THE EFFECTS OF HARMFUL ALCOHOL USE ON THE QUALITY OF MARITAL RELATIONSHIPS: A STUDY OF PATIENTS AT REHABILITATION CENTRES IN NAIROBI

BY

FIDELIS NYAMBURA MBAGARA

BACHELOR OF PSYCHOLOGY (COUNSELLING) UON

UNIVERSITY OF NAIROBI – COLLEGE OF HEALTH SCIENCES

SCHOOL OF MEDICINE – DEPARTMENT OF PSYCHIATRY

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DECLARATION BY THE STUDENT

I, **Fidelis Nyambura Mbagara** do declare that this dissertation is my original work. It has not been presented to any other academic institution for the purposes of obtaining a degree or diploma.

Candidate: Fidelis Nyambura Mbagara

Bachelor of Psychology (Counselling)

The University of Nairobi

Registration Number: H56/66662/2011

Cell phone: 0722 870105

Email address: fidelismbagara@gmail.com

Signature: ……. Date: ……

APPROVAL OF SUPERVISORS

This is to certify that this dissertation work has been carried out independently by Fidelis Nyambura Mbagara student MSc. Clinical Psychology and has been submitted and approved by the Kenyatta National Hospital/University of Nairobi Ethics Committee for review and evaluation with our approval as The University of Nairobi Supervisors:

1. DR. ANNE OBONDO

   BA SOCIOLOGY, DIP PSYCHIATRIC SOCIAL WORK (UK)

   PhD UNIVERSITY OF NAIROBI

   SENIOR LECTURER, DEPARTMENT OF PSYCHIATRY

   COLLEGE OF HEALTH SCIENCES, THE UNIVESITY OF NAIROBI.

   Signature: ……

   Date: ……

2. DR. LINCOLN KHASAKHALA

   MB.Ch.B (Nrb), Dip Diabetes Care (SA), MSc Clinical Psychology (Nrb)

   PhD UNIVERSITY OF NAIROBI

   LECTURER, DEPARTMENT OF PSYCHIATRY

   COLLEGE OF HEALTH SCIENCES, THE UNIVESITY OF NAIROBI.

   Signature: ……

   Date: ……

DEDICATION

This dissertation is dedicated to the late John Kamau, one of the participants who went out of his way to participate in the study and encourage fellow participants at the AA Support Group at KNH to volunteer and participate in the study.

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LIST OF ABBREVIATIONS & ACRONYMS

WHO	World Health Organization
AUDIT	Alcohol Use Disorders Identification Test
KNH/UON ERC	Kenyatta National Hospital/University of Nairobi Ethics & Research Committee
NACADA	National Authority for Campaign against Alcohol and Drug Abuse
DV	Dependent Variable
IV	Independent Variable
FGD	Focus Group Discussion
SSI	Semi-Structured Interview

DEFINITION OF TERMS

Harmful Alcohol Use: (WHO 2004) This is a pattern of alcohol use that is already causing damage to ones either physical or mental health. This pattern of use is often criticized by other people and is sometimes associated with adverse social consequences.

Alcoholic: Any male or female who meets the criteria for diagnosis of harmful alcohol use who score 13 and above for male; 8 and above for female using the Alcohol Use Disorders Identification Test (AUDIT).

Quality of marital relationship: (Spanier 2008) A subjective evaluation of a married couple's relationship, with a range of evaluations constituting a continuum reflecting numerous characteristics of marital interaction and functioning placing quality of marital relationship as either high, moderate or low rather than a fixed category or score. Some key characteristic variables to define quality of marital relationship include:

a. Marital satisfaction, cohesiveness and expression of affection
b. Communication
c. Level of marital happiness ie contentment in the marital relationship leading to positive or pleasant emotions towards marital partner.

Spouse: a partner considered to be a wife or husband whether married in church, civil union or customary/traditionally.

Marriage: a union between a man and a woman either in their religious belief, a civil union or a customary/traditional union

ABSTRACT

Background/Introduction: This study on the effects of harmful alcohol use on the quality of marital relationships is a result of the numerous public protests by spouses in many parts of Kenya expressing concerns over neglect by their husbands due to alcohol consumption.

As indicated by Obondo (1998), heavy alcohol consumption has negative socio-economic effects on the family. The researcher identified areas that needed further research and exploration and one of the areas was on spouse coping methods. The researcher also proposed that appropriate methods for coping with alcoholism in the family needed to be recommended. Limited research has been conducted in Kenya in the area of marital relationships.

The purpose of this study was to gain an in-depth understanding of the effects harmful alcohol use has on the quality of marital relationships within our Kenyan cultural context. With the information and knowledge gained as a result of this study, the researcher hopes to recommend and carry out culture-appropriate interventions at doctorate level.

Methodology: The study design was qualitative. However a socio-demographic questionnaire & Alcohol Use Disorders Identification Test (AUDIT) tool were used. Qualitative data was gathered through semi-structured interviews and focus group discussions. Data was gathered from married patients admitted at various Rehabilitation Centers in Nairobi who met the inclusion criteria and who gave consent to participate in the study. The participants were screened using AUDIT to determine level of harmful alcohol use. The researcher used problem-centred interview approach. Data was collected after approval from Department of Psychiatry, KNH/UON ERC and the participating rehabilitation centres.

The sampling procedure for this study was purposive sampling. Data on Socio-demographic characteristics was analyzed through excel spreadsheets and results summarized, organized and presented by frequency tables and graphs. Qualitative data was also analyzed using thematic excel spreadsheets and is presented in narratives.

Results: This study finding indicates that harmful alcohol use negatively affects communication in marriage; it affects sexual relationships and plays a role in divorce & separation. It also leads to domestic violence/intimate partner violence thus affecting the overall quality of marital relationships. There is need for after-care interventions for married individuals who are battling with alcohol use disorders. This study has implications for future intervention studies in the area of alcohol use disorders and marriage.

Conclusion: The study concludes that alcohol abuse negatively affects the quality of marital relationships.

Recommendations: The study recommends that culture-appropriate, after-care interventions eg couple and family therapy, Al Anon/Alateen Family Groups among others be put in place to support married patients and their families after leaving rehabilitation centres.

CHAPTER ONE

INTRODUCTION

Harmful alcohol consumption is a widely accepted socio-cultural practice that may have complex biological, psychological and social ramifications on an individual, the family and the community at large.

Harmful alcohol use affects the marriage institution in many ways. It has an impact on communication particularly problem-solving, decision making and conflict resolutions between the couple. It impacts on spousal abuse and violence and influences sexual intimacy. Harmful alcohol use also increases the chances of separation and divorce and generally negatively affects overall marital satisfaction (Neill Neill, 2013). On the other hand, an unhappy marriage can lead individuals to seek solace in alcohol or associate with people and places where availability of alcohol predisposes one to become dependent on it over time. Therefore, the cause-effect relationship between harmful alcohol consumption and quality of marital relationship is complicated.

BACKGROUND INFORMATION

According to World Health Organization (WHO) 2 billion people globally use alcohol and 76.3 million are diagnosed with an alcohol use disorder. Harmful alcohol use further results to 2.5 million deaths (WHO, 2004). This is despite the implementation of various rehabilitation strategies.

Kenya has an approximate population of 38.6 million according to The National Census (2009). Research has now shown that, the prevalence of alcohol (and drug abuse) among adults in Kenya is 13.3% and is expanding rapidly to the destruction of the society (NACADA, 2011). The Kenya National Campaign Against Drug Abuse Authority (NACADA) in a report in 2011 reiterated that alcohol and other drug abuse have become major social problems in Kenya.

Within marital relationships, while many non-alcoholic partners may try to be understanding, supportive and loving to their alcoholic partners at the beginning, they tend to lose patience along the way either due to the alcoholic partner continued engagement in hurtful and destructive behaviours, increase in other marital problems e.g. marital disharmony, abuse & violence, sexual problems and maybe the non involvement of the non-alcoholic partner in the treatment process. This eventually leads to low quality of marital relationship.

PROBLEM STATEMENT

Harmful alcohol use is widespread and is having far reaching consequences on the quality of marital relationship as evidenced by studies from developed countries. For instance Cox (2009) confirmed that harmful alcohol use resulted in increases in marital dissatisfaction and divorce. The study further showed that while many partners who use substances did not engage in violence, alcohol in particular was associated with increase in intimate partner violence.

Marshal (2009) also confirmed that heavy and problematic alcohol use is usually associated with lower levels of marital satisfaction and higher levels of maladaptive marital interactions. The study showed that harmful alcohol use increases levels of marital violence. These results were assessed and confirmed using several marital functioning scales and using several study designs thus indicating their reliability and validity.

On 26th September 2012 women from Nakuru County from Hodi Hodi and Nyathuna locations held demonstrations at one of the shopping centre to protest over the extreme alcohol consumption by their spouses. They cited that the spouses had also neglected their marital duties and this was leading them to have extra-marital relationships. We have seen many more such media protests in the recent past.

Extra-marital relationships come with their own effects and in a country where authorities are working to reduce the spread of HIV/AIDS this will then pose as a great challenge. In African culture, according to Maharaj & Cleland (2005), the use of condom has not been embraced due to religious and other factors hence increasing the risk of HIV infection among couples.

According to The Kenyan Daily County News, on Thursday 28th February 2013, a man was reported to have been jailed for a year in Nakuru after having assaulted his wife and inflicting body injuries after she denied him sex in October 2009. During the proceedings, it was reported that the accused had come back home drunk and he demanded his conjugal rights. The wife denied him complaining that she had a headache. According to the ruling, this act was interpreted as rape by law and thus charged with attempted rape. This report suggests that alcohol can be a cause of marital rape. However, there are very few cases of marital rape that are usually reported in Kenya and many spouses are silent about this negative effect. Obondo (1998) confirmed that spousal quarrels may result from spouse misusing money, uncooperativeness and spending time away from home making the non-alcoholic spouse disgusted with these behaviours and becoming aggressive verbally. This leads to the spouse being uncooperative resulting in anger in the alcoholic spouse and this eventually leads to physical abuse.

In Kenya, the only study that focused on the effects of harmful alcohol use on the family was by Obondo (1998). This study did not specifically look at the effects of alcoholism on the quality of marital relationship but generally the socio-economic effects of alcoholism on the family. The study reported high prevalence of marital disharmony and violence in such families and showed that 88% of alcoholic families experienced marital disharmony. One of the reasons for marital disharmony was problems with sexual life as a result of alcoholism. Poor sexual relationship was also identified as a consequence of alcoholism in the family.

The study further suggested that alcoholics were more likely to have other marital problems e.g. violence, financial difficulties and unhappiness. However, even if the rate of divorce was identified to be low, 54% of the participants were thinking about separation or divorce.

Abuse was also noted among women participants. Some of the reasons identified why most of them continued in those abusive relationships included cultural factors, obligations towards their children and personal backgrounds. Thus, such families could be suffering with no appropriate interventions.

This suggests that the problems due to harmful alcohol use in marital relationship could just be as prevalent here as it is in the developed countries but has not been recognized. To be able to address the problem of marital relationship due to harmful alcohol use and to develop culture-specific interventions, it is necessary that these problems are identified and appropriate interventions proposed.

The concept of quality of marital relationship has also been studied broadly in developing countries but due to differences across culture, perceptions and societal norms, it is very difficult to take the definition of "quality of marital relationship" as defined by these developed countries and impose that definition in our Kenyan society and deliver appropriate interventions.

Mental Health practitioners therefore, lack the necessary information to be able to deliver problem-focused interventions to clients. Just as Mbabazi (2010) suggested, there is a need to investigate the extent of the problems due to alcohol dependence and to suggest possible solutions.

This study does, not only take this challenge to fill in these gaps in research and interventions but also focuses on one aspect of the possible social problems that harmful alcohol use may have on the quality of marital relationships.

SIGNIFICANCE/JUSTIFICATION OF THE STUDY

The study by Obondo (1998) identified gaps that needed further research by suggesting that spouses coping methods needed to be explored. The study also suggested that identification of appropriate methods for coping with alcoholism in the family were necessary. Since then, limited studies have been conducted in Kenya to fill these gaps. The goal of this study therefore, will be to gain in-depth understanding of the effects harmful alcohol use on quality of marital relationships in the context of Kenyan culture to help in the advancement of systemic clinical practice through the implementation of effective couple and family therapy interventions in the future.

