result of behaviors which existed in the person that had not been used till that person observed them being done according to Thombs (2006).

Bandura defined self-efficacy as the confidence that one can perform the behavior required to produce desired results. Self-efficacy determines whether a person perceives an objective a challenge or not. If the self-efficacy is high, the person is able to deal with the challenge better and comes out stronger. High self-efficacy is a characteristic of people who were able to stop drinking alcohol completely according to Bandura (1999).

In alcohol addiction, self-efficacy is very important after an individual overcomes physical dependence on alcohol. The craving that occurs after physical dependence of alcohol is purely psychological and it is common in people with alcoholism. The cravings that cause relapse can be overcome if a person has a high self-efficacy.

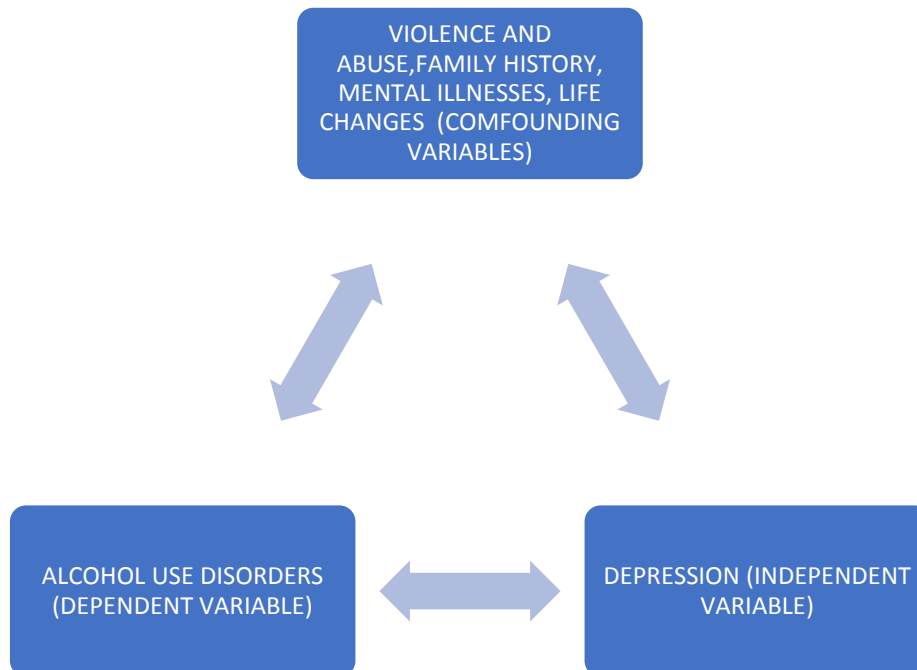
Attending AA meetings for people with alcohol use disorders increases self efficacy. Patients with high self-efficacy are also able to resist the temptation to indulge in alcohol consumption no matter how risky the situation they find themselves in. Therefore, patients with high self-efficacy are able to successfully quit alcohol drinking. Consequently, people who quit alcohol have reduced cases of depression and anxiety and are said to experience a good state of mind. This results in improved mental health. According to research, people with high self-efficacy are said to have improved mental health.

2.4. Conceptual Framework

My study focused on the relationship between excess alcohol consumption and depression in men. The research was carried out in Kirigiti area Kiambu County. The independent variable in my study was ‘alcohol use disorders’. The variable which is dependent in this study is ‘depression’.

The confounding variables in my study are violence and abuse, mental illnesses, life changes and family history of alcohol use disorders and/or depression. These factors independently also contribute to depression and alcohol use disorders keeping all other factors constant.

Figure 1: Conceptual framework.



CHAPTER THREE

RESEARCH METHODOLOGY

3.0. Introduction

The study design, the study location and the target population are discussed in this chapter. It also highlights the data collection procedures, the research instruments and the ethical considerations for this study.

3.1. Research Design.

This research utilized descriptive research design. The study used questionnaires as a mode of data collection. The aim of this study was to determine the connection between alcohol use disorders and depression in men. This study aimed at collecting data from men aged 18 to 60 years in Kirigiti area, Kiambu County.

3.2. Target Population.

The participants in this research were men aged between 18 to 60 years residing in Kirigiti area Kiambu County. According to Cooper and Schindler (2015), the target population of a sample is the entire number of all persons, as well as facts and phenomena available with the characteristics under study. The men that were interviewed were 35 out of the total population. The participants were aged between 18 years and 60 years.

3.3. Research Instruments.

The tools which were used for this research were questionnaires. My reason for picking the data collection method was its reliability, ability to gather quick results and the ease of compiling, analyzing and visualizing data. The questionnaires used were the AUDIT questionnaire and the PHQ-9 questionnaire. The AUDIT questionnaire is an assessment tool used to screen alcohol consumption levels, alcohol related disorders and the extent of alcohol consumption behavior, The PHQ-9 questionnaire is a diagnostic tool used to assess the presence and severity of depression in adults. Both the AUDIT and the PHQ-9 Questionnaire were adopted and no changes were made to them. However, a section was added before each questionnaire to include the code, age, gender, occupation and marital status. The source of the AUDIT questionnaire was The World Health Organization (WHO). The source of the PHQ-9 questionnaire was Kurt Kroenke, MD, Robert L Spitzer, MD and Janet B W Williams, DSW.

3.4. Research Site.

The research was carried out at Kirigiti area in Kiambu county. I selected this site because of the increase in reported cases of Alcohol use disorders, suicides and homicides which aroused my curiosity.

3.5. Sampling Method.

Random sampling was the method that was used to select the participants. All the participants had an equal probability of being selected since I applied simple random sampling method. I would select the participants randomly without any criteria. I used this method because it is time saving and also very convenient.

3.6. Data Collection.

I conducted my research using the PHQ-9 and the AUDIT questionnaires which I issued to men randomly. The men that were interviewed were aged between 18 years and 60 years. Each questionnaire required only 15 minutes to fill. I then conducted the actual study one week after later. My research was done using questionnaires.

For participants who could not read or write, I asked them the questions verbally so that I could interpret the questionnaires for them and then note down their responses. The data which was collected in this study was used to generate conclusive results.

Piloting of the study was conducted. This involved going to the study site beforehand and conducting a pilot study before the actual study. This enabled me as a researcher to be able to address any anticipated challenges and identify any existing gaps to be anticipated during the actual study.

I used my research tool which is the questionnaire for piloting my study. The research instruments which are the AUDIT and the PHQ-9 questionnaires were able to measure alcohol use disorders and depression respectively. These research tools have a proven track record of validity and reliability. The pilot study helped me to anticipate the gaps that I would encounter on the actual day of data collection study and fill them before I started the data collection.

3.7. Data Analysis.

The analysis of my findings was done using statistical calculations and presented in figures, tables, charts and narratives. The results obtained were expounded thoroughly leading to candid conclusions being drawn.

3.8. Dissemination of the Study Findings.

The study findings will be stored in the University of Nairobi digital repository as well as the University library. The results will also be shared with the relevant stakeholders.

3.9. Ethical Considerations.

The research was regulated by the ethics associated with human research, necessitating permission from the Research and Ethics Committee. I requested for a Permit from the National Commission for Science, Technology and Innovation (NACOSTI) to carry out the research. (*See AppendixV*).I also asked for permission from the University of Nairobi and consent from the respondents.

To secure the participants trust, I sent a copy of the paper to the participants after concluding the research. Additionally, only those respondents who wanted to participate in the study participated. Furthermore, Covid-19 protocols were strictly observed.

The participants received no monetary compensation. The study's findings, provided insight into the incidence of alcohol use disorder and depression among men. The participants were told that the findings will help them establish the best available techniques to managing people with the illnesses listed above to raise their standard of living. This advantage is not instantaneous for people who took part in the research, although it will be useful to them and many others in the future. The subjects were not expected to suffer any bodily damage. Participants were warned, however, that they could face psychological discomfort as a result of several inquiries on their living situations, mental wellbeing in the previous years, and life events. They were also warned that the inquiries would make them uneasy and would bring up terrible memories.

The researcher took extra precaution with the participants by ensuring that all the participants fully understood the purpose of the study and they read through and signed the consent forms before filling in the questionnaires. The research utilized coded questionnaires to conceal the identity of the participants. The information provided was treated with utmost confidentiality.

CHAPTER FOUR

DATA ANALYSIS

4.1. Introduction

These results of the findings of my study are contained in this chapter. There are three objectives that were analyzed in this chapter. The first was to establish the relationship between alcohol use disorders and depression. The second objective was to determine if men in Kirigiti area were suffering from alcohol use disorders. The third objective was to determine if men in Kirigiti area were suffering from depression. Analysis of these objectives was done using descriptive statistics. Tables and figures were used.

4.2. Response Rate

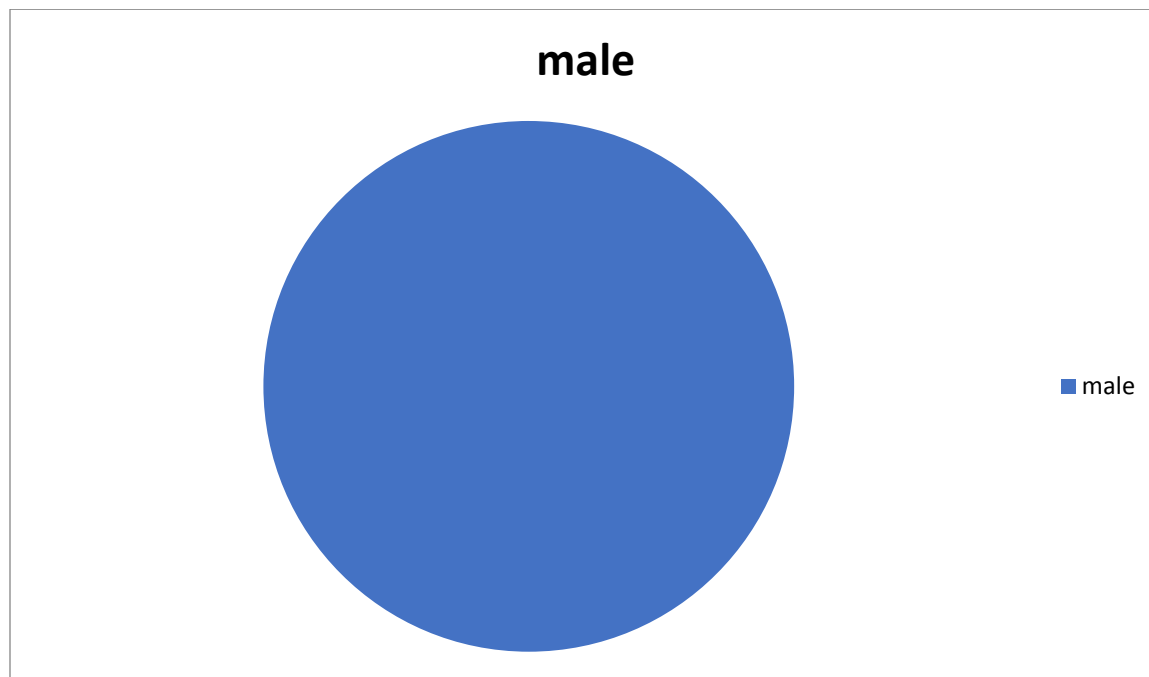
The study targeted 70 men in Kirigiti area Kiambu county aged between 18 years and 60 years. 36 questionnaires were issued to the participants and 35 questionnaires were given back by the respondents. One questionnaire went missing and was not given back by the respondents. This resulted in a 97% response in terms of percentage which is enough for statistical analysis. According to Mugenda and Mugenda (1999), a percentage response of 50% is enough for reporting and analysis of findings.

4.3. Background Information

4.3.1. Gender of the Respondents

All the respondents were male residents of Kirigiti area in Kiambu County.

