

// DRINKING AMONG THE YOUTH IN A DEVELOPING URBAN
CENTRE WITH REFERENCE TO KISII TOWN. //

BY

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"DRINKING (ALCOHOLIC BEVERAGES) AMONG THE
YOUTH - WITH REFERENCE TO A DEVELOPING
URBAN CENTRE (KISII)."

A CASE STUDY BY
MAC'BOTONGORE N. N.

MAY, 1987

This Dissertation is in partial fulfillment
of a Bachelor of Arts Degree in SOCIAL WORK
of the University of Nairobi

STUDENT

 C01/0382/84

SUPERVISOR: DR. YAMBO MAURI

DEDICATED TO MY PARENTS: BOSIBORI AND
BOTONGORE.

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CHAPTER ONE

I N T R O D U C T I O N

"I am not going to lead a nation of drunkards", so declared President Kenneth Kaunda of Zambia when he found that his civil servants were over drinking.

In Kenya, upto 1978, the situation had been such that drinking was very rampant with clubs which brewed and sold local brews found everywhere both in the rural and urban areas. Generally alcohol was at proxy. This situation compelled and called for government intervention which resulted into a closure of all the clubs and the regulating of drinking hours. A similar action was taken on December 1986 when all off-licence bars which were located in the rural and small market centres were closed. Well, the productivity of the individual and indeed the nation was going down. The peoples' health was deteriorating and thus expectancy rate was also low. All bars and beer shops could not allow anybody under 18 years to buy or consume alcohol in their premises. Police swoops were intensified to net in the offenders. Very many women who brewed and persisted brewing the local brews, and those found to be drunk and disorderly appeared before the Magistrates in the law courts.

In spite of all attempts to reduce alcohol consumption, there has been an area which has however, been forgotten. This is where local brews are declared illegal while the so called commercialised brews (beer and whiskies) are allowed into society. It is as if we only want to curb drinking by the poor because he cannot afford a Tusker or two while allowing the rich because he can, not only afford a beer but also because he can easily pay any fine that can be imposed on him.

Generally the consumption of alcoholic beverages and their consequences can not be looked at from one's status in society. Whether rich or poor, the body tissues are the same for all individuals. May be the difference lies in the

rate of alcohol retention in the body. Many people particularly the rich, have hypothesized that when drunk, can take roasted or boiled meat popularly known as "Nyama Choma" or "Chemusha" which they believe makes them sober very quickly and thus continue drinking.

The establishment of such organisations as the "National Council of Alcoholic (Inc) Kenya", "The Kenya National Committee for the Prevention of Alcoholism and drug dependence," "The Alcohol Anonymous Syndicate", and many counselling units within the major towns are in themselves an indication that the consumption of alcoholic beverages and their consequences are threatening and thus something has got to be done to arrest the situation.

and

The youth are an interesting/ to study not only because we have been young ourselves but also because they form a majority of Kenya's population (60%). Infact recently (February 1987) the Minister for National Planning described Kenya as a "Young Nation." He was not looking at the nation from the morphological and physiographical aspects but the population. Naturally the youth are this country's future leaders, workers and transmitters of culture and this is precisely why the youth need appropriate education, guidance and career development. A majority of the youth are under 18 years of age and are predominantly dependants who are either in school, have dropped out of school or are just children workers. They need to be moulded to become productive members of this society. This is why it is necessary not to allow them to indulge in alcohol or drug consumption.

This study was not enough to deal with the whole phenomenon of "consumption of Alcoholic beverages by the youth" because alcohol and youth interact with other variables such as socio economic background, environment, biological, psychological and physiological aspects which can be the cause or result of alcohol consumption. Alcohol and youth are generally broad variables which maybe scholars can deal with at higher levels. It is quite hard to exhaust

them even after narrowing my area of study to around Kisii town. It is not a matter for debate but generally alcohol has very disastrous side effects on the user.

GENERAL PROBLEM STATEMENT

The consumption of alcoholic beverages is not a new phenomenon in the history of man. What has only changed is the way of extracting, fermenting and brewing these alcoholic beverages. This has been as a result of modernisation (new technology). There were, and still are differences in types of alcoholic beverages found in various communities. In spite of the differences, alcohol is in fact a universal drink although cultural diversities, urbanisation following industrial revolution and also migrations have made the differences.

In the traditional communities, the consumption of alcohol was left to the elderly. However this has changed drastically today such that young persons (between 15 - 24 years of age), are actually indulging in the consumption of alcohol. It is the hope of the researcher that causes of this drastic change shall be revealed from the research. Even when it was just left to the elders to drink, it was not the order of the day.

Usually drinking was done during particular times like after harvest time, during funerals to keep the mourners awake, during initiation, after collective work and also during social functions like wedding. However, today drinking is done almost on a daily basis getting to climax around month end. So besides the age limits for those drinking having changed, also drinking patterns have changed. These changes are of interest in this research. A research by Donde 1984 had indicated that among the Idakho of Kakamega alcohol could be given to children during special occasions, like when there was scarcity. This was only busaa which was still in its young stage of fermentation. However this were only those young children.

Among the Abagusii children could only be given the dregs or residuals after the elders had sucked all the alcoholic contents from busaa. These dregs were known as "emeseke". Very young children because of curiosity could always struggle for a sip from their fathers' cups but as soon as they became grown ups, according to the Gusii people around the age of 5 years (Oedipus complex) these children had to abstain from alcohol tasting to millet gruel. But what is really happening today?

Generally drinking is widely spreading in this country and this has been confined through personal observations and reports. Both the rich and poor, old and young and men and women are drinking alcohol heavily. This involvement of the young in drinking has promoted the research to try and see, although in a micro sphere, what has been the major driving force behind the consumption of alcohol by the young and its manifested draw backs on the society. Excessive alcohol intake has been known to cause profound physical, social and psychological inabilities in the alcoholics, these need to be exposed and a micro project like this goes along the same way in trying to identify potential problems that the youth face under alcohol consumption. It is rather dishardening to find that not so many are based in Kenya. Most of them are done elsewhere in the world. Much of the work in Kenya is now being handled by either students who are writing dissertation (Wanjiru '1979), Asikoya 1984 Donde 1984 and this pillot one.

So from a few previous studies like the ones cited above, it became apparent that although (like the Idakho and Botsotae ones by Donde 1984 and Asikoya 1984 infact nothing has so far been done about Kisii except maybe a few utterances by politicians and civic leaders. Due to limited time for collecting my data. I decided to restrict to the two schools (Nyabururu and Kisii) because of their proximity to my field work agency/^{and} because they are district schools which take students from all over the district.

My interest group is the youngsters/youth who according to United Nations definition are between 15 - 24 years of age. These are mostly adolescents who are still undergoing a process of discovering what they are and what they shall be. The environment will give them models whom they will imitate and if this models are drunkards there will be little hope for these youngsters. Observations have shown that the number of drinking youngsters is about (if it has not yet) to surpass that of elders. This is why this research wants to show the magnitude of those drinking and by coming up with a few recommendations will in a way be trying to discourage youngsters from drinking.

In every year about 150,000 pupils leave from the countries secondary schools. Of these only very few continue to higher learning institutions. The remaining majority hardly get absorbed into any gainful employment. There are no attractive and stimulating leisure activities to occupy them. So these end up joining drinking groups while others marry early. Can anything be done to help those who have no alternative but to drink? What repercussion does this have to the individual, family and nation? Is indulgence in alcohol consumption dangerous to the user? In general terms most youngsters who are dropping out of school end up being perpetually dependants. Maybe to curb drinking amongst the youngsters, it will need individual, state and non-governmental intervention. These all are the areas that this research shall address itself to.

