

**FACTORS INFLUENCING ALCOHOL ABUSE AMONG
THE YOUTH IN NYERI CENTRAL DISTRICT, KENYA**

BY

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UNIVERSITY OF NAIROBI**

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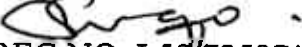
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DECLARATION

This is my original work and has not been submitted for a degree or any other award in any other institution for examination.

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DEDICATION

This research Project writing is a dedication to my entire family; my husband Wamugo, children; Wamae, Maina, Maingi, Njiri, for being supportive in the completion of this noble exercise.

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ABBREVIATIONS AND ACRONYMS

N.C.C	Nyeri County Council
N.D.C	Nyeri district (Central)
G.O.K	Government of Kenya
N.G.O	Non governmental Organization.
C.B.O	Community Based Organization.
NACADA	National Campaign Against Drug Abuse.
NBSADSA	National Baseline Survey On Drug and Substance Abuse among the youth in Kenya
WHO	World Health Organization
KEBS	Kenya Bureau of Standards
AAOS	Abuse of Alcohol and Other Substance
AA	Alcohol Autonomous.
HIV/AIDS	Human immune virus/Acquired Immune deficiency Syndrome.
STI	Sexually Transmitted Infection.
BAC	Blood Alcohol Concentration
MTC	Medical Training College
JKUAT	Jomo Kenyatta University of Agriculture & Technology
KEMU	Kenya Methodist University
UON	University of Nairobi

ABSTRACT

The study aimed at investigating factors influencing alcohol abuse amongst the youth. Alcohol abuse has resulted into adverse effects. In regard to this; there has been great effort to combat the situation. The government in particular has made effort to sensitize the entire society on the negative impact of alcohol abuse. The major concern is that the main victims of alcohol abuse, in Nyeri Central District are the youth. It was therefore necessary to carry out a study considering that the youth hold the future of communities and country at large; socially, economically and politically. A study was thus conducted within the municipality to get findings of the problem of alcohol abuse amongst the youth 15-45 years. The study area was identified as Ruring'u Sub location. The study was well governed by Research methodology including: a descriptive cross sectional study, to collect information on factors influencing alcohol abuse. A population target of the youth (15-45) years was identified. A cluster sampling procedure of 1160 households in seven (7) villages were put under study. Eventually the number of youth respondents from each of the seven villages was identified giving a total of 100 respondents. A pretest was conducted before the main survey to establish the suitability of the questions in the interview schedule and time taken to interview on households. An interview schedule was used whereby open and close ended questions were used. An observation list was also used to investigate the factors that indicate that the youth do abuse alcohol. Reliability and validity of instruments was considered. Data collected was analyzed using mainly the descriptive statistics. The main technique used to analyse data was correlation analysis that showed the amount of correlation between the variables through the regression technique. The research revealed that alcohol abuse is a real problem in the area of study. Though the youth are aware of the alcohol related problems, they persistently abuse alcohol intake. Based on these findings it was recommended that the G.O.K, M.O.H NGO's should create awareness on the dangers of alcohol. Since there are very many learning institutions in N.D.C, for example U.O.N, K.U, KEMU, JKUAT and tertiary colleges, secondary schools and Primary schools, alcohol awareness should be injected in such learning institutions. Further research should be conducted in the area of study using different research objectives to investigate on other factors influencing alcohol abuse amongst the youth.

CHAPTER ONE

INTRODUCTION

1.1 Background Information to the Study

Alcohol is a generic term for many different chemical compounds, each with its own distinct properties. It is clear, colourless, liquid that comes fermenting (or breaking down) natural substances such as fruits, corn, grain or sugarcane. The type of alcohol consumed by human is ethyl alcohol or ethanol. Ethanol can have different colours, taste, potency (strength) and flavours depending on the fruits or vegetables used in its manufacture, the process of manufacture and the additives used (WHO, 2003).

About two billion people across the world consume alcoholic drinks which can harm health as well as social relations. The nature and severity of the effects depends on the amount of alcohol consumed and the drinking pattern. Possible injuries, alcohol dependence and chronic diseases may lead to loss of quality life and premature deaths. Around 76 million people using alcohol have alcohol use disorders such as excessive drinking and alcohol dependence (NACADA, 2006).

In Africa, the drinking pattern is similar. Alcoholic drinks have been consumed for centuries, yet it is only in the last decade that it has been recognized as the major public health and socio-economic problem. What starts as a social harmless drinking of alcohol turns out to be a serious physiological and even psychological problem to the drinker. The person experiences craving for a drink, finds he cannot do without a drink and eventually becomes alcohol dependent (CONKLIN, 2001).

In Kenya, in some parts of the country, local brews are laced with methanol, bhang, fertilizer, alkaline battery contents and even sisal juice, which render these brews potentially lethal for users. Production of industrial spirits are repacked and finally labeled as wine. The highly poisonous products surprisingly have had access to the whole country and being sold with impunity to unsuspecting users.

This has sadly left many victims dying instantly and others loosing eyesight for example, between April and July 2010, such tragic scenarios have been cited at Thika, Mathare, Shauri-Moyo, Umoja. The major concern is that even with such facts, the youth continue abusing alcohol especially those of Kikuyu origin. In Nyeri Central District, alcoholism situation is quite alarming. Public drunkenness amongst the youth is a common occurrence. This is the main reason of having conducted a study on factors influencing alcohol abuse amongst the youth (15-45 years) in Nyeri Central District.

1.2 Problem Statement

Excessive consumption of alcohol has taken a firm grip on the society. The main victims being the youth. The youth of the present times have indulged into alcoholism , unlike it was in the olden days. The result is that the youth have been transformed from hardworking productive generation to hopeless alcohol consumers (NACADA, 2001).

The youth have been turned to drinking persons. They have abused alcohol by heavy drinking, binge drinking or pathological drinking or unable to stop drinking once started (NACADA, 2003).

Abuse of alcohol predisposes the adolescents to negative behavior and experiences such as, lack of bonding to society (family, school and community), rebelliousness and nonconformity, resistance to authority, strong need for independence, cultural alienation, fragile ego, feelings of failure, present versus future orientation, hopelessness, lack of self confidence, low self esteem,

inability to form positive close relationships and vulnerability to negative peer pressure (NACADA, 2006). This causes a major concern as the youth hold the future in all aspects ; socially, economically and politically

1.3 Purpose of the study

Based on the stated problem the purpose of this study was to investigate factors influencing excessive alcohol consumption amongst the youth- age (15-45) the research was based at Ruring'u Sub-location of Mukaro location. It was conducted between May and August 2010. The study sought to establish the factors influencing alcohol abuse among the youth aged 15 – 45 years in Nyeri Central District regardless of the obvious facts on alcohol related problems.

1.4 Objectives

1. To determine the youth's awareness on problems associated with alcohol abuse.
2. To determine the youth's attitude towards alcohol abuse.
- 3 To identify the youth's practices that influence alcohol abuse.

1.5 Research Questions

To be able to achieve the objections of the study, the following were appropriate questions:-

1. To what extent is the youth aware of the problems associated with alcohol abuse?
2. How does the attitude of the youth influence alcohol abuse?
3. How do practices of the youth influence alcohol abuse?

1.6 Significance of the study

Beverage alcohol is a lethal product that can adversely affect the health and well being of many people. Harm occurs through the direct effect of alcohol on those who use it in excess or in risky situations, while a greater number are affected by the consequences of other people's alcohol consumption (AADAC, 2006).

Addiction to alcohol is viewed as the root cause of many social ills such as violence (both domestic and random), crime, physical and mental illnesses, financial hardships and depression. People from all walks of life are seen as susceptible to alcohol addiction, although some groups are considered at greater risks than others such as the young people, city workers and single people with reports showing that 50% of young people between 16 and 26 years have experienced alcoholic beverages (NACADA 2006).

Therefore, the aim of this study was to investigate factors leading to alcohol abuse by the youth, regardless of the obvious facts of alcohol related problems. The results of this study may be used by the government to revise alcohol policies in order to reduce the harm of alcoholism. Other researchers may also use the findings to carry out similar studies. The study is also for partial fulfillment of the requirements for the award of Master Degree in Project Planning and Management.