Figure 2: Gender of the respondents



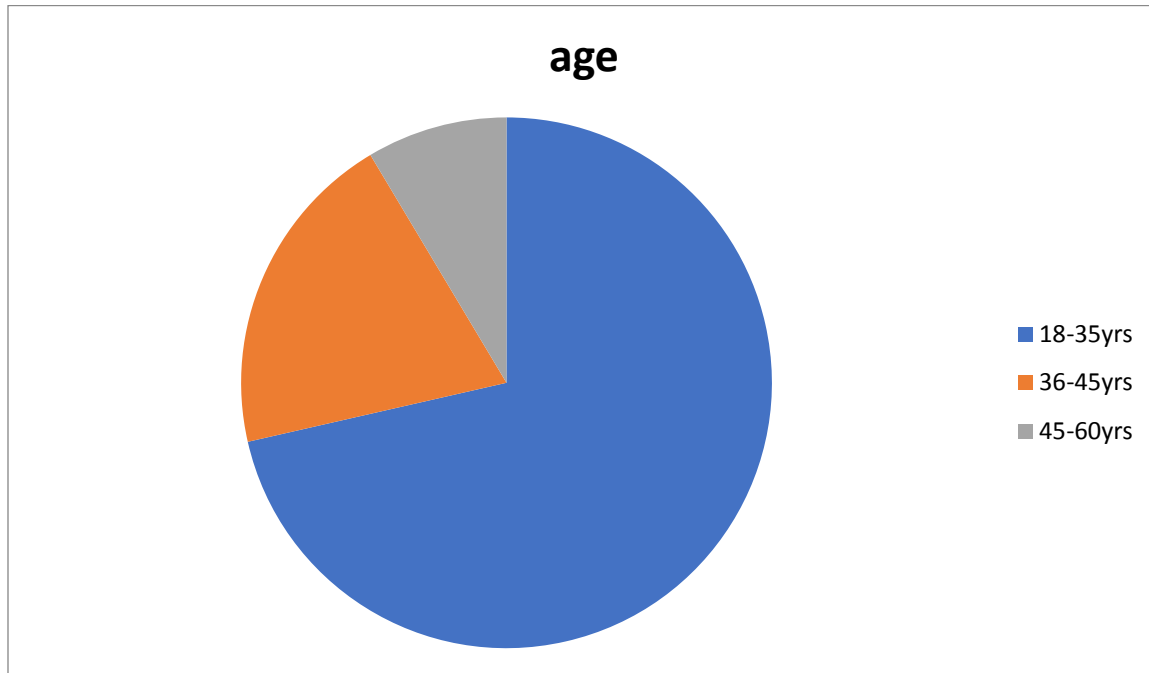
4.3.2. Age of the Respondents

The respondents who are residents of Kirigiti area, Kiambu County were of ages between 18 years and 60 years. Out of the 35 respondents, 25 were of ages between 18 years and 45 years. This represents 71.43% of the respondents. 7 respondents were of the ages between 36 to 45 years which is 20% of the respondents. 3 men were between the ages of 46 years to 60 years. This represents 8.57%.

Table 1: Age of the respondents

Age	Frequency	Percentage
18-35 years	25	71.43%
36-45 years	7	20%
45-60 years	3	8.57%
	35	100%

Figure 3: Age of the respondents



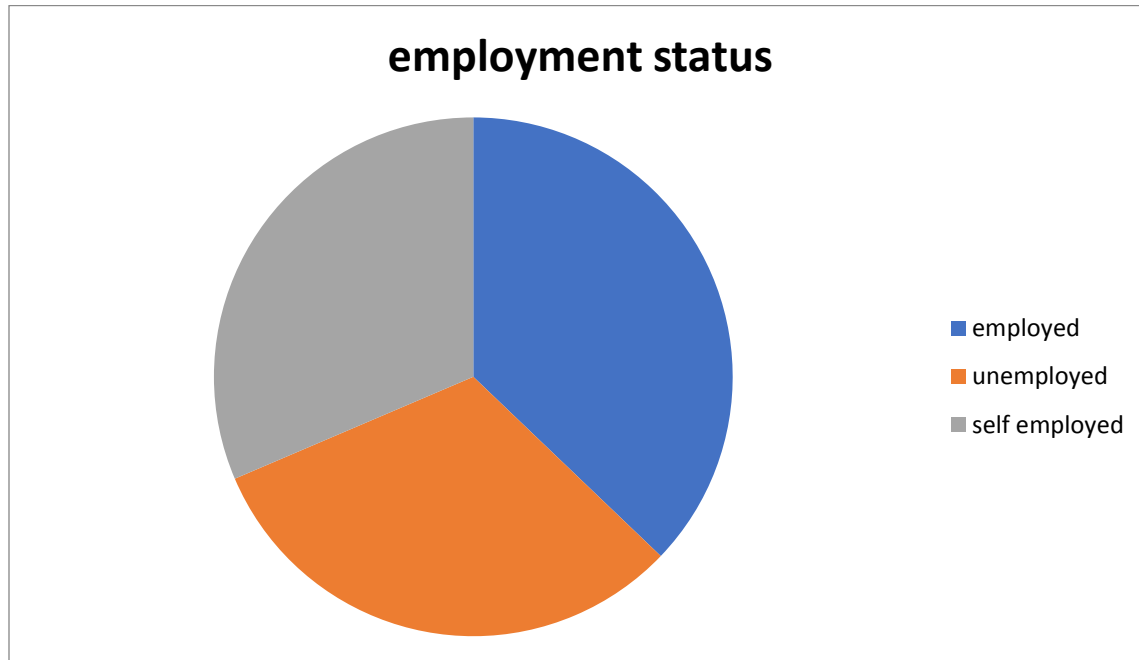
4.3.3. Employment Status of the Respondents

Out of the 35 participants, 13 were employed. This represents 37.14% of the total respondents. 11 people were unemployed. This represents 31.43% of the respondents. 11 respondents were also self-employed which represents 31.43% of the respondents.

Table 2: Employment Status of the Respondents

Employment status	Frequency	Percentage
Employed	13	37.14%
Unemployed	11	31.43%
Self-employed.	11	31.43%
	35	100%

Figure 4 Employment status of the respondents.



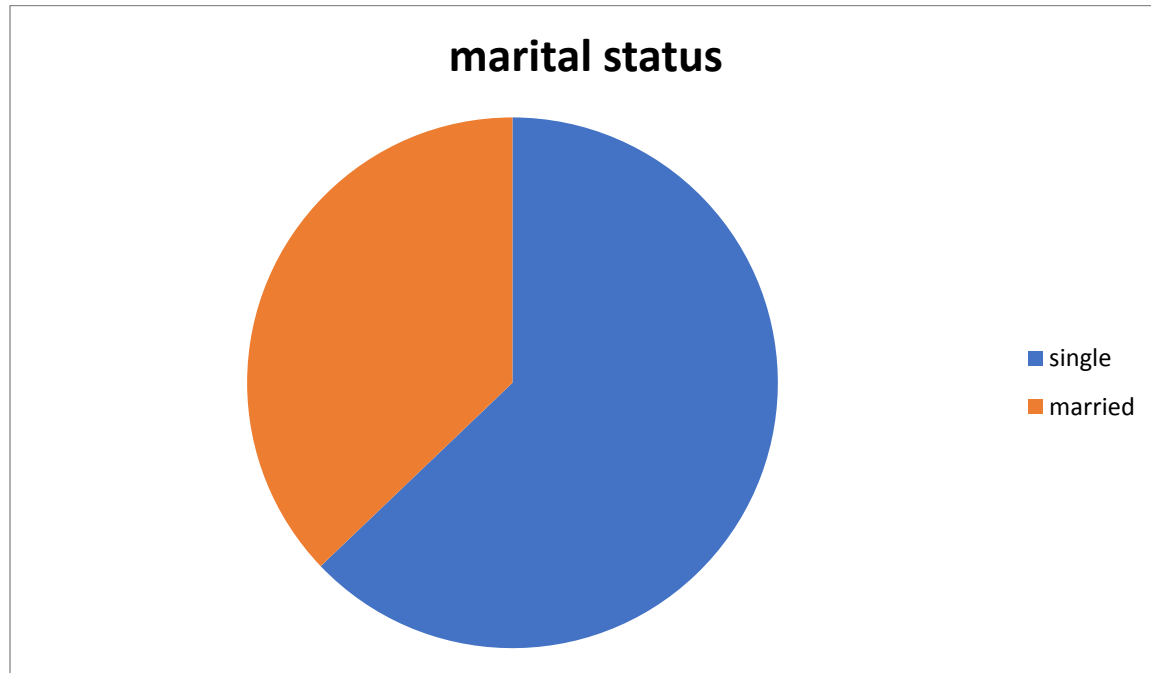
4.3.4. Marital Status of the Respondents.

Out of the 35 participants, 22 were single. This represents 62.86% of the population. 13 respondents were married which represents 37.14% of the participants.

Table 3: Marital status of the respondents

Marital status	Frequency	Percentage
Single	22	62.86%
Married	13	37.14%
Total	35	100%

Figure 5: Marital status of the respondents.



4.4. Audit Questionnaires Response Tables.

Table 4. Audit Questionnaire

Question	Response type	Never	Monthly or Less	2-4 times a month	2-3 times a week	4 or more times a week	Total
1	Frequency	2	12	10	3	4	31
	percentage	6.45%	38.71%	32.26%	9.68%	12.90%	88.57%

Table 5. Audit Questionnaire

Question	Response type	1or 2	3or 4	5or 6	7to9	10 or more	Total
2	Frequency	15	10	3	4	1	33
	Percentage	44.45%	30.30%	9.09%	12.12%	3.03%	94.29%

Table 6: Audit questionnaire

Question	Response type	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	Totals
3	Frequency	9	8	7	5	6	35
	Percentage	25.71%	22.86%	20%	14.29%	17.14%	100%
4	Frequency	10	7	0	3	14	34
	Percentage	29.41%	20.59%	0%	8.82%	41.18%	97.14%
5	Frequency	2	1	0	3	15	21
	Percentage	9.52%	4.76%	0%	14.29%	71.43%	60%
6	Frequency	10	4	3	3	15	35
	Percentage	28.57%	11.42%	8.57%	8.57%	42.86%	100%
7	Frequency	9	7	4	5	10	35
	Percentage	25.71%	20%	11.43%	14.29%	28.57%	100%
8	Frequency	8	7	6	1	10	32
	Percentage	25%	21.88%	18.75%	3.13%	31.25%	91.43%

Table 7: Audit Questionnaire

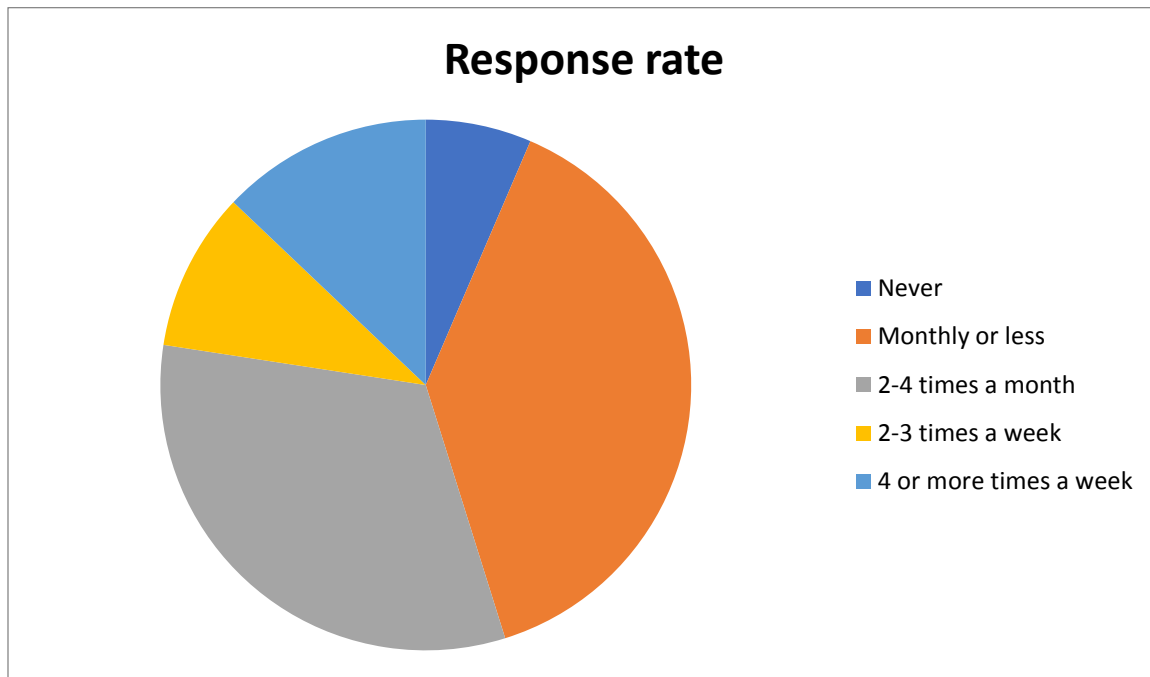
Question	Response type	No	Yes but not in the past year.	Yes during the past year.	Totals
9	Frequency	12	6	11	29
	Percentage	41.38%	20.69%	37.93%	82.86%
10	Frequency	5	8	22	35
	Percentage	14.26%	22.86%	62.86%	100%

4.4.1. How Often the Respondent Has a Drink Containing Alcohol.

Of the 35 participants, 31 responded to this question. The percentage response is 88.57% out of the possible 100%. In response to the question how often each respondent consumes a drink containing alcohol, 2 responded to never have had a drink. This is 6.45% of the respondents. 12

men responded monthly or less. This is 38.71% of the respondents. 10 men responded 2-4 times a month. This is 32.26% of the total respondents. 3 men responded 2-3 times a week which is 9.68% of the total respondents. 4 men responded 4 or more times a week. This is 12.90 % of the total respondents.