HYPOTHESES

1. Most of the youth who drink come from families where one or both of the parents drink.
2. There is a relationship between peer influence and alcohol consumption.
3. Alcohol is the most commonly used among the intoxicating drugs.

DEFINATION OF CONCEPTS

DRINKING

This is a dependent variable. Drinking as a variable is dependent on the environment both the family and physical environments. In the family setting drinking can be either due to one of the parents drinking and the youngsters simply pick it as the saying goes "like father like son", or there could be a genetically inherited predisposition to alcoholism. Similarly within these families where alcohol is brewed for whatever reason (business or just as part of the family's entertainment) the youngster will generally be tempted to have a taste and gradually consume.

In the environment there are many factors, including family, which can cause youngsters to drink. There is the factor of poor group influence. The youngster may find himself having to conform to the norms of a peer group including drinking as a way of coming into terms with the group members.

It is the person who goes to drink but drinks don't just avail themselves to the drinker. So if an individual has to drink he has to go to the place where alcoholic beverages are. Again drinking will therefore depend on the availability of alcoholic beverages. The ability to buy alcohol will also encourage drinking.

YOUTH

This is a dependent variable. This depends on time. The children are in a process of becoming youngsters and the latter are to become (old) adult. In a way youthfulness is a transition from either childhood or to adulthood. To be a healthy youth it also depends on how nurturant and stimulating the family as the first socialising agent was. Again the physical environment must also be conducive for the young to fully develop without being fixated.

The youngsters (youth) are between 15 - 24 years of age, at least according to United Nations... This are mostly within their early or late adolescence. They rely on others as models and therefore their significance, others have to be good models, warm and satisfying. The youngsters are in constant search for what they are and what they have the potential to be. They are curious, eager and in a continuous state of discovering more about themselves and others. For many this is a stage of turmoil and confusion. For some youngsters the environment can be a complete disaster if they are left on their own without counselling and guidance from both the parents and significant others.

ALCOHOLIC BEVERAGE(S)

This is an independent variable. In this study, alcoholic beverages will be all those beverages which contain or are capable of causing intoxication. As it is these beverages are just there in the homes and beer shops and it is only the person or individual who want them that goes for them. There are both local and imported brands of alcoholic substances. These beverages differ, however, in their rate to cause intoxication, their effects in the body and some cause alcoholism faster than others eg some people who have been taking busaa for decades haven't become as alcoholic as those people who have just taken changaa or dry gin for the past few years. The type of alcoholic beverage an individual will go for basically relies with an individual's tastes and preferences, available amount of hard cash, available type of alcohol and also the individual's company. When all these factors are taken into account in totality or partially the individual(s) will then go for alcohol.

CHAPTER TWO

LITERATURE REVIEW

Alcohol use and misuse are not new concepts in the fields of sociology and even medicine. Many symposia and conferences particularly those sponsored by the United Nations and the World Health Organisation have dwelt in length on alcoholism and drug dependence. These conferences include those held in New York in 1975, 1977 and 1978 on "Alcoholism and Drug Dependence" and also the 1976 one on "Alcohol and Human Memory". Many more others have been conducted by individuals and private organisations like the International Council of the Prevention of Alcoholism (inc). Mainly these researches have been done in the Western world in such countries as Britain, Ireland, France, Sweden and America. All these tend to show that alcohol has really been misused.

Moser (1974 pp22) says that it is generally considered normal for adults to drink alcoholic beverages. But empirically there are more youngsters who have tasted and actually consumed alcoholic beverages today and their number is actually steadily increasing. However this was carried out in 33 countries only one of which, Zambia, was from Africa. He also did indicate that raw materials for the production of alcoholic beverages are everywhere available and every civilization learned early the necessary techniques of fermentation and developed customs and mystiques connected with consumption.

The origin of alcoholic beverages goes back to the ancient days. As Mac'Carthy (1979 p. 1-8) notes the origin of alcohol fermenting and consumption goes as far back as to the beginning of agriculture when man started to settle down as a 'farmer' and not a fruit gatherer. However, researchers haven't really struck a compromise as to how and for what reason alcohol was discovered. But what is clear is that, alcohol was used during particular occasions like

initiations, marriage, religious functions, and as Einstein (1970 pp31) also says in ancient times alcoholic beverages were used to treat many disorders and infact since then they have been used as food, drink, medicine, Euphoriant, intoxicant, as a catalyst for conviviality (sociability), as a reinforcer for joy at such occasions as weddings and as a psychic pain reliever at such occasions as funerals. Such sentiments as these can not be totally taken to apply to all humanity because the use and abuse of alcohol must be defined according to each society, culture and community. Among the Gusi, for example, during funeral time alcohol makes mourners very aggressive and thus it is not a pain reliever. Alcohol, infact exaggerates personal characteristics so that behaviour and fantasies that are normally under control are not controlled at all.

Africa has been given very minimal attention in way of research into the problems that alcohol poses to the community. According to Acuda (1986 p 13) alcoholic drinks have been consumed in most of Africa for centuries, yet it is only in the last decade or so that it is being recognised as a major cause of health and socio economic problems. In spite of this, alcohol was widely consumed in East Africa and was an indispensable part of life in the villages. No doubt most of the elderly members of the family drank because the beer was readily and easily available. However, it was only for the old and was normally brewed in the women's houses where youngsters could hardly get it. But with modern living arrangements and with the changed land tenure system there is a lot of individualisation with every person may be preparing his own beer within his homestead and thus making it easily accessible to youngsters. And youngsters will tend to ape their drinking parents. As Moses (1975 p 12) notes, the matrix of the personality turn towards alcohol is developed from birth within the context of family. In this connection, therefore, because of genetic predisposition, there is a casual relationship between an alcoholic consuming parent and an alcoholic using youngster. Keeping away alcoholic beverages from the

youngsters as a preventive mechanism against youth involvement in alcohol consumption may not help particularly if the youth come from families where anyone or all of the parents drink because alcohol does not thrust itself on an individual, an individual must seek it out of his own accord.

Drinking in the African context was organised as a communal affair and in this way behaviour of drinkers was controlled as the drinkers observed one another. Mushanga (1976) notes that alcohol played a very important social function in African cultures such as when elders were settling disputes, after a successful hunt or harvest, marriage arrangements, and infact brideprice was usually followed by several pots of beer. Collective work was always cemented by beer. A striking feature in the colonial days was that beer was frequently carried to the chiefs as tribute, used to reward labour and given as offerings to the gods.

According to the world health organisation (1952) definition of alcoholism, a study which was carried out in Kisii shows that upto 7% of secondary school students aged 17-20 years were alcoholics. This was because distilled alcohol was widely and easily available and was also commercialised. But as the report shows, most of the respondents were just interviewed during a holiday and there is a possiblity of including non student respondents. However inspite of this, alcohol has been over represented among the youngsters as the most commonly used or even misused drug. However Moses (1975 p12) says that most drugs which are illegal like medications and marijuana have been over used by the youth since they have to go under ground in order to take them. But as

Conger indicates p.519-525 the most commonly used drugs by youngsters are alcohol and cigarettes. These are relatively cheaper and easily available (depending on the type). Alcohol in particular has been tried by many youngsters and more appear to be drinking more, and more at even younger ages.