In the developed countries like the USA, the magnitude of the problem has led to the development of new interventions to address the problems. For example, there has been a shift from individual therapy to couple and family therapies. According to Sullivan & Christensen (1998) the development of new interventions particularly revision of traditional individual therapies into couple and family therapies in the treatment of alcoholism in the USA has led to lower drop-out rates and higher treatment success rates.

This study was important to the researcher because of the interest to introduce couple and family therapy in the existing treatment plans for alcoholism. It will benefit the participants by identifying the key issues that would be necessary in developing culture appropriate interventions. This may help in improving the quality of marital relationships. Therefore, the outcome from this study may be of benefit to the participants as it will help in enriching their treatment interventions over and above the current existing treatment plans which would hopefully improve the quality of marital relationships.

This study also becomes the beginning of a new dawn in Kenya and our society in general towards the development of integrative approaches in managing harmful alcohol use and mitigation on its effects on the quality of marital relationships. The findings of this study will also be used to influence policy development and strategy formation in Kenya in dealing with the issue of harmful alcohol use and its impact on marital relationships.

RESEARCH QUESTION

The research to be undertaken will address the following question:

What are the effects of harmful alcohol use on the quality of marital relationships?

OBJECTVES OF THE STUDY

Broad Objective

To establish the effects of harmful alcohol use on the quality of marital relationships within Kenyan cultural context

Specific Objectives

1. To determine the socio-demographic characteristics of the study group
2. To define the concept of quality of marital relationship from the study group
3. To determine the effects of harmful alcohol use on communication
4. To determine the effects of harmful alcohol use on sexual relationships
5. To determine the role of harmful alcohol use on divorce & separation
6. To determine the effects of harmful alcohol use on domestic violence/intimate partner violence

Secondary Objective

1. To assess the level of alcohol use by the participants

CHAPTER TWO
LITERATURE REVIEW

In the emerging field of Marriage and Family Therapy the area of marital satisfaction has been cited as the most widely investigated topic area according to Spanier and Lewis (1980). They also indicated that the aspect of marital quality must be included when discussing marital satisfaction.

According to Carlson and Stinson (1982), research in the 1960s focused on demographic, personality and social variables and how these related to marital happiness. In the 1970s, there was a shift in focus and emphasis was on marital adjustment and satisfaction while in the 1980s it was identified that marital stability was highly associated with marital happiness and thus became the research focus. Therefore, according to Spanier & Lewis (1980) when researching marital quality, one can choose a specific aspect of marital quality to investigate e.g. adjustment, disharmony, happiness and satisfaction.

According to Spanier (1979), there are 2 basic types of assessment that have remained valid in the assessment of marriage: either focus on marital stability i.e. whether a marriage is dissolved by either death or divorce, separation etc or focus on the quality of marital relationships while they are intact i.e. how the marriage functions during its existence and how partners feel about and are influenced by such functioning. According to Spanier, marital quality is defined as a subjective evaluation of a married couples' relationship with the range of evaluation that constitutes a continuum that reflects various characteristics of marital interaction and marital functioning. It thus places marital relationships from high to low quality of marital relationship rather than fixed categories of scores.

According to Zainah (2012) studying and evaluating marital satisfaction continues to be important because it shows the state of one's marriage and highlights or reflects marital happiness and functioning. The study further indicates that factors that influence or that can contribute to marital satisfaction may differ across cultures.

According to Marshall (2009), alcohol use can either be maladaptive in that it serves as a chronic stressor resulting in marital dysfunction or it can also be adaptive and serves to relieve stressors on temporary basis leading to marital functioning. According to this study, the relationship between alcohol use and 3 key marital domains i.e. satisfaction, interaction and violence was studied and the results indicated that alcohol use was maladaptive and it is associated with marital dissatisfaction, negative marital interaction patterns and higher levels of marital violence.

In his study, Cox (2009) found that married individuals had significantly lower rates of alcohol use and abuse and he termed this a 'marriage effect'. He also found that in those couples who consume alcohol together and in similar amounts, they reported greater marital satisfaction than those whose partners practice dissimilar use. However, the study findings indicated that increased alcohol use by either partner led to increase in marital dissatisfaction and increased the chances of divorce. The study further indicated that alcohol use increases intimate partner violence.

In a research undertaken by Leonard & Rothbard (1999) they looked at the concept of "marriage effect" with respect to drinking and drinking problems. According to the findings of the research, "marriage effect" reflected 3 processes of how marriage impacts alcohol use. One of these effects was that getting married reduces an individuals' alcohol consumption but at the same time the study showed that divorce increases amount of alcohol consumption.

In South Africa, a study by Setlalentoa, Thekisho & Ryke (2005) identified that alcohol had many different roles in the lives of many South Africans. Historically, alcohol consumption contributed to the strengthening of the socio-cultural fibre. However, today it poses a major threat to the quality of life. Setlalentoa et al (2005) confirmed that harmful alcohol use destabilizes or brings imbalance in families. It causes lack of love and are in relationships. It increases the chances of domestic violence and affects partners sexually. It also affects social networks and lead to social isolation and loneliness.

Setlalentao et al (2005) highlighted the urgency to re-address policies and strategies to combat alcohol abuse.

In Kenya, the only study that focused on the effects of harmful alcohol use on the family was by Obondo (1998). This study did not specifically look at the effects of alcoholism on the quality of marital relationship but generally the socio-economic effects of alcoholism on the family. The study reported high prevalence of marital disharmony and violence in such families and showed that 88% of marriages with a spouse diagnosed with alcohol use disorder experienced marital disharmony. Poor sexual relationship was also identified as a consequence of alcoholism. The study further suggested that alcoholics were more likely to have other marital problems e.g. violence, financial difficulties and unhappiness. However, even if the rate of divorce was identified to be low, 54% of the participants were thinking about separation or divorce. The study identified gaps for further research including identifying spouses coping methods.

In yet another study Odoro (2010) carried out a research in Central Kenya to establish the effects of alcohol consumption in that province. This was as a result of a launch by President Kibaki to try and curb alcoholism among men due to the dropping fertility rates that had been evidenced in the province. Women in the province had even staged a protest and marched to stop brewers from selling alcohol to their husbands. The findings of the study highlighted retardation on economy, education, health and also highlighted that it brought about social problems.

In the recent past in Kenya, there have been protests by women, who are citing neglect by their spouses due to alcohol consumption. For example, on 26th September, 2012 women from various locations in Nakuru County held demonstrations protesting over what they termed as “extreme consumption of alcohol” by their spouses. They said their spouses had neglected their marital duties and this was leading them to have extra-marital relationships.

In yet another indication of the problems associated with harmful alcohol use, on Thursday 28th February, 2013 a man was sentenced to jail for 1 year for assaulting his wife and inflicting bodily injuries when he was denied sex. The man, was reported to have come back home drunk. This, according to the Judge, was marital rape. This may indicate that harmful alcohol use increases chances of marital rape.

It is on the basis of these increased concerns of the social effects of harmful alcohol use particularly on marriage in Kenya that the researcher specifically chooses the quality of marital relationship as the initial area of focus.

Studies on quality of marital relationships have not been carried out in Kenya with the objective of advancing clinical practice in the field of couple and family therapy.

At the moment, treatment plans for harmful alcohol use in Kenya focus on the individual and utilizes individual based treatment strategies. According to Christensen & Sullivan (1998), behavioural couple therapy has proven to be most successful in reducing alcoholism and in improving couples' satisfaction. They also indicated that spousal involvement in treatment increases effectiveness of these behavioural treatments.

This study therefore aims to ascertain the effects of alcohol use on the quality of marital relationships with a view of establishing overall marital satisfaction within the context of Kenyan culture.

CHAPTER THREE
RESEARCH DESIGN & METHODOLOGY

This chapter discusses the overall process used in identifying the population, the location of the sample and the instruments that were used in data collection.

STUDY DESIGN

The study was a qualitative study conducted at various Rehabilitation Centres in Nairobi. This design was chosen because it enabled subjective expression of participants' opinions and ideas in regard to the study objectives. It also enabled in-depth exploration of effects of harmful alcohol use within the cultural context and understanding. This will thus facilitate the implementation of culture-appropriate interventions for the study group and the larger population with alcohol related problems.

STUDY AREA DESCRIPTION

The study was conducted at Rehabilitation Centres in Nairobi. According to NACADA, there are 19 Rehabilitation Centres registered with them. These include: Asumbi Treatment & Rehabilitation Centre (2 centres), Brightside Treatment & Rehabilitation Centre, Chiromo Lane Treatment Centre, Conquerors With Christ Trust Rehabilitation Centre, Eden Village & Halfway House, KNH-Patient Support Centre, Maisha House, Masaa Home, Mathari Hospital Drug Rehabilitation Unit, Nairobi Outreach Services (NOSET), Nairobi Place Addiction Treatment & Specialization Medical Centre, STEVFO Treatment & Counselling Centre, STEPAWA Halfway House, SAPTA, Alcoholic Anonymous, The Bridge Treatment & Counselling Centre, Emmanuel Resource Centre and Greater Life Concern.

The researcher conveniently identified 5 Rehabilitation Centres to carry out the research. In choosing these study areas, the researcher looked at "access" i.e. ability to gain permission to be able to gather data and also looked at convenience of getting the participants to readily be available to support the research as follows:

1. Kenyatta National Hospital – Patient Support Centre

2. Mathari Hospital Drug Rehabilitation Unit
3. Chiromo Lane Treatment Centre
4. Support for Addictions Prevention and Treatment in Africa (SAPTA)
5. Asumbi Treatment & Rehabilitation Centre (Karen Centre)

Rehabilitation is usually the last stage of management of psychoactive substance use disorders including alcohol. It involves preparing patients for a life without the substance and prepare for social reintegration. Rehabilitation services are usually an important phase of treatment and the stay in the Rehabilitation Centres varies from 6 weeks to 3 months. It usually involves patients going through individual and group therapy and other different types of skills training and personal development.

Kenyatta National Hospital – Patient Support Centre

Kenyatta National Hospital Rehabilitation Services are handled at the Patient Support Centre within Kenyatta National Hospital. Kenyatta National Hospital is Kenyas' leading teaching and referral hospital. It was founded in 1901. It also provides facilities for medical research services. It has 50 wards and 22 outpatient clinics. The patient support centre is one of its outpatient clinics. The patient support center provides psychiatric and psychological services to children and adults on out-patient basis. The centre runs its group alcohol and substance abuse rehabilitation services also on an out-patient basis.

Mathari Hospital Drug Rehabilitation Unit

Mathari Hospital Drug Rehabilitation Unit is one of the units within Mathari Hospital. Mathari Hospital is a National Referral and Training Hospital for mental health services that offers care for both civil and criminal patients. It is situated on Thika Road opposite Muthaiga Police Station which is about five kilometres from Nairobi City Centre. The Rehabilitation Unit is a small compounded area within Mathari Hospital and it can accommodate 37 patients in small basic rooms. It offers both individual and group counselling. Majority of the patients are male but they also have a ward designated for female.

It admits patients with alcohol dependence and other substance abuse for 3 months. Majority of the patients are usually referred from the general wards of Mathari Hospital.

Chiromo Lane Treatment Centre

This is a psychiatric in-patient centre based at Chiromo Lane, Westlands in Nairobi. It was opened in 1997 and registered as a medical institution. It is also recognized by the Ministry of Health. It has a bed capacity of 30 patients. It offers occupational therapy, nursing care, addiction treatment, group, individual and art therapy. It also has outpatient services. It ensures early recovery from problems associated with depression, psychosis, bipolar disorder, schizophrenia and alcohol dependence and other substance abuse. It is run by a team of qualified psychiatrists in Kenya.

Support for Addictions Prevention and Treatment in Africa (SAPTA)

SAPTA was registered as an NGO in March 2004 with an objective of providing educational programs for addiction counsellors and running community based prevention. It provides advocacy to ensure greater access to treatment and promotion of professional standards in the addiction field. It also runs an outpatient treatment service and helps in building capacity in other rehabilitation centres.

It has a 5 fold mission which includes prevention of alcohol and drug abuse, treatment of addictive disorders and other co-occurring disorders. Their treatment plans extends to family of the addicted individual. Their other missions include the establishment of recovery centres within communities, training at various levels of counselling for addiction and advocacy and research in the areas of substance abuse and treatments. SAPTA is located along Ngong Road next to The Green House.

Asumbi Treatment & Rehabilitation Centre (Karen Centre)

This is one of the well known rehabilitation centre that was started by the Turberg Brothers at Asumbi in Homabay in 1978. It offers an abstinence based treatment program that also includes withdrawal of any mood or mind altering drugs during the treatment.

