

MA RESEARCH PROJECT

**ALCOHOL ABUSE BY YOUNG WOMEN AND ITS
INFLUENCE ON THE FAMILY INSTITUTION. A CASE
STUDY OF AMANI COUNSELLING CENTER AND
TRAINING INSTITUTE.**

BY:

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**A PROJECT PAPER PRESENTED IN PARTIAL
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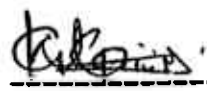
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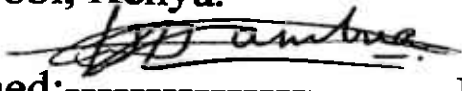
DECLARATION

This project Paper is my original work and has not been submitted for examination in any other university to the best of my knowledge. The project is the result of an independent study. Where it is indebted to the work of others, acknowledgements have been made.

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DEDICATION

This piece of work is dedicated to the most special people in my life- my parents the Mithangas. They are the ones who initiated this journey of education in my life, which has given me immense growth and empowerment.

ACKNOWLEDGEMENTS

I Am grateful to my immediate family the Githuthus and especially my children. They helped me with typing this work, editing and designing it. I feel that each of them supported me in their own unique ways.

There are some of my friends who I meet informally and in their own ways, they have helped me put this project paper together. Mr. Franklin Okonji of Kenya Medical Training Institute (KMTC) deserves a special mention. To you all, I am grateful.

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This project paper is an outcome of all manner of inputs by various individuals and Amani Counseling Center. Exceptional gratitude goes to the women who painfully and patiently offered to talk to me voluntarily about their challenges of drinking and other painful stories. Their emotional and painful stories are the product of this research paper.

Florence W. Githuthu

January 2005.

LIST OF ACRONYMS

NACADA	National Agency for the Campaign Against Drug Abuse
FAS	Foetal Alcohol Syndrome
NACC	National Aids Control Council
AA	Alcoholic Anonymous
BAT	British American Tobacco
NHIF	National Hospital Insurance Fund
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune-Deficiency Syndrome
WHO	World Health Organization

ABSTRACT

This study examines the influence of alcohol abuse by women of forty five years of age and below on family institutions. The study was carried out in a counseling center where such women present themselves with varying types of personal problems.

The study considered whether women drink irresponsibly so much as to hurt the institution of the family. This is in consideration of the fact that they are the emotional nurtures of the families. The researcher considered this topic of study after working with women as a counselor who presented alcohol related problems.

The study's objectives were broadly to determine the prevalence of alcohol abuse by women. Specifically investigating factors that lead women to alcohol and their habits in the family. The study also explored what it could be that make families tolerant of such women. Such a study would be incomplete if the researcher did not identify strategies for prevention and control of such a phenomenon.

The defining characteristics of the respondents in this study was the women who had sought help in the counseling center. The researcher used a questionnaire which was completed by the respondents, the key informants and a discussion guide for the focus groups. Accordingly these documents were analyzed and coded and that data was used to make conclusions. Graphs, a pie chart and a model that depict various situations are presented in this study.

Results indicated that women were increasingly abusing alcohol and wrecking homes and the children they were attached to. It was a rising social problem that needed urgent address. Women who are depressed tended to

consume more alcohol than those who were not. Some of the reasons according to findings were increasing social stressors, media, peer pressure, increased earning capacity and the freedom that comes with it.

With the above findings in mind recommendations were, an early education on issues of addiction to various drugs where alcohol is a major component. This is because alcohol is the most popular drug of abuse in Africa, it has become almost like a family activity. Women only rehabilitations might be very helpful also because women have their unique needs and characteristics related to alcohol. Pre-marital preparations would also go a long way in helping women deal with social stresses that that could otherwise lead them to drinking.

CHAPTER 1

INTRODUCTION

1.1 Background information

Alcohol is so far the most popular drug of abuse in Africa. It is generally used and abused by both men and women of all ages. It has no generally recognized therapeutic use. Many people believe that addiction to alcohol or any addictive substance for that matter affects people of certain ages, races, religion, sex, or social class. This is not the case and the truth is that these categories have little to do with addiction and any one can be addicted to alcohol or any other drug. Women are no exception and although they have not received adequate attention as drinkers they too can, and do abuse alcohol.

Many more believe that alcoholism is a 'men only' problem and the plight of women in this regard has received little attention if any. Producers of alcoholic beverages in this country have woken up to the fact that more and more women are indulging in their products. To catch in on this, these brewers and the packers are manufacturing numerous nicely packaged brands, very attractive and palatable with the female drinker in mind. These include fortified wines, ready to drink soft vodkas and light beers. This has made it very easy for women to indulge in alcohol, unlike in the past when they felt uncomfortable taking the common brand and those who did, did so in hiding. This is likely to undermine the role of the woman or mother in the home and in the family as a whole. The woman is the nurturer in the family, the one who keeps the family together in most cases. She protects the stability of the family; she cooks and cares for the family. Children are emotionally attached to the woman at their early stages and this goes on through out their lives. Even when she is a career woman, this role still remains her responsibility. With more women joining in drinking alcohol this institution is likely to be threatened and besides the lives of the children is likely to be severely disrupted. This is the social ill the study proposes to investigate.

It would seem that women are uninformed or lack awareness about the issue of addiction and what impact it could have on them as persons and subsequently on the family. There

could be several reasons as to why more and more women are taking into drinking but it is also a pointer that there is lack of information on how to deal with the underlying factors which the researcher shall mention at a later stage in the study.

In the United States (U.S), a 1998 document on the woman Addict stated, 'The District Columbia City Council is considering enacting a proposal that babies be removed from their mother's custody if they are born of women who are alcoholic or with any other form of addiction'. *The female addict, (1998:62)*. It is clear that this is not only a Kenyan society problem; it is an emerging global social ill. It is a problem that is not so apparent to the casual observer. Records at Amani Counselling Center indicate that 50% of clients seeking services are women and three quarters of the presenting problems are alcohol related. A research done in Nairobi city by National Agency for the Campaign Against Drugs Abuse (NACADA) revealed that women aged below thirty years take five or more drinks in a sitting on a regular basis.

While the male alcoholic is tolerated and options are suggested in order to deal with his situation of addiction, alcoholism in females is treated as a taboo subject. It is perhaps time to realize that the consequences of a female abusing alcohol override that of a male doing the same. These consequences are very serious because they go beyond the abuser to her siblings, spouse and other relatives who feel the blunt of it. They all experience it in the different ways depending on their relationships as well as their patterns of interaction. Unfortunately our society prefers to sweep this issue under the carpet and pretend that women alcoholics do not exist. The reality is, women alcoholics are on the increase, and the implication of this fact to children is perhaps abuse and neglect and subsequently unstable or even broken families.

One needs to just be aware of the frequent problems highlighted in schools concerning the performance of some children, truancy, experimentation with drugs including alcohol and sex, lack of concentration to mention but a few. These are likely to be manifestations of absent mothers, unsupportive mothers or mothers who do not simply invest time in the

welfare of the family institution. This issue warranted examination and has been highlighted and given the attention it deserved.

1.2 Problem Statement.

A person is an alcoholic if one or more of his major adjustments in life; health, vocational, job, social or family is hampered by drinking either occasionally or continually. In the past alcoholism has been looked at as a male problem. Even where it was acknowledged that women could drink, the difference in their dispositions was never highlighted. Apart from her role as mother and homemaker, the woman who indulges in alcohol is in more personal danger of her health than her male counterpart. Researchers have established that in a drinking situation, for men, a certain amount of alcohol is not absorbed into the blood stream, but is passed out through urine. Therefore alcohol concentration does not become as high in men as in women. Therefore, there is a higher absorption rate of alcohol in women (Howard, J. Chinebbel Jr: 1968.68). That being the case, their livers become diseased much more quickly than those of men. But perhaps the greatest danger, although not the focus of this study is when pregnant women drink. According to a leading consulting Gynecologist at the Kenyatta National Hospital, Dr. Njoroge Gichuhi, drinking or smoking by an expectant mother could give rise to the birth of a child with Foetal Alcohol Syndrome (FAS). A syndrome is a collection of diseases and defects and /or complications that such a child may develop after birth. The damage done to the foetus depends on how much and how often the expectant mother drank. Some of the defects associated with the conditions mentioned above among others are as follows:

- Low birth weight
- Damaged heart and kidneys
- Flattened faces
- Small heads
- Cross or squint eyes
- Poor coordination
- Low IQ
- Short attention span etc

According to this Gynecologist, such children are also more likely to suffer from behavioral problems, such as restlessness, hyperactivity, hypo-activity and learning difficulties than other children born of sober mothers. The mothers are likely to experience pregnancy difficulties such as miscarriages, among others. This is more so when an expectant mother drinks during the first three months of pregnancy, the formative months of the foetus. In Kenya this problem is more widespread because it is considered non-existent, and so it is devastating to family institutions.

The problem highlighted above denies the unborn child the chance or option to be what the child would have chosen to be. He or she has a disability and many of them never have the opportunity to be the best they could have ever been as a member of the family. This is a denial of decent life, dignity, as well as exploitation of the unborn child. It is also an abuse of the rights of the said child, and all because of the mothers need for gratification. This is besides the negative effects this is likely to have in the family. Alcoholism is partly a hereditary disease and the children of alcoholics are much more likely to abuse alcohol than children of non-alcoholics, a condition of an unconscious identity with the mother. According to Jan Bauer, (1961), the child is likely to live a life of addictions or develop a disturbed personality and a problem to the family institution. There is thus a great need to enlighten people on this very important issue.

The study is concerned with the role of women as mothers given that they are in the recent past taken to drinking just like their male counterparts and what this means to the family institution. Their inability to nurture the family, more broken homes in the increase, more children having difficulties in school and other manifestations. Included also is the multiple role of mother, wife, homemaker and perhaps a professional.

The researcher therefore did a study to explore and expose this very important subject and its focus was addiction and the young women and its effect on the family. . More specifically the study was guided by the following four questions:

1. What underlying issues lead young women to drinking?
2. What are the negative impacts of drinking on young women and their families?