More youngsters are becoming alcoholics and the age limit which used to be sanctioned by society is actually going down and down.. In spite of differing views among scholars, in a situation like in Kenya where such drugs as medications like barbiturates, amphetamines, LSD, heroin and other substances which make the user dizzy are scarce or kept under authorised persons who can not legally make them available to any user just on demand, alcohol is most likely to be misused because it is hard to control the legal and illegal dealers who want money.

Orally, among many communities in Africa alcohol has been traditionally fermented from grain flour such as maize, sorghum and finger millet, fruits such as bananas and some herbs. Among the Gusii the ancient type of alcohol has been 'Busaa' but with time a stronger brand of beer, 'Changaa' and its predecessor 'Kangara' were discovered. How they came into being is still mysterious but as Chafetz (1962 p2) reckons, alcohol, like fire was bound, in a sense to exist. And in essence alcohol has been used by man since time immemorial. But this was only in specific places as stated earlier and drinking sprees were strictly for the aged only. A youngster could only accompany the aged because he had to carry an old mans' stool, drinking horn or the beer pot. Under no any circumstances could an unmarried lady drink alcohol. However this trend has changed today and many youngsters, ladys and boys, drink particularly when far away from home.

Although children were forbidden to engage in alcohol consumption in any African communities in the west quite a number of communities allowed and infact encouraged children to consume alcohol. Cross (1968 p67) notes that in the Italian culture the use of wine seemed to grow with the Italian child. A few drops were added to water during early childhood and this continued to dry brandy during adolescence. In this case over indulgence was allowed without fear and generally eating and drinking became inextricably connected

and related. In Ireland the same author reveals that an individual who was drinking was seen as a good fellowship and as a means for an individual to express a sense of belonging. From these two broad communities it is seen that the individual was encouraged by the family to drink and also for recognition among peers. Also it should be noted that these two countries are predominantly Catholic and therefore the permissiveness of the Catholic religion for its members to be moderate drinkers might have influenced the use of alcohol. Youngsters who have grown under such circumstances are bound to become addicts at quite an early age than elsewhere in the world, Maybe due to earlier restrictions on the age group from drinkers, there has been a tendency today for youngsters who drink to drink only among themselves. It is in rare cases that joint drinking sprees can be organised for both the young and old. In most cases the youngsters will drink with their age mates both at home and school. Besides being the most commonly used drug, alcohol has also been seen to be more harmful than heroin. In spite of this, Cornacchia (1973 pp 80) says that most people take their first drink in a social setting under pressure from their peer group to do so. The adults use alcohol as a social and medicinal agent. It ought to be noted that it is not only the adults who use alcohol but youngsters too. As it seems many writers have addressed themselves to alcoholic adults and have lost foresight for alcoholic youngsters who are on transition of becoming alcoholic adults. In most families where alcohol is either brewed for whichever reason, domestic or commercial use, or where it is bought by any of the parents who drink there is a high likelihood that during the parents absence the youngsters will be tempted to have a sip and, like the biblical forbidden fruit, the youngsters may find the alcohol sweet to them and as the swahili say, literally translated, "One never tastes only once," and so the practice may continue to such an

extent that the youngsters will start to secretly buy and consume alcohol in their own apartments.

As noted earlier, some of the first writers seemed to imply that alcohol could be used as a medicine. Also it is taken that it can relieve an individual from tensions and depressions. Alcohol can also submerge the bitter past. However, what seems to be submerged has that likelihood of emerging when the individual is sober. Many criminals have committed capital crimes and later pleaded to be guilty because they were under influence of alcohol. Such confessions leave many people, and particularly social scientists, wondering how a person who was drunk can recognise that he was drunk during the act of committing the offense while he was drunk. In a way alcohol is just used as a mere cover-up in doing things which can not be done under normal circumstances of sobriety. X

Alcohol might entrust confidence in the user such that the drinker can do unimaginably gross misdeeds. From the daily nation 23rd August 1986 a woman is in Muranga/reported to have tried to pass a bottle laced with changaa to her husband who was waiting trial for having the illicit drink. Alcohol in this case does instil confidence in the user but also distorts reality. Probably the woman was also under the influence of alcohol. And as Chafetz (1962 p 5) put it, alcohol, like religion serves man in a sense that it changes his perception in times of stress and thus offers a temporary relief. A boozer normally turns to alcohol which he thinks will restore his confidence. But have the youngsters reached the state where they can be crowned as boozers? What confidence would they want to get from alcohol? To face an examination, their parents, teachers or peers?

The effects of alcohol on any one single individual cannot generally be taken to apply to all humanity not even within the family setting. But what is clear is that, James (1902 p377), the sway of alcohol over mankind is un-questionably due to its power to stimulate the mystical faculties of human nature.

Besides being taken as food in small doses it should be noted that alcohol is very dangerous to the body. Henderson (1944 p5) indicates that alcohol is a depressant and not a stimulant from the very beginning of its direct action on the central nervous system. It reduces both mental and muscular efficiency. Therefore, the scholars have not really convinced us as to whether alcohol is a food substance (nutritious) or a medicinal drug just like any tranquilizers. There is a lot of dilemma in this area.

The dilemma does not only exist in the area of what alcohol is used for but also in the area of why an individual decides to go to drink. Besides the reasons of conviviality noted earlier there are many more other psychological reasons which are attached to alcohol consumption in all grades. Chafetz and Demone p 1 - 16 have shown that a person feeling depressed will take a beer to uplift his low spirits. The alcohol washes away the ugliness of the situation from the individuals psyche, even though for a short while. This in a way blurs the perception of reality when one is threatened thus making an individual to do what he could not do in sobriety. As a defense mechanism alcohol also has been seen to make people more aggressive to their superiors particularly in their places of work.

Chambers (1968 pp27-48) sees alcohol as being used as an escape from reality and the burden and responsibility of mature emotional life and its decisions. But this work seems to exonerate the youngsters. Many people have inherited a genetic predisposition to alcohol and may not know it. They have a built-in susceptibility to the effects of alcohol so that even small quantities can cause intoxication. So Cohen , (in Wieland pp 24-25) observes that alcohol is broken down into a series of metabolic reactions. People, perhaps even races, differ in the rate of its enzymatic degradation. A genetically determined impaired ability to catabolize ingested alcohol would be associated with poor ability to 'hold' ones alcohol (liquor). In the case of the potential alcoholic, it may be an inherited difficulty in dealing with

anxiety, frustration and depression. In this connection, it is evident that genetic factors, besides the environment factors, play a significant role in alcohol consumption among drinkers. A research which was carried out in Denmark in the 1970s showed that 25% of non identical twins and upto 65% of identical twins who had an alcoholic parent became alcoholics even when they were reared by non-alcoholic foster parents.

Wieland (pp 22-24) shows that there are psychological factors which underlie alcohol consumption. The foremost factor in alcoholism is the familiar tension and anxiety relief. Many alcoholics feel guilty, are ashamed about something; have a poor sense of self esteem, or are depressed and lonely.