Currently, it has 3 Centres – 1 at Homabay and 2 in Nairobi. The Karen Centre was opened in May 2005 while the Ridgeways Centre was opened in December 2006. They focus on the individual's spiritual and personal growth and they use group, individual and family therapy as intervention strategies. They follow the Alcoholic Anonymous programme approach and their treatment plans includes after-care support for those individuals who are discharged.

Their vision is to be able to realize self-fulfilment and social harmony for all the community members through sharing and caring for each other. Their mission is to continue to reach out to substance users, to create awareness, treatment and rehabilitation where need be and re-integrate them into their communities for a healthy nation.

STUDY POPULATION

The study population were all patients admitted at the identified Rehabilitation Centres who met the inclusion criteria.

Inclusion Criteria

- ✓ All patients admitted with alcohol related disorders as per Rehabilitation files
- ✓ Patients able and willing to participant and give informed consent.
- ✓ The patients who were married.
- ✓ Patients who met the AUDIT score of 8 or above

Exclusion Criteria

- ✓ All patients who were single and have never been married
- ✓ All patients who were divorced
- ✓ All patients who refused to give consent to audio-recording of the SSIs and FGDs
- ✓ Patients who were too ill to participate
- ✓ Patients who did not meet the Audit score of 8
- ✓ Patients with Polysubstance dependence even if they meet the AUDIT score of 8 and above

SAMPLE SIZE DETERMINATION AND FORMULA USED

Sample size was determined by the number of qualified patients who met the inclusion criteria set above. However, the researcher ensured to recruit and interview as many patients who qualified in each Rehabilitation Centre. The researcher identified patients among those participating in focus group discussions to participate in in-depth semi structured interviews. For purpose of this qualitative study, the researcher estimated to work with a sample size of 50 patients. The researcher managed to get 46 participants for the study.

SAMPLING METHOD

The researcher used purposive sampling technique. The researcher actively selected and recruited the participants who qualified as per the inclusion criteria at the Rehabilitation Centres as they were deemed to be the most productive in answering the research questions.

RECRUITMENT AND CONSENTING PROCEDURES

Recruitment of participants into the study was purely on voluntary basis and participants were explained in detail the purpose and objectives of the study. They were then requested to volunteer. Those who volunteered and recruited were requested to give their consent in writing by signing the consent form before commencement of data collection.

Recruitment did not impact workflow as the researcher explained and recruited during patients' scheduled group meetings and discussions scheduled during patients' free time. The researcher used the offices and rooms provided to ensure privacy and confidentiality. The researcher planned beforehand with the various In-Charges the recruitment schedules and thus ensured space availability. The burdens on patients life-flow was only time spent during the interviews.

Recruitment was based on meeting the inclusion criteria including AUDIT assessment hence it went hand in hand with data collection for socio-demographic characteristics and interviews.

Focus Group Discussions of 6-9 participants who gave consent to participate in the group discussions were organized at various venues inside the Rehabilitation Centres.

This process took 1 month. The researcher did own recruitment and did not experience any access issues since all permissions and approvals were sort and granted beforehand.

DATA COLLECTION PROCEDURES

Rehabilitation files were reviewed to pick out all patients admitted for alcohol related disorders. The researcher then attended group meetings to do introductions and explain study objectives and purpose. Those that indicated their willingness to participate, initial assessment on marital status was conducted. For those that were married, the researcher administered the AUDIT tool to assess level of alcohol use. Those that scored 8 and above were recruited and consent sort by signing consent forms. They were then requested to pick their preferred name to be used during the study and on all other study documents. Only the consent form had their real names for purposes of future identification.

The participants who consented to participate in FGDs were put together in a group of maximum 6-9 participants. The FGDs took approximately 1 hour. The researcher then identified some participants who were contributing and willing to share personal experiences and conducted semi-structured interviews. SSIs took 30 minutes.

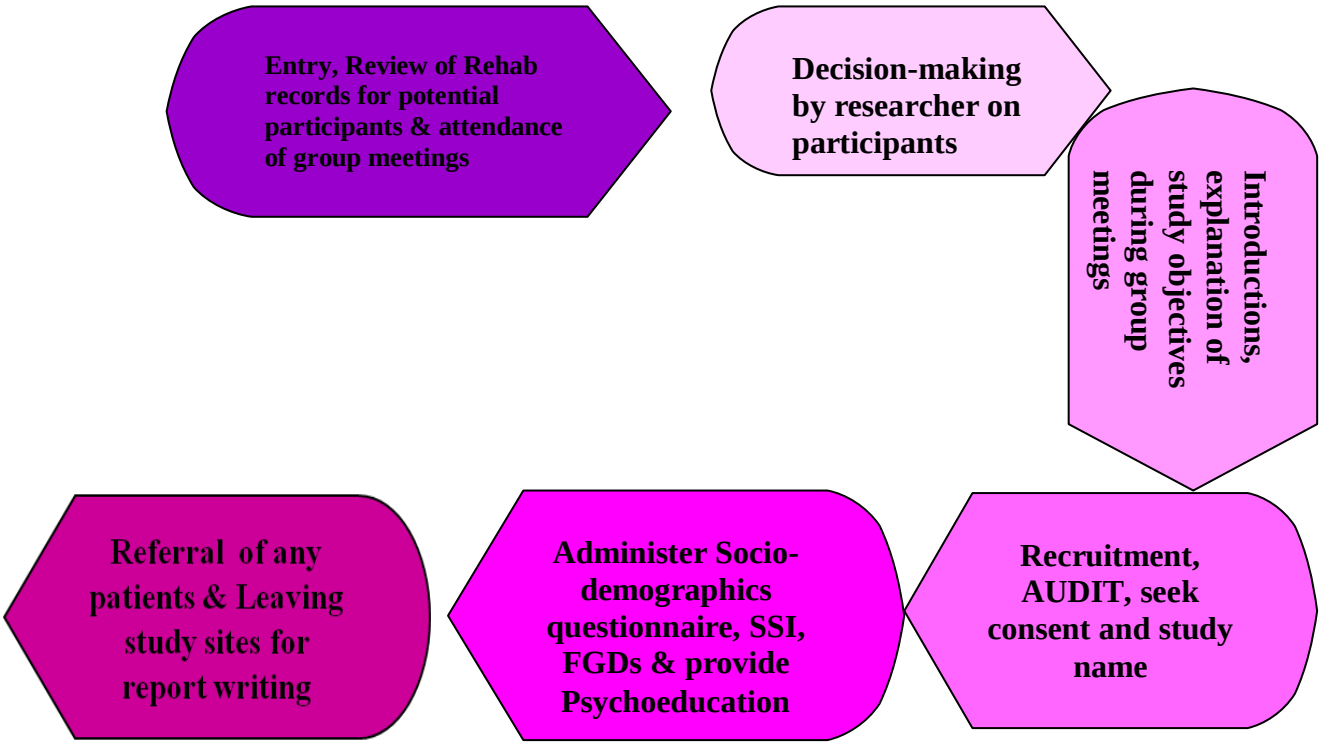
After closure of the FGDs and SSIs, the researcher introduced the concept of psycho-education sessions with the participants as a gesture of appreciation for participating. The participants requested the researcher to provide life skills on specific topical issues. Therefore, topics for Life Skills were provided by the participants and conducted over several days which included stress management; anger management; how to re-build trust with their spouses and families.

All interviews were audio recorded with participants permission and at the same time notes were taken

- Interviews were labelled and dated immediately after
- Record of the process including notes and diary of activities were kept
- Participants were given chance to ask questions about the interview and the study after the interviews

Once data was collected, the researcher asked for any patients who needed to seek further psychotherapy after Rehabilitation to come to KHN- Patient Support Centre and gave the participants their contacts. The participants also wrote their contacts on a separate record sheet for future reference and use. The researcher then left the study sites.

The following flow chart shows the data collection procedure

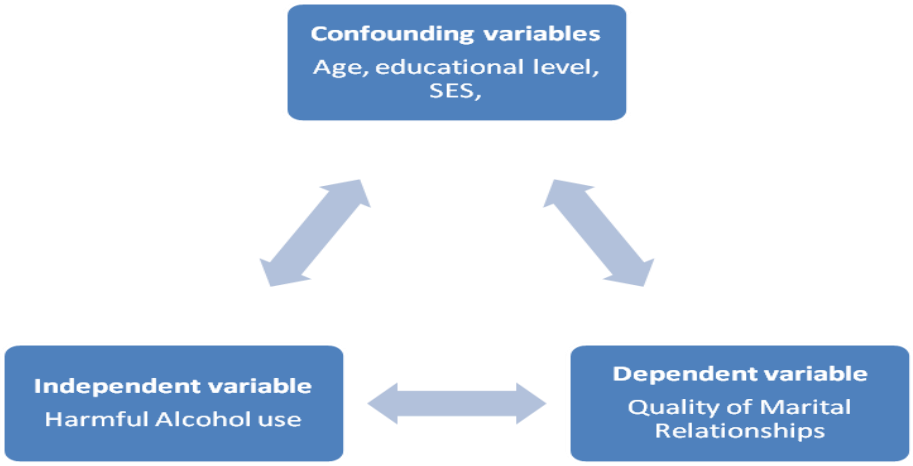


VARIABLES: DV, IV AND CONFOUNDING VARIABLES

The Dependent variable was the quality of marital relationship. This was what the researcher was assessing. The Independent variable was harmful alcohol use. This was what was being assessed for its effects on the quality of marital relationship. Confounders are those other variables that may affect the quality of marital relationship e.g. age of marriage, educational level, ethnic background and socio-economic status i.e. livelihood/loss of employment. These were converted into questions during FGDs & SSIs.

The effects were being studied through the subjective experiences of the participants either positive or negative but as narrated during the semi-structured interviews and focus group discussions.

Flow chart illustrating the relationships between variables:



MATERIALS AND INSTRUMENTS

Rehabilitation Centre records

Tape recorder for recording the interviews

Consent explanation and consent forms

Socio-demographic Questionnaire, SSI & FGD discussion guides

AUDIT Assessment instrument

Field note books

QUALITY ASSURANCE PROCEDURES

The researcher used the following procedures to ensure quality of data collected:-

1. Triangulation of methods and data where multiple research methods of study were employed to get information i.e. document/records from the Rehabilitation Centres were reviewed, Socio-demographic questionnaire to confirm data, SSIs, FGDs and observational methods were employed.
2. Data collection, analysis and review were done at the same time to ensure data validation, clarification and accuracy.
3. The researcher maintained impartiality when collecting qualitative data as the researcher was the primary instrument for gathering and analysing data.
4. To ensure descriptive and interpretive data was valid, credible, reliable and adequate time was spent in the field collecting data. The researcher ensured accuracy and verification of records by checking whether what had been recorded was what participants said and meant during the interviews.
5. Researcher used low inference indicators ie using words or phrases that were very close to what the participants said and what was recorded in the field for several Kiswahili words.
6. Audit trail was emphasised. The researcher kept detailed and accurate records of every activity undertaken in the field and of data collected.

DATA COLLECTION INSTRUMENTS

The researcher developed and used a questionnaire to collect socio-demographic characteristics of the participants and Semi-structured interview schedules were used as a guide during one on one in-depth interviews and focus group discussions.

The researcher also screened patients for inclusion into the study using The Alcohol Use Disorder Identification Test (AUDIT). AUDIT is a World Health Organization tool and all rights are reserved by the organization.

It is a 10 item tool that takes approximately 5 minutes to administer. It is a screening tool and not a diagnostic tool. Scores for questions 1-8 have an answer range of 0-4 while questions 9 & 10 have 3 responses with scores of 0, 2 and 4. The total score interpretation includes:

- A score **of 8 or more** indicates harmful or hazardous drinking
- A score of 13 or more in women and 15 or more in men indicates a likelihood of alcohol dependence.

The participants filled both the socio-demographic questionnaire and AUDIT in English language but the researcher was available to ensure the participants fully understood the questions. This method ensured accuracy in data collection and ensured all questions were answered. The researcher then re-confirmed that all questions were completed when the participants handed them in.

World Health Organization confirms that the AUDIT tool may be freely reviewed, abstracted, reproduced and translated in part or in whole for research purposes as long as it is not for sale or to use in commercial purposes. Many developed countries have validated this tool and it has now been validated in Kenya with specificity of between 78% and 96% and sensitivity of between 51% and 97%.

Accordingly, none of the tools used in this research required special permission.