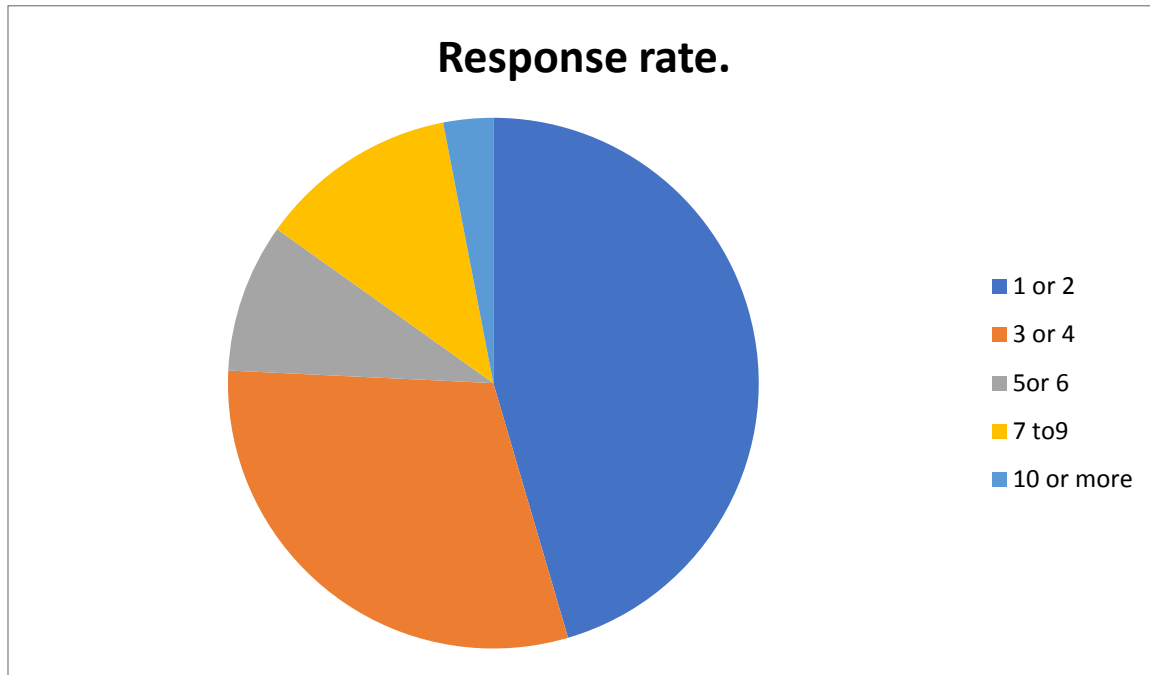
Figure 6: How Often the Respondent Has a Drink Containing Alcohol



4.4.2 How Many Standard Drinks Containing Alcohol the Respondent Takes on A Typical Day When Drinking.

Of the 35 respondents, 33 responded. The percentage response is 94.29% out of the possible 100%. 15 men responded 1 or 2 This is 44.45% of the respondents. 10 men responded 3 or 4. This is 30.30% of the respondents. 3 men responded 5 or 6. This is 9.09% of the total respondents. 4 men responded 7 to 9 which is 12.02% of the total respondents. 1 man responded 10 or more. This is 3.03 % of the total respondents.

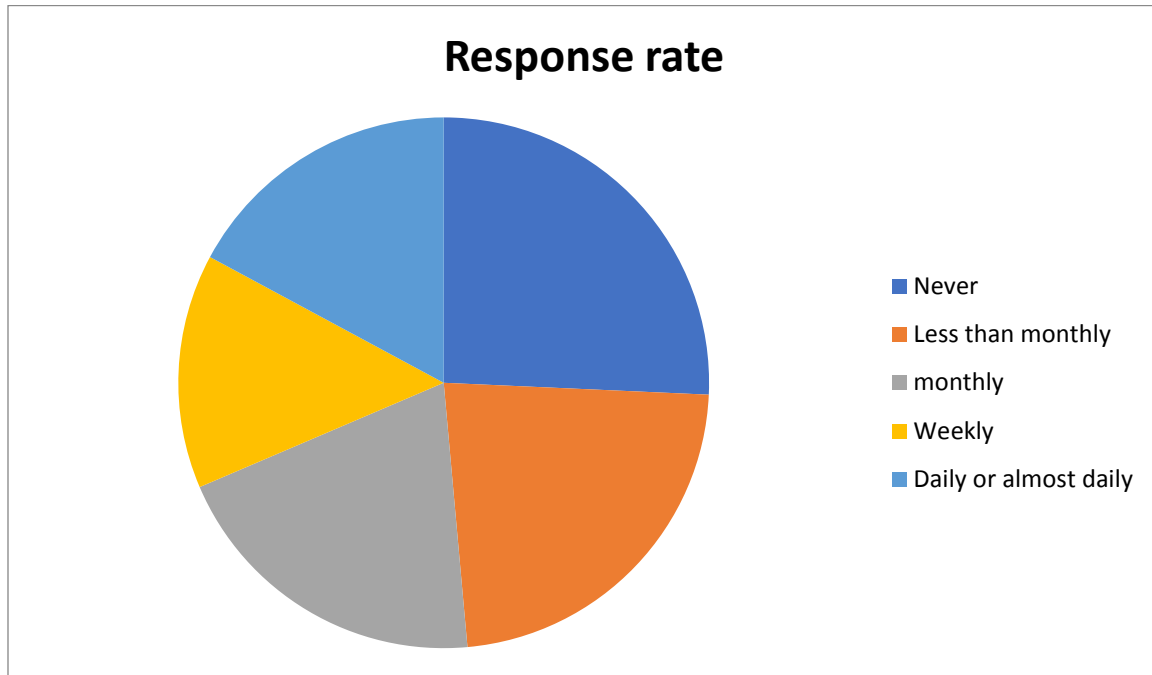
Figure 7: How many standard drinks containing alcohol the patient takes on a typical day when drinking



4.4.3 How Often the Respondent Has Six Or More Drinks on One Occasion.

Of of the 35 participants, 35 responded. The percentage response is 100% out of the responses. In response to the question how often the respondent has six or more drinks on one occasion, 9 men responded never. This is 25.71% of the respondents. 8 men responded less than monthly. This is 22.86% of the respondents. 7 men responded monthly. This is 20% of the total respondents. 5 men responded weekly which is 14.29% of the total respondents. 6 men responded daily or almost daily. This is 17.14 % of the total respondents.

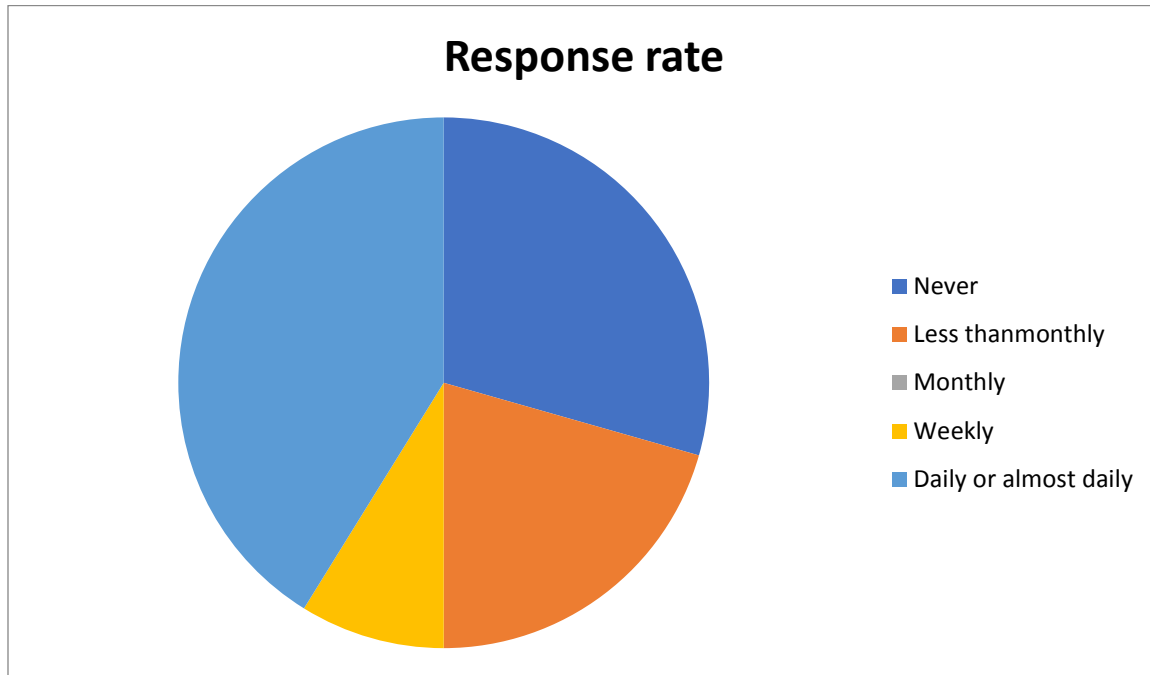
Figure 8: How Often the Respondent Has Six Or More Drinks on One Occasion



4.4.4 Respondents Inability to Stop Drinking After Starting in The Past One Year.

Of the 35 respondents, 34 responded to the query. The percentage response is 97.14% out of the possible 100%. In response to the question on the respondent's inability to stop drinking after starting in the past year, 10 men responded to never. This is 29.41% of the respondents. 7 men responded less than monthly. This is 20.59% of the respondents. No respondent reported monthly. 3 men responded weekly which is 8.82% of the total respondents. 14 men responded daily or almost daily. This is 41.18 % of the total respondents.

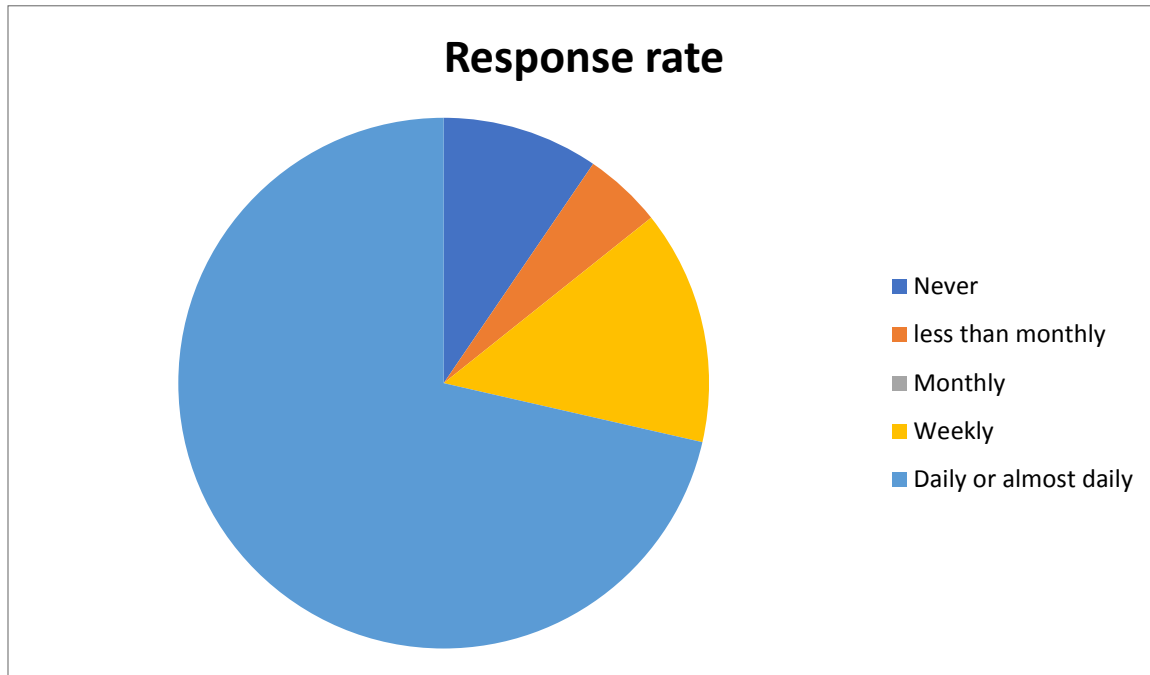
Figure 9: Respondent's inability to stop drinking after starting in the past one year.



4.4.5 Respondent Failing to Do What Is Normally Expected of Them Because Of Drinking Over the Past Year.

Of the 35 participants, 21 responded to the query. The percentage response is 60% out of the possible 100%. In response to this query, 2 respondents reported never. This is 9.52% of the respondents. 1 man responded less than monthly. This is 4.76% of the respondents. Nobody responded monthly. 3 men responded weekly which is 14.29% of the total respondents. 15 men responded daily or almost daily. This is 71.43 % of the total respondents.