The education programs haven't succeeded in controlling alcohol use in schools or by students. In a situation like Kenya where most of the students are mainly day scholars and mainly in privately maintained schools the students are left more free from school administration and most schools are concerned with students only as long as as they are within school premises. And as Warner (in Cornacohia 1973 p4) points out most of the school programs are not going to stop kids from taking drugs. All education can do maybe is to make the kids to examine their motivation, steer them away from bad drugs by letting them know what the risks are and giving them alternatives which will really absorb their energies. But this needs a lot of co-ordinated research because there is a danger also in just enlightening the youngsters on drug dangers because they can also device ways of encountering the drug issue. In any case giving youngsters an alternative is not in itself a panacea to alcohol problem unless it is going to be given verbally because an alternative may mean encouraging the use of a softer drug. In any case Warner's sample was drawn from students in eighth and eleventh grades and college. At least to some extent alternatives should be found for non school going youth who would otherwise spend their time drinking. It is only evident that exposing drugs, and alcohol in

particular, to youngsters and expecting them to know, may be instinctively, the dangers they pose, would be equivalent to throwing grains of maize to a hen and expecting that it will not pick them until orders have been given.

In similar circumstances, counselling may not help youngsters as long as these drugs are exposed to them.

W.H.O. confirmed a report by the chairman of international council of alcohol and addiction (Daily Nation 31/12/86) in which the youngsters in the third world Kenya included are portrayed as engaging in drinking habits just as a standardization of habits. There is lack of moderation in the use of alcohol. But moderate is relative. Addiction does not just come to an individual. Somehow it is sequential starting from mere tasting, to one beer, as moderate drinking and gradually to over indulgence. According to the same report, the mass media particularly the television and cinema have created an impression that alcohol consumption is normal and acceptable. However, even in the Kenyan scene where alcohol has also been advertised through the same media there is no advertisement which shows youngsters indulging in alcohol consumption. The youth have perceived that drugs such as cigarretes and alcohol signify upper class, and success and happiness. And Daily Nation 30/12/86 also indicates that alcohol imparts in the youngsters some masculine traits. Plant (1976) also seems to be echoing similar notions about alcohol and the youth. He arrived at several assumptions that young persons drink and possibly smoke because they believe that alcohol and tobacco confer on the user certain qualities which include toughness, maturity, sociability, attractiveness to opposite sex may, for some individuals be symbolic of their rejection of adult authority and control. However there is no statistical evidence to show that alcoholics (youngsters) have rejected or do not conform to family norms including parental authority. And even the percentage of alcoholics who deviate from family ties maybe very insignificant.

Whatever the intentions, alcohol use among adolescents (youngsters) seems to be on a great increase throughout the world. The young persons have been over represented in isolation suicidal cases, depressions and other forms of delinquency. The simple notion is that there is an alarming misuse of drugs and particularly alcohol.

While much of the researches which have been done dwell on how drugs have been used, misused and abused there has been very little done to show what should be done to prevent alcoholism from spreading or even to maintain it at minimal levels. As Heath (1975 p 6) notes, alcohol has been a part of culture, and earliest written document only refer to alcohol and its effects, These effects were only related to noteworthy changes in behaviour which people assumed to be only temporal. It is clear that alcohol generally interferes with the normal functioning of a person.

Besides the researchers, medical practitioners also have attempted to diagnosis alcoholic patients and have only offered remedial treatment. The major problem has got to do with control or prevention of alcoholism. There is totally no point in treating an alcoholic in a hospital ward for a week/^{and then} releasing the same person to the same environment which has turned him an alcoholic. Of course after finishing the doctors prescription the same discharged patient will just have to go back to alcohol. In any case, as Wilkins (1974 p26) puts it even when a physician is willing to undertake treatment, many alcoholics are equally/^{un}willing to ask for help.

CHAPTER THREE

M E T H O D O L O G Y

SITE

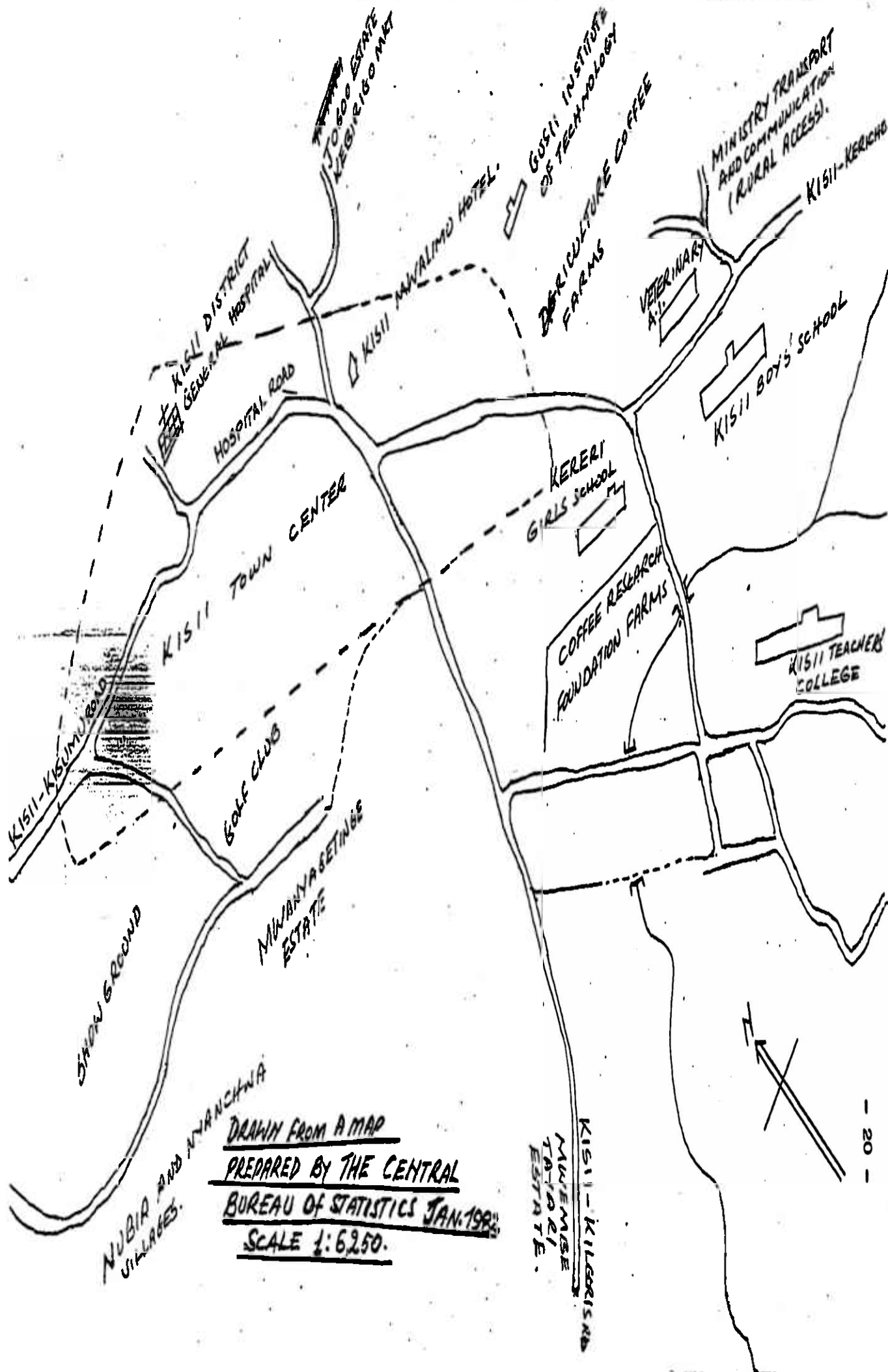
This study has been carried in and around Kisii Town. Kisii is about 400 km from Nairobi and 110 kms from Kisumu. Kisii town is the district headquarters for Gusii district. The town is situated in an agricultural area particularly known for its banana and coffee production. Other crops like tea and pyrethrum do very well to the highlands south of the town. (Nyaribari and Kitutu East) while groundnuts do very well to the north in the Wanjare area. The study covered predominantly two district schools namely Kisii School and Nyabururu girls school) Also information was gathered from Kisii District General Hospital where the researcher was based for the Block placement (field work) and also by observation from within and around Kisii suburbs. The two schools are within Kisii municipality. These schools are quite old not only in the district but also in the Republic of Kenya. The researcher had been to these schools both as a student of St. John's Seminary, Rakwaro, and also during his days as a teacher at Nyanturago Secondary school. In the two schools the respondents were drawn from examination classes while in the hospital respondents were mainly patients in the psychiatric ward.