3. How well informed are they of alcoholic/addictions as a disease that can interfere with their responsibility as mothers?
4. How can awareness on the impact of an alcoholic mother on the family be generated and disseminated?
5. How can the information generated in the process be documented and used to enrich the National Agency for Control Against Drug Abuse (NACADA)?

1.3 Research Objectives

The broad objective of the study was to establish the determinants of alcohol abuse by young women and its effects on the family institution. This includes knowledge of the way in which to respond to this problem in a helpful way, rather than blaming or being judgmental of the drinker.

The research effort focused on among other issues, some of the factors that drive women to the use and abuse of alcohol, hence alcoholic addiction. In particular, the unique consequences of the woman who is an alcoholic; the effect this had on the family.

The specific objectives of the study were as follows:

- 1) To investigate the precipitating factors for alcoholic intake by young women.
- 2) To explore the factors that make families of alcohol abusing women tolerant of them.
- 3) To determine alcohol related habits in the family among women.
- 4) To identify appropriate strategies for prevention and control of alcohol abuse by women at the family level.

1.4 Justification of the study

In the recent past, there has been a lot of issues written and spoken about, concerning the girl child and women with justification. Several issues have been explored, brought to light: women have come together to talk about issues affecting them and they have been given a lot of publicity, again with good intentions and good reason to do so. Some of the issues extensively talked and written about are as follows:

- Gender, sexuality and /or development
- Female genital mutilation
- Women and empowerment
- Girl child education
- Women as beasts of burden
- Women as the backbone of an economy
- Domestic violence, breaking the silence
- Wife battering
- Rape, every woman's fear
- HIV/Aids and women etc

The list of issues affecting women highlighted lately is endless and the above list is far from being exhaustive. However, the focus of this study, which is the women alcoholic and their influence on the family institution, is a significant area to explore.

The fact that the woman can also drink in problematic ways is either ignored or unappreciated. Worse still, the fact that this problematic drinking goes beyond her as a person to her off springs is never seen as an additional problem and an abuse of human dignity. What are well known and even documented are male addictions to alcohol and the fact that addiction is a family disease. Very little is known, appreciated or even documented concerning female addiction and the implication to the family, hence the study.

Female addiction to alcohol is not only a serious social ill but also an important one. It was found an area worthy of effort to focus on in order to shed more light and to create knowledge through research. There is need to highlight this as a threat, which it is, to social value and human dignity to very vulnerable human beings and finally to the

family, a very important institution. In the process, it is hoped that the researcher has sensitized policy makers on the need of incorporating a relevant subject in our curriculums, especially in Primary education to capture the formative years of our young ones, which is the window of hope. One needs to just reflect on the recent, widespread school riots and more so the school burning episodes that occurred in our country. There were quite a number of attempts to punish or revenge by burnings in schools and two successful ones at Kyanguli and Nyeri High schools are still fresh in our minds today. This study is not the answer to such problems but it was established beyond reasonable doubt that abuse of drugs had partly to do with these events.

Due to the HIV pandemic in this country, we are losing about seven hundred people per day. *World Health Organization* (WHO) has documented that 80% of this is sexually transmitted (Global Strategy, 1981.15) The worst hit group is between 21 and 49 years of age, most of whom are women due to their anatomy among other reasons, National Aids Control Council, (NACC, 2000). Drug abuse and particularly alcohol, which is the most widely abused drug, has something to do with the spread of the HIV virus, it is a factor in that young women are likely to indulge in casual sex while intoxicated. This is how relevant the topic of study is in the society we are living in considering that HIV/AIDS is an enormous concern today, a national disaster as declared by the President of republic of Kenya in November 1999.

1.5 Scope of the study.

Amani Counselling center is the oldest and most reputable counseling center in this country. Records are generally up to date and an intake list of clients is maintained every day for the new-presented problems. The researcher used this intake list of the center as a frame of reference to select her respondents. The researcher was well versed with the operations of the center and hence the choice of the same.

The topic of study is one that is sensitive and touches on people's personal issues and lifestyle and therefore confidentiality is paramount. The nature of this issue is such that it was not easy to get respondents from the general public and self-disclosure was a

challenge. This limited the scope of study to this area only where these issues were likely to be talked about with ease as long as there was a measure of trust and rapport. For that reason, it was a case study of Amani Counselling center where the researcher found respondents who presented addiction related issues. The researcher conducted personal interviews with a questionnaire to complete on women clients at the center. She used the intake register of Amani as the sampling frame to select her elements of study. The population was a small one since this was not a widely spoken out problem and as such the researcher selected a large sample of about a hundred women with features of addiction related issues.

CHAPTER 2

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

This chapter presents a review of the relevant literature deemed necessary in helping in understanding the subject of the study. The information presented here is derived from diverse sources, for example, books, videos, government documentations, reports and journals, unpublished research work, local dairies as well as seminar presentations. It is quite clear from this literature and past research that focus has been on the male drinker and his disruptions on the family particularly in his role as provider or breadwinner. Much remains to be done on the role of the female especially as the nurture of the family. There is also a lot of secrecy surrounding the woman and her drinking habits and this is a theme repeated over and over again.

The broad themes looked at in the literature review are:

- The genesis of drinking
- Factors precipitating alcohol intake by women
- Family tolerance of alcohol abusing women, awareness or lack of it.
- Trends of current drinking habits in family institutions.
- Intervening strategies for alcohol abusing women at the family level

2.1 Origin of alcohol intake and its place in the family.

In most cultures, alcoholic beverages have been consumed since pre-recorded history for Religious, medicinal or recreational ceremonies. Beer was used by the ancient Babylonians and wine by the Hebrews in religious ceremonies by families. The community drank together to achieve a sense of belonging and good fellowship. Medicinally alcohol has been used to relieve pain to increase appetite and in many cultures it is still considered an essential ingredient for good health and a well-balanced meal. However in most African families, cultures laid rigid guidelines as to what constituted responsible drinking and were put in place. Drunkenness was frowned upon and anyone displaying outward signs of intoxication was often punished, in some cases

even put to death. The aim was to enhance the family institution and more so to shield children from effects of irresponsible use of alcohol among other drugs.

These cultures along with some present family institutions had guidelines for responsible drinking and a cultural opposition to drunkenness has encountered few problems associated with alcohol abuse. On the other hand families, which ignore or encourage drunkenness are plagued with behavior problems resulting from drinking. Research has revealed low incidence of alcoholism or alcohol abuse among cultural groups who use alcohol as part of their daily lives. As a rule these groups have developed attitudes, and habits to foster responsible drinking within their family.

The Journal for Health Education (1997.13), lists some of these attitudes and habits as follows;

- Children are exposed to alcohol early in life, within an established family or religious context. Whatever the beverage, it is served diluted and in small quantities, with consequent low blood-alcohol levels.
- The beverages used are commonly those containing large amounts of non-alcoholic components that help to retain low blood-alcohol levels.
- The beverage is considered mainly as a food and is usually consumed with meals by families.
- Parents present a constant example of moderate drinking in the family.
- No moral importance is attached to drinking. It is considered neither a virtue nor a sin.
- Abstinence is socially accepted. It is no more rude or ungracious to decline a drink than to decline a piece of cake.
- Excessive drinking or intoxication is not socially acceptable and is not considered stylish, comic or tolerable.
- Alcohol is not a prime focus for any activity in a family.
- Finally and perhaps most importantly, there is wide and usually complete agreement among members of the family on the ground rules of drinking.

Many of the cultures adopting these attitudes have developed and manufactured particular alcoholic beverages to be used for recreational or religious purposes in

families. The Germans became known for their beers, Southern Europeans for wine, Russians for Vodka, etc. In Africa, there are different brands and brand names for traditional brews and women had their place in all these. Each of these beverages has contributed greatly to the economy of the culture, and in many cases even influenced its politics. In America for example, puritan settlers enjoyed alcohol. However as immigrants of various cultural backgrounds began to arrive in the U S, they brought a wide variety of drinking habits and attitudes with them. Over time these conflicting attitudes caused disagreement about what constituted responsible drinking. This lack of consensus led to confusion about drinking, laws, rights and responsibilities. This in turn produced the social ills associated with drinking in families, which is the subject of this study.

During the seventies, the philosophy of responsible use of alcohol evolved from many sources. The National Institute of alcohol abuse and alcoholism adopted the philosophy and proposed guidelines about alcohol and fostering a responsible attitude in the use of alcoholic beverages.

The general guidelines as contained in the 'The Journal of health and education' were as follows;

- Alcohol is a drug that can cause positive and negative social, psychological and physical effects.
- The responsible use of alcohol can be socially, psychologically and physically beneficial.
- To drink or not to drink should be a personal decision. However, one who chooses to drink has a responsibility not to damage himself, herself or the family.
- People who drink need to respect the decisions of those who do not drink within and outside of the family.
- People who serve alcoholic beverages need to contribute to a healthy drinking environment and not 'push' drink on others.
- Intoxication is not responsible drinking. There is a direct link between responsible attitudes toward drinking and the alleviation of the problem of alcoholism in the family and in the wider society.

2.2 Factors precipitating alcohol intake by women

Alcoholism seems to be a complex disease in which a variety of factors play a role. No one seems to know the causes of the disease in any complete and final sense, but below is an attempt to summarize some perceived causes.

In any culture, when its members lose their inner sense of cohesion and orientation, when times get tough and people only care about their personal well being, when people stop being their “brothers keeper”, they are also more subject to such outside ills as stress and addiction. Women are no exception. They are being pulled forward into an emaciated world, while dragging them simultaneously back into traditionally approved passivity. Most of the time, this leads to social problems such as alcoholism as they search for their new identities. Not much work is done on what this means to the woman, more so her role in the family institution.

According to Dr. Nyaga Mbatia, of the department of sociology, University Of Nairobi, in the East African Standard, drinking is fashionable; it is viewed as sign of being urbanite. He argues that the demand of modern challenges in life make people get stressed resulting to drinking. There is a lot of frustration at the work place, and most people do not get satisfaction from the jobs they do and resort to drinking to draw their frustration.

Many people, he argues go to the bars, to look for identity. Young women, who have absentee husbands, will get together and seek solace in drink. Comfort and availability to children emotionally and otherwise is affected tremendously so affecting the whole family.