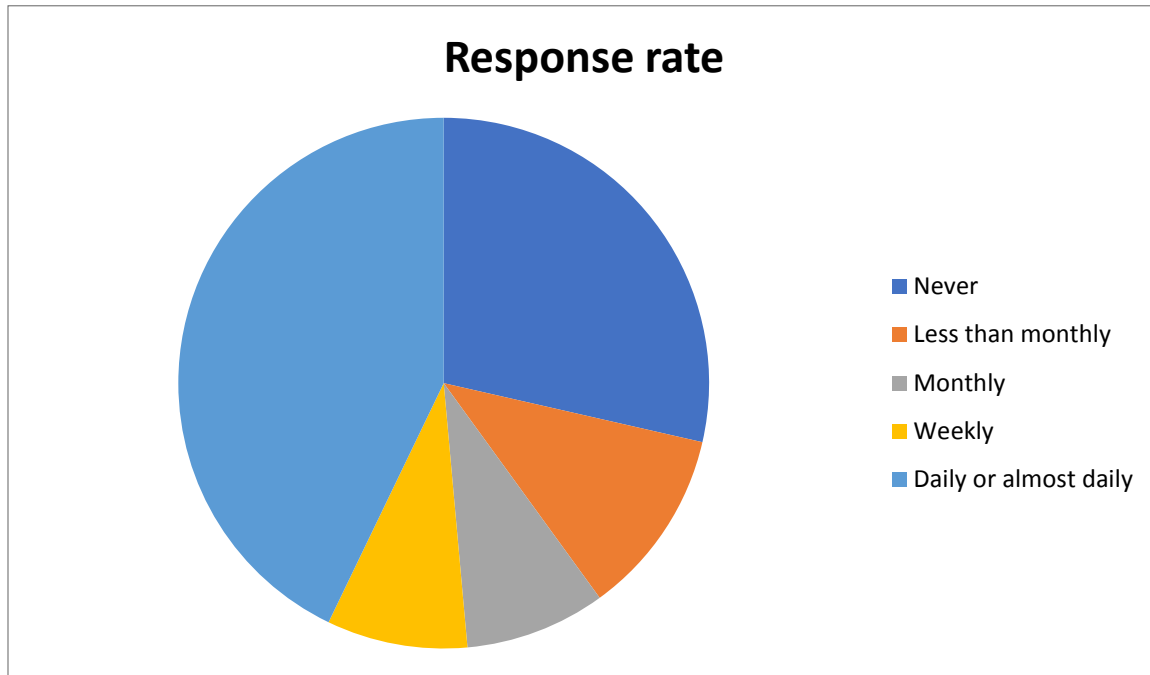
Figure 10: Respondent Failing to Do What Is Normally Expected of Them Because Of Drinking Over the Past Year.



4.4.6 Respondent Needing a Drink in the Morning to Get Them Going After a Heavy Drinking Session Over the Past Year.

All the 35 respondents responded to this question which is 100% response. In response to this question, 10 men never responded. This is 28.57% of the respondents. 4 men responded less than monthly. This is 11.43% of the respondents. 3 men responded monthly. This is 8.57% of the total respondents. 3 men responded weekly which is 8.57% of the total respondents. 15 men responded daily or almost daily. This is 42.86% of the total respondents.

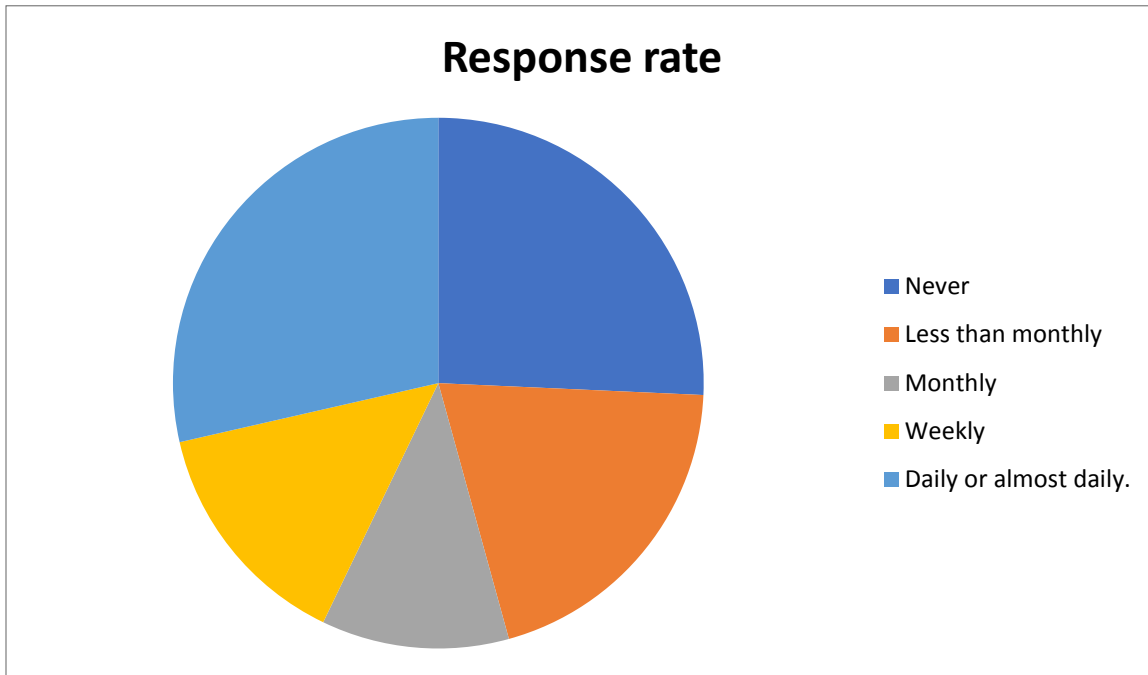
Figure 11: Respondent Needing a Drink in The Morning to Get Them Going After a Heavy Drinking Session Over the Past Year.



4.4.7 Respondent Having Feelings of Guilt or Remorse After Drinking During the Past Year.

All 35 respondents responded to this question which was 100% response rate. In response to this question, 9 men responded never. This is 25.71% of the respondents. 7 men responded less than monthly. This is 20% of the respondents. 4 men responded monthly. This is 11.43% of the total respondents. 5 men responded weekly which is 14.29% of the total respondents. 10 men responded daily or almost daily. This is 28.57 % of the total respondents.

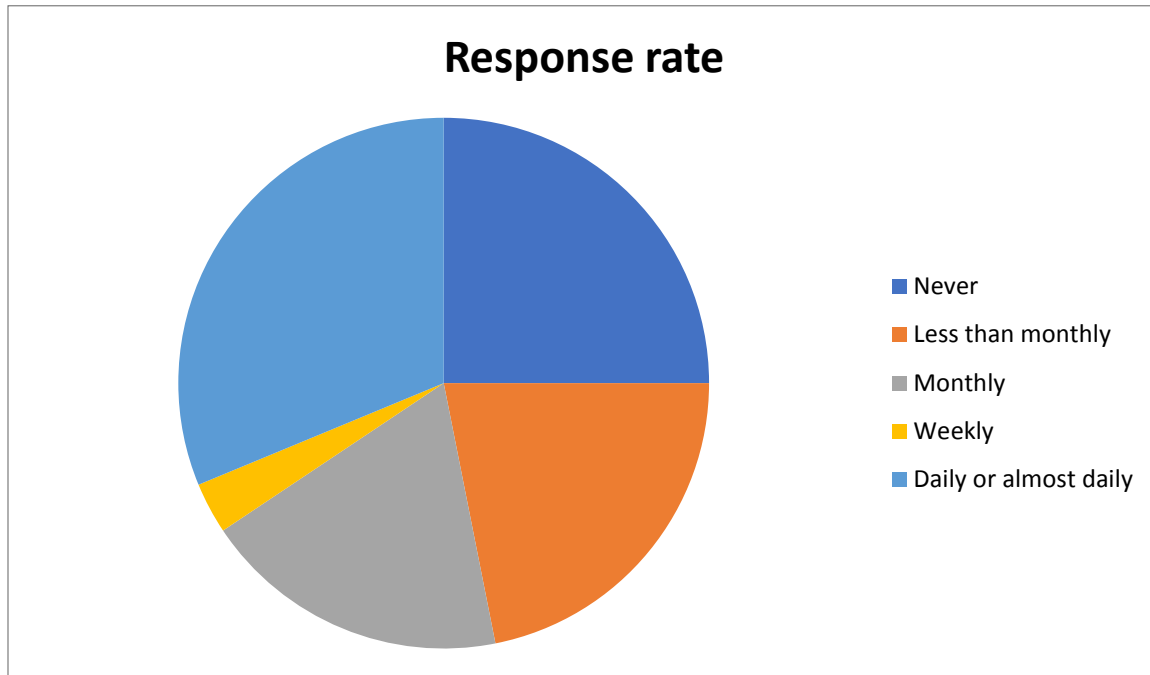
Figure 12: Respondent Having Feelings of Guilt or Remorse After Drinking During the Past Year.



4.4.8 Respondent Being Unable to Remember What Happened the Night Before Because They Had Been Drinking.

Of the 35 participants, 32 responded to the query. The percentage response is 91.43% out of the possible 100%. In response to this query, 8 men responded never. This is 25% of the respondents. 7 men responded less than monthly. This is 21.88% of the respondents. 6 men responded monthly. This is 18.75% of the total respondents. 1 man responded weekly which is 3.13% of the total respondents. 10 men responded daily or almost daily. This is 31.25% of the total respondents.

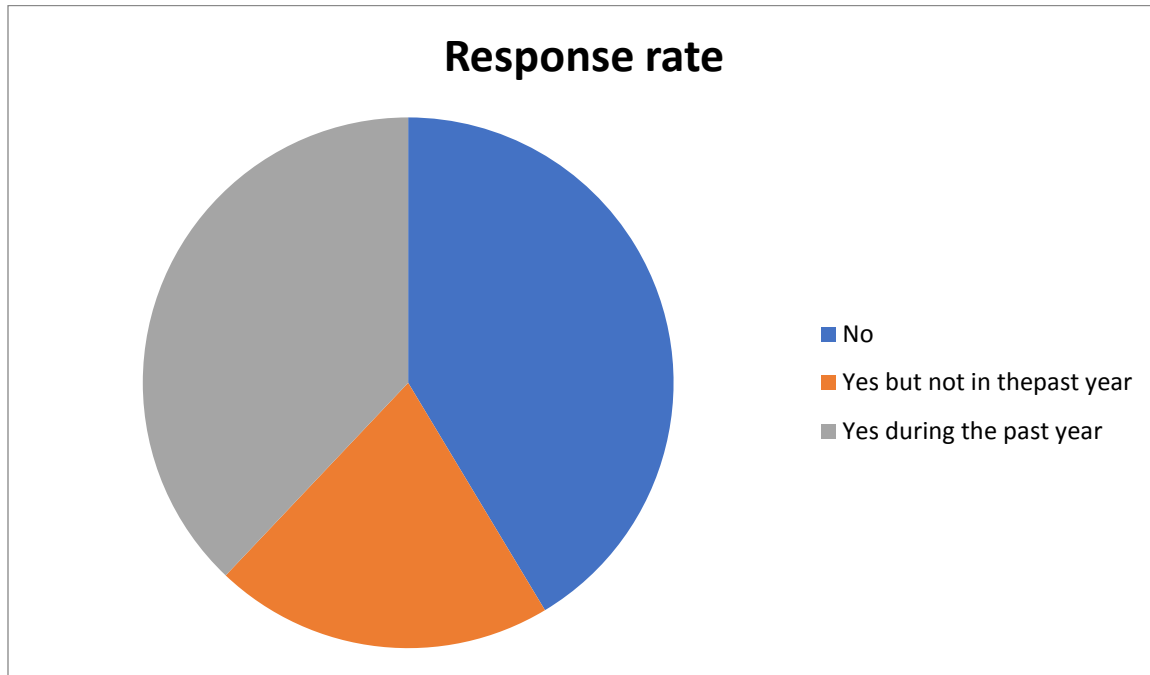
Figure 13: Respondent Being Unable to Remember What Happened the Night Before Because They Had Been Drinking.



4.4.9 Respondent or Someone Else Was Injured as A Result of The Patients Drinking.

Of the 35 respondents, 29 responded to this question. The percentage response is 82.86% out of the possible 100%. In response to this question, 12 men responded no. This is 41.38% of the respondents. 6 men responded yes but not in the past year. This is 20.69% of the respondents. 11 men responded during the past year. This is 37.83% of the total respondents.

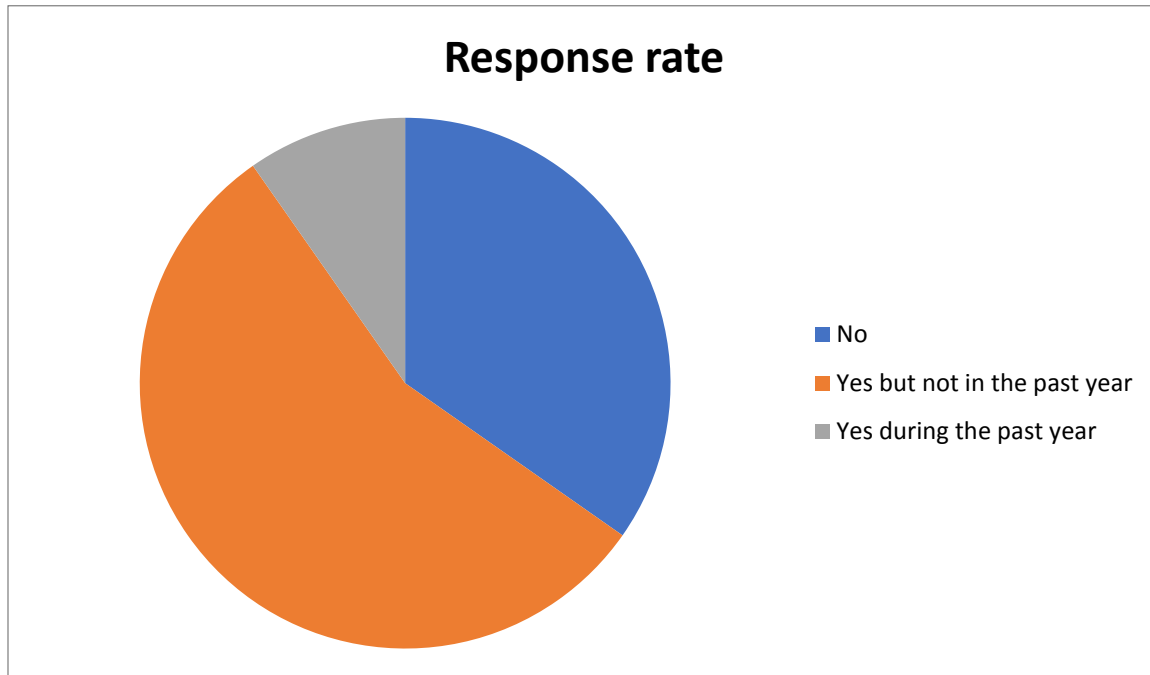
Figure 14: Respondent or Someone Else Was Injured as A Result of The Patients Drinking



4.4.10 Respondents Relative, Friend, Doctor or Other Health Worker Was Concerned About Their Drinking and If They Suggested That the Respondent Cut Down on Drinking.