1.7 Limitations of the study

The researcher encountered a number of challenges where some of the respondents were not willing to respond during interviews. It was also difficult to identify the respondents who were ready to give information. Some respondents feared that their honesty would lead them to imprisonment. Others were simply embarrassed of their alcoholic lifestyle. However, when the researcher assured them of confidentiality they responded. This however, caused delays in the study.

The descriptive cross sectional design only allowed respondents to be interviewed at one point.

The researcher was challenged since it was her first time to carry out a study.

.8 Delimitations of the study

The proposed study confined itself to only a smaller population of the youth (15-45) who are affected by excessive alcohol consumption. Secondly the study was confined to a smaller locality. This was convenient, quick and lessened financial costs. Thirdly, the study being a national concern attracted many respondents, as they felt that they could help arrest the alarming situation of alcohol abuse.

1.9 Assumptions of the study

The interview scheduled as assumed was effective. The researcher used a small sample size population to represent the target population, which was assumed to be homogenous. Thus, the small size population effectively represented the target population.

The respondents volunteered and majority participated positively, especially due to the fact that they were assured of the confidentiality of their responses.

1.10 Definitions of Significant terms

Abuse	- The illegal, improper or harmful use of something.
Addiction	- The condition of been hooked to something and unable to stop.
Adolescents	- A young person who is developing from a child into an adult.
Alcohol	- The clear liquid [active ingredient] that is found in drinks such as beer, and wine
Alcoholics	- Connected with or containing alcohol, a person who is hooked to alcoholic drinks.
Binge	- A short period of time when somebody does too much of an activity especially eating and drinking.
Chemical	- Has a defined atomic or molecular structure that results from, or
Chronic disease	- Long term illnesses that are usually difficult to treat.

Cirrhosis	-A serious diseases of the liver that is especially owed to uncontrolled consumption of alcohol.
Coronary heart disease	- Connected with heart, particularly the arteries that take blood to the heart.
Drug	-A chemical substances that when introduced to the body, it alters Its' functions either positively or negatively.
Ethanol	-A type of alcohol in alcoholic drinks.
Gender	- Sex, that which identifies a person as whether male or female.
Generic	- Shared by, including or typical of a whole group of things; not specific.
Hedonism	- The belief that pleasure is the most important thing in life.
Insulin	-- A chemical substance produced in the body that controls the amount of sugar in the body.
Lethal	- Able or competent to cause a lot of danger and even death.
Medicinal	- Having properties that can be used to treat illness.
Neuron	- A cell that carries information within the brain and between the brain and other parts of the body.
Parental development	- The art of instilling conventional and good traits in ones child
Pathological	- Caused by or connected with, diseases or illness.
Peer pressure	- The force that makes people want to fit in a social group in terms of character.
Physiological	- The scientific study of the normal functions of living things, plant or animal.
Psychiatric	- Relating to mental illness.

Puffy skin	- Looking swollen and somewhat whitish.
Schizophrenia	- A mental illness that affects person's behaviour
Sexual dysfunction	- The failure of the sexual organs as a whole to operate normally and efficiently.
Stimulant:	- A drug (substance) that arouses a person's excitement.
Traditional brew	- For example busaa, muratina, mnazi and chang'aa.
Thrombosis	- A serious condition caused by a blood clot, in a blood vessel or in the heart
Toxic	- Relating to something harmful and poisonous
Trauma	- A mental/psychiatric condition caused by severe shock, especially when harmful effects are long lasting.
Withdrawal symptoms	- The negative effect that follows after one stop taking addictive drugs/substances.
Youth	- The youth (in the study are the energetic and economically productive persons.

1.11 Summary

Chapter One is a highlight of the background to the study. The topic on alcohol abuse was put into perspective. General statements about the need for study, were used such as: statement of the problem, purpose of the study, objectives. Research questions, significance of the study, limitations, delimitations of the study, and assumptions of the study and definitions of significant terms were discussed.

CHAPTER TWO

6

LITERATURE REVIEW

2.1 Introduction

The history of the human race has also been a study of alcohol. Since the ancient days, alcohol has been used during cultural festivities; for example in marriage, circumcision, birthday occasions. However in the modern times, what began as a positive purpose of alcohol has resulted into a problem of dependents and abuse. This trend is especially amongst the youth, who constitute the highest percentage of population globally, regionally and locally. The youth being more energetic, vibrant and intelligent are the potential 'backbone' of their communities socially, economically even politically. This was the main reason to study factors that influence alcohol abuse amongst the youth. These included first an investigation of whether the youth are aware of the problems associated with excessive alcohol consumption. Secondly the attitude of the youth is towards excessive alcohol consumption was established. Finally an investigation on the various practices influencing the youth into excessive alcohol consumption was conducted.

2.2 Knowledge on Problems Related to Alcohol Abuse

Alcoholism is any condition that results in the continued consumption of alcoholic beverages, despite the health problems and social consequences it causes. Alcohol dependency is a chronic, progressive and sometimes fatal disease marked by craving for alcohol. Alcoholism can be hereditary, whereby one can inherit the genes that predispose one to alcoholism. People who suffer this are known as alcoholics and they cannot control their drinking even when they are aware of the harm it causes them (ICAP, 2003).

Globally, the primary effect of alcoholism is to encourage the sufferer to drink at times and in amounts that are damaging to physical health. The secondary damage caused by inability to control one's drinking manifests in many ways. Alcoholism also has significant social costs to both the alcoholic and their family and friends. Alcoholics have a high suicide rate. This statement is supported by the statistics between 8% and 21% of alcoholic commit suicide. The risk of suicide among alcoholics has been determined to be 50-80 times that of general public (Biddle, 2005).

Worldwide, alcohol has a significant adverse effect on physical health. It is common for a person suffering from alcoholism to drink well after physical health effects start to manifest. These physical health effects associated with alcohol consumption may include cirrhosis of the liver, pancreatitis, epilepsy, alcoholic dementia, heart disease, increased chances of cancer, nutritional deficiencies, sexual dysfunction and death from many source's for example accidents. Long-term misuse of alcohol can cause a wide range of mental health effects whereby alcohol misuse is not only toxic to the body but also to brain function and thus, psychological well being can be adversely affected by the long-term effects of alcohol misuse. Psychiatric disorders, with as many as 25% of alcoholics presenting with severe psychiatric disorders. Panic disorder can develop as a result of long term alcohol misuse. Panic disorder can also worsen or occur as part of the alcohol withdrawal syndrome (Wilkie, 2007).

In the Western World fetal alcohol exposure is the leading known cause of mental retardation. Fetal alcohol syndrome or FAS is a disorder of permanent birth defects that occurs in the offspring of women who drink alcohol during pregnancy. Drinking heavily or during the early stages of prenatal development has been conclusively linked to FAS; the impact of light or moderate consumption is not yet fully understood. Alcohol crosses the placental barrier and can

stunt fetal growth or weight, create distinctive facial stigmata, damaged neurons and brain structures, and cause other physical, mental or behavioral problems (Sokol, 2005).

The misuse and abuse of alcohol is widespread in South Africa and likely to have impact on the economy. A major burden is borne by the hospital care system, in particular the cost of alcohol related trauma. There has been association between intoxication and both violent and suicide attempts in 104 subjects, 39% had criminal convictions, the majority of which were committed while the subjects were intoxicated. The commonest alcohol related crimes were driving related 17% and crimes of violence 15%. Male gender and younger age at initiation of drinking and onset of problem drinking was associated with criminal behavior (Meel, 2006).

In Kenya, being drunk or hung over during work hours can result in loss of employment, which can lead to financial problems. Drinking at inappropriate times, and behavior caused by reduced judgment can lead to legal consequences such as criminal charges for drunk driving or public disorder or civil penalties for tortuous behavior. An alcoholic's behavior and mental impairment while drunk can profoundly impact surrounding family and friends, possibly leading to marital conflict and divorce or contributing to domestic violence. This may contribute to lasting damage to the emotional development of the alcoholics' children, even after they reach adulthood. The alcoholic could suffer from loss of respect from others who may see the problem as self-inflicted and easily avoided. Parental drinking both during pregnancy and after birth can have lasting physical or psychological effects on children (Benegal *et al.*, 2005).