Peer pressure has always been blamed for problematic drinking, especially among young people. The editor of the Big Issue however suggests that this is not really the case. He argues, “Advertising is usually directed towards promoting loyalty and increasing usage. Heavy users of any product are the best customers, but in the case of alcohol, the heavy user is usually the addict. Alcohol advertising does create a climate in which abusive attitudes towards alcohol are presented as normal, appropriate and acceptable. One of the chief symptoms of alcoholism is denial that there is a problem. Alcohol advertising often

encourages denial by creating a world in which myths about alcohol are presented as true and in which signs of trouble are erased or are transformed into positive attributes.

Instead of providing information, so that men and women can make their decisions from a point of knowledge, as to whether to drink or not, most advertising is myth making.

Advertising links the drink with a certain life style, which have nothing to do with the item. These links are false and arbitrary but since they are all over the place, most people, among them women drinkers come to accept them. Advertising links alcohol with precisely those attributes and qualities (happiness, wealth, prestige, sophistication, success, maturity, sexual satisfaction, etc) that the misuse of alcohol destroys. For instance the link of alcohol and romance and sexual satisfaction – it is common knowledge that alcohol misuse leads to sexual dysfunction so affecting the family.

Image advertising is especially appealing to young people since they are more likely to be insecure about the image they are projecting. Sexual and athletic prowess's are two of the themes that dominate advertising, aimed at young people more so women and the seductive dressing styles (Karen Paine, 1977.10)

In general advertising imply that alcohol is an appropriate company to every activity from love making to white-water canoeing. There is also an emphasis on quantities in the advertising. A light beer for example, 'Pilsner Ice Light' is not made for those who want to diet. It is made for heavy drinkers. Since it is less filling and less intoxicating one can drink more of it. Therefore the advertisements tell the alcoholic and everyone around him that it is all right to consume large quantities of alcohol on a daily basis, and it should be part of ones activities for sure impacting negatively on the family institution. At the same time, all signs of trouble and any hint of addiction are conspicuously avoided. The daily drinking takes place in glorious and unique setting such yachts at sunset and other beautiful surroundings. There is no unpleasant drunkenness, only high spirits. There are never any negative consequences. Of course one would not expect there to be while advertising. The advertisers are selling their products and it is their job to erase any negative aspects as well as to enhance the positive ones. However when the product is a drug, and an addictive one, there are consequences that go far beyond product sales and it is for this reason that this study is being undertaken. British American Tobacco (BAT) is

for example doing a good job in that they have recently included a warning label on all their packed cigarettes-Ministry of health warning- 'Cigarette smoking is harmful to your health' (Life Magazine, 1999.4)

United States culture, as a whole, the Big Issue reports, tends to glorify alcohol and dismiss the problems associated with it. African families tend to use alcohol to celebrate success and to console themselves with it when something goes wrong. It is not uncommon to hear people say that they have done so well they need to have a drink or they are so stressed they need a drink The "war on drugs" as covered by newspapers and magazines, even in this country rarely includes the two major killers- alcohol and nicotine. It is no coincidence that these are two of the most advertised products.

2.3 Family tolerance and current drinking habits among women.

Until the woman has had appropriate treatment for her needs and comes to know role models who can be accurately empathic, it is almost impossible for her or those around to own the fact of her drug dependence. Denial of alcoholism or other drug dependence is an attitude that permeates society and becomes a way of life for the entire family of the addict. The family deceives itself that all is well in the face of facts and this may be interpreted to mean tolerance, which is not. No one wants to admit that the problem exists especially because it is the woman who is the addict; the family is ashamed for her. This is a social-cultural fact and it neither helps the addict nor the family concerned.

An analysis of support groups like the Alcoholics Anonymous (AA) meetings, counseling and referral processes, shows the above issues are quite apparent. One of them is how often a woman's drinking stories are so different from those of men and how much these differences are neglected or denied not least by the women themselves. There is a lot of secrecy surrounding women drinking habits and this is a theme that is repeated over and over again. The families of such women more often are not aware of the issue of drinking. Unlike men who more often worked their way into alcoholism through business meetings, social contacts afforded by bars, club memberships and other public spots, women are known to drink by behind doors nipping, bottles hidden in stores and

laundry and kitchen cupboards. This happens in the process of providing for the family. It would seem that the family tolerates this but the truth is that no one is aware it is happening.

Even those who have managed to stop drinking and attain sobriety, still relate stories that are quite different in many respects from the stories of the men who had done the same. For instance, for every helpful and supportive wife, partner or lover who had stayed by his side and tried through patience and understanding to help in the initial and most difficult period of sobriety, there was a male who had left his drinking spouse/partner before she became sober or remained indifferent or hostile to her efforts at sobriety. A repeated theme in the literature is that these discrepancies are rarely mentioned. Alcoholism and addiction are treated as a uniform illness and the implication is that it struck men only and reasons are provided why this is so. If women are mentioned they are either included within the men's realm, with no special differentiation or they are considered simply as much sicker as the men. It can be said that the family does not tolerate nor does it encourage drinking but because of the secrecy maintained the family can be said to be enabling this situation.

In 1978 there were approximately ten million alcoholics and problem drinkers in the United States, one third of who were women (Jan Buar, 1943. 9). Among one million members of the AA group, the proportion was about the same although the figures for women drinkers was rising and continues to rise among new members, the author continued.

2.4 Trends of drinking habits in families

The researcher in this study found that the trend in Kenya is almost the same. A research conducted by NACADA, cited earlier in the text at the universities of Nairobi and USIU, Kenya, indicate that almost three out of every ten primary school children have taken alcohol and this figure rises to between 30% and 60% in both secondary schools and Universities respectively. Whatever the exact figures today in this country, the number of alcoholic women is clearly increasing and the issue can no longer be ignored or considered uniquely a man's problem, literature or public opinion notwithstanding. Most

scholars agree that the reasons for this have to do with deep social changes in traditional feminine and masculine roles.

Regrettable or not the social upheavals of last centuries have caused the modern world to encroach upon the conservative feminine sphere and hence the family. Stronger women have begun to break out of their protective paradises, to seek a more conscious way to engage in the traditionally, male world of real power and influence. Their advances have brought them a share of not only the privileges of this world out also the pathologies as well – alcoholism, and addictions in the family being some of them, and the most widespread, most scholars agree. This can have many reasons such as life stressors, daily frustrations, and conflicting demands among other reasons, which shall be analyzed at a later stage.

The family is the first natural teaching institution for the children and so parents have a grave responsibility to look after and educate their children. The parents are the first and principal educators of their children besides looking after their own health

2.5 Intervening strategies

Historically, certain diseases and conditions such as alcoholism have been stigmatized as against social values. Individuals with mental illness and those who abused drugs or alcohol were often shunned as offending social values. It was worse with women because apart from bringing shame to their first families, no one was willing to consider them for wives. As a result the genesis of alcoholism was poorly understood and the women rarely received appropriate treatment.

To compound the problem, women who abused alcohol had other serious issues in their lives. For example 30% of these were sexually abused as children, therefore they had a combination of issues in their lives and this made intervention that much difficult. They turned to alcohol in an attempt to deal with this emotional trauma. In most cases such women are also in abusive relationships if they are in one, where their spouses abuse them physically, emotionally or even both. This is a cycle that may perpetuate itself through several generations. Dr. Susan Forward (1990.35)

According to David A. Stewart (1996.13), the reasons that push women into drinking and certain character traits likely to be found in women alcoholics can be said to be similar to those of the men alcoholics. This is regardless of individual background. Some of the factors explained and cited in this scholarly book are:

- A desire to dull the pain, duty or personal relations.
- To ease tension and anxiety.
- To ease boredom and fatigue.
- To release pent up feeling.
- To experience a release from the stiff prison of adulthood into the liberation of childlikeness, or more often childishness.

These are common human needs but there is a reason why some women respond by drinking while others handle them differently. If there is no intervention, chances are that the offspring of such women will never know alternative ways of dealing with such human difficulties in the family.

A comprehensive effort is needed to explore and expose addiction related problems and perhaps this study has partly filled such a gap. Hopefully in future there could be public policy changes that would include raising taxes on alcohol, put clearly legible warning labels on the bottles, and regulating advertising among others.

2.6 Study Hypothesis

Alcoholism is now known and accepted as a disease whose basic roots or cause is hidden/unknown. Yet there is available knowledge and information to form a working hypothesis, for dealing realistically with the problem.

Therefore the study took off with the following assumption:

A woman who is already seeking counseling due to drinking is likely to have an unstable home or family.

Study Variables

An effort has been made to identify potentially relevant variables of the study as follows:

Dependent variable – Prevalence of alcohol abuse by young women and its effects on the family institution.

Independent variables- For the purpose of this study, the dependent variables considered will be:

- **Precipitating factors**
- **Family tolerance**
- **Alcohol related habits**
- **Intervening strategies**

2.7 Theoretical Framework

The following section on theoretical framework has examined two theories relevant to this study.

The sick role theory by Parsons.

Parsons concept of the sick role is based on the assumption that being sick is not a deliberate and knowing choice of the sick “though illness may be due to exposure to infection or injury”. In his theory however, Parsons looks at the sick person as deviant to the society. He argues that people may be attracted to being sick in order to have their normal responsibility avoided. Being sick argues Parsons, is not just experiencing physical conditions of a sick state, it constitutes a social role because it involves behavior based on institutional and societal expectations (Parsons, T. 1975.26).

The sick person is exempt from normal social roles and responsibilities. An individual illness is grounds for his or her exemption from role performance and social responsibilities. This exemption however is relative to the nature and severity of the illness. The more severe the illness the greater the exemption requirement. The physician legitimately authorizes such a person to take a rest. This authority by the physician

functions by protecting the society from malingers who would like to avoid work in the pretext that they are sick.

According to this theory, the sick person is not responsible for his or her condition. An individual illness is usually thought to be beyond his or her control. A curative process, for example counseling, not just the personal will is necessary for the individual to get well.