Kisii school is situated to the Western part of Kisii town hardly a kilometre and a half from the centre of the town on the right hand side of the Kisii Kericho road. On the left side of the road is the Veterinary department which deals with artificial insemination, Kisii Agricultural coffee farms and the Gusii Institute of Technology. Immediate to the schools West are Kereri High School, coffee research foundation farms and Mwembe Tayari Ward. To the south is Kisii Teachers Training College. Further in the West are the Golf club, Kisii show ground and Mwanyagetinge Nyanchwa and Nubia villages. Bobaracho suburb is to the extreme East along Kisii Keroka road. On the far North are

the jogoo and mwembe Tayari slums along the Kisii-Kebirigo road. Most of these slums are actually low income residential areas which are as old as Kisii town itself.

The history of Kisii town goes as far back as during the coming of the Europeans in the late 19th century. During this time, the only known Kisii prophet Sakagwa, is said to have prophesied that "Mushrooms shall grow in Geitembe (original name for Kisii) and whoever shall have a plucker shall fetch for him so much." This prophesy has been told to all generations. The interpretation given to this prophesy is that a town was to prosper in the present day Kisii town site and those capable could grow rich. The slums so mentioned are also associated ^{with} brewing local brews (busaa and changaa) as Mathare and Kibera of Nairobi.

Nyabururu girls' school on the other hand is situated to the far north of Kisii town along the Kisii Kisumu road. It is about 5 Km. from town centre. The history of the school goes back to the missionary (catholic) invasion era in the district during the 1910s. Unlike Kisii school which is having an urban surrounding, Nyabururu has ^a more rural environment. These include Daraja Mbili to the south which is believed by town residents to be harbouring criminals. On the west end is Gesonso shopping centre which has a history of sweet bananas and to the East is another shopping centre, Nyamataro. While Kisii school is in Nyaribari part of Gusii, Nyabururu is in Kitutu West. This was the first area to receive missionary intrusion. Among the Gusii there is a general consensus that this area of the district, inspite of early missionary influence, has remained the most backward area of the district. It was almost unheard of to see a Kisii young lady smoking but again the Gusii believe that smoking by women started from this area. There could be biases because some of the major cash crops dont blossom in this zone except for scattered coffee farms. Also Abagusii hold this region as emitting into town the KEBAGO



DRAWN FROM A MAP
PREPARED BY THE CENTRAL
BUREAU OF STATISTICS JAN. 1982
SCALE 1:6250.

terrorists. This may be far from true but there is need for more research.

Kisii hospital is just within the town centre. It was built in the late 1960s. It is funded and run by government of Kenya through the ministry of education. Besides catering for patients from Kisii district, also the hospital serves those from peripheral areas of Kericho and Narok districts. Due to the first growing population of Gusii, the hospital is faced with the problem of expanding. There is no land.

METHODS OF DATA COLLECTION AND SAMPLING

The study was carried out in Kisii town of Nyanza province. The respondents were drawn from the youth in two schools. Also I applied participant observation particularly when I visited various public drinking places (bars) both in Kisii Town and the immediate suburbs of Kisii Town. The students were strictly from examination classes. These respondents were from Kisii and Nyabururu High Schools which are within Kisii municipal Council. These are boarding schools and since they are district schools I had hoped to get a representative sample because the schools take students from all over the district.

A questionnaire was administered to the sample of students from the two schools. The students were left to fill the questionnaires of their own. At least there were fifty respondents from each school although sixteen of the male respondents never returned their questionnaires. In situations where there were more than fifty students in both examination classes like in Kisii school, the researcher randomly selected. First the researcher eliminated all the students who come from outside the district. These were easy to identify through their names in their admission forms and their class registers. But even after doing this, there were still more than fifty students, in fact 82. This necessitated the researcher to apply systematic random sampling by dividing 82 by 50 to get an average of 1.64. This average was used in selecting two students from among every three. It was necessary at times to pick on every second student and then

skipping the first two and picking on the third.

Participant observation both direct and disguised was very useful particularly for the non-school going youths. These were met along the streets, bus terminals and also in public drinking places. This was beneficial because the time for data collecting was too short. Participant observation has one major advantage in that it gives the researcher information which cannot be easily given or available through the administration of a questionnaire. However when it is disguised it is time consuming because it needs the researcher to take time and socialise with respondents before starting to extract any information from them.

In the hospital, where the researcher was attached for Block-placement (field work), the researcher was in close contact with the psychiatric ward patients, the aim was to try and see the connection that would be existing between mental disturbances and alcohol consumption. This was not hard to extract, unlike in the general records' office, because this information was usually given as part of the patients past history and home background. Infact this revealed that patients admitted into this psychiatric ward, far removed from other wards, had been heavy drinkers and are admitted when still drunk. In two cases of youngsters from schools it was recorded that they had taken a mixture of Cannabis Sativa and alcohol prior to their admission to hospital. However some patients had a history of hereditary in their mental instability. In this category there were two brothers who were mentally disturbed. This showed that their disease had been genetically inherited from their father because they were of different mothers.

PROBLEMS OF DATA COLLECTION

As already indicated, the respondents were from two schools and general observations. Originally it was hoped that the respondents were to be Kisii youngsters. In Kisii school, there were more Kisii students from both of the examination classes which made it necessary to apply a systematic random sampling in order to get a target population of fifty students.

This was not an easy exercise because it involved going through their admission forms so as to get students coming from all parts of the district and then drawing a sample from the list. This was tedious. Also the school administration could not find appropriate time when they could release the students at one go when the others were in class. As it turned out one teacher offered to distribute the questionnaires to the students already selected. This resulted in a number of students giving 'false' answers to the questions, deliberately or otherwise, because they might have thought that the results might be used against them. Even with assurances the students still remained doubtful. In the end, out of fifty questionnaires distributed, only thirty four were returned. May be this was because the Kisii District Secondary schools' sports were taking place in Kisii school.

On the other hand, in the girls school, in one of the examination classes, form six, there were very few Kisii students, less fifteen. This made it inevitable to include non-Kisii respondents in the research. This female respondents were all taken into one class with free sitting. There was the possibility of students sharing their feelings and also copying answers from one another. They also seemed to take the whole exercise very lightly among themselves. Some gave wrong answers which were contradicting the whole questionnaire just because they wanted to avoid blanks. Quite a number misunderstood the questions. There was a bias between drinkers and non-drinkers. Some respondents just decided to hand in their questionnaires incomplete because their friends had completed filling theirs.