All the 35 respondents responded to this question. The percentage response was 100%. In response to this question, 5 men responded no. This is 14.26% of the respondents. 8 men responded yes but not in the past year. This is 22.86% of the respondents. 22 men responded during the past year. This is 62.86% of the total respondents.

Figure 15: Respondents Relative, Friend, Doctor or Other Health Worker Was Concerned About Their Drinking and If They Suggested That They Cuts Down on Drinking



4.5. PHQ-9 questionnaire response table.

Table 8: PHQ-9 questionnaire response table

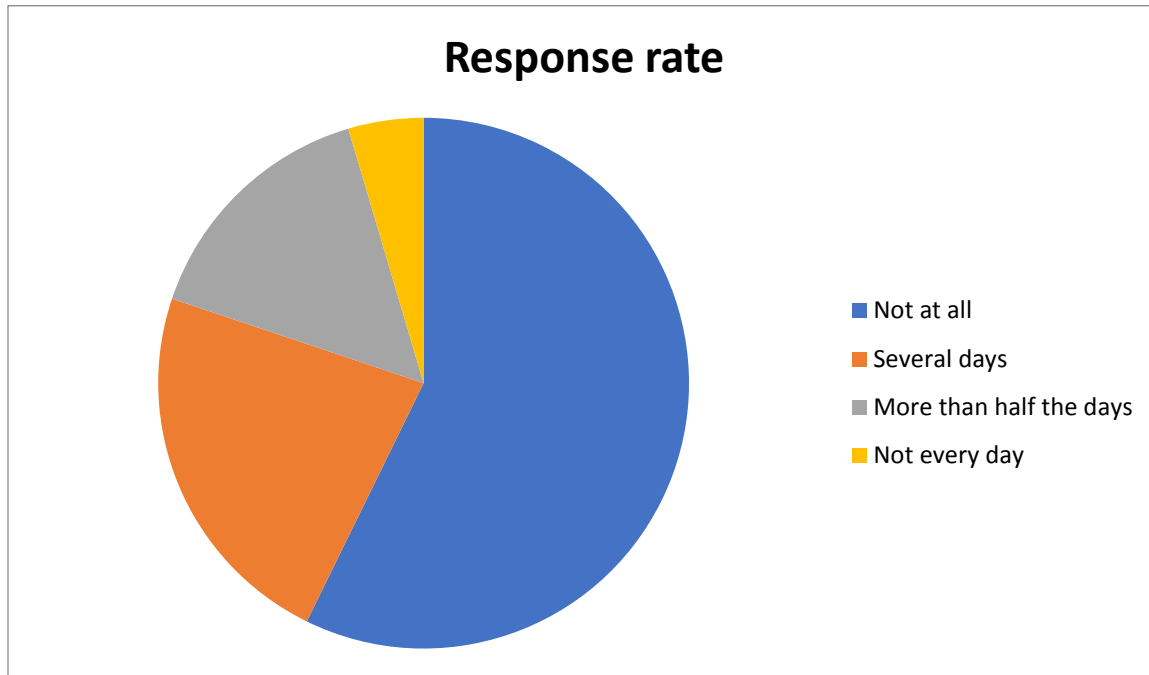
Question	Response type	Not at all	Several days	More than half the days	Not every day	Totals
1	Frequency	15	6	4	9	34
	Percentage	44.12%	17.65%	11.76%	26.47%	97.14%
2	Frequency	10	15	2	8	35
	Percentage	28.47%	42.86%	5.71%	22.86%	100%
3	Frequency	16	6	9	4	35
	Percentage	45.71%	17.14%	25.71%	11.43%	100%
4	Frequency	12	13	4	6	35
	Percentage	34.29%	37.14%	11.43%	17.14%	100%

5	Frequency	14	6	7	7	34
	Percentage	41.18%	17.65%	20.59%	20.59%	97.14%
6	Frequency	14	6	4	11	35
	Percentage	40%	17.14%	11.43%	31.43%	100%
7	Frequency	16	8	2	8	34
	Percentage	47.06%	23.53%	5.88%	23.53%	97.14%
8	Frequency	11	10	3	3	27
	Percentage	40.74%	37.04%	11.11%	11.11%	77.14%
9	Frequency	25	5	2	2	34
	Percentage	73.53%	14.71%	5.88%	5.88%	97.14%

4.5.1 Respondent Bothered by Little Interest or Pleasure in Doing Things Over the Past Two Weeks.

In this question, 34 men responded out of the possible 35. This is a 97.14% response rate out of the possible 100%. 15 men responded not at all which is 44.12%. 6 men responded several days which is 17.65%. 4 men responded more than half the days which is 11.76%. 9 men responded not every day which is 26.47%.

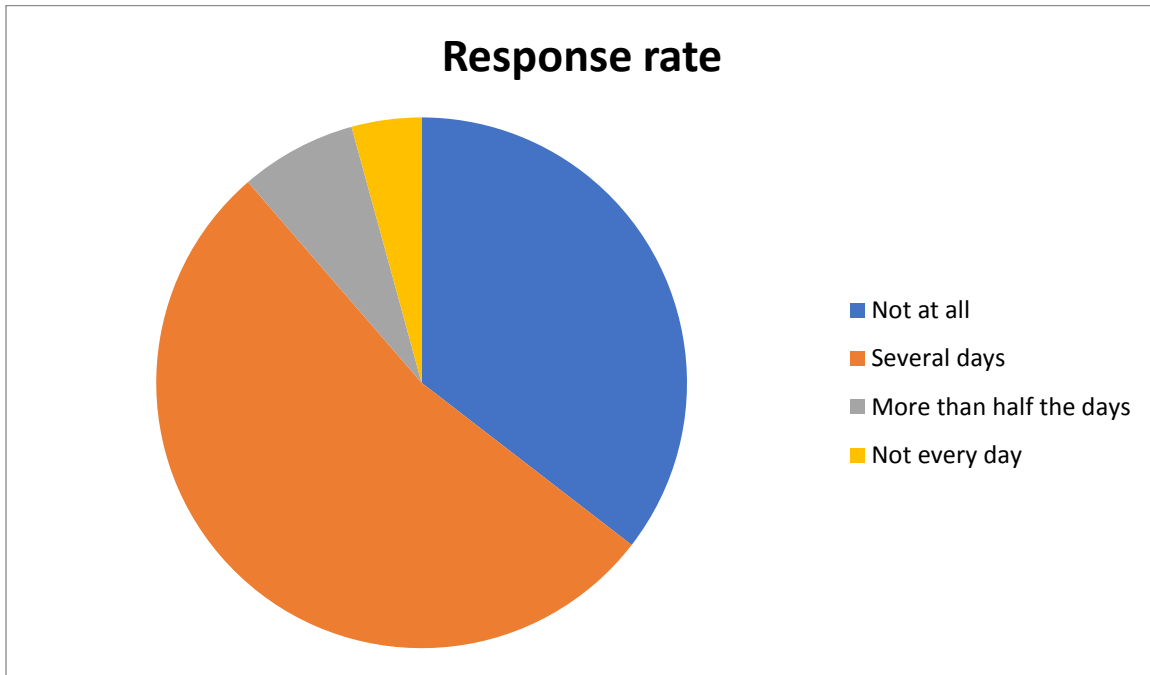
Figure 16: Respondent Bothered by Little Interest or Pleasure in Doing Things Over the Past Two Weeks.



4.5.2 Respondent Feeling Down, Depressed or Helpless Over the Last Two Weeks.

In this question, 35 respondents responded which is 100% response rate. 10 men responded not at all which is 28.47%. 15 men responded several days which is 42.86%. 2 men responded more than half the days which is 5.71%. 8 men responded not every day which is 22.86%.

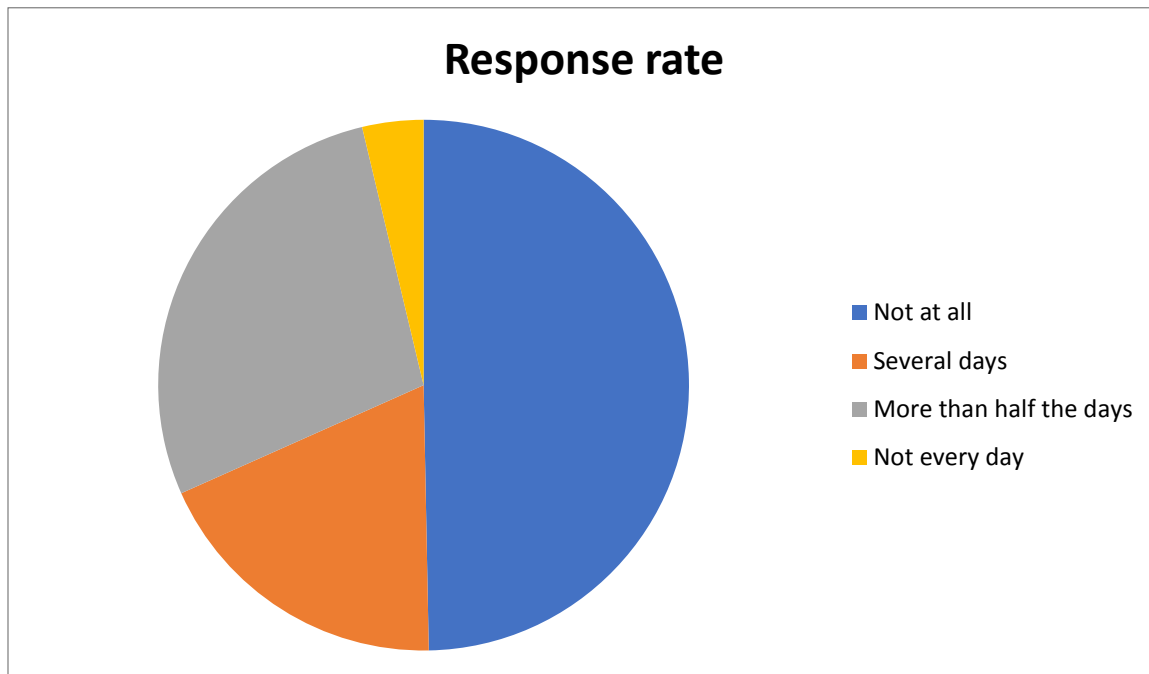
Figure 17: Respondent Feeling Down, Depressed or Helpless Over the Last Two Weeks.



4.5.3 Respondent Having Trouble Falling Asleep, Staying Asleep or Sleeping Too Much Over the Past Two Weeks.

In this question, 35 men responded out of the possible 35. This is a 100% response rate out of the possible 100%. 16 men responded not at all which is 45.71%. 6 men responded several days which is 17.14%. 9 men responded more than half the days which is 25.71%. 4 men responded not every day which is 11.43%.