ETHICAL CONSIDERATION

Approval to carry out the research was obtained from the department of psychiatry and the Kenyatta National Hospital/University of Nairobi –Ethics and Research Committee (KNH/UON ERC). Thereafter, further official permission was sort from the Administration of the various Rehabilitation Centres. Site collaborators included personnel who were in-charge at the rehabilitation centres on the dates of interviews.

Written consent by way of signing was sought from the study participants after the researcher explained fully and in details the objectives of the study. The researcher made

known to the participants that participation was on voluntary basis and that anyone could withdraw their consent and their participation at any stage of the interview without any loss of benefits. Participation was ensured by providing psycho-education to all patients in the rehabilitation centres about topical issues they had chosen. All patients in the rehabilitation, including those who did not qualify to participate benefited from these voluntary group psycho-education sessions.

Confidentiality was assured and the researcher explained that participants' names will only appear on the consent forms and they will be kept separate for follow up purposes if need be in the future. The researcher asked the participants to choose their preferred study names to be used for purposes of the research and these were also indicated on the consent forms for ease of reference and retrieval.

Thereafter, all other documents and assessment tools only contained the participants "preferred study name". These preferred "study" names were used during focus group discussions and were clearly written on their name tags. The researcher ensured that interviews and discussions were conducted in private conditions provided by the rehabilitation centres.

This study did not involve any physically invasive procedures or methods. However, the study focused on discussing intimate personal issues that may have elicited emotional reactions and discomfort. The researcher was very observant for any signs and behaviours that may have indicated distress or that the patient was overwhelmed and was ready to provide professional help to handle these situations arising. However, this did not arise. In this regard, therefore, this study had minimal risks.

There was no compensation for participating in the study.

The participants were provided with the contact information of the researcher and of the supervisors should they wish to contact them for any reasons. The researcher also

provided contact information for KNH/UON ERC office should they also wish to make contact for any reasons.

Study findings were to be availed to the rehabilitation authority if they request. However, there was no such request by the rehabilitation authority.

DATA MANAGEMENT & STATISTICAL ANALYSIS

Qualitative Data was collected using Semi Structured Interviews and Focus Group Discussions. The interview method used in this study was based on the problem-centred interview method of qualitative social enquiry. This approach was characterized by an opening question that introduced the problem. This opening question was open enough to enable participants to discuss the issues freely while at the same time the researcher ensured that thematic areas of interest were tackled. This method was found to be fitting for the study as it allowed enough openness and flexibility in the area of interest.

Data collected was available in different forms: Taped interviews (both FGDs & SSIs), hand written notes and other field activities eg psychoeducation notes. Focus Group Discussions & Semi-Structured Interviews audio interviews were transcribed – verbatim. All interviews were in English and were rich in content hence all were used except the 1st SSI done which was considered not a good interview and hence discarded.

Raw transcripts received were cleaned using the hand written field notes for any omissions. Thereafter, data was analysed in excel spreadsheets using thematic tables. Themes were picked from each transcript as they emerged and summarized in the excel spreadsheet.

The socio-demographic questionnaire was analysed using excel spreadsheet to allow for descriptive analysis. AUDIT scores were analysed for inclusion of participants into the study. All the participants met the AUDIT score of 8 and above.

The final report has been presented in narratives, frequency tables and graphs

CHAPTER FOUR

FINDINGS

Introduction

The study set out to look at effects of harmful alcohol use on the quality of marital relationships. The focus of the study was to determine the socio-demographic characteristics of the study group, define the concept of quality of marital relationships, and determine the effects of harmful alcohol use on communication, on sexual relationships, on divorce & separation and on domestic violence/intimate partner violence. To answer the research question and meet the objectives of the study, semi-structured interviews and focus group discussions were used to generate data.

The first part of the findings focuses on the socio-demographic characteristics of the informants. Thereafter, the findings were presented in key thematic areas. Finally the last part focused on discussion based on the findings of the study.

Socio-demographic characteristics

A total of 46 patients participated in the study out of an expected sample size of 50. This represents 92% of the study participants therefore was representative of the sample size. However, the findings are for 45 participants as 1 Semi Structured Interview was deemed as a bad interview since semi-structured interview technique of interviewing was used instead of problem focused technique hence discarded.

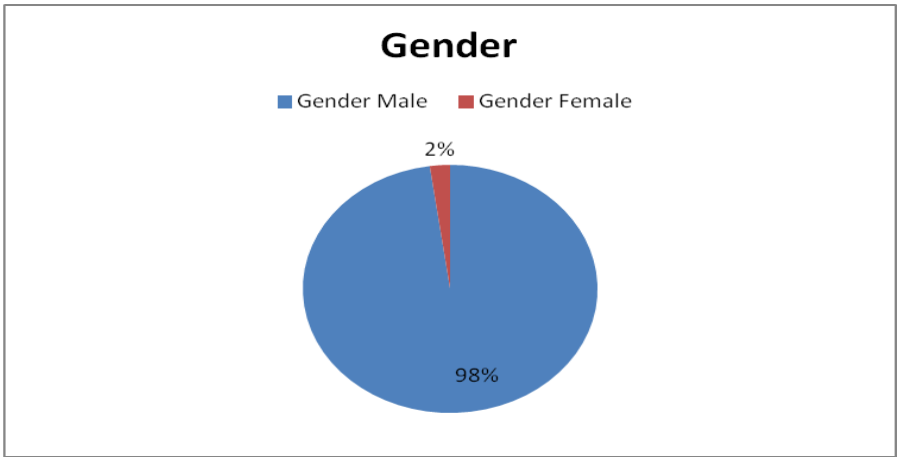
Table 1 shows the socio-demographic characteristics of the participants.

Table 1 - Socio-Demographic Characteristics

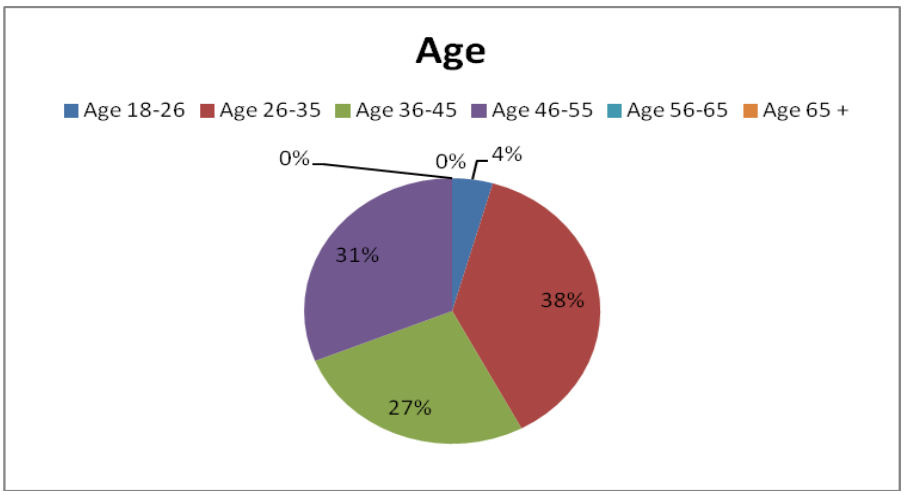
Background Characteristics		# of participants	Percentage
Gender			
	Male	44	98
	Female	1	2
Age			
	18-26	2	4
	26-35	17	38
	36-45	12	27
	46-55	14	31

	56 & above	0	0
Marital Status	Married	45	100
Religion			
	Catholic	18	40
	Protestants	21	47
	Muslim	2	4
	Others	4	9
Educational Level			
	None	0	0
	Primary	3	7
	High School	7	15
	College	26	58
	Graduates	9	20
When alcohol problem started			
	Before marriage	31	69
	After marriage	14	31
Whether participants had thoughts of Divorce/Separation			
	Yes	16	36
	No	29	64
Whether participants' spouse had asked for Divorce/Separation			
	Yes	18	40
	No	27	60

The following are the illustrative analysis of the participants' characteristics:



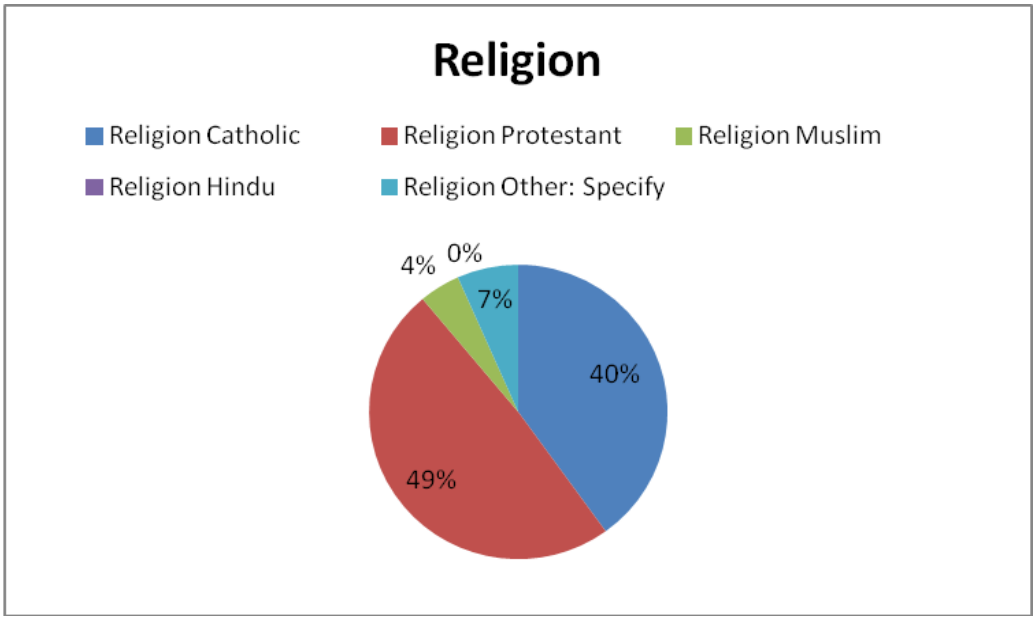
Out of the 45 participants, a total of 44 were males (98%) and 1 was female (2%).



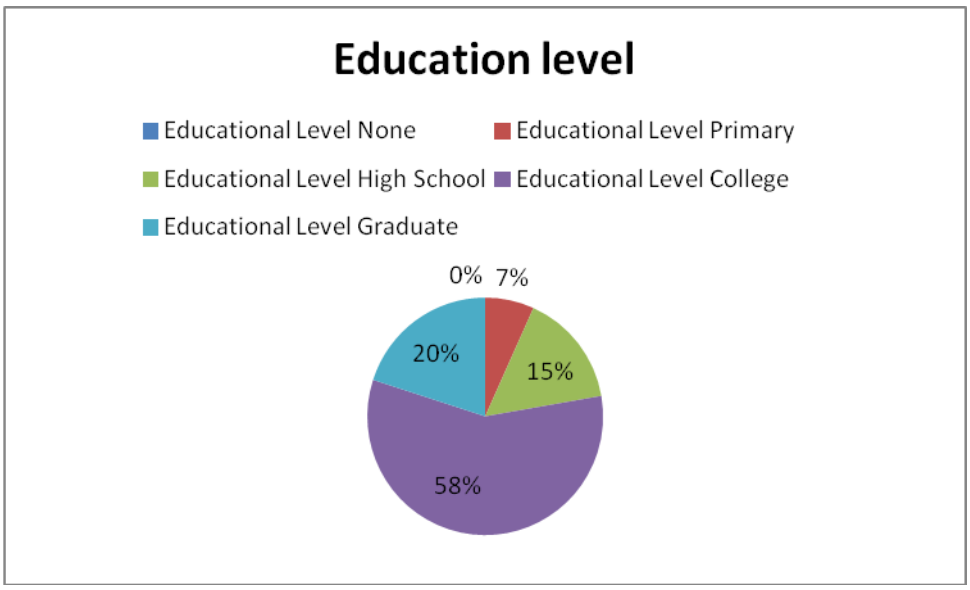
The age distribution of the participants included (2)18-26 yrs. (4%); (17) 26-35 yrs. (38%); (12) 36-45 yrs. (27%) and (14) were 46-55 yrs. (31%). There were no participants between the ages 56-65 yrs. & above.