2.3 Attitude towards Alcohol Abuse

Culture and geographical location play a huge role in the drinking behavior of people. The social groups people belong to and the country they live in (not sex and age factors) determine whether people drink and get drunk (ICAP, 2005).

Globally, it is believed that a drink before a meal improve digestion. Alcohol is also believed to offer a soothing respite at the end of a stressful day. Occasional drinking with friends can be a social tonic which may contribute to health and well being (NIAAA, 2001).

A study carried out at Lancaster University in the UK revealed that too many young people purposefully pursue drunkenness as a form of calculated hedonism bounded by the structural and cultural factors that affect young people in different countries like Brazil and China. It continued to say that they needed to work to change that culture of extreme drinking and look at cultures in countries like Italy and Spain where moderate drinking is an ordinary, every part of family life. People must look past accepted responses and should encourage all key stakeholders to get involved, that is, the government, the public health community, the beverage alcohol industry and the criminal minority ethnic communities (Measham, 2006).

In London, alcohol plays a role in the economy. Even among the non-drinkers there was an acceptance of the wide-reaching economic benefits derived from alcohol, other benefits associated with alcohol and its consumption were acknowledged, for example, the social aspect of sharing a drink with friends and colleagues and the relaxing effect that alcohol has upon people. Alcohol can help put people at ease while socializing. This has proved particularly helpful when meeting people for the first time, as alcohol provides both a unifying factor, and a way of enabling people to talk to one another by overcoming inhibitions.

“The good thing is the social side; you normally arrange to meet in pubs, meet friends and have a few drinks with people and start to talk” (Steady, 2003).

A study carried out by Martinic (2006) revealed that alcohol is viewed by many as a relaxant. Alcohol enables people to ‘wind down’ and relieve stress. The research also indicated that a successful drinking experience was linked with people trying to forget their woes.

In Sub-Saharan Africa, alcohol consumption is believed to reduce a person’s ability to make informed choices concerning safer sex and protection from HIV infection. In a study of 149 men and women attending STD clinic in Cape Town, South Africa, Simbayi and co-workers found that 52% of men and 17% of women abuse alcohol. Alcohol abuse was found to be associated with greater number of sex partners (Benegal, 2004).

Alcohol is believed to block out emotional pain and it is often perceived to be a loyal friend when relationships fail. It is associated with freedom and loss of inhibition that affect the daily routine. When the alcoholics try to quit drinking, the brain seeks to restore what it perceives to be anxiety and stress. The negative mood tempts the alcoholic to return to drinking for long after withdrawal symptoms have abated (LEE *et al.*, 2002).

Evidence suggested that moderate alcohol consumption has health benefits. The positive effects of moderate drinking are most pronounced in reducing the risk of coronary heart disease among middle aged and older individuals, especially men. For women, the benefits of moderate consumption are offset by an increased risk of breast cancer (Oei *et al.*, 2004).

Medical research demonstrated that, consumed in moderation, alcohol increase HDL (good cholesterol), decreases thrombosis (blood clotting), reduce fibrinogen (a blood clotter), increases fibrinolysis (clot dissolving), reduces artery spasm from stress, increases coronary blood flow and increases insulin sensitivity-all good for heart health. Additionally, thrombosis is lower among moderate drinkers than teetotalers (Catena *et al.*, 2003).

In Uganda, a survey showed that among non-Muslims, circumcised men had a higher risk profile than uncircumcised men in that they were more likely to drink alcohol in conjunction with sex. The survey also revealed that individuals with strong religious beliefs generally drink comparatively less or none at all (Miller, 2004).

In the Western Bungoma in Kenya, there appear to be interaction between family size, poverty and alcohol consumption. Alcoholics resist family planning because it reduces the number of children available to generate income (Nyamongo, 2007).

Certain communities may be more tolerant to excess alcohol consumption and ignore the transient problems related to alcohol use, whereas other communities may be intolerant. For example, in certain communities, verbal abuse of a wife by her husband who is under the influence of alcohol is tolerated as cultural phenomena (Bengal, 2001).

Studies have shown that drinking is more a male activity than female activity. There are fewer male abstainers. Men are more likely to be frequent drinkers and most problem drinkers and alcoholics. This male domination continues through all age groups in all regions. In every community for all religious groups and for all social classes (Crossley, 2003).

It is considered normal for men to use alcohol but not for women. If a woman under the influence of alcohol loses control of her behavior, she's thought to be loose even though she is not having sex with others. In addition, alcohol is believed to make them plump, makes their skin puffy and the whites of their eyes looks yellow (Burns, 2003).

2.4 Practices Related to Alcohol Abuse

Alcohol has been accepted as part of human culture throughout recorded history whether in ritual, in celebration, in grief, in medicine or in everyday social life. This is just so long as there has been an awareness of its harmfulness as well as its beneficial effects (Robinson, 2002).

In the northern European countries, young people usually get their first alcoholic drink from parents at a family celebration. Social gatherings, such as parties and clubs, are where young people find and consume alcohol, and the consumption is typically linked with enjoyment and social interaction (ICAP, 2004).

In US, 40% of people who begin to drink alcohol at the age of fifteen years become alcohol dependent. In Canada, 1.9% of the adults aged fifteen and older are alcoholics with a number of males exceeding that of females. In Asian countries, drinking is almost a requirement while conducting business (COOKSON, 2006).

In Africa, the drinking pattern is similar. Alcoholic drinks have been consumed for centuries yet it is only in the last decade that it has been recognized as the major public health and socio-economic problem. What starts as a social harmless drinking of alcohol turns out to be a serious physiological and even psychological problem to the drinker. The person experiences craving for a drink, finds he cannot do without a drink and eventually becomes alcohol dependent (CONKLIN, 2001).

A study revealed that a number of students who engage in substance abuse the majority are in secondary schools, colleges and universities. They entertain the falsehood that substance use enables a student to study for long hours. These students mainly come from rich families or middle class families (NIAAA, 2003).

In Kenya, alcohol abuse is a cause of serious ill health though it's still a source of income. Brewing and use of indigenous alcoholic drinks is illegal but commercial production and use of other bottled or canned beers and spirits are legalized hence promoting the deterioration of health of the alcoholics (NACADA 2004).

Wilson of the department of psychiatry university of Nairobi (2001) singled out alcohol psychosis as the third commonest cause of admission to mental hospital ranking only a few schizophrenia and acute psychotic state. He observed that alcohol problems seen by psychiatrists in mental or National hospitals are advanced and severe and only represent a tip of the iceberg as majority of alcohol problems which are easy to treat occur mainly in other health facilities but unfortunately are not recognized or taken seriously. Hence, there is a desire to put more emphasis in the study of alcoholism putting into consideration that majority of Kenyans including the youth between 10-19 years are in the alcohol experimental period and unless stopped at this age they could become future alcoholics.