As from the general public youngsters, inspite of applying my participant observation it was usually a problem frequenting the public drinking places at night because of the distance between town and where I was staying. Also difficult was encountered whenever there was a drunken youngster, it was not easy to say which type of alcoholic beverage he had been taking.

In the hospital it was very hard to get records of those patients who had been admitted for "Alcohol Syndrome". This was because when such patients are brought to hospital the relatives give information about the patients which is defective and results into diagnosis for either Malaria, Schizophrenia or simply cerebral disturbances. Most relatives and patients never admit taking alcohol.

The staff at the Kisii Hospital records office were generally un-co-operative. It forced the researcher to go through a higher authority in order to get permission to peruse through patients' files, On a few days when the researcher had to go to town at night, it was quite dangerous and insecure. On one occasion the researcher almost became a subject of month and police swoop but was left free after intensive identification.

Alcohol and alcoholism are very sensitive areas to research on. At times they involve crossing into very private and personal feelings and behaviour of people both through information that can be gathered by use of questionnaire or even participant observation. This in a way may hinder the findings. Besides this it is difficult to establish the frequency of alcohol consumption among the youth as they could not readily say how many times they drink in a week.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

AGE AND SEX COMPOSITION

TABLE 1 showing age and sex composition the respondents

| AGE CATEGORY (YRS) (AGE) | SEX | |
|-----------------------------|------|--------|
| | MALE | FEMALE |
| 14 - 15 | - | 1 |
| 16 - 17 | 6 | 19 |
| 18 - 19 | 15 | 24 |
| 20 - 21 | 12 | 6 |
| 22 - 23 | 1 | - |
| TOTAL | 34 | 50 |

The above table shows the age and sex distribution of all the 84 respondents. From the figures in the table 40.46% were males while 59.42% were females. All the respondents fall under the category of persons designated as the youth. According to the United nations a youth is any person between 15-24 years of age.

Out of all these 84 respondents only 10 were non-Kisii by tribe. All these 10 respondents were female students. According to the figures

from the table, a majority of respondents, 76.2% are between 16-19 years of age. Only one female respondent had just started her youthful life being 15 years old. This same respondent who is the youngest also confirmed that she actually consumes alcohol, Busaa, which she said is sweet. While the youngest respondent was a female the oldest was a male.

TABLE 2 showing alcohol consumption by parents and respondents.

| PARENTS AND RESPONDENTS | NO. DRINKING OR NOT |
|------------------------------|---------------------|
| FATHER ONLY (YES) | 34 |
| MOTHER ONLY (YES) | 6 |
| BOTH PARENTS (YES) | 13 |
| NONE OF THE PARENTS (NO) | 31 |
| MALE RESPONDENTS (YES) | 5 |
| FEMALE RESPONDENTS (YES) | 19 |
| NONE OF THE RESPONDENTS (NO) | 60 |

From the data, the respondents showed that both the parents are alive and therefore there were 84 fathers and also 84 mothers. The above table shows the numbers for both respondents and parents who drink and those who do not drink. The findings indicate that 40.48% of the fathers alone drink while the percentage of only mothers who drink is a mere 7.14%

The table also shows that 15.48% represents families where both parents consume

alcohol. Out of the total number of respondents only 24 consume alcohol. Of these consuming alcohol, 79.17% are females while males represent just only 20.83%. This may be explained with many reasons given in the data. In most cases female students are given more pocket money from home and also their friends do send them money to school. This money is channelled to drinking particularly during public holidays and whenever they sneak out of school.

However taking the total number of respondents who drink in relation to the whole sample of respondents, it is only 28.5% of the respondents who take alcohol. As for the parents 36.9% don't consume alcoholic beverages. However from the data collected, six (7.14%) of the respondents who drink come from families where neither of the parents consumes alcohol. Out of these six, five are females and only one a male.

TABLE 3 showing the person with whom drinking respondent drinks

| DRINKING PARTNER(S) | DRINKING RESPONDENT(S) | |
|--|------------------------|--------|
| | MALE | FEMALE |
| SCHOOLMATE/CLASSMATE | 2 | 5 |
| HOME-MATE (DURING HOLIDAY) | 4 | 5 |
| FRIENDS OUTSIDE SCHOOL (DURING SCHOOL HOLIDAYS) | 1 | 8 |
| ALONE | 0 | 0 |
| STRANGER (ANYBODY FOUND IN DRINKING PLACE) | 1 | 2 |
| FAMILY MEMBER | 0 | 2 |
| TOTAL | 8 | 22 |

This table indicates the drinking respondents drinking partner. The total is 30 responses although from the (previous) preceding tables the number of those respondents who drink is 24 only. The increase in this situation is because some respondents showed that they drink with different people (partners) at different places . For example some respondents could be drinking with a classmate while at school but when he closes he drinks with a homemate. The talbe also shows that 83.3% of the drinking respondents, drink with a group that can be refered to as a peer group. This includes schoolmates, homemates and friends outside school. Infact none of the respondents admitted drinking alone. This also signifies the extent of peer influence particularly when some respondents who come from families where none of the parents drinks admitted that they drink. From the available data these respondents come from sixth form .

There were only two respondents (female) who drink with a family member. These represent 9.1% of those drinking. These indicated that they drink with their sisters. From the data, these two respondents also stay in Kisii town during their vacations. Inspite of this incidence of drinking with a family member, most youngsters drink outside the family environment. Doutless most parents may not be knowing that their youth drink and infact most of the parents opt for the defensive side when it is even reported to them that their youngsters are drinking.

It is evident also from the table that some youth actually drink with people they don't know. In the case of female respondents it was revealed from the data that usually when they visit drinking places in their casual dresses, young men and at times elderly men too, do invite them to join them for a drink. Many other things do take place besides the one or two bottles of beer that may be offered, including making friendships.

Some respondents did indicate that they actually drink because their friends invite them, usually during public holidays, to accompany them to bars and other drinking places. During such outings the non-drinking youth find it very difficult to stick to a bottle of soda while the friends are taking beer. Such youngsters would normally be persuaded to also take beer, so that they can 'fit' in the group. Others who try to persist for a while find it quite degrading walking with their friends who are drunk when they themselves are sober. Under such circumstances it becomes inevitable for some youngsters to drink in order to come to terms with their friends. Like in the bus terminus it was observed that the young touts who help in loading buses either divide their pay on the spot or disappear to drinking places to 'refuel' as they say, before the next bus arrives.

TABLE 4 showing the types of drugs the youngsters take

| RESPONDENTS | ALCOHOL | CANABIS SATIVA | CIGARRETE | MEDICATIONS |
|-------------|---------|----------------|-----------|-------------|
| MALE | 5 | 1 | 7 | 0 |
| FEMALE | 19 | 2 | 4 | 0 |
| TOTAL | 24 | 3 | 11 | 0 |

The table shows the most easily accessible drugs to the youngsters. As it is indicated from the table there were no respondents who admitted taking any medications. The respondents misunderstood what medications are because they thought that all medicines are good because they are supposed to cure.

Alcohol is the most commonly used drug by the youngsters. Although illicit brews are illegal alcohol consumption in Kenya is not illegal but can constitute a criminal case if the individual is found to be drunk and disorderly or generally behaving in a manner likely to cause a breach of peace.