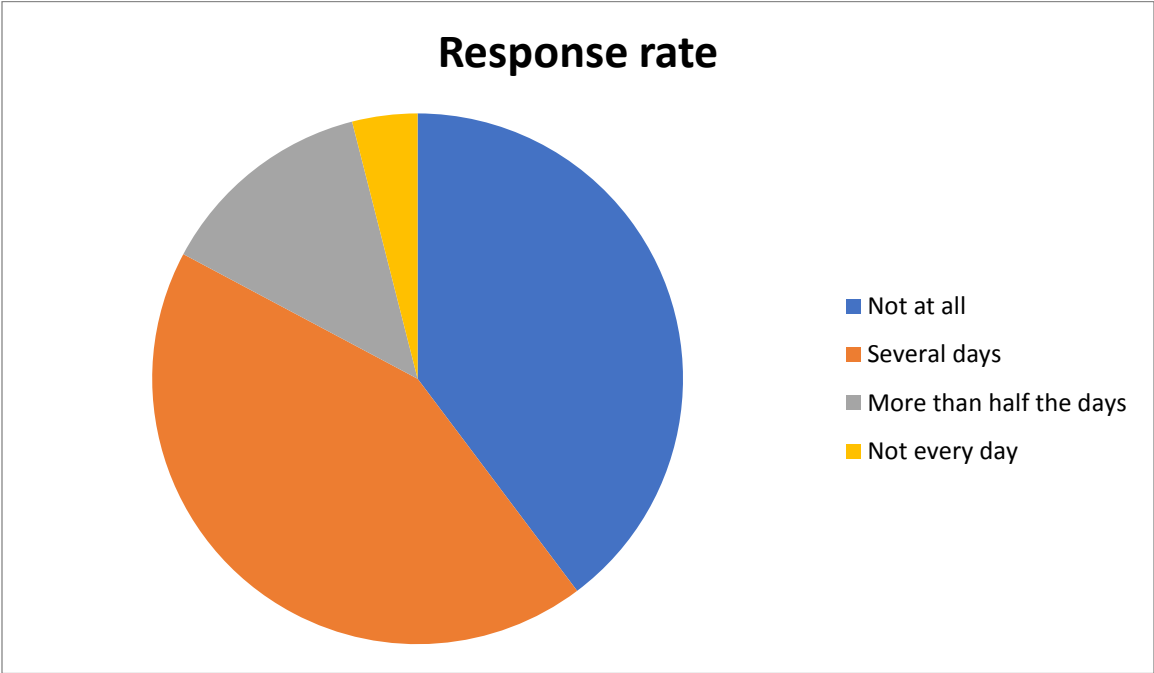
Figure 18: Respondent Having Trouble Falling Asleep, Staying Asleep or Sleeping Too Much Over the Past Two Weeks.



4.5.4 Respondent Feeling Tired or Having Little Energy Over the Last Two Weeks.

In this question, 35 men responded out of the possible 35. This is a 100% response rate out of the possible 100%. 12 men responded not at all which is 34.29%. 13 men responded several days which is 37.14%. 4 men responded more than half the days which is 11.43%. 6 men responded not every day which is 17.14%.

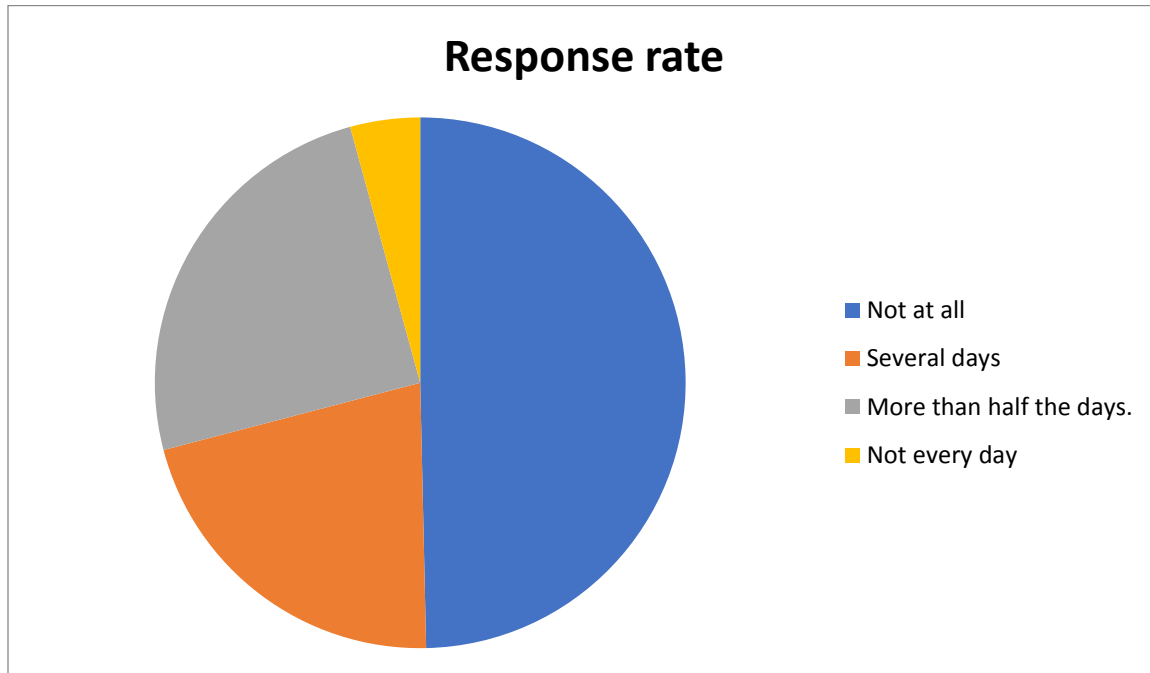
Figure 19: Respondent Feeling Tired or Having Little Energy Over the Last Two Weeks.



4.5.5 Respondent Having Poor Appetite or Overeating Over the Past Two Weeks.

In the question whether the respondent was having poor appetite over the past two weeks, 34 men responded out of the possible 35. This is a 97.14% response rate out of the possible 100%. 14 men responded not at all which is 41.18%. 6 men responded several days which is 17.65%. 7 men responded more than half the days which is 20.59%. 7 men responded not every day which is 20.59%.

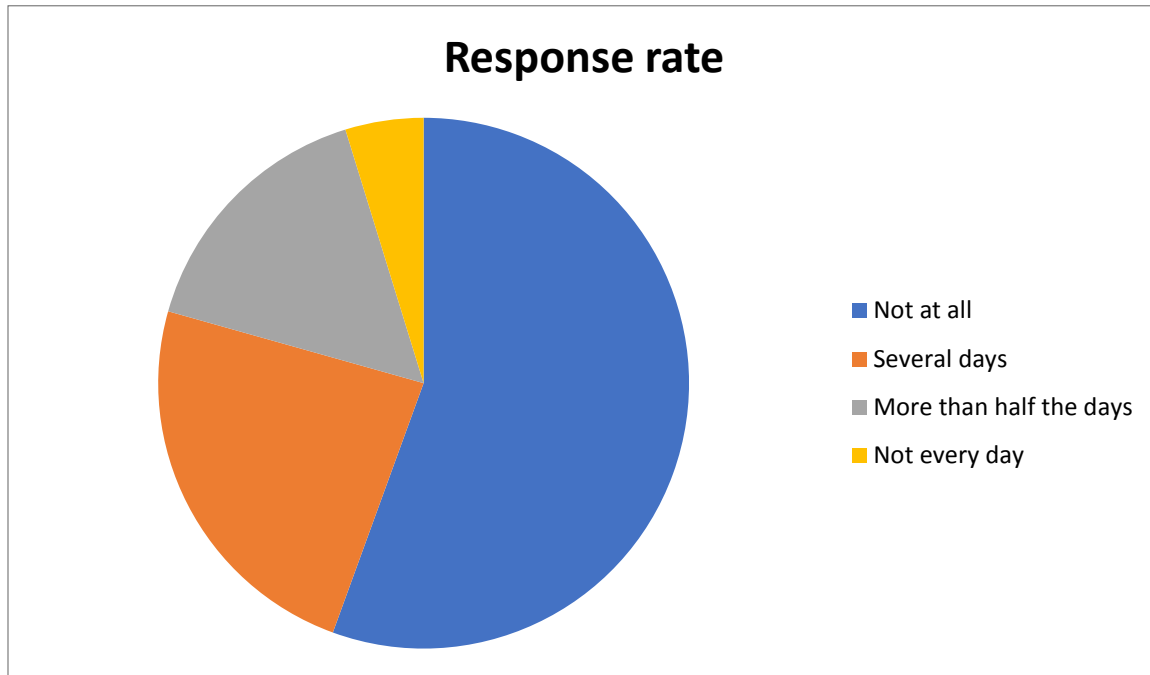
Figure 20: Respondent Having Poor Appetite or Overeating Over the Past Two Weeks



4.5.6. Respondent Feeling Bad About Themselves, That They Are a Failure and Have Let Themselves or Their Families Down Over the Past Two Weeks.

In this question, 35 men responded out of the possible 35. This is a 100% response rate. 14 men responded not at all which is 40%. 6 men responded several days which is 17.14%. 4 men responded more than half the days which is 11.43%. 11 men responded not every day which is 31.43%.

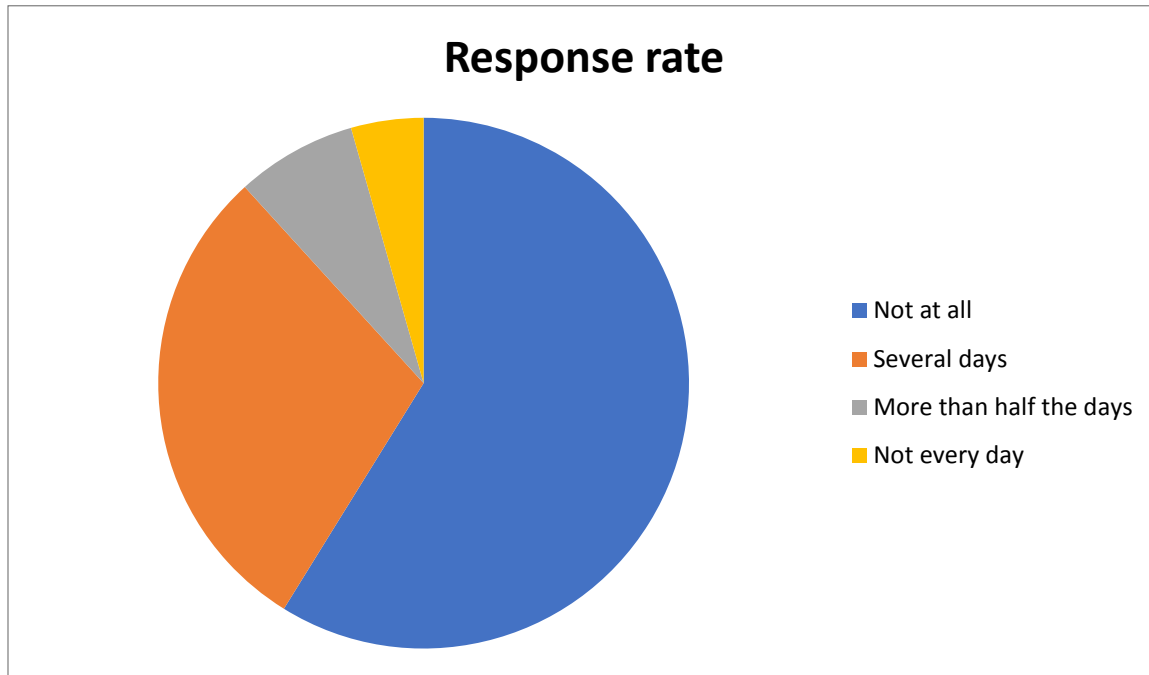
Figure 21: Respondent Feeling Bad About Themselves, That They Are a Failure and Have Let Themselves or Their Families Down Over the Past Two Weeks.



4.5.7. Respondent Having Trouble Concentrating on Things Such as Reading the Newspaper or Watching Television Over the Past Two Weeks.

In this question, 34 men responded out of the possible 35. This is a 97.14% response rate out of the possible 100%. 16 men responded not at all which is 47.06%. 8 men responded several days which is 23.53%. 2 men responded more than half the days which is 5.88%. 8 men responded not every day which is 23.53%.

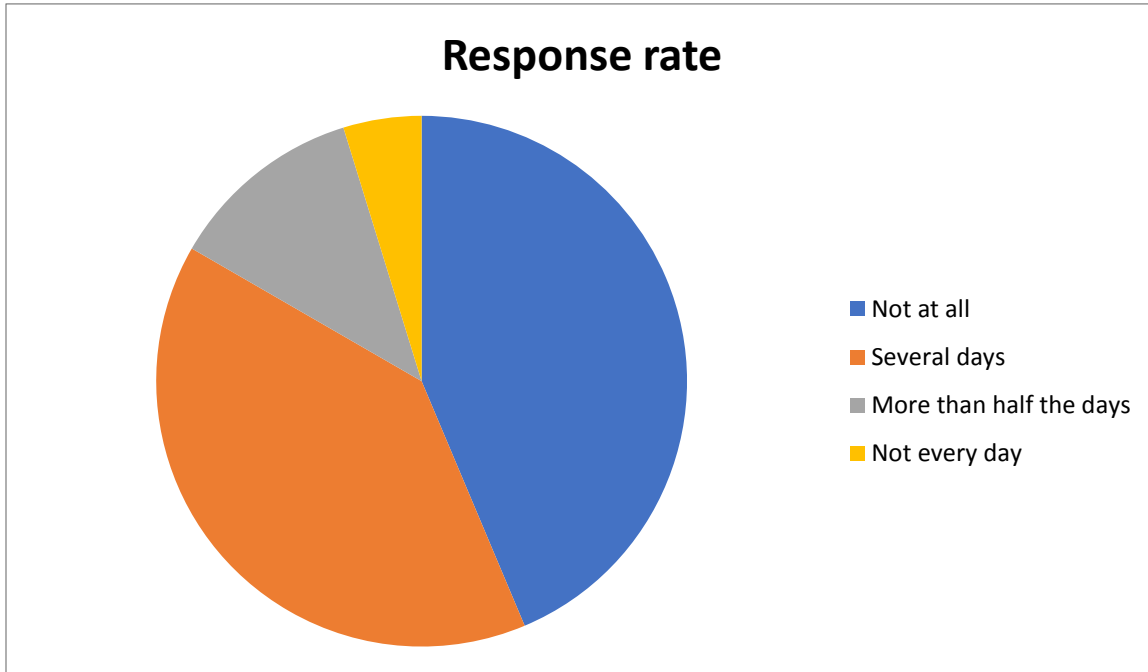
Figure 22: Respondent Having Trouble Concentrating on Things Such as Reading the Newspaper or Watching Television Over the Past Two Weeks.