Another aspect of this theory, perhaps one that is closer to this study is that the sick individual needs to recognize that the state of sickness is undesirable. That exemption from normal duty is temporary and conditional upon the desire to regain normal health. Thus the sick person has the responsibility and the obligation in this respect. Some individuals with very serious illnesses like chronic condition might insist on going on working in order to maintain the source of their finances. This is obvious considering that they need to sustain their drinking habits. In fact it is a well-known fact that the last place to suffer for addicts is their place of work. They disrupt their families, social net works and the like, when they are dismissed from their jobs, this is the last straw.

A further obligation and responsibility of the sick person in this theory is to seek and to cooperate with a competent physician in the recovery process. This process is not as straight forward when it comes to dealing with addicts. It is even more complicated when clients are young women, due to shame, guilt and denial. They will seek help when they have hit rock bottom, which means either they have been dismissed from work, thrown out the house, husband if any has threatened to walk out, put in jail or some other extreme.

In addition this process is complicated by lack of finances in this country. According to Amnesty international (1997:27), the Government of Kenya is one of the poorest employers in the world. The complications brought about by addiction are usually beyond the competence of most psychiatrists, counsellors and medical doctors since the patient or the client requires holistic healing. In any case the most important component of this holistic healing is personal determination of the addict who in most cases is in denial of addiction.

McGregor's (1960) Motivational Theory-

This is another theory relevant to this study in that, there are forces that motivate human behaviour and craving for alcohol is one such force. Thirst or craving for alcohol is a basic drive in pre-disposed people just like hunger in 'normal' people, meaning that a need arises to satisfy the craving.

A need is a bodily deficiency or a perceived social or psychological deficiency. A motive then is an internal energized state that results from the need and usually activates behaviour aimed at fulfilling it. Drives are certain motives such as thirst or craving that arise from physiological needs. Thus for example in case of thirst or craving, a person who is deprived of alcohol develops a bodily deficiency or need particularly if the deprivation lasts a long time. An internal drive state is then produced and it energizes the person to do something, probably to drink (although if the person is trying to stop drinking, it might energize some other behaviour such as smoking).

Hunger and thirst are considered as the basic biological drives. If a person is deprived of food or water, a biological depletion in the body tissue results and the person returns to the normal state after eating or drinking. Hunger and thirst then act as drives to make up for deficits in the body, and so does craving for alcohol in women since they are the focus of this study. Drinking alcohol becomes a necessity in an alcoholic if the individual is to survive.

Going by this theory, people with addiction problems would rather not face their realities, which includes work that needs attention. The tendency is to do whatever is possible to avoid it, because such situations are painful and/or challenging. Some people have even gone so far as taking cheap brews depending on their levels of income that are highly toxic and capable of producing multiple complications in their bodies. We are all familiar with the recent crisis with a brew named kumi kumi that left many dead and several blind.

Parents are the most idolized people by children. So when they grow up watching their parents, particularly mothers avoiding responsibility, they miss the chance of learning alternative ways of handling these responsibilities other than addiction. Most of them promise themselves or vow never to become substance abusers or addicts of any kind.

Some succeed others find themselves locked up into patterns of compulsive and addictive behaviour. They may not necessarily be addicts of drugs or alcohol but to excitement and crises- anything that can hide pain and make them feel vital.

CHAPTER 3

RESEARCH METHODOLOGY

This chapter deals with research design, which was used to conduct the research. It covers the study site, population of the study, the sample size and selection, data collection, and analysis method.

3.1 Data collection methods

This research adopted the survey method. This method involved the completing of a questionnaire with the respondents as well as a personal interview with the researcher. It was a combination of both. The respondents, who were the researchers unit of analysis were giving information in a face to face interview about themselves concerning the issue of drinking. In the researcher's view this was done systematically in a reliable and unbiased manner for all the hundred respondents.

Both qualitative and quantitative research techniques were employed in this study. The qualitative research design was used mainly in gathering qualitative information that would facilitate in- depth understanding of the key study variables. On one hand, among the methods used to collect this kind of information included in-depth interviews with the respondents and focus group discussions with support groups. Towards this end, the respondent's feelings, experiences, opinions and expectations were listened to and considered. On the other hand, quantitative techniques were employed to collect information that facilitated generalizations through well-calculated statistics. The main tool for data collection under this technique was the use of structured interviews, where the researcher had a face-to-face interview with individual respondents. The official records available at the center were also used, available statistics, videos and police occurrence book where some respondents had been.

Besides as the interviewing was going on the researcher was observing her respondents during the face-to-face encounter. There was a lot of information that the researcher

gathered from the non-verbal or the body language of the respondents and as such observation and in-depth interviews were important.

The researcher used two Alcoholic Anonymous groups of 8 to ten respondents as the **focus group discussions**. The respondents were discussing their life experiences regarding their addiction issues. These groups provided a chance for a wider range of views on this issue of study. The researcher used an interview guide to direct the interaction in these groups.

The researcher also interviewed **key informants** who had interacted with the respondents at different levels. These included a policeman who consulted his occurrence book, a psychiatrist, the center manager, a social worker, and seven counselors. The information given gave value and enriched the findings of the study by providing the informant's key opinion and experience of the subject of the day.

The study employed a combination of two **sources of information** as indicated earlier, namely the primary and secondary sources. The primary source was data that captured the personal feelings and experiences of the respondents through the personal interviews and the group discussions. To supplement this the researcher did a review of secondary data from the books at the center library, university of Nairobi library, World Health Organization documents, journals watched videos, among others.

3.2 Research site

The **research site** was Amani counseling center and training institute, the oldest institution of its kind in the country. It is situated a few kilometers from the Nairobi City center and offers its services to Nairobi and its environs. The main focus of its activities is counseling and lately it has diversified its activities to training and outreach programs. There are several support programs that clients have been encouraged to join such as Alcoholic Anonymous for people who have reached the point of desiring to stop drinking, HIV/AIDS post test group for people who have tested positive to the HIV virus and many others. The AA group was one of the focus group discussions that the researcher used.

3.3 Sampling procedure

The use of a sample for generalization made it easier and more economical for the study. It also made it possible to spend less time on the research without jeopardizing the results. The population of the study involved all women below the age of 45 years of age who met the criteria and who stayed for the duration of the study, in total 100 (one hundred) respondents. The additional criterion apart from age was having a presenting problem related to drinking.

The researcher used both probability and non-probability sampling, specifically the **systematic sampling**. This required that the population of the study be homogenous, that a population list was available; that there was a sampling interval, and that there was a random start. The researcher considered the available population listing of Amani center of 300 women who had met the criteria as the sampling frame.

To calculate the random interval the researcher divided the total population by the sample population, which brings to 3 (three), i.e. $300/100$. The random start is anywhere between one and three and the researcher picked three. This meant that every third respondent was to be selected as a sample. This random start is the portion of the probability sampling method in that each had an equal chance of selection.

The pre-selection of every third respondent to complete the questionnaire was the **non-probability sampling** in that the subsequent selection did not have equal chances of being picked. The researcher picked every third respondent from the population of three hundred to one hundred who were participants in this study.

The researcher was aware that this method had a major weakness in that it introduces a bias by pre-selection of the cases after the first case, which is randomly selected. Yet given the nature of the respondents the researcher could not come up with a better method of sampling, hence the use of this sampling method. The main weakness here was that the available population listing could have had a periodic or cyclical pattern that corresponded to every third respondent (the sampling interval), which could have introduced a bias. This is only a probability, it is not a fact.

The respondents were initially asked to commit themselves to a simple contract of improving on their sobriety if they were to benefit from counseling and to keep to the days and times of their sessions at the institution. For instance one was not to drink at least twenty four hours before the next counseling session. There was a remarkable effort in respecting this contract and the interviews progressed very well.

3.4 operational Definitions

This section deals with the procedures or operations the researcher used to objectively measure the variables and the key concepts of the study. The following working definitions or operational definitions will hopefully give meaning to and within this study.

To conceptualize **precipitating factors**, these are enabling situations in a respondent's life that might have led to her drinking situation initially. The indicators, were the respondents environments of upbringing, any hereditary factors meaning abuse of alcohol in the family. Besides information on whether the respondents grew up in the urban or rural setting was also an indicator. Other indicators were the current status of her life, including whether or not she was single or in a relationship. Precipitating factors also referred to any events of pain in her life or events that presented difficulties and that might have led to her drinking.

Such issues as advertising in the electronic and print media, peer pressure, life stressors and societal issues were indicators as well.

Family tolerance of alcohol abusing women means the support or lack of it in first families if the respondent is single or her current family of husband, in laws and children if married. The researcher sought to know if the drinking was an openly talked about in the family or there was denial or a cover up of the subject. Another indicator was the way the respondent spent her leisure time, whether in the company of family, peers or workmates. These were pointers to tolerance by the family.

Alcohol related habits in the family among women refer to the respondent's life-style. Indicators would be issues that could reinforce drinking habits. Environment, peers,

family, or issues that presented difficulties or pain and consequently were a trigger to drinking habits. As to whether the drinking was regular or seasonal for example special occasions of celebrations or depressions were important in indicating drinking habits.

Intervening strategies for alcohol abusing women at the family level refers to the methods of intervention employed in order to help one with a drinking problem. This also means the kind of support system available at the family level. For example who in the family knows that the respondent has a drinking problem and whether she feels accepted in spite of her problem or she is shunned. Whether she gets blamed for this problem or even avoided altogether by family members. Whether she gets the necessary support in seeking professional services such as counseling or medical attention if and when such need arises or even encouraged to join such support groups like the AA (Alcoholic Anonymous)

Strategies brought up by the respondents were such as stricter rules in limiting age to entries in clubs selling alcohol as well as opening and closing times for such clubs among others.

3.5 Limitations of the study

Like any other undertaking there were quite a number of challenges regarding this study.

Some of them were as follows:

Financial constraints-Due to lack of financial resources, it is not possible to carry out a larger scale survey including a wider sample than the mentioned one above.

Time—One need to understand the social, economic, and emotional problems associated with the situations of the respondents. This cannot be thoroughly done given the time allocated, which is approximately three months.

Administration—Being the kind of institution it is, handling people's personal issues, the administration is very cautious about what information you get and from whom and for what purpose. It is not like an ordinary office where you have a free hand to deal with people and documents.