At least 7 male respondents smoke cigarettes (63.64%) of all cigarette smokers. This number surpasses that of those taking alcohol. Therefore some youngsters only smoke but they do not drink. Also not all those who drink smoke. It has been common sense to get more people who drink than smoke. Infact even the only male respondent who admitted smoking cannabis sativa also indicated that he does not drink. The female respondents are over represented in alcohol taking. In all, those who showed that they take cannabis sativa also admitted that they smoke cigarettes. From the data, some respondents mentioned taking roasted meat and others take sweets and chewing gums to neutralise the smell of alcohol or cigarette.

TABLE 5 THE MEAN AGE OF RESPONDENTS

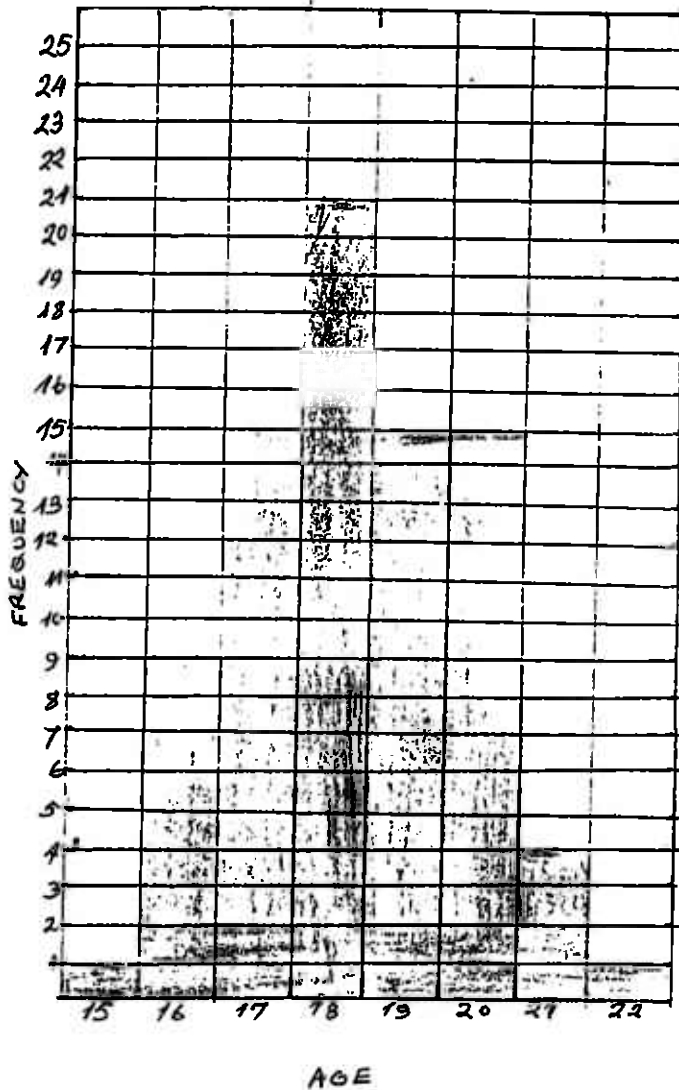
| AGE (X) | FREQUENCY (X ¹) | TOTAL (X ²) |
|-----------|-----------------------------|-------------------------|
| 15 | 1 | 15 |
| 16 | 9 | 144 |
| 17 | 15 | 255 |
| 18 | 21 | 378 |
| 19 | 18 | 342 |
| 20 | 15 | 300 |
| 21 | 4 | 84 |
| 22 | 1 | 22 |
| TOTAL 148 | 84 | 1540 |

Mean: $E(x \ x^1) = \bar{x} = \frac{1540}{84} = 18.33$

As it is evident from table 1, most of the respondents were aged between 16 - 19 years. The average age is 18.33 years and infact a majority of the respondents (25%) are aged 18years. This is the same age thar signifies the apex of adolescence during which period there is generally a lot of confusion as the youngsters crave for identity and recognition.

As they start discovering what they are, the youngsters will try out everything including drugs. From the data it was revealed that out of the 24 who drink, 7 (29.2%) were aged 18 years.

DIAGRAM 1 showing the age composition of all the respondents.



In conjunction with tables 1 and 5, the above table shows a complete diagramatic breakdown of the age of the respondents this compound diagram indicates that the respondents were over represented in the 17-20 year as the bars can show.

CHAPTER FIVE.

CONCLUSIONS AND RECOMMENDATIONS.

The problems posed by alcohol consumption are threatening the existence of societies as they believe to be unconscious and thus indulge in doing anti-social things. Beer takers can be divided into three broad categories those who just sip little quantities during crucial festivals such as at Christmas/^{and} initiation ceremonies there are those who are moderate drinkers and then those who are total alcoholics. However the issue at hand is not as to which/^{category} an individual falls, because there are those who never consume any alcohol, but to refrain from excessive drinking. Some scholars like chambers and Acuda have attempted to show the importance of being a moderate drinker because one is able to be in control of his drinking. The Gusii have a saying that "drunkness has no driver". The more one controls his drinking there is the temptation of taking more and this will gradually push the moderate drinker to being an Alcoholic.

It is evident that as alcohol hampers the process of self-control, the liberation of intellectual or emotional effects goes at a higher rate. Normally the emotional states of anxiety, care and despondency maintained by self-consciousness by the repeated turning of the stream of thought to the self, its difficulties and embarrassments.

The moderate drinkers may experience feelings of well being and hardly notice fatigue. The mind gets diverted from worrries and annoyances of the day. But these can re-emerge when sober and can be very depressing to the drinkers.

Alcohol is dangerous to man's health because as it hits the stomach it quickly starts coursing through the blood stream to the central nervous system where it starts/^{to} anaethesize (slow down) brain activity.

More damaging is when an individual takes alcohol on an empty stomach. This may impair the individuals learning ability.

Alcohol syndrome in pregnant mothers can affect grossly the fetal development (fetal alcohol syndrome) and this can interfere with the foetus cerebral performance. This may also result into giving birth to hyperactive children. Alcohol psychosis has been cited as the third commonest cause of admissions into mental Hospitals ranking only after Schizophrenia and acute psychotic state (Acuda).

Generally from this research it is certain^{and}/a large number of young persons particularly those not going to school are either experimenting with alcohol or are actually taking it regularly. Many others are picking up the habit. Since this trend of youngsters drinking seems to be expanding, it is only appropriate that it is curbed because prevention is better than cure in anycase even the cure may never be available.

Many respondents showed concern over the rate of youngsters involved in taking alcohol. From the information given in the questionnaires the respondents have indicated that the terrorist group called 'Kebago' is composed of school leavers who are jobless and also the most affected areas are Marani and Nyakoe of West Kitutu.

From this research, I recommend that;

1. Further research is needed to study the problem of alcoholism in Kenya. This should establish the symptoms related to alcoholism which can be used in helping potential alcoholics from becoming drunkards. These same findings will help psychiatrists in diagnosing their patients

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instead of rotating around such diagnoses, self induced psychosis, neurosis etc... This will however, require the government to release enough resources for researches.