Marital status

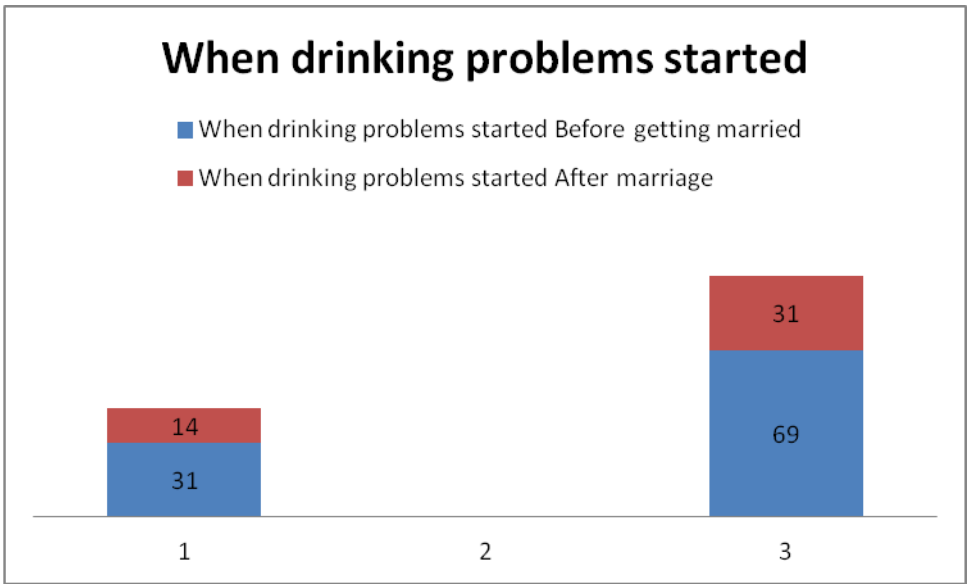
As per the study inclusion criteria all participants (100%) were married individuals in rehabilitation centres.



Out of the 45 participants, 18 were Catholics (40%); 22 were Protestants (49%); 2 were Muslims (4%) and 3 indicated they belonged to other religious affiliations (7%) which included Rastafarian.

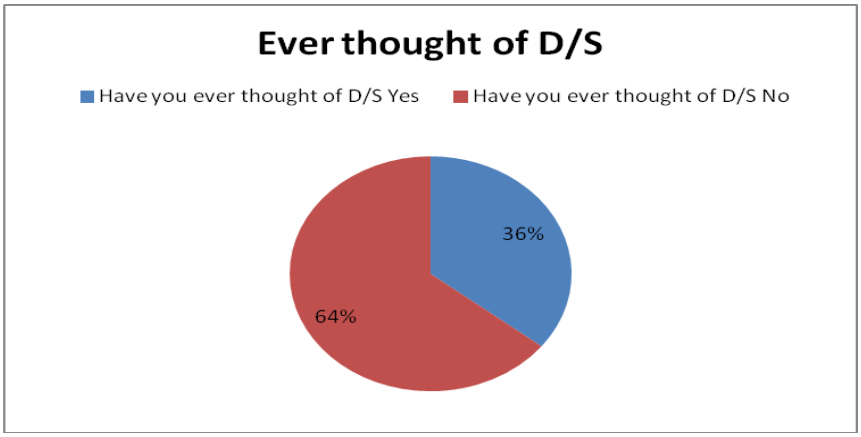


The highest level of education was university graduate level with 9 participants (20%) having a graduate education, 26 participants (58%) had a college diploma, 7 participants (15%) had a high school level of education and 3 participants (7%) had Primary level education.



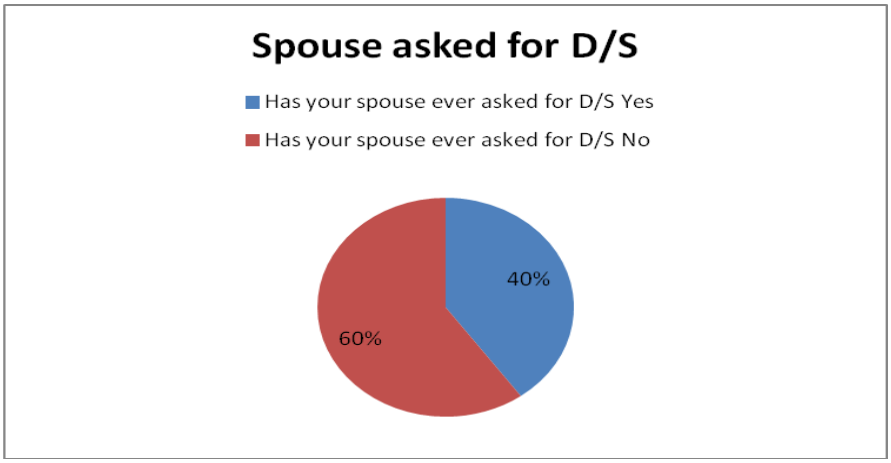
A total of 14 participants (31%) started having drinking problems after marriage while 31 participants (69%) started having alcohol related problems before getting married.

Thoughts of Divorce/Separation by participants



16 participants (36%) confirmed they had thought of divorce/separation while 29 participants (64%) had not thought of divorce & separation.

Whether spouse has ever asked for Divorce/Separation



18 participants (40%) indicated that their spouses had ever asked for a divorce/separation while 27 of them (60%) indicated their spouses had never asked for divorce/separation.

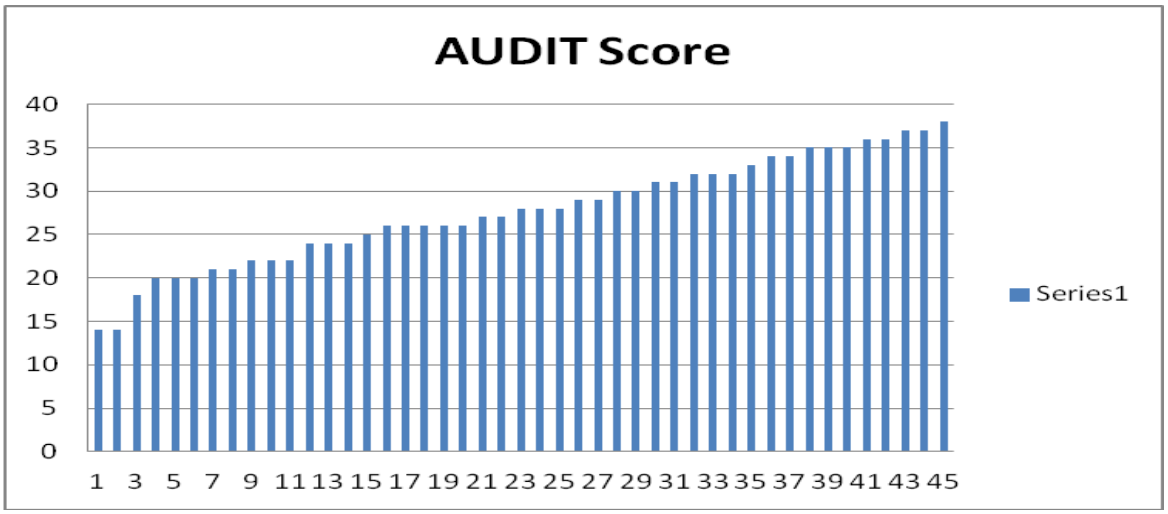
Occupation

The participants were in a variety of occupations as follows:-

Admin Officer	Broker	Businessmen	Car Dealer	Chefs	Civil Engineer	Civil Servants	Cleaner	Clinical Officers	Drivers	Ex-student (Nursing)	Geo-physyist	Handyman	IT Expert	Journalist	Lawyer	Legal Officer	Mechanic	Medical Lab Tech	Not working	Nurses	Pilot	Police Officer	Student	Taxi Driver	Teachers	Welder
1	1	5	1	2	1	2	2	2	3	1	1	1	1	1	1	1	1	1	2	2	1	1	1	1	7	1

The highest numbers of participants were teachers (7) followed by businessmen (5) and then drivers (3). The rest were from a variety of occupations. However, 2 participants indicated they were not working at the moment.

Level of alcohol use by participants



All participants qualified and met the inclusion AUDIT Questionnaire Score of 8 or above. The participants' scores ranged between 14 and 38.

Perceptions of quality of marital relationship

The participants had different perceptions of what quality of marital relationship entailed. To most of them, quality of marital relationships was characterized by couples understanding of each others' expectations in the marriage. This also entailed ability to accommodate each other's' shortcomings and know how to handle each other's expectations.

> *"Also l would say a good marriage is when everybody has their own expectations, in both sides all of us have expectations so it is always good when a person is in marriage to compromise as in you like have to accommodate each other." (SSI Justine in KNH)*

Others indicated quality of marital relationship as where couples were friends and there was peaceful coexistence. According to them, friendship was expressed in effective

communication and respect for one another. This included having a good bond between the spouses, and their children, and being God fearing. This was manifested when the father took the family to church every Sunday.

> *"... I can say it is where there is peace in between the spouses. Alcohol can destroy the peace in your marriage. Good behavior is the one that gives you peace. A marriage with peace is a good one." (FGD1 in Mathari)*

There was also a perception that quality of marital relationship was where neither of the couples took alcohol. It was believed that too much alcohol was a recipe for financial misappropriation, mistrust, lack of openness and hatred, which were a risk to good marriage. It seemed that where they were not drunk there was a sense of commitment to the family's goals, and acceptance of responsibilities which was seen as a measure of the trust, openness and love.

> *"……a good marriage is marriage where neither of the spouses drinks. Then there will be respect to each other and take each other responsibility with great acceptance. There is trust, openness, love and good communication" (FGD1 in Asumbi)*

Some perceived quality of marital relationship as one having financial stability. Money was important in the fulfillment of the needs of the family, without which the couples always fought and the hardest hit was always the man who was humiliated by the wife, sometimes to the extent of reporting the inability to provide for the family needs to the man's in-laws. Such instances made the man, who was seen as the one wasting family resources on alcohol, violent to the wife and children

> *".....without finances, there is no marriage, so there has to be financial stability." (FGD2 in Asumbi)*

Effects of harmful alcohol use on communication

Harmful alcohol use/consumption negatively affected the way couples communicated to and with each other in marriage. This in turn affected other areas of marital relationships and functioning. According to most informants, when one party was sober and the other was drunk they did not get to have any effective communication. This reduced friendship and intimacy between the spouses.

Harmful alcohol use affected the listening abilities of the alcoholic partner, who felt bothered and nagged by their partners' talks. Most of the male informants indicated that when they were drunk, they did not pay attention to their wives' conversations, they considered them as nuisance and noisy. On the other hand, when they were drunk, their wives never listened to them and considered the men speaking under the influence of alcohol, therefore irrelevant

> *"Once the man gets in the house there are arguments when the man talks to the wife and kids it gets different, the children hear what you say to the wife, most of the things are bad and only very few are good….most of the time they are bad things…insults." (SSI Mechanic in Asumbi)*

> *"There is a very big difference when I am sober and when I am drunk. When I am sober, I can listen to my wife and even understand what she is saying but when I am drunk it's different. I don't listen to her... " (SSI Dahmer in Asumbi)*

Lack of proper communication with the spouses was also reflected in their ability to respond to their spouses. There was a difference in the way they responded to their spouses compared to when they were sober. When sober, there was calm tone in speech and they allow their spouses to talk. This was not the case when drunk, where they often shouted at their spouses and never gave them opportunity to express themselves. There was also a tendency to keep quiet when sober and only bring up issues when drunk.

> *''You see, if we had an argument in the morning when I am not drunk which is normal, I do not talk a lot. She can even be rude to me and I will be quiet and walk away. But when I go and get alcohol when I come back home, I must remind her*

of whatever she told me in the morning and we shall fight. Most of the time when I am not drunk, I don't talk back to my wife. She is the one who talks and talks and talks and I will only talk when I am drunk." (SSI Dan in Asumbi)

''I enter that house and I am not really a good communicator in one way, it's like I'll sit and she may ask "have you eaten?" and I would answer "what's your problem?" I am rude. I am not the same person." (FGD1 in Asumbi)

In other instances, some did not talk to anyone when drunk. This however was never taken well by the other partner. Silence when drunk showed that the partner was being ignored or that the alcoholic partner was guilty of the charges leveled against them. Some of the allegations included having extra marital sexual relations and wasting family resources on alcohol

''When I am drunk talking becomes a problem. Maybe there are certain things my wife wants to talk about and I have been brought home drunk. I will just lie on the bed even without removing shoes I will sleep till morning and if there was something that maybe my wife wanted to talk about I will not solve issues in my home. In the morning I wake up and leave for work, in the evening instead of coming home direct I pass by the bar and go home drunk, get to bed without talking" (FGD 1 in Mathari)

"when I am drunk, am still normally in control and when I get in my house the child is asleep and after eating my food, I go straight to the bedroom. I don't like stories when am drunk even with my wife." (SSI Mzito in Mathari)

"For me I am too generous when am sober, but when l take beer l become very bad, and I can be in the house without saying anything." (FGD 1 in Asumbi)

In instances where some couples communicate when drunk, the communication was poor and more often than not poor and negative communication was used as a strategy to avoid dealing with issues being raised. This led to misunderstanding of what the spouses

intended to say. Sometimes feelings of guilt emerged as a result of their behaviours eg misuse of finances that could have been put into better use at home. However, instead of acknowledging this fact, the alcoholic partner talked in forceful or violent manner, sometimes using cursing and threatening words, so as to frighten the partner, and thereby avoiding the questions and issues of wasted finances and other wrongs done.