Presented Problems-The sampling frame used is the intake list in the institute where different respondents have presented their problems. At times it is difficult to classify the

issue as addiction just from the presented problems. Other issues in the client life could have triggered the problems, not necessarily addiction.

Nature of the issue- It is not easy to draw the line between problematic use of a drug like alcohol and social drinking

Confidentiality-The respondents feared that the study would compromise on respondent-researcher confidentiality and this might limit the amount of information a respondent would be willing to give.

CHAPTER 4

DATA ANALYSIS AND PROJECT FINDINGS

The purpose of this chapter is to put together the major findings, and analyze data keeping in mind the main objectives. The researcher's interest in the study was derived from the need to draw attention to an increasing social problem – women taking to drinking and potentially wrecking homes and children. It was also the need of improving the quality of lives of young women by designing programs that are responsive to their specific needs, not like those of men drinkers and hence reduce alcohol dependency among them.

The study explored the determinants of alcohol behaviour, it focused on young women of age 45 (forty five) and below, knowledge and attitudes to drinking. It further sought to understand the possible factors that led women to alcoholism as well as perceived outcomes of interventions such as counseling and psychiatric methods among them.

The issue in question has been evaluated using both Qualitative and quantitative research methods. This research is largely qualitative where by studies have been carried out with individuals and groups. The most frequently used method were focus group discussions, the AA, individual interviews and key persons interviews with counselors and psychiatrists.

Focus group discussions (AA) were not however successful in eliciting information considered private or concerning behavior that might be subject to disapproval since the women were usually reluctant to share such information in a group setting.

In the group the researcher had six to twelve women talking spontaneously and freely on drinking and what it is doing to them and their homes. They all shared their own struggles and challenges relevant to stopping drinking or improving sobriety. The sessions took approximately a period of one and half hours. These women came from different ethnicity and social – economic backgrounds, otherwise homogenous.

They needed to know whose interest the researcher represented and on explaining, they relaxed since confidentiality had been assured. In the discussion guide in the groups, the researcher used open – ended questions.

Table 1 Distribution of respondents by age

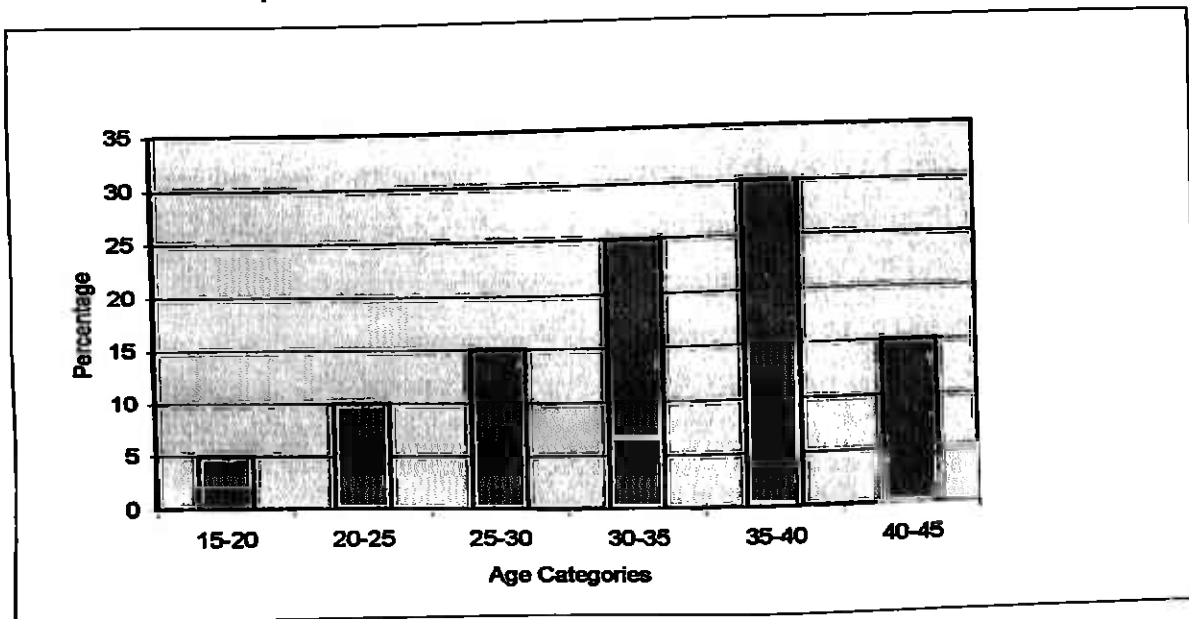
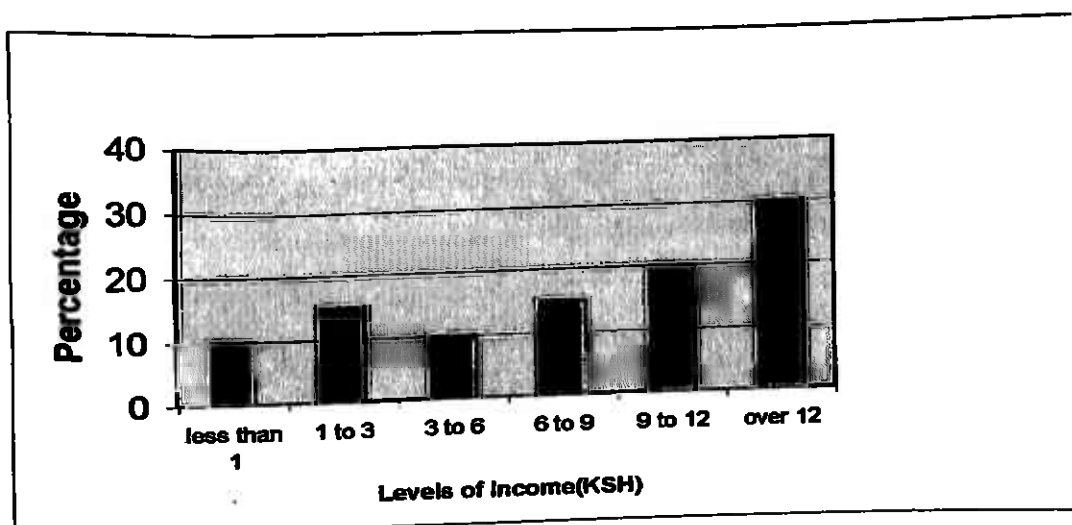


Table 2 Distribution of respondents by level of income ('000Ksh)



4.1 Factors likely to enhance drinking

Drinking carries with it the inherent risk of being dependent on the substance, in this case alcohol. Alcohol like other drugs is both profitable for the producers and distributors and can and is being abused. Alcohol is far more widely available, far cheaper and its negative effect on law and order, productivity, social breakdown, and its cost on family institution is not quite obvious. Combine this with funds from NHIF (National Hospital Insurance Fund) used in treating alcohol related illnesses, the cost of man hours lost through absenteeism and inefficiency, and the long term cost of secondary effects like family breakdown and disturbed children and you have got yourself a king size problem.

Yet alcohol is still legal and the government is content with a few gestures in the direction of education against abuse as is being done by NACADA on the utterly unfounded assumption that drinking will be basically harmless for all but a number of individuals who ‘cant handle it’

The study has demonstrated that women want what they have seen men having-Freedom. This has been facilitated by their increased earnings, power and associated work commitments-freedom is highly prized. Women who go out for a drink on their own are still frowned upon and they lack the leeway that men enjoy. In our society there is a tendency to look at men kindly. Women are brought up to believe that all they should do is date boys, get engaged, get married, and have children and a permanent relationship. All this happens but they do not have companions in their spouses. Late 20s and early 30s bracket is the vulnerable group. This is the group that would go out drinking either out of boredom or to imitate their husbands.

The study also established that family history of alcoholism is related to women reports of alcohol consumption. All the hundred women were questioned about family history of alcoholism and alcohol consumption patterns. 76% of the sample reported having an alcoholic first or second-degree relative. Furthermore, 74% of those women having a paternal side family history of alcoholism, but only 22% of those without such a family history, reported increased alcohol consumption. These findings suggest that family

history of alcoholism may be related to alcohol consumption patterns and that these women may be having other issues and may be self-medicating with alcohol.

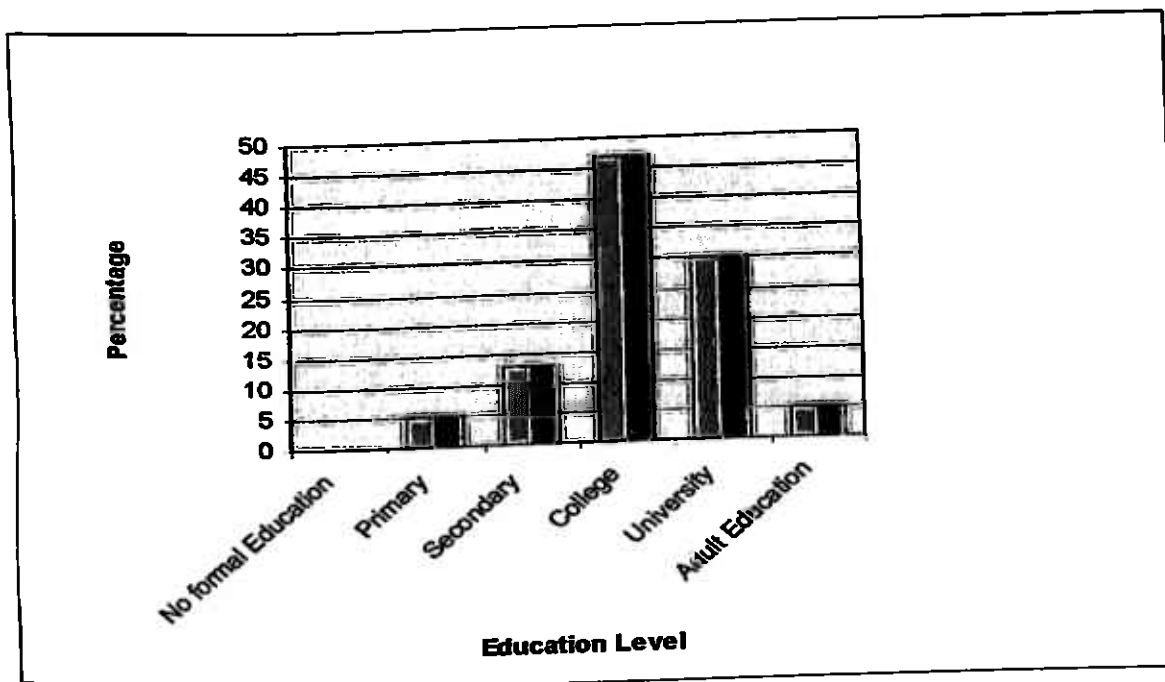
Findings show that children brought up in the city and in well to do families are at greater risk of abusing alcohol because they are more likely to be exposed to alcohol at home and on family outings. At times alcoholism is acquired through intense and sustained exposure to alcohol and other drugs and this does happen in families. This information is alarming especially because of the effects of the drink. 60% of the respondents had their first exposure to alcohol at a tender age at home with their parents although they did not begin drinking until much later. Young drinkers of age 15(fifteen) and above are said to be four times more likely to develop dependence on alcohol and become alcoholics than those who are 20 (twenty) years and above Dr Susan Forward (1990.36)