2. Parents should change their attitudes about their drinking children. Most parents play a defensive role in which case they like denying that their children don't drink when they actually drink a lot. They should also visit their children in schools to see how they perform rather than leaving the whole task to teachers alone. If necessary they should also take their children to the counseling units whenever they identify any symptoms of drug psychosis in their children.
3. Efforts should be made through the available mass media to educate the public about alcohol and how dangerous it is to the user. At the moment these mass media only encourage more consumption of alcoholic beverages through their advertisements. Acuda reckons that many Africans even educated ones are not aware that alcohol can be very dangerous to them, their family and society.
4. The government should take stern measures not only on beer shop owners who sell beer to young persons and their parents but also on the youngsters themselves. Usually when a young person commits an offence, his parents are held responsible and are fined for offences committed by their deviant youngsters. The origin of Juvenile delinquency may have started from the person who sold alcohol to the youngster. The law that stipulates that young persons under 18 years of age shouldn't take any alcohol should be strengthened to make it mandatory that even if the young has got the money he shouldn't be allowed to buy any type of alcoholic beverage from any shop.
5. Due to falling standards of education particularly in Kisii schools since the 1970s the District education board should re-examine the students admitted to the district schools with a view of checking on those who might have failed but somehow admitted into these schools. This should also be done, in conjunction with schools administration in order to identify those students who might be using drugs with a hope of helping them to reform. In line with these, those schools with more than 800 students should consider employing Social Workers as counsellors besides teaching the newly introduced subject on Ethics.

The research revealed a number of reasons which make the youngsters to consume alcohol. These youngsters are young and curious with most of them undergoing their period of adolescence. This curiosity makes them to want to discover what is in Alcohol that makes an individual so different from being sober. The environment is very enticing and these youngsters when not guided easily fall preys of this environment.

As indicated elsewhere in this research, the family is another influencing factor particularly where at least one of the parents drinks. Alcoholic beverages especially the home distilled ones like 'changaa' or fermented liquors like 'Busaa' are quite cheap, easily available and easily distributed. These are usually sold out very quickly because ^{are} they/illegal brews and hard to store. Formerly Busaa was the only alcoholic beverage fermented by the Gussii. But due to its perishability it had to go through new process by adding white sugar to it to make Kangara from which 'changaa' was distilled. This is stronger and could be stored longer than busaa. May be it is because of its effects that people have this days resorted to calling it 'Kill me quick' or the 'Tears of a lion'.

The rural urban migration has resulted into disintegration of the extended family system and thus deprived the family the authority it had over the youth/are free and left to their own because of distances from home. Here they have their peer groups which easily encourage them to take alcoholic beverages.

According to president Moi, alcohol was a "Cancer that wrecked the society, the biggest enemy of development and that could cause the collapse of a nation" Daily Nation 20th December 1978.

The United Nations 1952 has given the definition of alcoholism a

"Chronic disorder manifested by repeated drinking in excess of social

Use of the community, and to such an extent that it constantly interferes with health economic functioning."

As it was evident from the data collected many respondents showed that there is a relationship between alcohol consumption and the so called KEBAGO terrorists. A majority of the respondents indicated that this group of purportedly educated boys and girls which has been harrassing residents of Kisii town and its suburbs for the last two decades comes from some sections of West Kitutu although it has now spread to many other areas of the district.

Most alcoholic beverages available to the youngsters are both brewed locally and also others imported to Kisii from other parts of the country (Kenya breweries and Kenya Wine Agencies) plus more other brandies and whiskies from outside the country. The youth who drink do not only come from families where alcohol is brewed and consumed. There are some who come from predominantly seventh Day Adventist (SDA) families and yet they consume alcohol.

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QUESTIONNAIRE

1. Respondents sex (a) Male (b) Female
2. Age.....years
3. Education.....(indicate form only)
4. Which part of Kisii do you come from?.....
5. For how long have you been in/to Kisii town?.....
6. Where do you stay here in Kisii during your holidays? (a) in school
(b) in the estates (name.....) (c) just travel home
immediately we close (d) any other - specify.....
7. Whom do you stay with?.....
8. Which is your denomination?
(a) Catholic (b) S.D.A. (c) Muslim (d) others - specify
9. How many types of beer do you know among the Gusii.....
.....l.....
10. Is there any age limit for beer consumers in the Gusii community? Yes/no.
Briefly give a breakdown.
11. In your breakdown do you think there have been any changes particularly
since the early 1970's? Yes/No. If yes what do you think are the major
causes of these changes.
12. Do you like beer drinking yourself? Yes/No. If yes please can you
briefly say what makes you drink?
13. Which of the types that you listed in question 9 do you like most?
Why do you like it most?
14. (i) At your age if you had not started drinking, what could you tell those
who wish to pick up the habit of drinking?

(ii) (only for those who do not drink). Now that you do not consume any
beer or any intoxicating beverages do you think you will start
drinking at any later stage?
Yes - why
No - Why?

15. Does any of your parents drink? Yes/no. If yest, who? Father, mother, all?

For how long has this parent(s) been drinking?

- (a) I grew up and found him/her/them drinking
- (b) For the last ten years
- (c) Since I joined school
- (d) Any other - specify

16. (a) If your parents drink, did they influence you to drinking? Yes/No.

If your parents do not deink did this influence your drinking?

Yes/No. Give a brief explanation

17. For thosw who drink, when you have drank how do you feel? Tick as may

apply:-

- (a) Dizzy
- (b) Great
- (c) Wonderful
- (d) gain personality
- (e) Wish to eat too much
- (f) Like fighting somebody
- (g) Shouting at people of the opposite sex
- (h) Very shameful
- (i) Like singing traditional songs
- (j) Playing music and dancing
- (k) Pretend to be sober to avoid detection
- (l) Do not recognize anybody
- (m) Do not realise whatever I am doing
- (n) Any other specify.

Could you please give a small/brief description of your state while drank.

18. When you become sober, do you recall what you did while drank? Yes/No

How?

19. Do you like being told all that you did while drank? Yes/No. Why?
20. When you want to drink whom do you normally drink with:-
- (a) A class mate
 - (b) Friends outside school
 - (c) A homemate
 - (d) Those I meet at drinking places
 - (e) Any other - specify
21. What else do you take while drinking?
- (a) Only beer
 - (b) Smoke 'grass' (Canabis Sativa)
 - (c) Smoke cigarrrete
 - (d) Chew Miraa
 - (e) Others - specify
22. How do you find the combination 9cf 21) -
- (a) More intoxicating
 - (b) More resistant to intoxication
 - (c) Encourages me to drink more
 - (d) They uplift my 'low spirits'
 - (e) Others - specify
23. (a) Have you heard of the term KEBAGO in Kisii language? Yes/No
- (b) When did you hear of the term first?
- Very long ago
 - recently
 - Very recently
 - Just recently
- (c) Briefly say what the term means
24. Who are the members of the organisation?
- (a) only males
 - (c) both males and female
 - (b) Only females
 - (d) no idea
25. Are there conditions which have precipated the existence of this group (Kebago? Give details.
26. In which parts of Kisii do you think this phenomenon is prevalent?
27. Do you think most of the members come from a particular zone in Kisii?
- Yes/No Where?

28. Is there any age limit for members into this group?
29. What else can you say about this group?
30. Apart from your daily activities here in school, could you give a brief description of how you spend your leisure time?
31. When you leave home for school, are you given pocket money or 'everything' is bought for you? (delete)
32. (a) Do you find this pocket money to be enough Yes/no
(b) How do you make up for the deficit?
33. How frequent do you get money from home?
 - (a) Only at the beginning of the term
 - (b) before mid term
 - (c) Shortly before we close
 - (d) Parents visit me
 - (e) Others - specify
35. "I think very many youth (below 19) are drinking a lot these days".
If somebody uttered this statement before you, what would be your reaction?

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