> *"...I and my wife both drink. We get that resentment, anger, sometimes we even feel guilty of what we do. Communication becomes one of our biggest problems because no one wants to listen to the other person. Everybody seems to be the one saying the right thing...yeah." (SSI in KNH)*

> *"...talking is just an issue of defense. When you come home in the evening drunk, you become violent. You can also come home very late and leave very early to avoid communication. This might go on for two or three months. There is no communication at all." (FGD2 in Asumbi)*

Most of the time, especially where both partners were drunk, any efforts to communicate led to quarrels and it even turned violent.

> *"....communication is good when I am sober and when we are seated as a family before I go to the bar and be in the house before nine or ten. But when I get in the house in the morning it used to be so bad because she used to know I was with other women. We were quarrelling every time because of my trend...then it came to a point where whenever we drink and we both get drunk we could fight. We would disagree on things and we would have quarrels." (SSI Wyckliff in Mathari)*

A main result of inability to communicate was the unfulfilled plans and aspirations of the couples.

> *"We have poor communication and as a result, the plans we have are never pushed through." FGD2 in Asumbi)*

Effects of harmful alcohol use on sexual relationships

Harmful alcohol use/consumption negatively affected sexual relationships between couples because the couple did not spend quality time together. This lack of quality time together sometimes led one or both parties to suspect that the other was being unfaithful. In most of the cases, the wife of an alcoholic often accused him of having extra marital affairs since he was drunk most of the time and did not satisfy her sexual needs.

> *Resp: I can tell you it is like two very different people before I started drinking and when I became a drunkard and it makes it impossible to relate with my wife*
> *Int: How is that?*
> *Resp: About the bedroom let me tell you, and no one should lie to you, alcohol affects this thing a lot. Like me, I get home and sleep like a dead person even taking a shower is not possible...*
> *Resp 2: Yeah when you drink a lot, he is right, you just sleep and if your wife tries to have sex you find you slept on top of her (laughs)."*
>
> *Resp 4: Yes it has an effect, because when I come home and there is no way I can have sex with her, I smell and I don't have strength, it is very poor. Or maybe I just do it once and then forget and sleep."*
>
> *Resp 7: Sometimes, you are so exhausted and so you get to the action and you want to end it faster than your wife so your wife does not get satisfaction."*
>
> (Excerpt from FGDs in Asumbi)

These allegations, according to the informants, were sometimes true. When the men were drinking, they were often in the company of younger women and they bought them beer as well. They at times ended up having sexual relations with them. Some men disappeared from their homes for days and were usually with these other women. When they got home, they usually did not have the urge for sex or were too tired to have sex with their spouses. Coupled with the influence of alcohol; sexual intimacy in marriage was greatly diminished

“There are always quarrels about it. Yeah…because my wife starts saying I am from a prostitute yet in most cases it is not the case. I go home after drinking. But sometimes I go to the prostitutes. You see when you get to the house, you do not have the desire for your wife yet she is the mother of your children and does everything for you and she is the one who makes you look smart. (SSI Dahmer in Asumbi)

"You see when you are at the bar you get a girl and you spend money buying her beer and maybe end up sleeping with her." (SSI Mechanic in Asumbi)

"But generally on bedroom matters especially sex, when drunk you do not perform; alcohol affects a lot." (SSI Mechanic in Asumbi)

In the case where the man was the one suffering from alcohol use disorder, while the woman suspected that he was having an affair with other women, the man also suspected that the wife was most likely sleeping around with other men since he was not able to satisfy her sexually. This, according to some informants turned to be true. As a result, mistrust developed between the couple and coupled with unmet sexual satisfaction this often led to separation and divorce.

"....We have had several risks of separation also but the first one when we separated it was because I found her with another man. She ran away to her parent’s home ...." (SSI Dan in Asumbi)

"I sometimes tend to over drink and it becomes hard for me to stop and it has even cost me relationship wise. l can say the issue of trust because maybe what you do according to your experience you start doubting the other person maybe you start wanting to know who called her, who she is talking to… because of the things you do out there, you start doubting your spouse because you think they are doing the same things as you." (FGD 1 in Asumbi)

"To me I can say the wife can go because you cannot meet her desires because once you get in the house you just sleep and yet the wife wants her rights to be met. You find that once you get to the house you just stay in the 'parking' for one night it goes for a day, a week and even a month; the wife might think twice. That's why infidelity comes. The wife sees it as monotonous, and she won't allow someone smelling to start getting "close''
(FGD in Mathari)

Effects of harmful alcohol use on divorce & separation

Harmful alcohol use was blamed for separation and divorce. In a marriage where one partner was engaged in excessive use of alcohol, there was high risk of divorce and separation. This was mainly due to the lack of provision of the basic needs for the family. Fights after drinking often led to the separations.

"…this is my third marriage, a come-we-stay. The other past wives have children out there. My first wife was an alcoholic just like me…" (FGD2 in Asumbi)

Int: Okay….now, has alcohol been a risk to causing any breakup or separation with your wife?
Resp: heheheee……you know, this is my 2nd marriage my 1st wife left because of my drinking.(SSI Dan in Asumbi)

"…when I met my first wife and she became stubborn, I started drinking as a way of reducing the stress until we separated and I continued when she left… I drink like a fool…my second wife is threatening to leave also if I don't stop drinking" (SSI Dahmer in Asumbi)

"…But it continued, and the war became so bad; on and off I would kick her out of the house and she would go back to her mother's place. She stays for 2 or 3 weeks and then somehow she comes back. It was on and off like that until one day l told her enough is enough "you go" but she did not go because she knew I was serious." (FGD1 in Asumbi)

There was always a risk for separation in marriages where one or both of the party was addicted to alcohol. Some wives threatened their alcoholic husbands that if they did not stop drinking they would leave the marriage. This made the men seek rehabilitation so as to save their marriages.

> *"For me what l have experienced as threatening. It was when she told me like "it's either you choose me or alcohol" so l was in a situation and that is why l chose to come to Asumbi so that l can get the help because when I look back, alcohol has brought me so many problems but I thought if my wife is telling me so, it means she cares about me because if I do not change she will walk out of the marriage so l chose her over all the worthy drinks and came here." (FGD2 in Asumbi)*

Infidelity associated with harmful alcohol use also led to separation and divorce. Many men who were alcoholics were thought to be having affairs outside the marriage, and were treated with suspicions by their wives since they could not satisfy them sexually. This was associated with the diminished sexual drive, where the men were not able to satisfy their wives and hence made the women walk out of the marriage.

> *"...when she has taken alcohol things just happen the opposite and because we fight. We talk about separation when we are drunk. So by the way she takes good care of me when she is sober and when we are not drinking we are best of friends, we do not think about separating."* (SSI Justine in KNH)

In some instances, the friends of the non-drinking partner encourage them to leave the marriage. In the case of an alcoholic man, some of the wife's friends cited this as a reason for them to separate. Some male participants indicated they knew their wives were staying in the marriage because of the children and others because their parents had insisted they stay and work on their marital problems together.

> *"…because of my alcoholism, my wife's friends are usually a bad influence to her because instead of encouraging her to stay with me they are just there to tell her*

how she should move out of the marriage, how she should not work it out"(SSI Justine in KNH)

"a child came in between us and separation became a difficult thing even though l was anticipating it so we've just been trying to hold on to the marriage because of the child, the child loves both of us and it makes it a bit difficult for us to separate because of those feelings we have for the child" (FGD1 in Asumbi)

"There is also the issue of our parents. They have always wanted us to be together. They know we can work it out." (SSI Justine in KNH)

Effects of harmful alcohol use on domestic violence/intimate partner violence

Most of the male participants admitted to be more violent and aggressive towards their wives when drunk. Intimate partner violence was perpetrated in the forms of physical, verbal abuses, psychological and even sexual abuse. When drunk, the partners were always quarrelling and resorted to physical violence so as to prove a point. The men would always want to show the woman in the house who between the two was in charge.

"It has affected because I have been beating my wife a lot, even my children, I even disturb my parents. I kick my wife and children out of the house and lock the house; I break the glasses, plates, burn clothes and a lot of damages in my house." (FGD1 in Asumbi)

When the man got home and was intoxicated, there was always a quarrel between him and the wife. Most of the time the issues that brought up the quarrels were the wasting of family resources on alcohol, negligence of the family responsibilities and suspicions of having an extra marital affair. Many partners especially the wives were cruel to their husbands for getting home drunk all the time, which made the husband to beat her up so that she kept quiet. Alcohol consumption influenced the way people responded to different situations. For some men, violence become a way of making the wife not question the

wastage of resources, absconded responsibilities or even demand money from him. Some women did not usually take it calmly but also fought back

Resp: When I am drunk, we are always quarrelling and resort to physical violence so as to prove a point or master the woman in the house. Mostly, I get irritated by what she says, mostly when she talks against my drinking habit…….

Int: ok, when you say quarrelling, did that lead to physical violence?
Resp: oh yes….that was a must. I used to run after her, and I slap her. You know there are words [insults] you are told and you get really mad. (SSI Dahmer in Mathari)

''.....when I am drunk and I know I have spent all the money and since I don't want to account for it, when she tries to tell me anything, I will bring up a fight to silence her."
INT: okay but what kinds of fights will you bring up?
Resp: well, sometimes physical fights, exchanging words and being rude to her. All this can end up in a big war especially the one for exchanging words. She gets angry, she raises her voice and I do the same. At the end, you end up having a physical fight. (SSI Dahmer in Asumbi)

".....I sometimes go for cash and then I use all the money. I try to cover it up by fighting, and she fights back." (FGD1 in Asumbi)

"……for me, I can tell my wife that I will give her some money for shopping but I use it all on alcohol. I then go back home drunk, when she asks about the money, I beat her up. The intention was not to beat her; it was the influence of the alcohol." (FGD2 in Asumbi)

Resp: yes…I fight with my wife sometimes. She is my wife and I tell people 'mimi napigananga na bibi yangu' (I always fight with my wife). There are times we fight

because I have spent all the money and I go home with no money. " (SSI Mzito in Mathari)

Some participants did not blame their harmful alcohol use to being violent. They cited their socialization process. Some participants who came from families of origin where they saw their father beat their mother said they were doing what they saw happen at home.

Others attributed their violent tendencies to their culture that allowed them to beat their wives. This was confirmed by some informants who attributed their violent behaviors towards their spouses to having learned from their family of origin and being in a culture that permitted or allowed a husband to beat his wife.

"….for me, I think violence has to do with my upbringing. I used to see my father beating my mother and I think it also contributed to me doing the same. He used to beat my mother in front of us when drunk…." (FGD1 in Asumbi)

".....like he said (someone coughs) if you are brought up from a family where the father is beating your mother, then there will be violence at your home. Now like my case, I am from such a family but my culture allows us to beat our wives so if my wife misbehaves, "fungia yeye kwa mti, tandika kidogo then chinjia yeye" (FGD in Asumbi)

The alcoholic wives on the other hand engaged in physical and verbal insults with their partners whether the husband was drunk or not. When both were drunk, they exchanged insults and fought even on their way home but in the case where the husband was not drunk, he would beat up his alcoholic wife for neglecting her household chores.

Int: you talked about quarrels, are these incidences of actual physical violence or what did you mean by quarrels?

Resp: yes there have been incidences of physical violence. I can remember a time when my wife came late at night so I asked her 'how comes I can come earlier than you, I cook you come and eat (laughs) while you are the one who is supposed to come earlier than me even if you are from a drinking spree?' So she tried to fight back then I got physical. I held her and threw her down and slapped her.
Now by doing so, I eased the tension in the house though it didn't solve anything. We had violent fights several times, like every weekend or every two weekends in a month we used to fight…yeah. (SSI Justine in KNH)

The male participants admitted that when they were drunk, they were mostly irritated by the nagging wives when they got home, and that they normally never intended to beat their wives but it was the influence of the alcohol that led them to do that. In some instances, violence against the partner was pre-planned and this was only accomplished when the partner was drunk. Most participants indicated they would not beat their wives when sober.