Many women reported being influenced by media. Our media links the consumption of alcohol with good looks, youth, sporting activity, motivation and sex, the very things drinking destroys. The media has invested drinking with desirable associations that flatter the potential client in order to achieve the supplier's goal, which is the increased demand. The woman in the bar feels herself transformed from a social misfit to a princess charming and she becomes as long as the spell lasts, part of the cherished 'in crowd'. But this small delusion, the women agree, shared by all regular drinkers, leads ultimately to the dangerous paradox of, unacceptable behavior. Most have finished their term with the other pathetic 'in crowd', (in a counseling center, in an AA group, in jail, in psychiatric wards in rehabilitation centers) etc.

The questionable advertising practices of the media- the pain/pleasure sequence is of concern. In this country, it is not only legal it is the basis for millions of shillings as it has already been noted in this document. We have magazines, Newspapers, Billboards bombarding the public with advertising for alcoholic beverages. The advertisements suggest that if you want to be really sophisticated you will drink such and such a brand. If you want to have a marvelous time with a handsome man you should order this or that kind of drink. These advertisements of course appear to be glamorous, seductive and as desirable as she would like to be. At holiday times, beautiful full colour advertising for a

variety of alcoholic beverages fill the magazines and newspapers and tragically this attracts the respondents very much, they reported.

Table 3 Distribution of respondents by level of education



The study found that non-disclosure of addiction was due to fear of being labeled 'alcoholic' or 'addict', which is the whole issue of being stigmatized by others. This was reported by three quarters of the respondents, while a quarter said that they did not think anyone would understand them so 'why bother'.

Denial therefore seemed to be an integral of this condition and perhaps other forms of chemical dependency. The devastating effect of denial in regard to the women who were drinking and its influence on her environment has received very little attention if any. Much of the literature of dealing with woman alcoholic appears to be centered on questions of why she drunk, what led her to drink, what caused her to drink/to be an

alcoholic and such questions. These issues are interesting but they are besides the point in view of the fact that little is known about the influence of such on the family institution among other influences. Denial plays a major role in the difficulty of reaching alcoholic women.

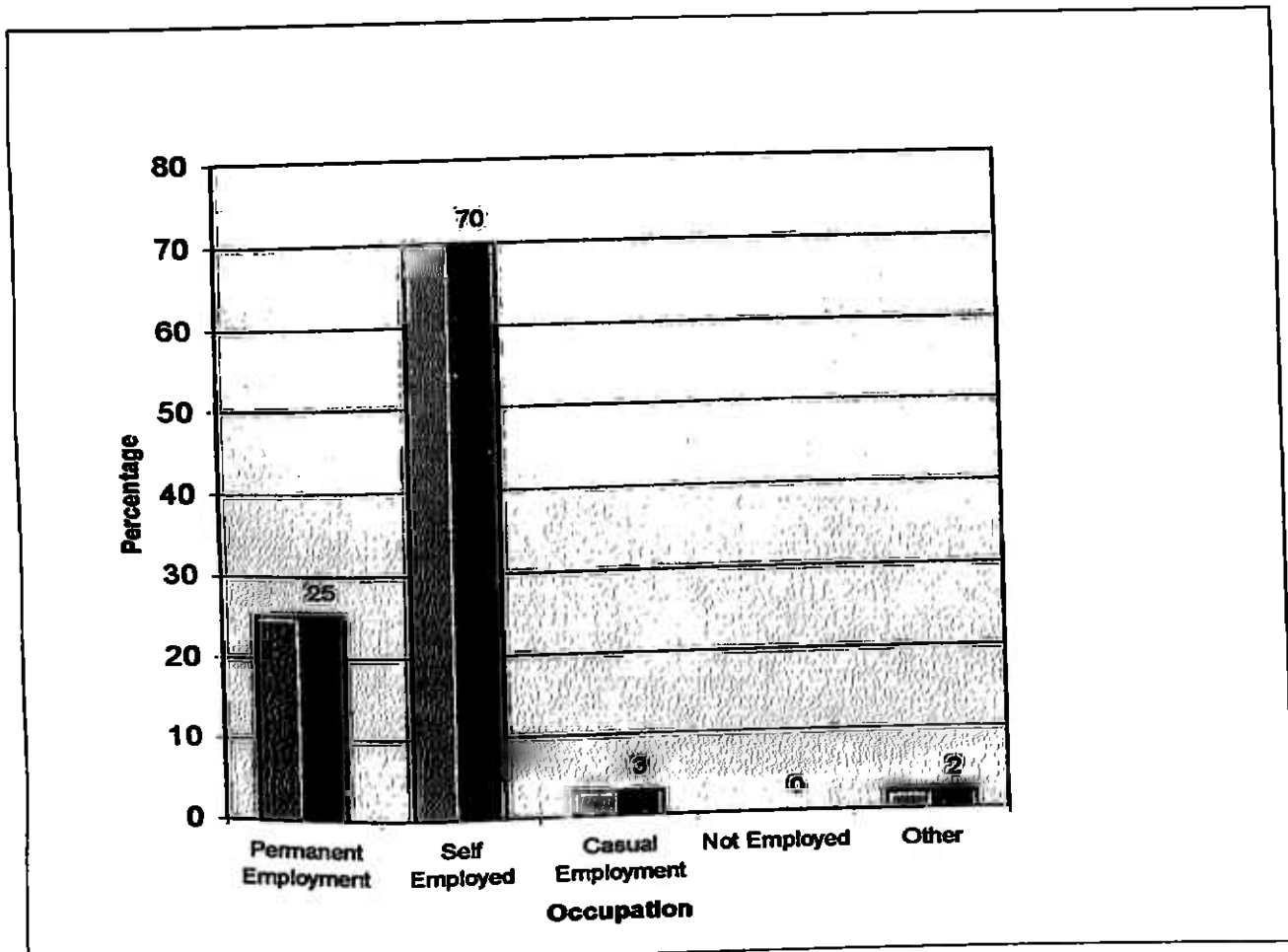
For many years not one of the hundred the researcher interviewed admitted to have had no control over their drinking until they had hit their rock bottom or someone cared enough to intervene. Each one of them had a problem discussing this issue due to denial, already discussed above, stigma and openness. That is how they ended up either in the counseling center and finally in AA groups.

Each woman wanted to hide her drinking habits and what it was doing to her from the world and also from herself. From the focus groups it was clear that she and those around her join in deception to protect what society considers her femininity and womanhood, to her detriment. This is understandable considering that a woman experiences the label alcoholic as an accusation, a wet sponge on her face or a load of bricks on her head. In the face of this assault, heard from within the woman or from others, the woman denied defensively that she had a problem drinking. There are deep-seated feelings in society surrounding these women who have broken such firmly established taboos. Most felt blamed directly and for that reason they also felt guilty.

Women know that society expects them to think of others first not themselves. They 'should be' involved in the roles of mother and wife or 'good girls' if they're neither mother nor wife. Since they have this problem they were referred to as self-indulgent irresponsible and selfish. The prevailing attitude where they lived was 'if you performed your role properly as wife, mother, girl or housekeeper you would not be drinking. 'You would not have the time, money or energy or courage to drink' 'You would be well behaved'.

Even in areas where these words were not spoken, the respondents were aware of the unspoken messages through non-verbal communication. Due to such messages most had very low opinion of themselves and they felt that the esteem, which others had for them, was doubtful.

Table 4. Percentage distribution of respondents by occupation

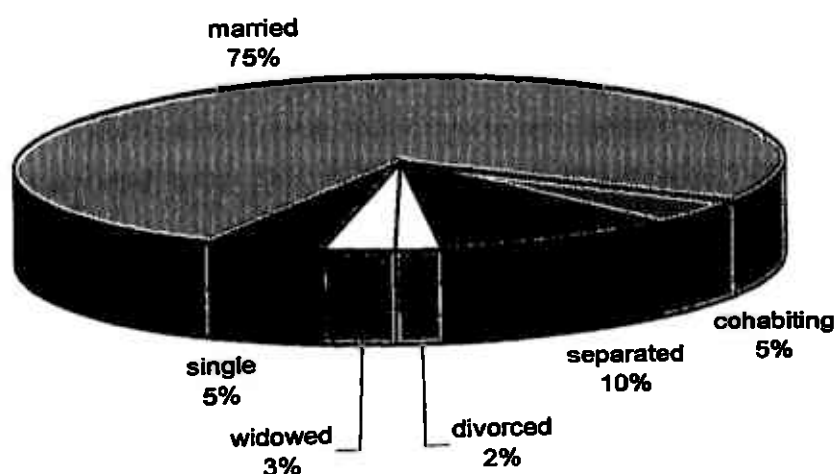


While women are growing up and they try to respond to the demands and expectations of society 'shoulds' and 'oughts' are much stronger for them than for men, Bonnie-Jean Kimball,(1978:49). Our social cultural attitudes are especially firm where women are concerned. We can hardly compare the drunken man who is seen as a barrel of laughs to the drunken man who is disgusting, disgraceful, irresponsible, and yes, morally suspect. When a man becomes alcoholic, friends, and relatives and neighbors say 'poor soul that wife/girlfriend of his drove him to it, or that poor husband who could live with a woman like that?' In other words the woman is blamed and obviously she has absolutely nothing to do with it. She does not initiate, she cannot control and of course she cannot cure it. The story is quite different if it is the woman who is alcoholic. Advice from neighbors, fiends and relatives suggests that he gets rid of her. It is important that we face this fact: husbands often abandon women who are diagnosed as alcoholic or drug dependent.