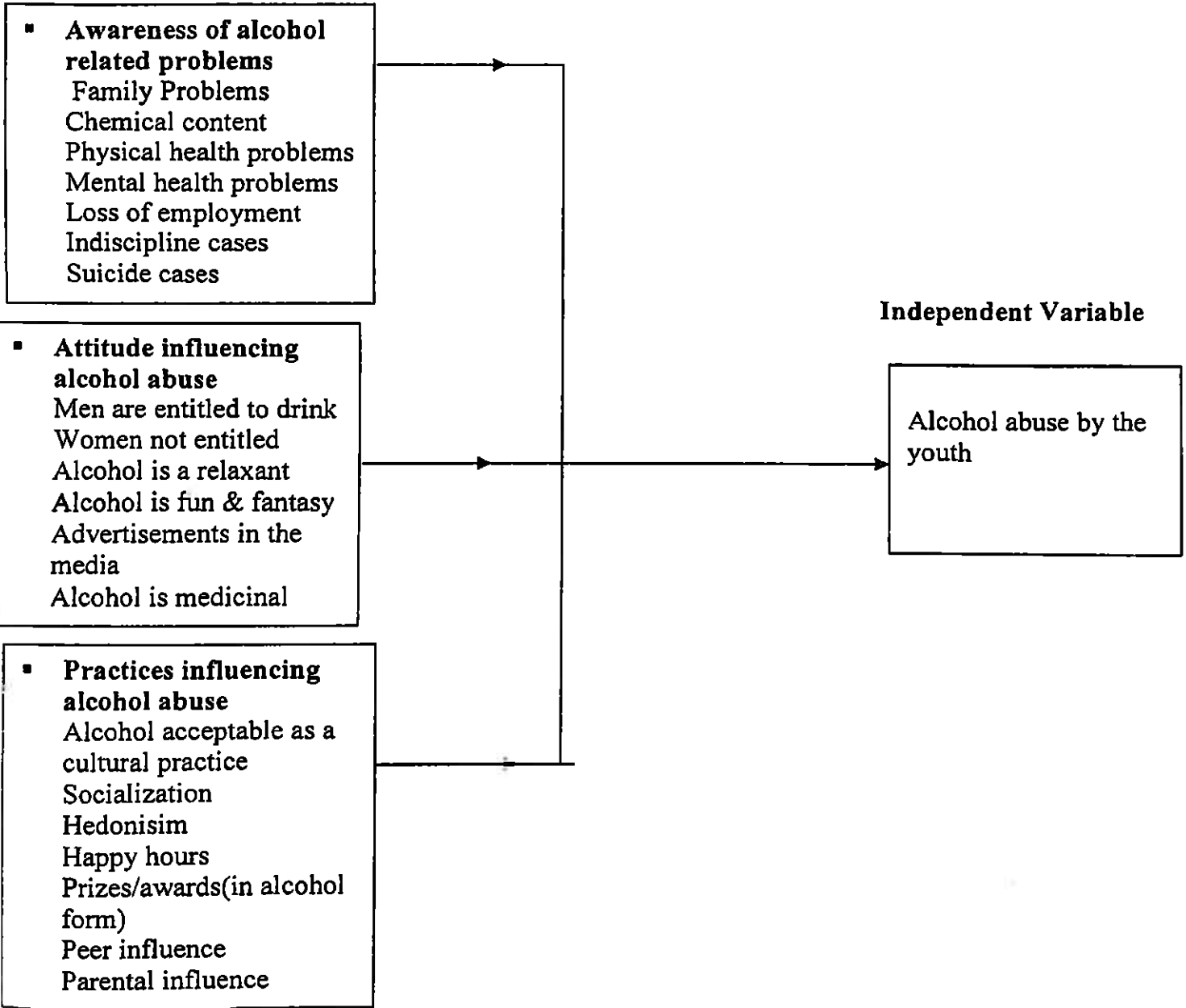
A study carried out in British revealed that Britons approach to alcohol consumption was seen in both how they drink and where they drank. It was fairly universally agreed that they have a tendency to drink in order to get drunk, rather than for enjoyment. The tendency for people in Britain to meet one another in drinking establishments, and the notion of buying in rounds were perceived as the reasons for heavier level of drinking amongst Britons (Steady, 2005).

In Australia, a study showed social conditions that determined heavy alcohol consumption, low drinking or non at all by young women were; living in shared accommodation, alone or with parents, to live in rural or remote areas, ex-smokers, married, pregnant or some were seen to come from non English speaking countries (Jonas, 2007).

2.4.1 Conceptual framework

Figure 1 Conceptual framework

Dependent Variables



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The chapter gives a detailed outline of how the study was conducted. The methodology component of the proposal included the appropriate research design, target population, sample, selection, research instruments, validity and reliability of instruments, data collection and analysis procedures.

3.2 Research Design

The qualitative paradigm was used. This paradigm effectively enabled the researcher to collect raw data directly from the respondents hence the report was verbatim. As such, descriptive cross sectional survey was used to collect information on factors influencing alcohol abuse because it would enable the researcher to collect information from respondents at one point in time.

3.3 Target Population

The target population (group) included the youth (15-45 years) from seven villages of Ruringu sub-location; Ruringu, Skuta, Kiahiti, Mbaaini, Muslim, Meeting Point, Stadium. The villages registered 1160 households of semi-permanent nature. These villages in the study were the primary population. The youths within the villages were the secondary population.

3.4 Sampling Procedure

Cluster sampling was used. The group included the youth aged (15-45 years). Random Sampling approach selected one division of Nyeri Central District, thus Nyeri Municipality, one location selected, one sub-location selected, where seven villages were selected for study including: Ruringu, Skuta, Kiahiti, Mbaini, Muslim, Meeting Point and Stadium.

The study area has 7 villages with 1160 total households of semi-permanent nature only. Size sampling method was used to calculate the desired sample size per village. In working out the sample size in cluster sampling, the villages in the study were the primary sampling units (psus) or clusters. The youths within the villages were the secondary sampling units.

In general, for a given total sample size n , (F. Ingule & H. Gatumu 1996)

N is the number of psus in the population.

t_i is the total population in the i th psu.

t is the population total.

t_i is the estimated total for the i th psu

$$\text{Then } n = \frac{N}{t} \sum t_i$$

For instance, Ruring'u had $t_i = 541$, $N = 7$ and $t = 1160$

$$\text{Therefore } n = \frac{7}{541} * 1160 = 15$$

Table 3.1 Sample size per village

Villages	No. of villages	of Population in <i>i</i>th unit	Sample size	Percentage	Cumulative percent
Ruring'u	167	541	15	14	14
Skuta	182	506	16	16	30
Kiahiti	158	580	14	14	44
Mbaa-ini	154	625	13	13	57
Muslim	136	677	12	12	69
Meeting point	150	625	13	13	82
Stadium	210	451	18	18	100
Total	1160	4006	100	100	

3.5 Methods of Data Collection

A pre-test was conducted before the main survey to establish the suitability of the questions in the interviewers schedule and the time taken to interview one household. The researcher was first introduced to the respondents by the sub-chief. The researcher then made a request to meet the respondents. Data was collected through interview schedules. The questions were structured in such a manner to make it possible for the interviewer to obtain data, in regard to the specific objectives of the study. Observation check list were used to record direct occurrences during the interview. The interviewer did not need to get information from the interviewee.

The interview schedule was quite effective as they standardized the interview situation so that all the interviewers (already trained) asked the same questions. Hence, the appropriateness of the unstructured interview method, it allows probing to get deeper information.

3.6 Reliability and validity

Instrument Reliability according to (Mugenda and Mugenda 1999), is a measure of the degree to which a research instrument yields consistent results or data after repeated trials (Berg 1998), explains that the use of consistent and systematic line of questions for even unanticipated areas is particularly important for reliability of a study. For example the researcher used consistent and systematic questions in the interview guide. These questions were related to the subject on the study and organized into themes.

A pre-testing had already been conducted in the field, prior to the actual study. This ensured that the interview questions were correct and consistent. A test-retest was also conducted prior to the actual study. Responses after first and second tests were found to be very close.

Instrument validity according to (Mugenda and Mugenda 1999), is the accuracy and meaningfulness of inferences which are based on the research results. Validity is the degree to

which results obtained from analysis of the data do represent the phenomenon under study it is actually the correctness and responsibility of data. The stability and consistence of the data collecting instrument was based on interviewing and observation.

3.7 Operational Definition of variables

Table 3.2 Operational Definition of variables

OBJECTIVES/ RESEARCH HYPOTHESIS	TYPES OF VARIABLES	INDICATORS	MEASURES	LEVEL OF SCALE	APPROAC H OF ANALYSI S	TYPE OF ANALYSIS	LEVEL OF ANALYSIS
1.To what extent is the youth aware of the problems associated with alcohol abuse?	Dependent -Awareness of alcohol related problems Family Problems Chemical content Physical health problems Mental health problems Loss of employment Indiscipline cases Suicide cases	Knowledge	Responses For example: Yes	Nomina l	Qualitati ve	Parametric	Descriptive
2.How does the attitude of the youth influence alcohol abuse?	Dependent -Attitude influencing alcohol consumption -Men are entitled to drink -Women not entitled -Alcohol is a relaxant -Alcohol is fun & fantasy -Advertisements in the media -Alcohol is medicinal	Feelings	Responses For example: It is fun, fantasy, relaxing, medicianl	Nomina l	Qualitati ve	Parametric	Descriptive
3.How do practices of the youth influence alcohol	Dependent -Practices influencing alcohol consumption -Alcohol acceptable as a cultural practice	Lifestyle/accept ance	Responses For esample: Acceptable Socialization	Nomina l	Qualitati ve	Parametric	Descriptive
OBJECTIVES/ RESEARCH HYPOTHESIS	TYPES OF VARIABLES	INDICATORS	MEASURES	LEVEL OF SCALE	APPRO ACH ANNAL YSIS	TYPE OF ANALYSIS	LEVEL OF ANALYSIS
abuse?	-Socialization -Hedonisim -Happy hours -Prizes/awards(in alcohol form) -Peer influence Parental influence						

3.8 Data Analysis and Presentations

After collecting the Data the researcher organized it to its type as used in the study. The researcher organized the data ensuring that the raw data was edited to free it from inconsistencies and incompleteness. This involved the scrutiny of the completed instruments in order to detect and reduce as much as possible incompleteness, misclassifications and gaps in the information obtained from the respondent.