4.5.8. Respondent Speaking or Moving So Slowly That Other People Could Have Noticed or The Opposite, Being So Fidgety or Restless That They Move Around More Than Usual Over the Past Two Weeks.

In this question, 27 men responded out of the possible 35. This is a 77.14% response rate out of the possible 100%. 11 men responded not at all which is 40.74%. 10 men responded several days which is 37.04%. 3 men responded more than half the days which is 11.11%. 3 men responded not every day which is 11.11%.

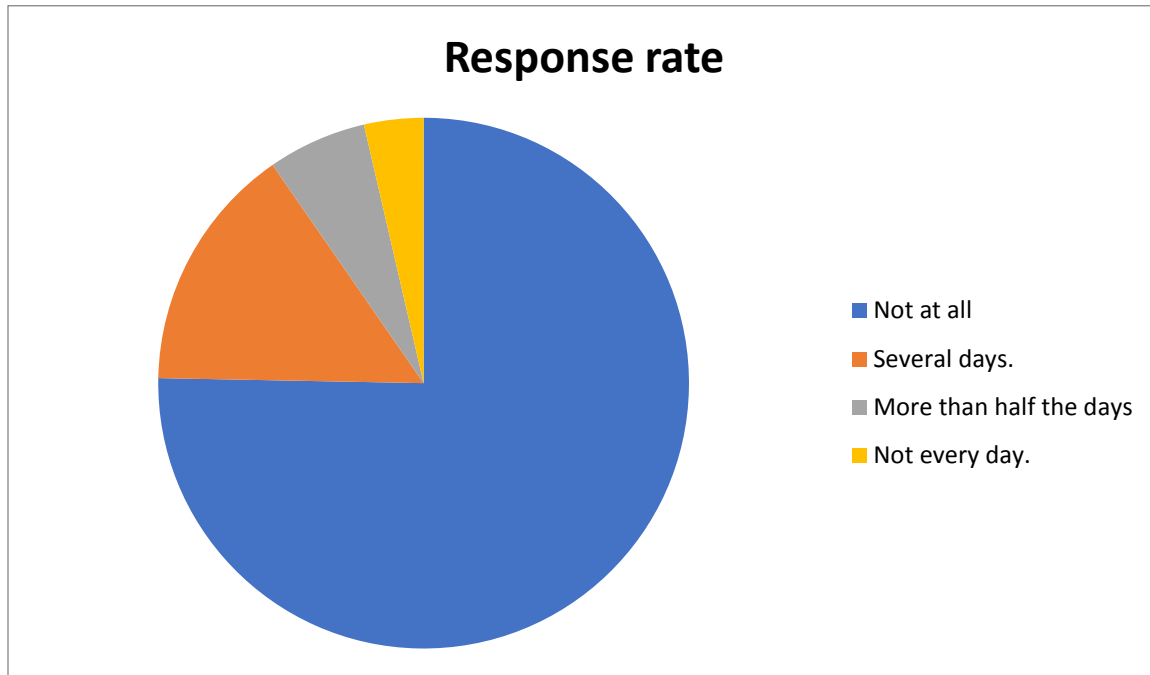
Figure 23: Respondent Speaking or Moving So Slowly That Other People Could Have Noticed or The Opposite, Being So Fidgety or Restless That They Move Around More Than Usual Over the Past Two Weeks.



4.5.9. Respondent Having Feelings That They Would Be Better Off Dead or Hurting Themselves in Some Way Over the Past Two Weeks.

In this question, 34 men responded out of the possible 35. This is a 97.14% response rate out of the possible 100%. 25 men responded not at all which is 73.53%. 5 men responded several days which is 14.71%. 2 men responded more than half the days which is 5.88%. 2 men responded not every day which is 5.88%.

Figure 24: Respondent having feelings that they would be better off dead or hurting themselves in some way over the past two weeks



4.6. Interpretation Of AUDIT And PHQ-9 Questionnaire Scores.

4.6.1 Interpretation of the AUDIT Questionnaire Scores.

These are the scores from the AUDIT questionnaire. For questions 1 to 8, A represents 0 marks, b represents 1 mark, C represents 2 marks, D represents 3 marks while E represents 4 marks. For question 9 and 10, A represents 0 marks, B represents 2 marks while C represents 4 marks. For each question, the respondent chooses one option. The total score for this questionnaire is 40 marks.

0 to 7 points total marks indicates low risk of alcohol use disorder. Respondents with this score don't have a problem with alcohol and can continue drinking normally. A score of 8 to 15 indicates medium risk. Respondents with this score may drink too much occasionally. This may put them or others at risk and they are advised to cut down on alcohol or stop drinking altogether. A score of 16 to 19 indicates high risk. For these people, their drinking could lead to harm if it hasn't already. They are advised to cut down or stop drinking alcohol. If they are unable to stop, they should seek the help of a professional. A score of 20 to 40 indicates that a

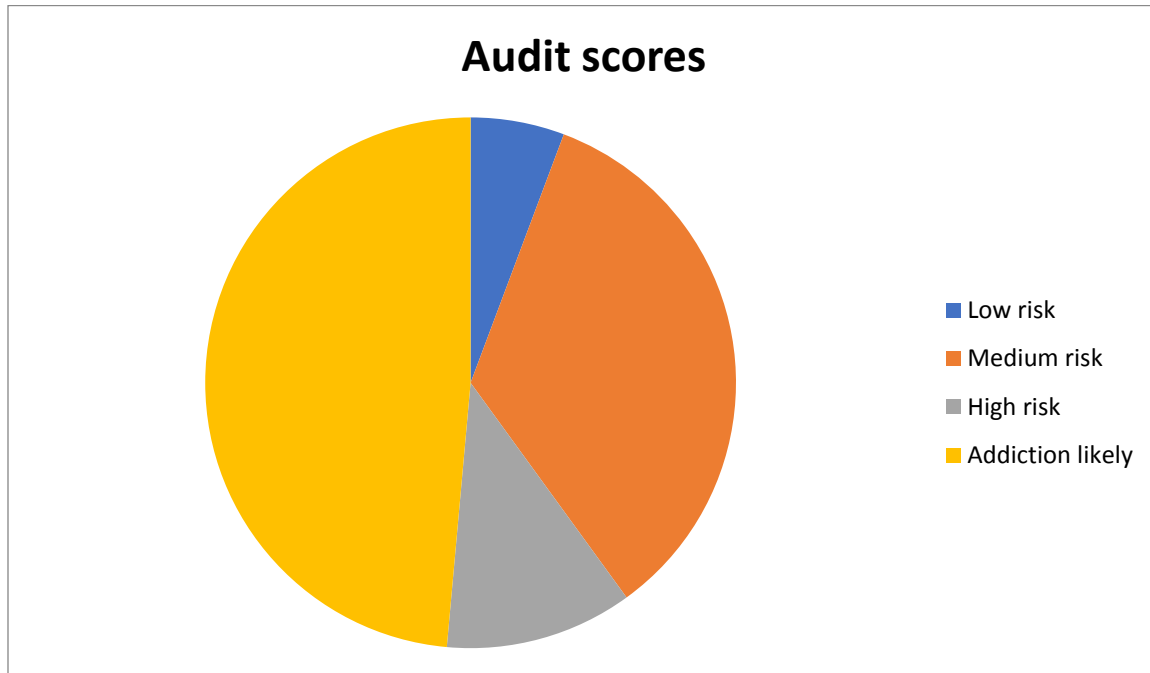
person is likely to be suffering from an addiction or has an alcohol use disorder. People in this category are already harmed by the alcohol consumption and are advised to seek the help of an addiction specialist.

According to this research, 2 respondents had a low risk of suffering an alcohol use disorder. This was 5.71% of the respondents. 12 respondents had a moderate risk of developing an alcohol use disorder which is 34.29% of the respondents. 4 respondents were at a high risk of having an alcohol use disorder which is 11.43% of the respondents. 17 respondents were likely to be addicted to alcohol and hence have an alcohol use disorder. This is 48.57% of the respondents.

Table 9: AUDIT Questionnaire Scores.

Audit score	Risk severity	Frequency	Percentage
0-7	Low risk	2	5.71
8-15	Moderate risk	12	34.29
16-19	High risk	4	11.43
20-40	Addiction likely	17	48.57
Total=40		Total=35	Total=100%

Figure 25: Audit Questionnaire Scores.



4.6.2 Interpretation Of PHQ-9 Questionnaire Scores.

5 is a score for mild depression, 10 for moderate, 15 for moderately severe and 20 for severe depression respectively. Question 9 is used for measuring suicide. If a respondent answers yes for question 9 in the PHQ-9 questionnaire, further assessment by a professional is required to assess the extent of the risk.

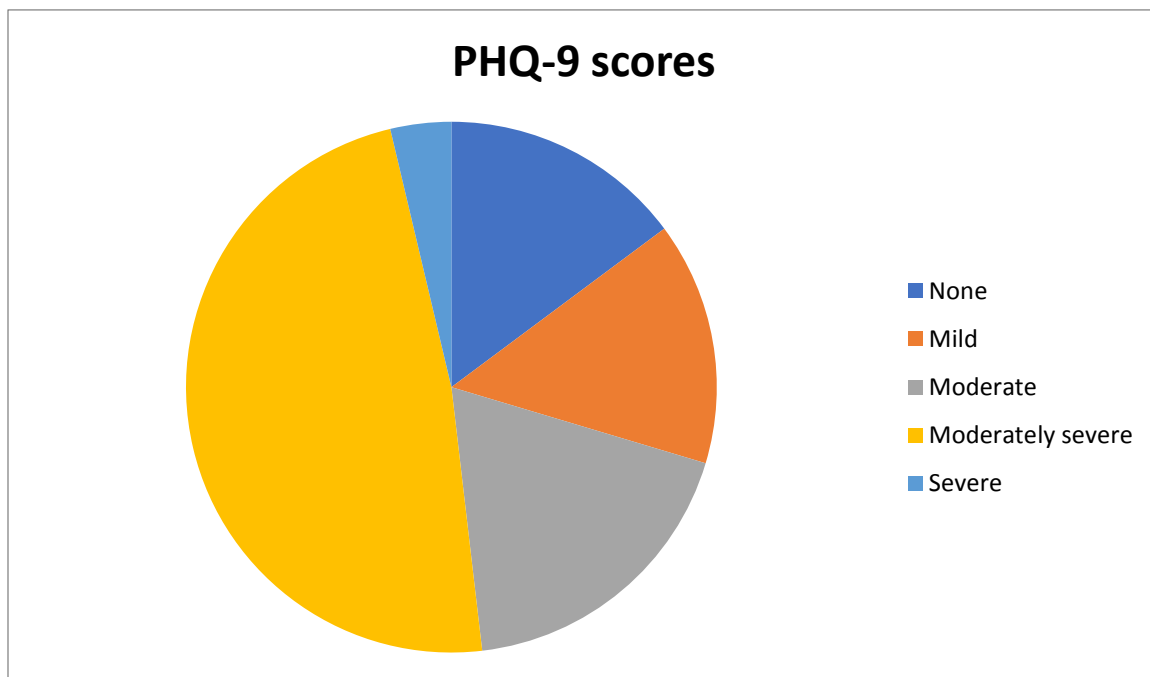
For the PHQ-9 questionnaire, option 1 has 0 points, option 2 has 1 point, option 3 has 2 points while option four has 3 points. The total marks is 27. A score of 0 to 4 indicates depression absence. For these respondents, no intervention is required. A score of 5 to 9 indicates mild depression. The PHQ-9 test should be administered during follow up to confirm the results. A total mark of 10 to 14 is an indicator of moderate depression. Respondents with this score need a treatment plan, counseling and follow up. A total mark of 15 to 19 is an indicator of moderately severe depression. For Respondents with this score, psychotherapy is advised and if it doesn't work, pharmacotherapy is recommended. A total mark of 20 to 27 is an indicator of severe depression. Respondents with this score need active treatment with psychotherapy and pharmacotherapy.

According to my research, 12 respondents had no depression.34.28% of the respondents. 4 patients had mild depression. This was 11.43% of the respondents. 5 men had moderate depression. This was 14.29% of the respondents. 13 men had moderately severe depression which is 37.14% of the total responses. 1 man had severe depression which was 2.86% of the responses.

Table 10: PHQ Questionnaire Scores.

PHQ-9 Score	Depression severity	Frequency	Percentage
0-4	None	12	34.28
5-9	Mild	4	11.43
10-14	Moderate	5	14.29
15-19	Moderately severe	13	37.14
20-27	Severe	1	2.86
Total=27		Total=35	Total=100%

Figure 26: PHQ-9 Questionnaire Scores.