Husbands may believe that their wives will jeopardize their business or professional positions. It is easy for them to hear and to heed the advice to get 'rid of her'. Legal institutions and hospitals will often label her as an unfit mother and in the process lose custody of her children if there are some. The stigma associated with a woman in a drinking habit is enormous.

Figure 1

Percentage Distribution of Current Marital Status at the time of Interview



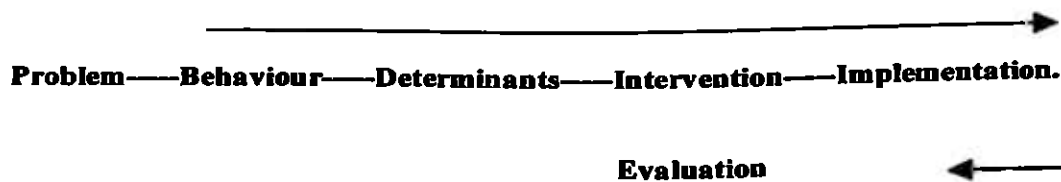
Irresponsible drinking, some women agree has to do with a general decline in morals and an ill-defined belief that you should do whatever you like as long as you do not hurt anyone else. This is likely to leave a negative impact on young people and the growing up children in her environment. In fact in the course of their upbringing, the young persons basic attitudes towards alcohol question will be formed but often without any explicit exchange of information long before the youngster gets any formal education on the subject. If the young person grows up in a drinking home, he/she will adopt his parent's values from the start. Drinking is after all what parents; media and friends all agree to be the essential ingredient of the good life.

4.2 Intervention Model

Once the problem is acknowledged which may actually take time the woman is sent, persuaded or even forced to seek counseling or psychiatric help. These services are not more or less effective. From the findings, it looks like there is a gap that needs to be filled between the problem and the intervention. Most helpers, be they family, relatives, friends and even some professionals jump from the problem to the intervention without answering the question that lies in between as follows:

Problem-----Intervention-----Outcome.

However there is more to the problem than just intervention. There is need to explore deeply the behaviour of the woman to analyze the determinants, design appropriate intervention, assist in implementations and keep evaluating. This will provide a personal planned behaviour change which involves evaluation as follows:



A planned intervention is therefore a form of planned behavior change and the individual is able to own the process, which is part and parcel of the healing process.

In addition a more enlightened attitude towards the alcoholic woman is necessary in order that this issue can receive the attention it so desperately require. More so there should be an effort to initiate programs to improve assistance already existing. The most promising ones include those that are training health professionals to recognize the signs of alcoholism and to work in partnership with other community resources.

Evidence in this study demonstrates that alcoholism is a complex interaction of social factors: Pre-disposing, for example possible genetic influences, enablers from the woman's environment, and re-informers. This situation suggests that the environment in which a woman finds herself pre-disposes her to addiction. In fact women appear far more susceptible to social factors in supporting abuse of alcohol than men.

For example 60% of women interviewed were in relationships with men who were abusing alcohol, which can be an enabler or a rein- forcer.

The intent of the intervention model should be to improve women treatment outcome by assigning specific treatment modalities to them based on their individual needs and characteristics. A multidisciplinary effort into the complicated and destructive domains of alcoholism among women needs to be put in place. This study while representing great strides in sensitivity to women's issues, the result should serve as an impetus for further inquiry and investigation into substance abuse by women. Health professionals should be taught how to recognize the signs of addiction early enough for intervention.

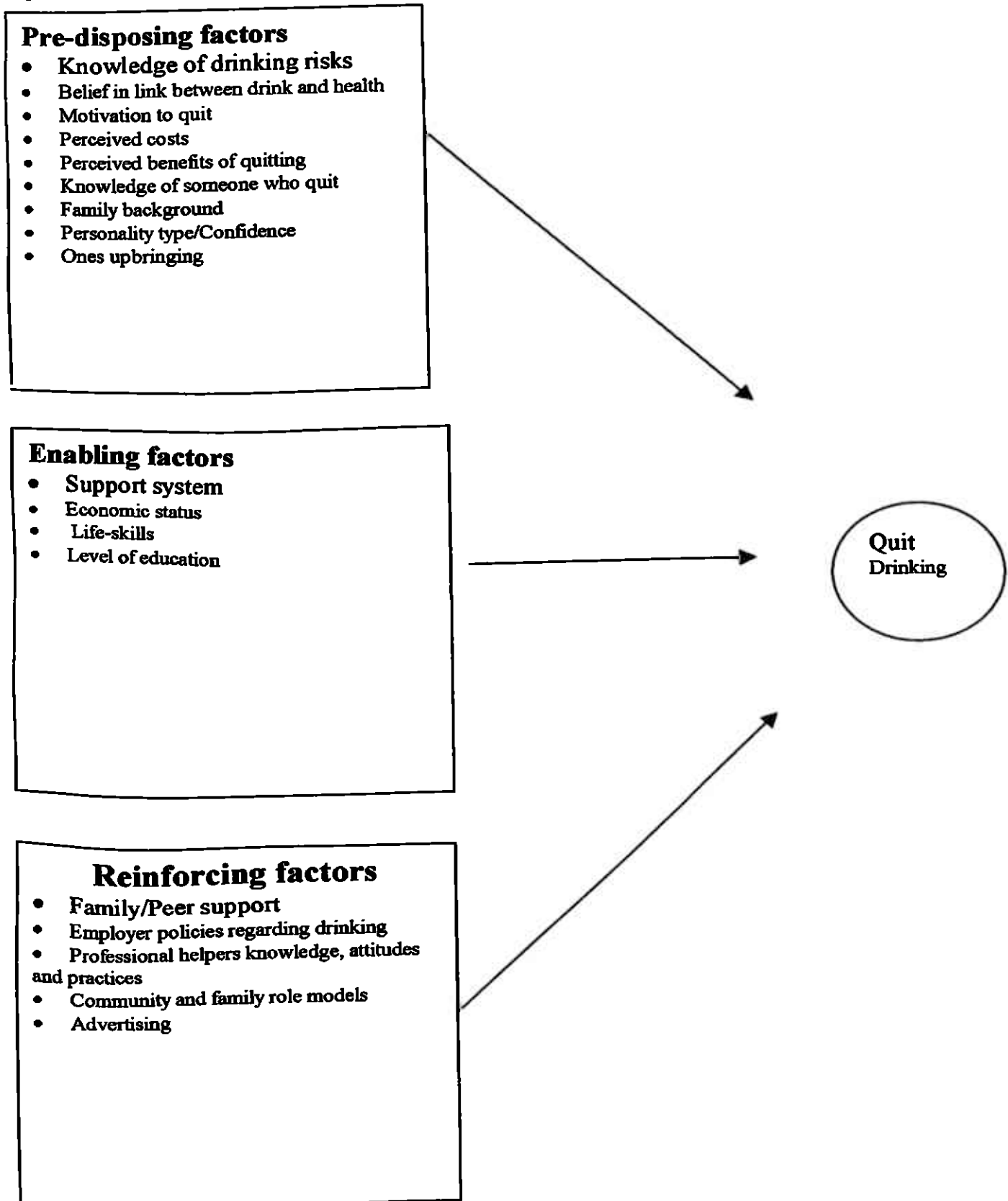
Respondents were also asked to indicate the type of support programs that they felt could be developed to alleviate the suffering of women alcoholics. Their responses were as follows:

- Education
- Awareness campaigns
- Women only rehabilitation centers
- Counselling
- Pre-marital preparations

80% of them felt that there was need to introduce educational support services for early childhood in addiction.

Figure one below shows the factors at play in women who are struggling with alcoholism and may be helpful as a tool of intervention.

Figure 2



CHAPTER 5

SUMMARY, RECOMMENDATIONS AND CONCLUSIONS.

This chapter summarizes the findings, draws conclusions and makes recommendations to policy makers and researchers. Drinking habits have led to change of the marital social structure in that many respondents who are single, separated, divorced or widowed were married and lived happily before the onset of the drink. Stigmatization was evident in various forms as already cited. This was mainly reflected through anti social behaviors such as neglect, ridicule, skepticism, criticism, gossip, spreading rumors about their condition and their plight. Self-stigmatization was also rampant as the respondents felt they are no longer acceptable in the family, society and other settings because they thought that every body knew that they abused alcohol. They felt that they could not be trusted even once they stopped drinking.

Many of them described how they got caught up in the alcohol and drug trap, which became unending cycle of fear, guilt, pain and hopelessness that completely disabled them. Having no one to turn to, treatment being so expensive and only in selected places, some contemplated suicide; others joined the sex commercial ring while just continuing the unending hopelessness. They felt misunderstood because alcoholism is confused with drunkenness and willful misconduct.

From the respondents it is quite clear that alcoholism is prevalent. In some areas in Kenya, alcohol drinking is like a core activity. Long ago it was an optional complement to other activities e.g. weddings and other type of ceremonies. It was neither a must nor instrumental to the success or lack thereof of these functions. The distiller who came up with the family pack (Daily Nation), cited above, associating drink with family is seen as ruthless and taking advantage of the Kenyan's general ignorance of alcohol as a drug. The selling words were "It will bring love, joy, the spirit of sharing and friendship in the family". The respondents shared that in their opinion alcohol is a major source of family break ups, domestic violence, rape, crime poverty and soaring HIV/AIDS infection rates. They described the distiller as one who had no social conscience by declaring that the family pack will ensure consumers will drink responsibly or family park will also

enhance husband and wife relationship by ensuring couples spend quality time together. Was this an indication that drinking alcohol is a family activity?

Three quarters of the respondents had a relative who was addicted, a neighbor or friend who was struggling with this problem. It is least talked about although it is known to be a common problem. It is unknown as a disease. It suffers the stigma of being a sin, and a moral depravity. It is frowned upon as a habit that could be easily broken if only one were not lacking in will power.