The Statistical Package for Social Scientists (SPSS) was used to run descriptive analysis to produce frequency distribution based on various responses. (Saunders 2003), argued out that the simplest way to represent data is the frequency table, which summarizes data about a single variable. Frequencies were converted to percentages for ease of interpreting, analyzing and presenting the findings of the research. The analyzed data was presented in form of tables to give quick and easy interpretation of information by the user. Multi-regression analysis was used to determine the strength of the factors that determined the independent variable. The regression line was represented by the equation $Y=B_0+B_1X_1+B_2X_2+B_3X_3+ \epsilon$ where Y =Youth's abuse of alcohol, X_1 = Youths awareness of alcohol related problems, X_2 = Youth's attitude towards alcohol consumption, X_3 = Youth's practices influencing alcohol abuse, ϵ = the error variable while B_0 = a constant.

Qualitative data generated from the questions was organized into themes, categories and patterns, pertinent to the study, results from the data analysis were presented using tables of frequency and percentages. Further analytical work followed using descriptive statistics.

3.9 Summary

The chapter describes the research methodology; the research design, target population, sampling procedure, methods of data collection, instruments of reliability and validity, data analysis and presentation.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter is a highlight of the data methods that were used in the study. Data analysis explains how data was classified into purposeful, intelligible and interpretable forms, using statistics. Data interpretation was used to search for meaning and implication of such results. Interview schedules were administered to the youth; the items in the interview guide probed and elicited data on the basis of the research questions:

1. To what extent is the youth aware of the problems associated with alcohol consumption?
2. How does the attitude of the youth influence alcohol consumption?
3. How do practices of the youth influence alcohol consumption?

Qualitative data generated from the questions were organized into themes, categories and patterns, pertinent to the study. Results from data analysis were presented using tables of frequency to show the following:-

4.2 Social Demographic Data

The aim of this data analysis was to find out the socio demographic characteristics of the respondents in terms of gender (sex), age, marital status, occupational, educational and religious backgrounds.

4.2.1 Gender (Sex) Distribution

In this research, it was noted that males were very positive towards the study unlike the women. This is because; normally, women are very busy performing various domestic chores. This is a time limitation for the women. Consequently, they only send others (neighbours) to represent them in such forums.

Table 4.1 shows that more males (55%) responded in the study than females (45%).

Table 4.1 Gender (Sex) Distribution

Gender	Frequency	Percentage	Cumulative percentage
Male	55	55.0	55.0
Female	45	45.0	100.0
Total	100	100.0	

In this research, it was noted that males were more than the female. This is an indication that the male have a higher degree of indulgence in alcoholism to the extent of alcohol abuse. Perhaps this is because alcohol consumption amongst the males is an acceptable habit in the society unlike the females.

4.2.2 Age of respondents

Table 4.2 Shows that 50% of the respondents were between 26-35 years, 29% between 36-45 years while 21% were between 15-25 years.

Table 4.2 Age of respondents

Age of respondents	Frequency	Participation In percentage	Cumulative Percentage
26-35	50	50	50
36-45	29	29	79
15-25	21	21	100
Total	100	100	

The above data is an indicator that the age bracket (26-35 years) registered a higher participation. This is actually the prime youth age that is characteristically curious of happenings. Unfortunately, majority could be idlers. As such, they are easily influenced by things happening around them. As such, they are easily lured into alcohol abuse.

The others in age bracket (36-45 years) are rather busy with various activities. As such, they may not indulge into excessive alcohol consumption. The (15-25 years) are still too young and are only venturing into the “world of alcohol drinking”, as they imitate the older people.

4.2.3 Marital status

Table 4.3 shows that 50% of the respondents were married, 42% were single, 5% were divorced while 3% were widowed.

Table 4.3 Marital status

Status	Frequency	Percentage	Cumulative Percentage
Married	51	51.0	92.0
Single	41	41.0	41.0
Divorced	5	5.0	97.0
Widowed	3	3.0	100.0
Total	100	100.0	

The interpretation is that alcohol abuse has contributed to family problems. This is what has resulted into a high percentage of the single marital status. It is also unfortunate that even the married people indulge heavily in alcoholism. It is not surprising that such situations have resulted into divorce cases and perhaps also of widow cases.

4.2.4 Level of education

Table 4.4 shows that 42% of the respondents had attained primary education, 35% secondary, 20% tertiary while 3% had not attained any level of education.

Table 4.4 Level of education

Level of education	Frequency	Percentage	Cumulative Percentage
Primary	42	42.0	42.0
Secondary	35	35.0	77.0
Tertiary	20	20.0	97.0
No education	3	3.0	100.0
Total	100	100.0	

The table portrays a good education background of the respondents. Only a negligible percentage of 3% were the non-educated. It is surprising that the young people with such educational background, very intelligent and knowledgeable indulge into alcoholism. This is an indication that they have a don't care attitude towards alcoholism.

4.2.5 Occupation of respondents

Table 4.5 shows that 37% of the respondents were businessmen, 24% were employed, 20% were unemployed while 19% were farmers.

Table 4.5 Occupation of respondents

Occupation	Frequency	Percentage	Cumulative Percentage
Businessmen	37	37.0	56.0
Employed	24	24.0	80.0
Unemployed	20	20.0	100.0
Farmers	19	19.0	19.0
Total	100	100.0	

The interpretation is that the respondents indulge in alcoholism regardless of their occupational background, the businessmen highly indulge into alcoholism probably due to their socialization habits in the so called "business clubs". They are also more financially stable. This is the same case with the employed and the farmers as well. However, the unemployed ones depend on others who are either relatives or friends who are more financially able.

4.2.6 Religion status of respondents

The Table 4.6 shows that 96% of the respondents were Christians, 3% were Muslims while 1% was others such as tradition.

Table 4.6 Religion status of respondents

Religion	Frequency	Percentage	Cumulative Percentage
Christian	96	96.0	96.0
Muslim	3	3.0	99.0
Other religions	1	1.0	100.0
Total	100	100.0	

The interpretation is that the youth disregard Christian morals, on the contrary indulging into alcohol. Perhaps they argue biblically that a little alcohol does no harm. On the other hand, the data shows that Muslims do not indulge in alcohol due to their strict faith. While the smaller percentage of others avoid alcoholism as this habit is a taboo.

4.3 Knowledge on Problems Related to Alcohol Abuse

4.3.1 Response on what alcohol is

Table 4.7 above shows that 75% of the respondents said that alcohol was a drug while 25% said it is a stimulant.

Table 4.7 Response on what alcohol is

Knowledge on what alcohol is	No. of respondents	Percentage	Cumulative Percentage
Drug	75	75.0	75.0
Stimulant	25	25.0	100.0
Total	100	100.0	

This data implies that the respondents are aware that alcohol is both a drug and a stimulant. This is the reason why they indulge in alcoholism to arouse their excitement. A drug is a medicinal substance for curative purposes. A stimulant is a substance used to relax the mind. It is thus, not surprising that the youth indulge in alcoholism. Unfortunately the youth disregard the fact that when the same drug and stimulant is abused, it becomes a health problem.