"……when I am drunk and my mind tells me to beat her up its like I double the bitterness so when I think of beating her I must accomplish it. So when I get home, I really beat her but if I was sober I can not do it." (SSI Dan in Asumbi)

CHAPTER FIVE
DISCUSSION

This study recruited individuals who were currently married. It was noted that most of the participants could afford treatment due to their livelihood, majority (43) were employed i.e. 96% therefore these findings cannot be applied to the general population.

Socio-demographics Characteristics

Age & Gender

Almost all participants were men except for one female. This gender disparity seems to be in line with what has generally been found in prevalence studies where men with alcohol use disorder are more than women. This is because women in general would consume less alcohol or drink less frequently and hence are less likely to develop alcohol related problems. This is comparable to a study by Greenfield et al (2003) which found that women are less likely than men to develop substance related problems. In yet another study conducted by NACADA (2012) 22.9% male compared to 4.5% female in Nairobi used alcohol. There may also be other social factors barring women from seeking or accessing treatment in Kenya. Women are the caregivers particularly of children and may be facing challenges of who will provide care of the children when in the rehabilitation centres. Accordingly, there is a possibility that many women prefer to seek alternative treatment; outpatient care as opposed to inpatient treatment. Most women who are married are also expected to be responsible in our Kenyan societal setting and are not generally expected to be involved with harmful alcohol use. In some Kenyan traditions, women are generally not expected to be drunk as they would be considered to be morally weak (NACADA 2010) and this could also contribute to fewer women using alcohol and those who drink hide their problem therefore not openly seeking help. Biologically, it is also generally known that women in child-bearing age should not be indulging in alcohol; this is to avoid harm to their unborn babies. According to National Institute of Alcohol Abuse and Alcoholism NIAAA (2000) children of mothers who continue to consume alcohol during pregnancy develop fetal alcohol syndrome (FAS) and intellectual disability among

other behavioural and neurological problems. While these may be the case, Musyoka (2013) established that women may also be experiencing the challenge of availability of treatment facilities. There are fewer rehabilitation facilities in Kenya as shown by Musyoka (2013) where only 3 out of 20 rehabilitation centres in Nairobi admit female clients creating reasons for the gender inequity.

Majority of the participants were of ages 26 to 55 years. This is similar to epidemiological studies done by Substance Abuse & Mental Health Services SAMHSA (1999) which demonstrated that alcohol dependence reaches its highest prevalence in early and middle adulthood and then starts to decline. In these studies, the highest concentration age of the participants was 26–55years with the highest number being ages of 26-35years, and these numbers declined for age 36-45years. However a slight increase in numbers of participants was seen in age group 46-55years. This can be postulated to mean it is a time when people realize that age is catching up with them and are taking stock of their achievements in life while preparing for old age therefore may be experiencing midlife crisis. This finding is comparable to Levinson (1978) who found that men in particular commonly experience a Mid Life Crisis transition which is characterized by emotional state of doubt and anxiety. This period is also characterized by feelings of boredom in ones' life, job, partner or spouse which can lead to harmful alcohol use or drinking to get excited.

Education level and when people start drinking

Most of the participants were either graduate (20%) or had attained a middle level college education (58%). In this study, the participants could economically afford rehabilitation facilities indicating before admission, they had a livelihood. These results indicate that the participants were young adults after college/university life and experiencing peer pressure to fit in with their friends. In Kenya, there has been a high demand for high education levels by employers, and this has been associated with the emergence of universities offering part time educational opportunities. In a study by Ponje (2013) there are more and more university graduates who are experiencing difficulties entering the labour market.

However, in Kenya according to Ponje (2013); the environment, the uncertainty and complexity in job markets have brought changes that challenge many graduates to develop themselves further academically so as to become employable. It is, no wonder that most participants receiving treatment had a good educational background and hence financially capable of paying for such treatments.

Majority of the participants (69%) got married when they were already having alcohol related problems. This means that the participants could already have had alcohol use disorders before marriage. Further, these results indicated that most participants feared their marriage would break if they continued drinking and therefore their reason for accepting admission into the rehabilitation centres. This result is comparable to Kessler et al (1997), who indicated that excessive drinking and alcohol disorders are tied with family disturbances and processes including separation and divorce. This result is also comparable to the demographic trends of several studies by Bumpass (2004) which showed that increased proportion of individuals with alcohol use disorders were not married even though some cohabited. Bumpass (2004) further indicated that those who married and continued harmful alcohol use, 50% of these unions ended up in divorce. This finding therefore indicates the impact of alcohol use disorder has on decision-making in marriage which might lead to the inability to form and maintain intimate relationships.

From this result, it was hard to ascertain actual number of spouses who were also using alcohol as the study did not interview the couple but the alcoholic partner only. However, few of the participants indicated that their spouses were also alcoholics.

Alcohol use after marriage as indicated by Kessler et al (1997) is associated with marital conflicts; this is similar to what was stated by participants during focus group discussions. This may be as a result of added responsibilities on family life where the person with alcohol use disorder was not used to shouldering marital and family responsibilities while single, resulting in stress in the marriage. This result is comparable to a study by Schuckit et al (2006) who explored characteristics of women who married men with alcohol use disorder and showed that they were more likely to meet criteria for alcoholism themselves

or were more likely to use other substances despite being in functional unions. This result is also comparable to a study by Jacob & Bremer (1986) who confirmed that alcoholics are more likely to be married to other alcoholics and that men selected spouses who had similarities in drinking patterns.

In this study 31% of the participants started having alcohol related problems after marriage. This is higher than Chilcoat & Breslau (1996) study which showed 8.6% of those who married without alcohol problems but experienced these problems on follow up after marriage as compared to 46% who remained single. This could be explained by participants' lack of knowledge of alcohol use disorders or denial on the part of the participants to the extent of their drinking patterns before marriage. However this is unlike some studies which have continuously shown that marriage serves as a protective factor even among those with serious alcohol problems. Dawson et al (2006) reported that 76.5% of participants who had an alcohol diagnosis at baseline before marriage showed reduced drinking patterns to the point where they did not meet the DSM criteria for alcohol dependence. The 2007 Australia National Survey of Mental Health and Wellbeing (SMHWB) which was designed to provide lifetime prevalence estimates for mental disorders also established that participants' marital status was related to their physical and mental health. Those participants who had never been married experienced almost twice the prevalence of mental disorders (28%) compared to those who were married or living with a partner (15%).

The prevalence of alcohol use disorders for people who had never been married was more than 4 times as high as the rate for those who were married or in a relationship i.e. 11.1% compared to 2.5% respectively. This may be explained by the presence of social support and other social relationships that the alcoholic gets from their partner and other family members. This social support may be lacking in our setting as alcohol use disorder has been treated as an individual disease instead of being treated as a family disease.

Perceptions of a Quality Marital Relationship

The participants indicated that quality of marital relationship is characterized by not drinking at all. They further indicated that not using alcohol at all leads to peaceful coexistence of the spouses. The participants associated this peaceful coexistence in a marital relationship with an ability to resolve any emerging conflicts. This is comparable to a study by Floyd et al (2006) who examined problem-solving in marital interactions in alcoholic and nonalcoholic couples. Floyd showed that when either or both partners are alcoholic, higher levels of hostile behaviours including violence, aggression towards spouse existed leading to low marital satisfaction as compared to the non alcoholic couples who demonstrated positive behaviours including problem-solving. These findings indicate that when people do not use alcohol they understand their responsibilities in a marital relationship and are able to solve the emerging issues and conflicts that come with their role as husband/wife/father/mother. However, this does not mean that conflicts do not occur in non-alcoholic couples. Due to our human nature, conflicts within a marital relationship will occur even when individual spouse do not drink. According to Snyder (2014) a marriage can be a lot of work for both spouses which might end in conflicts between them. These conflicts can strain the relationship. It is how the spouses handle or deal with these conflicts that are crucial. It is this ability to handle emerging conflicts that is usually affected negatively by alcohol use which in turn then affects quality of marital relationship.

The findings indicated that for a quality marital relationship, there must be effective communication which results in friendship and bonding between spouses as well as respect for one another. From the findings, the participants perceived that their quality of life had been affected due to the effects alcohol abuse has had on their marital relationships.

The participants further indicated that alcohol abuse leads to quarrels, inability to communicate and lack of respect for each other. Alcohol use also leads to lack of friendship and in turn can lead to inability to meet the needs of the couple. This is comparable to a study by Wegscheider (1976) who concluded that it was not easy to live

with a person whose drinking was causing problems. Wegscheider showed that non alcoholic spouse will over time often feel hurt, ashamed due to embarrassing behaviours and feel an overwhelming sense of failure. This leads them to take on extra responsibilities trying to cover up their spouses' drinking problem. Therefore, the quality of a relationship is seen as a function of the extent to which it is built on peaceful and underlying friendship.

Financial stability was also cited as a predictor of a good quality of marital relationship. Alcohol use leads to misappropriation of family finances causing financial instability. Due to the impulsive drinking habits of the alcoholic partner, this leads to selfishness because all the money made is used to first maintain their drinking behaviour. The drinking behaviour leads to work absenteeism although the alcoholic expects the employer to continue paying their salary/wages despite the fact that they are not productive. Over time this leads to loss of employment by the alcoholic person. This finding is similar to an article by Sheri & Bob Strifot (2013) who showed that financial problems in marriage as a result of one partner abusing alcohol can lead to uncertainty, unemployment and financial hardships. This article by Sheri & Bob Strifot further indicated that alcohol abuse hurts marriages if the affected spouse does not talk about the problems, but prefer to hide their head in the sand. Alcohol use in a family setting/spouse can lead a spouse not to address their financial problems and this leads to poor quality of marital relationships.

Effects of harmful alcohol use on communication

Most respondents indicated that they tended to be more argumentative as opposed to seeking solutions for emerging issues in their marriage and their families. Harmful alcohol use, as revealed by the results of this study causes complete lack of communication in marriage. Alcohol is generally known to reduce communication in two areas of the brain that work together to properly interpret and respond to social signals. It suppresses the activity in the amygdala which is responsible for perceiving social cues and areas in the prefrontal cortex responsible for cognition and modulation of behaviour. This is according to Phan (2013) who indicated that the amygdala and the prefrontal cortex have a dynamic and interactive relationship and when they are impaired as it happens when intoxicated,

the ability to assess and appropriately respond to the verbal and even non-verbal communication is impaired. Therefore, when one is drunk; their communication both verbal and non-verbal gets confused and in most cases this interaction becomes counter-productive. One does not listen to the other and they seem to become self-centred.

The findings of this study also indicated that conflicts arose commonly among couples before they were admitted to the rehabilitation homes. The respondents indicated that in most cases they did not pay attention or did not actively listen to what their partners were saying. They alluded that they believed their partners talked too much or that their partners were not able to follow what the respondents were saying. The respondents further indicated that they made frequent references as being misunderstood while in most cases they did not want to stay on a topic. Confusion between couples as indicated by result of this study became worse because the respondents kept changing subjects of discussion to suit their interests. This was more pronounced if the respondents were not willing to make valid and/or helpful contribution to what the spouse was talking about.

The multiple verbal and non-verbal sentiments as indicated in this study made communication between the couples become confused. This ineffective communication can be explained by the fact that alcohol is a depressant to the central nervous system and therefore when one is drunk, can keep on talking but in essence does not listen to other people's views and opinions. Some respondents also indicated that they pretended to be listening, although they waited impatiently for a moment to introduce their own new ideas. These findings are comparable to a study by Sachteleben (2010) on Addictive & Alcoholic Behaviour, which revealed that individuals with alcohol use disorder have poor communication skills. Due to this lack or poor communication skills the spouse and other family members after a while become exhausted and weary of raising similar concerns/topics with the alcoholic as it becomes clear that nothing can be resolved. This leads to frustrations as the alcoholic is still in denial about their disease or is picking and choosing an inappropriate recovery path.