5.1 Recommendations and conclusions

The study established that more and more women are being drawn into drinking and the hypothesis that had been set up at the start of the study was positively tested. Their drinking is increasingly impacting negatively on the institution of the family whether married or not. It also established that high knowledge about drinking, availability of care and support services will lead to improved behaviour. This is because a low percentage was found to have no knowledge about addiction although a few did not think counseling would help much. (Refer to pie charts)

The American Psychiatric association and World Health Organization at a website states "Alcoholism is a chronic disease. The craving that an alcoholic feels can be as strong as the need for food or water. An alcoholic will continue to drink despite serious family, health financial or even legal problems. It is a chronic disease that lasts a persons life-time, usually following a predictable course with symptoms."

Alcohol affects people differently. It is a selective drink. Only a minority of drinkers will experience the need to consume a lot of alcohol and over a long time become physically addicted to it and women are no exceptions.

According to the respondents, there are two sets of factors that decide on whether or not a woman will abuse alcohol and if looked into would make a major difference:

- **Social, Economic and Psychological conditions** bearing on the woman and that might trigger the need to drink. In actual fact most women reported that they drank because something went wrong, for example, they were dumped by a lover, left by husband, lost a job, kept company of peers who drank, did not like in laws, got bored and the like. Others got to drink because they were left home

on their own, to mind the kids and the house, while their spouses spent a lot of time with their buddies away from the family. A large percentage cited social stresses having provoked them to find solace in drink. Some of them who had been attended by a psychiatrist at some point with depression tended to consume more alcohol than those who had not been referred to one. Stress and depression are so intertwined that it was difficult to separate the two but they were surely present in many of the respondents. A good diagnosis of these symptoms would go a long way in moving towards the right direction.

- The other set of factors have to do with **availability of alcohol**. It does not matter how miserable a woman felt. If alcohol were not readily and cheaply available, they would not get drunk. The government has no control over triggers and motives to drinking but something can be done about availability. The government can determine availability especially to under age. The focus groups had girls who 15-25 years who had drunk for a long time, meaning that they started using and abusing alcohol at a very tender age. At the very least, legislation can be tightened up to prevent under eighteen year olds getting access to drink. Their members for instance should make clubs like Carnivore, and the like accountable for the signing in of the under- age drinkers.

Proof of age, if required should be a condition of sale at wines and spirits shops and the laws should be changed that make drinking legal for young women and girls.

- In addition serious considerations should be given to **the reduction of drinking hours** especially at clubs.
- An equally effective curb on the availability of alcohol is an **increase in price**. It has been done in the past in this country and the objections to it were perfectly well founded: shrinkage in the market would cut profits to Kenya Breweries and other distillers and ultimately cause closures and job losses. The question is, at what price are those profits and jobs being maintained?
 - ✓ Death of innocent people and the addicts
 - ✓ Misery of broken and unstable institutions
 - ✓ Overspending and stretching projects like NHIF

- ✓ Increased workload of social workers, and other helpers etc.

How bad does it have to get before anyone will sit up and take notice?

The recent announcement and advert of five liter packaging of alcohol is typical example of an industry gone crazy, (Nation Newspaper August 4th, 2004). Uncontrolled alcohol consumption can only lead to famished families, never happy or well fed. The idea of a family pack is totally in contradiction with family values. Thankfully alcohol packed in sachets has finally been banned. Alcohol is not an ordinary drink like tea or coffee; it is a mood-altering drug of which the sale, consumption and who is allowed to drink must be carefully regulated.

Young women and mothers drinking is a unique area that requires a specialized kind of intervention. The counseling offered at the center, which is considered to be a motivating factor should be made more flexible and may need specific adoption to meet pertinent issues as they relate to young women. It should be part of a comprehensive program that provides on going support behaviour change and affirmations. Various relevant structures can be designed at different contact points specifically to address issues of young women. For consistency, reduction of chemical dependency (Drinking in particular), and re-enforcement of positive behaviour, there is need to encourage and increase positive parental involvement, irrespective of the marital status of the woman. 60% of the women perceived they would get increased emotional support from families and relatives if they opened up about their drinking difficulties. Therefore a comprehensive program needs to be put in place or designed where parents would play a major role not only in care and support but also in mitigation aspects.

Obviously to go with disclosure is availability of centers that are affordable, and this would be a motivating factor for owning up and wanting to quit. There is also need to ensure quality professional help and frequent review of performance to confirm satisfaction with the service.

Availability of peer support groups, like the AA according to data is a motivating factor to quitting. These groups help people cope with their problems, situations, by sharing experiences as well as providing mutual support. Through the same structures, on going individual counseling may be important and promotion of awareness of alcoholism. Quite

a number were poorly paid in employment or were in self-employment whose returns were poor. This support group may act as a forum to address this issue by re-designing goals to introduce income-generating activities intended to boost self-confidence as well as financial support.

This study has highlighted many issues related to abuse of alcohol especially among youthful women. Kenya has a youthful population with more than half of the population aged below the age of 20 years. The cohort aged between 10-19 years comprising of the greatest growing segment of the population and this needs to be addressed in good time with programs in place.

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APPENDICES

APPENDIX 1

CONTRACTUAL FORM FOR PARTICIPATION IN A RESEARCH AS A RESOURCE PERSON (KEY INFORMANT)

The research is for a master's degree in sociology (counseling) on the influence of drug abuse by young women on the family institution.

You have been selected on the merit of working with /treating women/ mothers who have Presented issues related to drinking at Amani Counselling Centre, In that regard you are in a position to provide key information about what is likely to be happening in client's life specifically related to family.

I hope you will participate in an in depth interview. The interview will take a approximately 45 minutes to one hour. The subject entails an in-depth exploration of the subject of drinking and how the client feels about, it how society looks at her and any other relevant information.

It is hoped that you will talk freely without any inhibitions on the subject in question. This is on voluntary basis.

The information given by the informants will be treated confidentially and their names shall not be used in any publication that will be a product of this study.

Agreement:

I Designation.....

Of P.O boxare willing to participate in the proposed study.

I' am aware that the information I will provide will be used in compiling a project report.

Signature _____

Researchers Signature _____

APPENDIX 2

(Client's) respondents Questionnaire.

SECTION A

1. Please tick your age bracket

15 -20	30 -35
20 -25	35 -40
25 -30	40 -45

2. Marital status (tick where appropriate)

- a) Married
- b) Singe
- c) Divorced
- d) Separated
- e) Widowed
- f) Other----specify-----

3. What is your current occupation?

- a) Permanent employment
- b) Self employment
- c) Casual employment
- d) Not employed
- e) Other ----Specify-----

4. If employed for how long have you been in your current job?

- a) Less than one year
- b) 1 to 3 years
- c) 4 to 6 years
- d) 6 to 9 years
- e) Over ten years

5. What is your estimated monthly income?

- a) Less than 1,000
- b) 1,000 to 3,000
- c) 3001 to 6000
- d) 6001 to 9000
- e) 9001 to 12,000
- f) Over 12,000

6. What is your highest level of education?

- a) None
- b) Primary

- c) Adult education
- d) Secondary
- e) College
- f) University.

7. If not married are you living?

- a) With parents
- b) With relatives
- c) On your own
- d) Other----Please specify-----

SECTION B

8. Where were you born, brought up and educated?

- a) Rural
- b) Urban
- c) Other----Specify-----

9. Are you a child of,

- a) Single
- b) Marriage parents?

10. What is your position with your siblings?

- a) First
- b) Middle
- c) Last
- d) Other----Please specify-----

11. How do you spend your leisure time, e.g. weekend/ Holiday?

- a) With family
- b) With friends/Peers
- c) Alone
- d) Other----Please specify-----

12. When did you start drinking? State an event if any and you can remember it.

13. Did you have any information about the drink or drug you take before you started?

- (a) Yes
- (b) No

13. Are you likely to take a drink/drugs when in trouble or under pressure?

- a) Yes
- b) No

14. Are you secretly irritated when friends discuss your drinking?

- a) Yes
- b) No

15. According to you do you think your family or friends are affected in any way by your drinking?

- a) Yes
- b) No

16. Do you face any family or friends hostility due to your drinking?

- a) Yes
- b) No

17. Do you usually have reasons for the occasions when you drink heavily?

- a) Yes
- b) No

18. Have you tried switching brands or following different plans for controlling your drinking?

- a) Yes
- b) No

19. Have you failed to keep promises you made to yourself about controlling or cutting down on your drinking?

- a) Yes
- b) No

20. When sober do you regret things you said or did when drinking/drank?

- a) Yes
- b) No

21 State two feelings you get when sober.

a) _____

b) _____

22. Have you in the past made an effort to stop drinking and failed?

- a) Yes
- b) No

23. If your above answer is yes did you experience any symptoms?

- a) Yes
- b) No

SECTION C

24. Is there any history of addiction/problematic drinking in the immediate or extended family? If yes who?

- a) Sibling
- b) Parent
- c) Uncle
- d) Aunt
- e) Grand parent

25. Has there been a death due to one or more complications as a result of drinking?

- a) Yes
- b) No
- c) Don't know
- d) Not sure

26. What are some of the social problems you encounter in life as a result of your drinking?

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

27. What do you think you need now as a way of helping you?

28. What do you think can be done to avoid such situations in future?

29. What is one thing you would suggest for younger women as far as drinking is concerned?

A) _____

30. Any other comment you would like to make? If yes please do so.

Name (Optional) _____

APPENDEX 3

FOCUS GROUP DISCUSSION-AA GROUP DISCUSSION GUIDE.

These focus groups are small informal groups of women zeroing on drinking habits and difficulties associated with it. The members of the group talked freely about their experiences.

1. What triggered your seeking help? Why now?
2. How did you begin- referred, voluntary, persuaded, intervention by friends or relatives-any other?
3. What was your presenting problem at the centre?
4. What were your goal(s)/Expectation(s) from the helper?
5. What area of your life do you feel is most affected by your drinking?
6. What do you feel/think drove you to this behaviour?
7. What do you think might be helpful now?
8. What do you think might be put in place to avoid such a situation in future?