4.3.2 Response on effects/problems of alcohol abuse to the youth

Table 4.8 shows that 34% of the respondents said that alcohol causes family problems, 24% said social conflicts, 22% said it lowers production and development while 20% said that alcohol causes anti-social attitude.

Table 4.8 Response on effects/problems of alcohol abuse to the youth

Effect of alcohol abuse	No. of respondents	Percentage	Cumulative Percentage
Anti-socio attitude	25	20.0	20.0
Family problems	43	34.0	54.0
Socio conflicts	30	24.0	78.0
Lower production and development	22	22.0	100.0
Total	100	100.0	

The interpretation is that the youth are aware of the various problems of alcohol such as anti-social attitude, social conflicts, lower production and development. All these are resultant to negative socio-economic impact on the youth. Yet the youth continue indulging in alcoholism.

4.3.3 Response on what alcohol is made from

Table 4.9 shows that 60% of the respondents said that alcohol is made from fermented sugars, 33% said barley, 5% said from chemicals while 2% did not know what alcohol is made from.

Table 4.9 Response on what alcohol is made from

Composition of alcohol	No. of respondents	Percentage	Cumulative Percentage
Fermented sugars	60	60.0	60.0
Barley	33	33.0	93.0
Chemical	5	5.0	98.0
Don't know	2	2.0	100.0
Total	100	100.0	

The table explains that generally the youth believe that alcohol is a healthy beverage. Indeed the fermented sugars and barley are fit for human consumption; however, the small chemical content in alcohol poses a health risk when alcohol is excessively consumed.

4.3.4 Impact of alcohol abuse to an individual

Table 4.10 shows that 50% of the respondents said that alcohol causes loss of employment, 25% aid health problems, 20% said indiscipline while 5% said it may cause suicide.

Table 4.10 Impact of alcohol abuse to an individual

Effects of alcohol	No. of respondents	Percentage	Cumulative Percentage
Health problems	25	25.0	25.0
Loss of employment	50	50.0	75.0
Indiscipline	20	20.0	95.0
Suicide	5	5.0	100.0
Total	100	100.0	

The above data is clear implication that the respondents are aware of the negative impact on health, discipline, suicide and loss of employment. Therefore, the youth simply don't care about such an impact as they continue indulging in alcoholism. Such an attitude is due to the fact that the youth are already 'hooked' to alcoholism.

4.3.5 Response on health effects of alcohol abuse

Table 4.11 shows that 70% of the respondents said that alcohol causes physical health effects while 30% said that it causes mental health effects.

Table 4.11 Response on health effects of alcohol abuse

Health effects	No. of respondents	Percentage	Cumulative Percentage
Physical	70	70.0	70.0
Mental	30	30.0	100.0
Total	100	100.0	

The table indicates that the youth are aware of the negative impact on both the physical and mental health. It is therefore surprising that they continue indulging in alcoholism.

4.4 Youth's Attitude towards Alcohol Abuse

4.4.1 How respondents viewed public drunkenness

Table 4.12 shows that 65% of the respondents were not okay with public drunkenness, 20% were neutral while 15% were okay.

Table 4.12 How respondents viewed public drunkenness

Public drunkenness	No. of respondents	Percentage	Cumulative Percentage
Not okay	65	65.0	65.0
Neutral	20	20.0	85.0
Okay	15	15.0	100.0
Total	100	100.0	

The above data implies that the youth are aware that public drunkenness is a negative social behaviour. However, a few take it as a normal behaviour. No wonder, some of the youth are seen drunken in public, for example alongside roads in broad daylight.

4.4.2 Response on women and alcoholism

Table 4.13 shows that 66% of the respondents disapproved women from taking alcohol while 34% approved.

Table 4.13 Response on women and alcoholism

Women and alcoholism	No. of respondents	Percentage	Cumulative Percentage
Disapproved	66	66.0	66.0
Approved	34	34.0	100.0
Total	100	100.0	

The table explains that a high percentage of respondents disapproved alcohol use amongst women. Indeed in the African society, it is a disgrace for a woman to engage herself in alcoholism. However other respondents argued that in the modern times women should enjoy gender equality, thus, if men are taking alcohol women should also not be restricted from alcoholism.

4.4.3 Benefits of alcohol

Table 4.14 shows that 38% of the respondents felt that alcohol reduces stress, 27% said it leads to economic growth, 22% said it is a relaxant while 13% said that it improves digestion.

Table 4.14 Benefits of alcohol

Benefits of alcohol	No. of respondents	Percentage	Cumulative Percentage
Economic growth	27	27.0	27.0
Improves digestion	13	13.0	30.0
Reduces stress	38	38.0	68.0
Relaxant	22	22.0	100.0
Total	100	100.0	

The table illustrates that the youth have a concept that alcohol has socio-economic benefits as well as health, they believe that for example trading in alcohol boost economic growth. There is also a belief that alcohol is medicinal for various health discomforts like indigestion, stress. Such a concept maybe valid, but the problem is that when alcohol is that such benefits turn out to be a health danger as a result alcohol abuse .

4.4.4 Advertising of alcohol

Table 4.15 shows that 53% of the respondents did not agree with the advertisement of alcohol while 47% agreed with the advertisement.

Table 4.15 Advertising of alcohol

Advertisement of alcohol	No. of respondents	Percentage	Cumulative Percentage
Disagree	53	53.0	53.0
Agree	47	47.0	100.0
Total	100	100.0	

The table gives a clear evidence that advertisement of alcohol in the media has influenced alcohol abuse amongst the youth. With 47% agreeing with the advertisements; it is an indication of how nearly half of the respondents are exposed to the media that advertises alcohol. This arouses the fun and fantasy to indulge in alcohol. The rest of the higher percentage 57% respondents disagreed with such advertisement. Perhaps they feel that already know much about alcohol, from other sources.

4.5 Practices related to alcohol Abuse by the Youth

Table 4.16 indicates that 62% of respondents felt youth related practices are related to alcohol abuse while 38% of respondents disagreed.

Table 4.16 Practices related to alcohol Abuse by the Youth

Youth practices are related to alcohol abuse	No. of respondents	Percentage	Cumulative Percentage
Yes	62	62.0	62.0
No	38	38.0	100.0
Total	100	100.0	

A higher percentage of respondents confessed that they take alcohol as an acceptable practice, influenced by Socio-cultural and economic aspects.

4.5.2 why the respondents took alcohol

Table 4.17 shows that 40% of the respondents took alcohol to relax, 23% to forget problems, 20% to celebrate while 35% took it for leisure.

Table 4.17 why the respondents took alcohol

Reason for alcohol abuse	No. of respondents	Percentage	Cumulative Percentage
To relax	26	40.0	40.0
To celebrate	13	20.0	60.0
To forget problems	15	23.0	83.0
Leisure	35	17.0	100.0
Total	100	100.0	

A higher percentage of respondents confessed that they take alcohol as an acceptable habit for purposes of relaxation, celebrations for example weddings, circumcision, Christmas parties. Alcoholism is also viewed as remedy to forget problems and for leisure. This is normally occurs in business clubs, social pubs and in parties for purposes of merry making and socialization. Unfortunately, the alcohol consumption results into alcohol abuse.

4.5.3 Factors that favor alcohol use

Table 4.18 shows that 45% of the respondents said that alcohol was taken during special occasions such as reduced price of alcoholic beverages during a fixed time, 20% said due to problems, 18% said peer influence while 17% said economic factors.

Table 4.18 Factors that favor alcohol use

Factors influencing alcohol abuse	No. of respondents	Percentage	Cumulative percentage
Problems	20	20.0	20.0
Special occasions	45	45.0	65.0
Economic factors	17	17.0	82.0
Peer influence	18	18.0	100.0
Total	100	100.0	

The respondents confess that practices such as special occasions offering reduced alcohol prices, during a fixed time, influence alcohol abuse. Others believe that alcohol is a remedy towards problems.

4.5.4 Other drugs taken by the respondents

Table 4.19 shows that 65% of the respondents took other drugs like cigarette, 33% took that while 2% took bhang.