Coefficient Correlation of Audit Scores and the PHQ-9 Scores.

Let the values of the audit scores be X.

Let the values of the PHQ-9scores be Y.

A is the mean of all the X values minus each X value in the column.

B is the mean of all the Y values minus each Y value in the column.

X	Y	A	B	AB	AA	BB
2	12	5	-5	-25	25	25
12	4	-5	3	-15	25	9
4	5	3	2	6	9	4
17	13	-10	-6	60	100	36
0	1	7	6	42	49	36
Total=35	Total=35			Total=68	Total=208	Total=110

Mean of X values= $35/5=7$

Mean of Y values= $35/5=7$

$$\begin{aligned} \text{Correlation coefficient} &= \frac{\sum(AB)}{\sqrt{(\sum(AA) * \sum(BB))}} \\ &= 68/\sqrt{208*110} \\ &= 68/151.26 \\ &= 0.45 \end{aligned}$$

Interpretation Of The Correlation Coefficient.

Correlation coefficients are used to calculate the strengths in the relationship of two variables A correlation >0 is an indication that the relationship is positive while a value < 0 is an indication that the relationship is negative.

A value of 0 indicates that no relationship exists between the two variables. Correlation ranges between -1 and +1 and no values go beyond this point. -1 indicates a perfect negative correlation while +1 indicates a perfect positive correlation. The closer the correlation co-efficient is to +1,

the stronger the positive relationship and the closer the correlation coefficient is to -1, the stronger the negative correlation. Values close to 0 indicate either a weak positive or a weak negative relationship.

In my calculation above, the correlation coefficient is 0.45. This means it is a positive relationship between AUDIT scores and the PHQ-9 scores. This means there is a positive relationship between Alcohol Use Disorders and depression.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1. Introduction

The contents of this chapter include the internal and external validity, the summary of findings, the discussion of findings per objective, the conclusions, the recommendations and the challenges faced during the study.

5.2. Internal and External Validity

The study was a survey that utilized questionnaires as the tool for data collection. The proposal was piloted prior to fieldwork to demonstrate the validity and reliability of the instruments using 15 items.

Most of the respondents were men in Kirigiti area, Kiambu County whose literacy level was high hence there was no need for the researcher to help them complete the questionnaires. For the respondents who could not understand some of the questions, I explained in detail.

The sampling procedure used was random sampling method. This method posed a challenge because the sample that was selected did not represent the entire population. This threatened the accuracy of data collected. However, the findings of this study are satisfactory as i used 35 respondents out of the total population of 70. The sample represented half of the total population which is 50 percent

5.3. Summary of the Findings

- All the respondents were male.
- Out of the 35 participants, 25 were aged between 18 to 45 years. This represents 71.43% of the respondents. 7 patients were between the ages of 36 to 45 years which is 20% of the respondents. 3 respondents were between the ages of 46years to 60 years. This represents 8.57% of the respondents.
- Out of the 35 respondents, 13 were employed. This represents 37.14% of the total respondents. 11 people were unemployed. This represents 31.43% of the respondents. 11 were also self-employed which represents 31.43% of the respondents.
- Out of the 35 respondents, 22 were single. This represents 62.86% of the population. 13 respondents were married which represents 37.14% of the total respondents.

- 2 respondents had a low risk of coming up with an alcohol use disorder. This was 5.71% of the respondents. 12 respondents had a moderate risk of coming up with an alcohol use disorder which is 34.29% of the respondents. 4 respondents had a high probability of having an alcohol use disorder which is 11.43% of the respondents. 17 respondents were likely to be addicted to alcohol and hence have an alcohol use disorder. This is 48.57% of the respondents.
- 12 respondents had no depression which was 34.28% of the respondents. 4 respondents had mild depression. This was 11.23% of the respondents. 5 respondents had moderate depression. This was 14.29% of the respondents. 13 respondents had moderately severe depression which is 37.14% of the total responses. 1 respondent had severe depression which was 2.86% of the responses.
- The correlation coefficient of the AUDIT questionnaire scores and the PHQ-9 questionnaire scores is 0.45.

5.4. Discussion of the Findings

The aim of this research was to establish the relationship between alcohol use disorders and depression in men in Kirigiti area Kiambu County. According to my findings, majority of the respondents were youth aged 18 to 35 years. 71.43% of the respondents fell in this category. A very small percentage of the respondents were between the ages of 40 to 60 years.

37.14% of the respondents were employed. 31.43% of the respondents were unemployed while an equal percentage of 31.43% were self-employed. 62.86% of the respondents were unemployed while 37.14% were married. Majority of the respondents answered all questions but a few left out some questions. In the AUDIT questionnaire, 4 respondents answered all the questions while 6 left out some questions. In the PHQ-9 questionnaire, 4 respondents answered all the questions while 5 didn't answer all the questions. Some respondents did not answer some questions because they were not comfortable with responding.

Alcohol use disorders have a relationship with depression. According to my findings, 48.57 % of the respondents had an alcohol use disorder and a total of 40% had moderately severe and severe depression according to their PHQ-9 scores. This indicates that they had poor mental health.

The correlation coefficient of the AUDIT questionnaire scores and the PHQ-9 questionnaire score was 0.45 which is a positive correlation. The AUDIT questionnaire is used for measuring

addiction and alcohol use disorders while the PHQ-9 questionnaire is used for measuring depression. This indicates that alcohol use disorders have a positive relationship with depression.

5.5. Conclusions

This research was carried out in Kirigiti area, Kiambu County. My aim was to establish the relationship between alcohol use disorders and depression in this area. All the respondents were male adults of between 18 years to 35 years. Most of the participants were between the ages of 18 years to 35 years.

Most of the participants were employed and also single. Minority of the participants were unemployed and self employed equally. Minority of the participants were married.

Most of the respondents had already developed an alcohol use disorder. A higher percentage of the patients were at a medium likelihood of developing an alcohol use disorder. Minority of the patients were at a low risk of developing this condition.

Majority of the respondents have moderately severe depression. A higher percentage of the respondents were at a mild to moderate risk of developing depression. Minority of the respondents were at a high probability of developing severe depression. A higher percentage of the respondents had no risk of developing depression.

There is a positive correlation that has medium strength between alcohol use disorders and depression. This indicates that there exists a positive relationship between alcohol use disorders and depression. This means that alcohol use disorders cause depression and vice versa but on a moderate scale.

5.6. Recommendations

The results of this study indicate that there is a positive correlation between alcoholism and depression in men in Kirigiti area, Kiambu County. The results of my findings will benefit hospitals, treatment facilities as well as rehabilitation centers. These facilities will be able to formulate treatment plans which will be able to treat both addiction and depression.

This research will also benefit the community at large because the community members will be able to know people with signs of alcohol use disorders and get help for them. They will also be

able to help families deal with depression before it causes addiction and to deal with alcoholism before it causes depression.

However, more research work is needed to find out the other psychological conditions that relate with alcohol use disorders other than depression. More research is also needed to find out more factors that contribute to depression other than alcohol use disorders.

5.7. Challenges

The challenges I faced during this research is that one of the participants did not return their questionnaire after filling it out. I had issued 36 questionnaires and only 35 were returned. When I enquired about the missing questionnaire, nobody claimed responsibility.

I also encountered financial constraints in my research. Funding for collecting data posed a great challenge on my part as I had to rely on family and friends to fund my research which was not sufficient.

I also faced extreme weather conditions during my research. Sometimes it was too hot as I walked around Kirigiti area to collect data. Sometimes I would encounter hostile prospects who would be hostile towards me and refuse to participate in my study.

Low literacy level was also another challenge I encountered. Some of the participants I encountered were not in a position to read or write especially the elderly. These had to be assisted to fill the questionnaire.

Some people were also hostile to me and were reluctant to respond to my questionnaires due to privacy concerns. Others adamantly refused to participate in the study even after assuring them of confidentiality.

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APPENDICES

APPENDIX I: CONSENT FORM

SAMPLE ADULT CONSENT

I Antonia Karaini am asking for your assistance by responding to the following questionnaires. The research is about the relationship between alcohol use disorders and depression in men. This study will be done in Kirigiti area, Kiambu County. You have been selected on the grounds of being a male figure between the age of 18 to 60 years. The research is only for academic purposes for the attainment of a Masters Degree in Counselling psychology.

Do not at any point write your names or any abbreviations related to your identity on these questionnaires. Any feedback you give will remain confidential and utmost anonymity will be observed in regards to your responses. If you choose not to participate in this research, your decision will be highly respected and honored.

These questionnaires require about 15 minutes to fill.

Thank you in advance for your participation.

APPENDIX II: QUESTIONNAIRES

QUESTIONNAIRE GUIDE FOR MEN AT KIRIGITI AREA, IN KIAMBU COUNTY

PARTICIPANT INFORMED CONSENT FORM

My name is Antonia Wangui Karaini. I am a masters degree student at the University Of Nairobi, faculty of Arts in the department of psychology. I am pursuing a Masters degree in Counseling psychology. I am currently writing my project and the topic which I am researching on is the relationship between alcohol use disorders and depression in men. A case study of Kirigiti area, Kiambu county. This is a requirement for the attainment of my master's degree.

I assure you of privacy for all the information you disclose in this questionnaires. Please don't fill in your name in this questionnaire. Your support in filling these questionnaires will be highly appreciated.

Kindly fill in the questionnaires in section one and two.

SECTION 1

I Antonia Karaini am asking for your assistance by responding to the following questionnaires. The research is about the relationship between alcohol use disorders and depression in men. This study will be done in Kirigiti area, Kiambu County. You have been selected on the grounds of being a male figure between the age of 18 to 60 years. The research is only for academic purposes for the attainment of a Masters Degree in Counselling psychology.

Do not at any point write your names or any abbreviations related to your identity on these questionnaires. Any feedback you give will remain confidential and utmost anonymity will be observed in regards to your responses. If you choose not to participate in this research, your decision will be highly respected and honored.

These questionnaires require about 15 minutes to fill.

Thank you in advance for your participation.

Kindly respond to each question by filling in the appropriate answer.

Code.....

SECTION 2.

THE ALCOHOL USE DISORDER QUESTIONNAIRE (AUDIT Questionnaire)

Kindly tick mark tick for selection of options. Tick one answer for each question.

Top of Form

Please select your gender.

- Male
- Female

1. How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day when drinking?

- 1 or 2
- 3 or 4

- 5 or 6
- 7 to 9
- 10 or more

3. How often do you have six or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

4. During the past year, how often have you found that you were not able to stop drinking once you had started?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

5. During the past year, how often have you failed to do what was normally expected of you because of drinking?

- Never

- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

6. During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

7. During the past year, how often have you had a feeling of guilt or remorse after drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

8. During the past year, how often have you been unable to remember what happened the night before because you had been drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

- No
- Yes, but not in the past year
- Yes, during the past year

10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?

- No
- Yes, but not in the past year
- Yes, during the past year

Source; World Health Organization

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Kindly tick mark tick for selection of options. Tick one answer for each question.

Not at all 0

Several days +1

More than half the days +2

Nearly every day +3

Over the **last 2 weeks**, how often have you been bothered by the following problems?

1 .Little interest or pleasure in doing things

0

+1

+2

+3

2. Feeling down, depressed or hopeless

0

+1

+2

+3

3. Trouble falling asleep, staying asleep, or sleeping too much

0

+1

+2

+3

Feeling tired or having little energy

0

+1

+2

+3

Poor appetite or overeating

0

+1

+2

+3

Feeling bad about yourself - or that you're a failure or have let yourself or your family down

0

+1

+2

+3

Trouble concentrating on things, such as reading the newspaper or watching television

0

+1

+2

+3

Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual

0

+1

+2

+3

Thoughts that you would be better off dead or of hurting yourself in some way

0

+1

+2

+3

Source; Kurt Kroenke, MD, Robert L Spitzer, MD and Janet B W Williams, DSW.

APPENDIX III.
PROJECT BUDGET


	EXPENSES (KSH)
Internet	30,000
Printing, photocopy, binding and scanning	20,000
Transport	10,000
School fees	58,000
NACOSTI Permit	1000
Total	119,000


APPENDIX IV: PROJECT WORK PLAN

DATE	ACTIVITY
01/05/2021 to 18/08/2021	Proposal development.
19/08/2021	Proposal defense.
20/08/2021 to 31/04/2022	Proposal corrections and approval
01/05/2022 to 11/05/2022	Application for NACOSTI permit and approval.
12/05/2022 to 21/06/2022	Data collection and project development
28/07/2022	Project defense
29/07/2022 to 30/10/2022	Project corrections
15/11/2022	Project completion and handing in

APPENDIX V.


NACOSTI Research Permit


REPUBLIC OF KENYA


NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY & INNOVATION

Ref No: **410641** Date of Issue: **11/May/2022**


RESEARCH LICENSE




This is to Certify that Miss. Antonia Wangui Wangui of University of Nairobi, has been licensed to conduct research in Kiambu on the topic: **The relationship between alcohol use disorders and depression in men. A case study of men in Kirigiti area Kiambu county for the period ending : 11/May/2023.**

License No: **NACOSTI/P/22/17329**

410641
Applicant Identification Number


Director General
NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY &
INNOVATION

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