Table 4.19 Other drugs taken by the respondents

Drug	No. of respondents	Percentage	Cumulative percentage
Other	65	65.0	65.0
Cigarette	33	33.0	98.0
Bhang	2	2.0	100.0
Total	100	100.0	

This explains further negative impact of alcohol abuse. Seemingly, there is a relationship between alcoholism and consumption of other drugs for example cigarette, khat and bhang. In any case alcohol is also a drug. As such the youth believe that alcohol and other drugs allow pleasure.

4.55 Observation Checklist

Table 4.20 shows that 13 people were found drunk during the interview, 2 posters advertising alcohol were also seen in the area while there were 5 alcohol outlets.

Table 4.20 Observation checklist

Observation	Number
Presence of drunken people during interview	13
Presence of alcohol advertising billboard /posters	2
Outlets selling alcohol	5

This above data explains that the youth have really indulged in alcohol; this with evidence of 13 drunken people during the interview. Secondly, the local administration has not been strict

enough to have allowed the scenario of having alcohol advertising billboards. Finally, evidence of selling outlets of alcohol explained that indeed the youth in the area have a lot of accessibility to alcohol drinking points.

4.6 Determining the relationship between the variables

The following factors had some degree of influence in the abuse of alcohol among the youth; the knowledge of the youth towards alcohol abuse, the attitude of the youth towards alcohol abuse, and the youth's practices towards alcohol abuse. The regression line was represented by the equation $Y=B_0+B_1X_1+B_2X_2+B_3X_3+\epsilon$ where Y =Youth's abuse of alcohol, X_1 = Youths awareness of alcohol related problems, X_2 = Youth's attitude towards alcohol consumption, X_3 = Youth's practices influencing alcohol abuse, ϵ = the error variable while B_0 = a constant.

The random term or error variable represented all the factors that affected the dependent variable but were not represented in the independent variables. These variables generated data which was ordinal. The researcher used the regression analysis to establish whether there was a linear relationship between the alcohol abuse (dependent variable) and the youth's awareness of alcohol related problems, youth's attitude towards alcohol consumption, and youth's practices influencing alcohol abuse (independent variables). Another reason why the regression analysis was used was to predict the value of one variable based on the other. The data collected on these variables was entered into statistical analysis software (SPSS) and the following output was realized.

Table 4.21 ANOVA (Analysis of Variance)

	Sum of square	Df	Mean square	F	Sig.
Regression	1.284	3	.428	1.852	.147
Residual	14.100	61	.231		
Total	15.385	64			

This was done to establish whether there is any linear relationship that exists in the data and an F-test was done. If $H_0: B_1=B_2=B_3=B_4=0$ there is no linear relationship and if H_a : meaning at least one of B_i is not equal to zero, then there is a linear relationship. The rule is if Sig. or p-value of F is less 0.05 than H_a . From the SPSS output above, the value of $F=1.852$, the p-value or sig. =.147 which is higher than 0.05 hence H_0 is accepted. Therefore taking of alcohol is not related to the knowledge of alcohol abuse.

4.7.2 Relationship between variables

Table of coefficients produced a t-test which helped the researcher to identify the independent variables making more contribution in the abuse of alcohol by the youth.

Table 4.22 Table of Coefficients of Three Independent Variables

Mode		Unstandardized		Standardized	T	Sig.
		Coefficients		Coefficients		
		Std.				Std.
1		B	Error	Beta	B	Error
1	(Constant)	.720	.337		2.135	.035
	Knowledge on alcohol abuse	.129	.114	.115	1.130	.261
	Attitude towards alcohol abuse	.245	.103	.237	2.383	.019
	Practices on alcohol abuse	.065	.049	.133	1.330	.187

The following p-values were obtained from the t-test above.

The t value of knowledge on alcohol= 1.130, the p-value was 0.261 which was higher than 0.05 therefore the H_a was unlikely to be true. Knowledge on alcohol abuse was not related to alcohol abuse. The t value on attitude= 2.383, and p- value of 0.019 meaning that this value was linearly related to alcohol abuse by the youth. The t- value on practices on alcohol use= 1.330, the p-value of 0.187 therefore H_a was unlikely to be true. This was because the p- value was more than 0.05 and hence alcohol abuse not linearly related to practices on alcohol use.

From the SPSS output above there were four different coefficients

$$B_0 = 0.720$$

$$B_1 = 0.129$$

$$B_2 = 0.245$$

$$B_3 = 0.065$$

$B_0 = 0.720$ is the y- intercept, that is the point where the line of prediction cuts the y-axis.

$X_1 = 0.129$ meaning that holding the attitude of youth on alcohol abuse and practices on alcohol use constant, for each additional unit knowledge on alcohol will increase abuse by 0.129.

$X_2 = 0.245$ meaning that holding the knowledge of youth on alcohol abuse and practices on alcohol use constant, for each additional unit attitude on alcohol will increase abuse by 0.245.

$X_3 = 0.065$ meaning that holding the knowledge of youth on alcohol abuse and attitude on alcohol use constant, for each additional unit practices on alcohol will increase abuse by 0.065.

Therefore the model can be used for prediction purposes.

$$Y = B_0 + B_1 + B_2 + B_3 + \varepsilon$$

$$Y = 0.720 + 0.129X_1 + 0.245X_2 + 0.065X_3 + \varepsilon$$

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

Data was collected from 100 households, 55% of the respondents were male while 45% were female. The study also revealed that 50% of the respondents were between the age brackets of 26-35 while 21% of the respondents were between ages 15-25. The study findings showed that 50% of the respondents were married, 42% were single, 5% were divorced while 3% were widowed. The survey revealed that 42% of the respondents had attained primary education while 3% had not attained any level of education. According to the study 37% of the respondents were businessmen while 19% were farmers. The study also showed that 96% were Christians while 1% had no religion.

5.2 Summary of Findings

The summary of findings was summarized as follows;

Table 5.1 Summary of Findings

Observation	Findings	Remarks
Knowledge of problem	The respondents know that alcohol is a 75% drug, a 25% stimulant. <ul style="list-style-type: none">- Causes family problems- Has chemicals- Causes physical health- Causes mental health.- Causes loss of employment- Causes indiscipline- Causes suicides.	Majority of the youth are aware of the impact of alcohol related Problems. They simply have a don't care attitude. However, a few others are not well informed. All this factors causing alcohol abuse.

Attitude towards alcohol	<p>The respondents views were that:- Men are entitled to drinking, unlike women.</p> <ul style="list-style-type: none"> - Alcohol is a relaxant - Alcohol is fun and fantasy - Advertisement in the media influences drinking behaviour - Is medicinal 	<p>The youth has a positive attitude towards alcohol. This gradually leads to alcohol abuse Their views are only a justification, influencing alcohol abuse. Sensitization on alcoholism is necessary.</p>
Practices	<p>The respondents view is that alcohol is:-</p> <ul style="list-style-type: none"> - An acceptable cultural practice - For socialization - Hedonism - Happy hours - Prizes/awards (in form of alcoholic drinks) - Peer influence - Parental influence 	<p>Such practices are factors that have influenced the youth into alcohol abuse. They need to be sensitized against their ignorance.</p>

5.3 Knowledge on Problems Related to Alcohol Abuse

According to the study 75% of the respondents said that alcohol is a drug while 25% said that alcohol is a stimulant. In response to the question on impact of alcohol abuse to the youth 34% said that alcohol causes family problems. This concurs with Biddle (2005) who said that alcoholism has significant social costs to both the alcoholic and their family and friends. The study revealed that 60% of the respondents said that alcohol is fermented from sugars, 33% from barley, 5% chemicals while 2% said that they did not know what it is made from. On the problems caused by alcohol, 50% said that it causes loss of employment, 25 % said it causes health problems, 20% said indiscipline while 5% said it may result to suicide. This concurs with Bengal (2005) who said that being drunk or having hung over during work hours may result in

loss of employment. The study also revealed that in response to health effects of alcohol abuse, 70% said that alcohol causes physical health effects while 30% said that it causes mental health effects. This concurs with Wilkie (2007) who said that alcohol has significant adverse effects on physical health and long term misuse of alcohol can cause a wide range of mental health effects.

5.4 Attitude towards Alcohol Abuse

The findings showed that 65% of the respondents were not okay with public drunkenness, 20% were neutral while 15% were okay. This meant that the majority did not approve drinking habit. The study showed that 66% of the respondents disapproved women taking alcohol. This concurs with Crossley (2003) who said that drinking is more a male activity than a female activity. It also concurs with Burns (2003) who showed that if a woman loses control under the influence of alcohol she is thought to be loose. The study showed that in response to benefits of alcohol, 38% of the respondents said that alcohol reduces stress. This concurs with NIAAA (2001) who said that alcohol is believed to offer a soothing respite at the end of a stressful day. The study revealed that 47% of the respondents agreed that alcohol may be advertised while 53% did not. This agrees with NACADA (2004) which said that media has portrayed drinking pleasures in advertisement and programs which highlights the benefits of moderate drinking. This has promoted the consumption of alcohol by conditioning the minds of people to see the fun and fantasy in alcohol abuse.

5.5 Practices Related to Alcohol Abuse

The survey showed that 62% of the respondents took alcohol while 38% did not take alcohol. The study also revealed that 40% of the respondents took alcohol to relax, 20% to celebrate 23% to forget problems and 17% due to peer influence. This concurs with Robinson (2002) who said that alcohol has been accepted part of human culture throughout recorded history whether in ritual, celebration, in grief, in medicine or in everyday social life. The study showed that 45% of

the respondents said that special occasions favor alcohol consumption. This concurs with NHTSA (2005) who said that drink specials such as alcoholic beverages, reduced price of alcoholic beverages at a fixed time, additional servings although the initial servings has not been consumed makes people consume more alcohol resulting to binge drinking. The survey showed that 33% of the respondents took other drugs while 67% did not take other drugs. Out of the 33% who took other drugs, 65% of them took cigarette, 2% bhang and 33% consumed khat. This concurs with Wilker (2007) who said that parental drug use or parental attitudes approving drug abuse appear to predispose children to substance abuse.

5.6 Conclusions

After the study was conducted, it was noted that the following factors have actually contributed towards alcohol abuse in the area of study. There were:-

First, knowledge of alcohol related problems by the youth. Secondly, the attitude of the youth towards alcohol abuses. Thirdly the practices by the youth contributing towards alcohol abuse. According to Analysis of Variance (ANOVA), the first and third factors indicated a dismal linear relationship. Thus, they are not an influence of alcohol abuse amongst the youth. The second factor reflected a linear relationship. Thus it proved to be a major influence of alcohol abuse amongst the youth.

The youth therefore need to be counseled effectively against their attitude towards alcohol, otherwise they will destroy their future.

5.7 Recommendations

The following recommendations were preferred in line with objectives and the study findings. The ministry of Public Health and Sanitation through health workers should intensify health education programs to create awareness on dangers and health related problems associated with alcohol abuse. Other institutions, NACADA, NGO's should also create awareness.

The government through the marketing society of Kenya should make sure that no advertising media should be used to advertise alcoholic drinks if more than 25% of its audience is below 18 years. Increase legal drinking age to 25% and measures taken to discipline those under age who take alcohol. Alcohol dealers should be severely dealt with. Other economic activities to be funded by the government for example; through CDO's, NGO's, Youth Funds to engage the youth and others in other economic activities other than alcohol business.

Introduction of counseling centers in all health institutions and rehabilitation centers in the study area to assist people who abuse alcohol and other drugs for example cigarette, khat and bhang. Administrators on the ground; chiefs and sub-chiefs should take stern measures against alcoholism in the area. Parents/ Guardians should be soundly aware of alcoholism, and also be role models and counselor of their children right from home. In learning institutions; primary schools, secondary, tertiary colleges and universities, awareness on alcohol abuse should be injected in the learning curriculum. Finally the church should emphatically preach on morals, condemning alcoholism as an evil, immoral habit

5.8 Suggestions for future research.

In order to curb the problem of alcohol abuse among the youth it is important to carry out further research in other spheres of learning institutions, work places where the youth operates. Secondly to carry out research based on various objectives, other than the ones already explored in this study.

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APPENDIX 1: LETTER TO THE SUB- CHIEF

SALOME WANGUI WAMUGO

P.O. BOX 12562

NYERI

CELL PHONE:0722 794554

Date : 24th June 2010

THE SUB-CHIEF

RURINGU SUB-LOCATION

NYERI

Dear Sir/Madam,

RE : ACADEMIC RESEARCH

I am a student at the University of Nairobi pursuing a Master degree in Project Planning and Management. I am conducting an academic research on the factors influencing alcohol abuse among the youth ,

I am kindly requesting you to allow and assist me to reach to the youth in various villages of your sub-location. This will enable me to carry out my study.

Thank you.

Yours faithfully

APPENDIX 2: LETTER TO RESPONDENT

SALOME WANGUI WAMUGO

P.O. BOX 12562

NYERI

CELL PHONE:0722 794554

Date : 24th June 2010

THE RESPONDENT

THRO'

SUB- CHIEF

RURINGU SUB LOCATION

NYERI

Dear Respondent,

RE : ACADEMIC RESEARCH

I am a student at the University of Nairobi pursuing a Master degree in Project Planning and Management. I am conducting an academic research on the factors influencing alcohol abuse among the youth .

I am kindly requesting you for your assistance in responding honestly to the interview questions.

Your response will be confidential and only used for academic purposes.

Thank you.

Yours faithfully

APPENDIX 3: Interview Schedule /Questionnaire for the Respondents

To determine factors influencing alcohol abuse among ages 15-45.

Introduction

The information obtained will be treated with confidentiality and will be strictly for academic purposes. The name of the respondent is not required. Your co-operation is highly appreciated.

Instructions

1. Tick inside the bracket against the correct answer.
2. Do not write your name.

A: Social Demographic Data

- | | |
|-------------------|-----|
| 1. Sex | [] |
| a. Male | [] |
| b. Female | |
| 2. Age | [] |
| a. 15-25 years | [] |
| b. 26-35 years | [] |
| c. 36-45 years | |
| 3. Marital status | [] |
| a. Single | [] |
| b. Married | [] |
| c. Divorced | [] |
| d. Widowed | |

- 4. Occupation
 - a. Farmer
 - b. Businessman
 - c. Employed
 - d. Unemployed
- 5. Level of education
 - a. Primary
 - b. Secondary
 - c. Tertiary
 - d. None
- 6. Religion
 - a. Christian
 - b. Muslim
 - c. Others specify.....

B: Knowledge on Problems Related to Alcohol Abuse

- 7. What is alcohol?
 - a. Drug
 - b. Stimulant
- 8. What are the effects/problems of alcohol abuse to the community?
 - a. Antisocial attitude
 - b. Family problems

- c. Social conflicts
- d. Lower production and development
- 9. What is alcohol made from?

 - a. Fermented sugars
 - b. Barley
 - c. Chemicals
 - d. Do not know

- 10. What are the effects/problems of alcohol use to an individual?

 - a. Health problems
 - b. Loss of employment
 - c. Indiscipline
 - d. Suicide

- 11. What are the health effects of alcohol abuse?

 - a. Physical health effects
 - b. Mental health effects

- C: Attitude towards Alcohol Abuse**
- 12. How do you view public drunkenness?

 - a. Okay
 - b. Neutral
 - c. Not okay

- 13. Do you approve a woman to consume alcohol?

 - a. Yes
 - b. No

- 14. What are the benefits of alcohol?

- a. Economic growth
- b. Improve digestion
- c. Reduces stress
- d. Relaxant

15. Should alcohol be advertised on radio, television, billboards or newspaper?

- a. Yes
- b. No

D: Practices Related to Alcohol Abuse

16. Do you take alcohol?

- a. Yes
- b. No

17. If yes in the above question, why do you drink?

- a. To relax
- b. To celebrate
- c. To forget problems
- d. Peer influence

18. Which factors favors alcohol use?

- a. Problems
- b. Special occasions
- c. Economic factors
- d. Peer influence

19. Do you take other drugs?

- a. Yes

b. No

20. If yes in the above question, which ones?

a. Cigarette

b. Bhang

c. Khat

E: Observation Checklist

21. Presence of drunken people during interview

a. Yes

b. No

22. Presence of alcohol advertising billboards/posters

a. Yes

b. No

23. Presence of outlets selling alcohol

a. Yes

b. No