Personality deterioration due to alcohol use affects quality of marital relationship. This is another important finding in the study disclosed to be a problem among respondents observed by their partners and other family member. It was also evident as indicated by the respondents that when drunk, most tended to act more aggressively towards their partners. Alcohol tended to make them more impulsive and decreased their ability to restrain from aggression and at the same time, gave them courage to carry out violent acts against their spouse and children. At a psychological level as was documented by Henman James (2008) there are recognizable cluster of personality traits associated with alcoholism including a low tolerance for stress, feelings of inadequacy, impaired impulse control, and isolation & negative image of self. The respondents sold household properties including their own clothes which makes them be mistrusted by their spouses and other family members. Personality deterioration as revealed by Henman James (2008) therefore makes alcoholics prone to engage in gender based violence, impulsive behavior of selling of household items including their own clothes. Further, results indicated that the respondents (alcoholic) became like the black sheep in the marital relationship and indeed the entire family.

Effects of harmful alcohol use on sexual relationships

Most respondents indicated that one of the reasons that marriages break up among couples where one partner has alcohol use disorder is due to lack of intimacy that eventually lead to lack of closeness. These two factors (lack of intimacy and closeness in marriage) made most of the respondents "feel stale" about their marital relationship and therefore their marriage became unfulfilling. Unfortunately the respondents indicated that only their non-alcoholic partners noticed the lack of intimacy and closeness into their marriage. The reasons cited for lack of intimacy in their marital relationship included lack of trust, affection and care for each other and children. This therefore led to relationship failure because the couples could not inspire the confidence and security for the other in their marriage. Due to harmful alcohol use, sexual satisfaction serves only the alcoholic partner and leaves the non alcoholic partner unsatisfied. This leads to frustration and suffering of one partner resulting into infidelity. This is similar to a finding by Farrell et al (1991) who wanted to establish the sexual satisfaction and dissatisfaction in the marital relationships

of male alcoholics seeking marital therapy as compared to non-alcoholic male patients. The findings indicated that the alcoholic couples reported less sexual satisfaction with less frequent intercourse, more changes in desires for sexual intercourse and a greater misperception about the amount of change in sex frequency desires and more disagreement about sex. This is in support of this study which has shown that alcohol affects sexual relationships negatively. Most respondents indicated they were not able to meet the sexual needs of their partners. However, a few respondents in this study indicated that their continued use of alcohol increased sexual desire but had poor performance. This leads to loss of interest in sexual relationship which in turn diminishes the respondents' libido over time. Using alcohol excessively as indicated by Arackal & Benegal (2007) may also cause erectile dysfunction in males and the lack of arousal. According to the study by Arackal & Benegal (2007), 72% of their participants had one or more sexual dysfunction and the most common were premature ejaculation, low sexual desire and erectile dysfunction. The study further indicated that the amount of alcohol one consumed was the most significant predictor of developing sexual dysfunction. These negative effects could lead to marked distress and interpersonal difficulty to either of the sexual partners resulting in seeking sexual satisfaction elsewhere. The results also indicate that alcohol make people more likely to have unsafe sexual relationship with casual partners particularly drinking partners in drinking dens and pubs. This can lead to unwanted pregnancies, sexually transmitted infections and make some to get into relationships that can cause divorce. Alcohol use has been cited as one the main reason people do not take proper contraceptive precautions including non-use of a condom during sexual intercourse as indicated by Sarkar (2008). These findings are in line with previous studies conducted in other parts of the world. For example, Hall et al (2008) found that the proportion of alcoholic married men who reported to have extramarital affairs was significantly higher than their non-alcoholic counterparts. The study also reported inconsistent use of condoms when having extramarital relationships suggesting that the risk of exposure to STIs was high for both the alcoholic and their spouses. This is similar to a South African study by Setlalentoa et al (2005) who confirmed that harmful alcohol use increases the chances of domestic violence which then negatively affects the couples' sexual relationship.

Effects of harmful alcohol use on divorce & separation

The results as indicated by respondents' confirmed that harmful alcohol use has damaged and/or continues to damage their marriages leading to divorce and separation. The damages mentioned in this study included inability to provide for the family, inability to resolve conflicts and infidelity. These damages to their marital relationship introduced feelings of guilt among respondents when their spouse considered seriously and discussed the issue of divorce/separation. However as indicated by the result of this study, the spouses may have wanted the alcoholic to seek help. The spouses to the respondents issued threats and ultimatums; this led some respondents getting admitted to the rehabilitation centres.

Some respondents indicated that divorce or separation occur commonly if the spouse cannot get help. The results of this study showed that divorce or separation eventually occur when the spouse to the alcoholic realizes that their spouse continuously refuses to help themselves. Therefore the spouse has to think of how to protect themselves and their children resulting in divorce or separation. These findings are in line with the findings of a study by Wolcott & Hughes (1999) who showed that 11% of women and 3% men reported that alcohol abuse was the main reason for their divorce. These findings are also in line with findings by Donnell G MC (1986) where harmful alcohol use caused problems of interpersonal relationships and inability of the alcoholics to control their alcohol consumption, particularly when the alcoholics disregarded the damage the alcohol was doing to their marriage and the family. The results are also comparable to findings by Woodruff JR et al (1972) who evaluated divorce among psychiatric patients and confirmed that alcohol use disorder (dependence) was particularly associated with divorce more than other variables like homosexuality and other drug dependence. In Kenya, these outcomes affirm the study findings by Obondo (1998) who confirmed that 54% of the participants thought of separation & divorce.

Effects of harmful alcohol use on violence/intimate partner violence

Respondents indicated that they engaged in violence behaviour as a strategy to avoid conflict resolution. When a marital relationship is full of conflicts particularly encounters

about finances or harmful alcohol use, the respondents become violent towards their spouse, this re-occurred frequently. This finding is comparable to a WHO (2002) report which showed that domestic violence touches on all the social, economic and cultural classes from the poor to the rich. Domestic violence has always been denoted to describe physical violence directed at one partner. This has over time been amended with the inclusion of terms like intimate partner violence to include psychological abuse and sexual abuse which may not involve physical abuse. Another study in support of the finding of the current study is Manoudi et al (2006) which found that 27.3% of the study participants had physically assaulted their spouses when drunk while 6.8% sexually assaulted their spouses when drunk. In the same study, 63.6% of the participants confirmed that their children witnessed the violence and 25% of the participants indicated that their children were also victims of the violence together with their mothers.

These violent tendencies could be explained as power games the alcoholic partner used against their spouse. They may use fear, guilt, shame and intimidation to wear down the spouse and gain control and power over them. He/she may threaten, hurt the spouse or hurt those around them. The US Office on Violence Against Women (OVW) defines domestic violence as a "a pattern of abuse behaviour in any relationship that is used by one partner to gain or maintain power or control over another intimate partner

It could also be a need for dominance where the alcoholic partner needs to feel in charge of the relationship and will want to make decisions for the spouse and the family expecting that they will tell spouses what to do and expect them to obey without questioning. Intimate partner violence may also be used as a means of humiliating the non-alcoholic spouse and keep them from leaving the marriages. The alcoholic will endeavour to make the spouse feel bad about themselves, worthless and that no one else will want them and hence making them less likely to leave.

Finally, as earlier indicated, personality traits due to personality deterioration could be causing alcoholics to engage in intimate partner violence. According to Karen Horney's Basic Anxiety individuals with Aggressive Personality) are people who have a need for

power and to exploit others. They believe people are out to get them and so they tend to be hostile. They are bullies; are very tough and are motivated by a strong need to exploit others. They are also hostile. These characteristics can make them manipulate their spouses to love them using force and threats. Such persons may become violent to their spouses.

CHAPTER SIX
CONCLUSIONS AND RECOMMENDATIONS

Study Limitations

As with any research, there were limitations that are discussed here to prevent misinterpretation of the results:-

1. Lack of partners' involvement only provided single-sided information on the objectives of the study. It was noted that most participants were male and there was only 1 female participant (the only female married patient) in the rehabilitation centres visited.
2. Generalization of the findings will not be possible. The results of this study can only be used or applied to another setting or context other than to the context of rehabilitation and for those participants. However, according to Benz, Newton (1998) generalizations may be the purpose of quantitative not qualitative research.
3. The study cannot be replicated. Information given by participants was dependent on the composition of the group, their honesty and mood of the days of interview which varied from one day to another.

Conclusion

The findings of this study confirm what has been established internationally and regionally that harmful alcohol use negatively affects communication, sexual relationships and leads to intimate partner violence. Therefore, the study concludes that alcohol abuse negatively affects the quality of marital relationships.

Recommendations

The following are recommendations that may help in dealing with the negative effects of harmful alcohol use on marital relationships:

1. Aftercare services and interventions in the few available outpatient care services eg SAPTA needs to be strengthened to deal with couples as opposed to individuals.
2. In places where we have existing AA meetings, there is need to start Al-Anon family groups to cater for the spouses of the alcoholics and start Alateen Groups to cater for children of alcoholics
3. Encourage spouses & other family members' involvement in these after-care support groups
4. Psycho-educate and provide information about healthy relationships, financial management, problem-solving skills and help couples develop skills to attain them during couples therapy
5. Infidelity and HIV intervention strategies should become a significant focus in treatment-seeking alcoholics and enhance protective sexual behaviours among alcoholics
6. Educate the public and families about the consequences of harmful alcohol use on quality of marital relationships

Areas of further research

There is need to explore and carry out studies in following areas:

- Relationship between Post Traumatic Stress Disorder (PTSD) and Alcohol and/or Substance Use Disorders (SUDs)
- Effectiveness of the current AA program as an after-care support (after rehabilitation) for married individuals
- Prevalence of Relapse rates after initial rehabilitation centre:
    - Many patients were in the rehab for 2nd or 3rd time but are always going to different rehabilitation centre

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2. KNH/UON Ethics Committee
3. KNH Patient Support Centre
4. Mathari Hospital
5. SAPTA
6. Asumbi Treatment Centre

Appendix I: Consent Explanation

The effects of harmful alcohol use on the quality of marital relationships

Investigator	Institution	Contact
Fidelis Mbagara	**University of Nairobi**	**0722870105**

In emergency please call name of investigator

Investigators statement

I am a student at the University of Nairobi, Department of Psychiatry pursuing Master of Science in Clinical Psychology. As partial fulfillment of the requirements of this degree, I am conducting a study to assess the effects of harmful alcohol use on the quality of marital relationships.

This is an area that has not been studied in Kenya. However, a number of issues have emerged due to alcohol consumption that has lead to the researchers' interest in gaining an in-depth understanding of these issues. You may feel that some questions in this study may be personal and intimate but I assure you that your answers will be completely confidential.

Please write your name on this form and also indicate your preferred study name that will be used on all other forms and during focus group discussion. We assure you that all information provided will be held in confidence and will only be used for purposes of the study.

Your honest answers to these questions will help us better understand how harmful alcohol use affects quality of marital relationships to enable us enrich and make better the existing treatment plans.

Background Information

Alcohol consumption is a widely accepted socio-cultural practice that may have complex biological, psychological and social effects on an individual, the family and the community at large. Harmful alcohol use affects the marriage institution in many ways. It affects communication particularly problem-solving, decision-making and conflict resolutions between the couple. It impacts on domestic violence or intimate partner violence and increases the chances of separation and divorce.

According to WHO 2 billion people globally use alcohol with 76.3 million having alcohol use related problems. Harmful alcohol use results in 2.5 million deaths. This is despite the implementation of various rehabilitation strategies.

In Kenya with a population of 38.6 million, approximately 13.3% ie approximate 5.1% adults have alcohol and substance use problems. These figures are increasing rapidly and this is leading to the destruction of our society.

A society is made up various types of families and this study will look at families that emerge due to a union between a man and a woman whether married in church, civil union or customary or traditional. It is on this basis that you have been selected to participate in this study because the researcher believes that you will be more productive in helping in understanding the research question.

Purpose

The purpose of this study is to establish the effects of harmful alcohol use on the quality of marital relationships within our cultural context. The study hopes to determine and describe a definition of quality of marital relationship from the study group and further determine and describe the effects harmful alcohol use has on communication, sexual relationships and its role in divorce and separation.

Number of people who will take part in the study

The researcher will interview and hold focus group discussions with 50 participants who will meet the inclusion criteria and who consents to participate in the study in 5 Rehabilitation Centres in Nairobi.

Procedures

Recruitment into the study will be purely on voluntary basis and this will be confirmed by participants signing the consent form. However, the study objectives will have been explained to the participants beforehand. Upon recruitment, participants will be screened for harmful alcohol use. Those that qualify will be asked to fill a socio-demographic questionnaire. Semi structured interviews and focus group discussions will be held to obtain data.

Participation into this study will not impact on your existing treatment programs as it will be conducted during your free time. To ensure privacy and confidentiality, the researcher will work with the in-charges of the rehabilitation centres to provide an office or secure space. The researcher will also ensure that interviews do not burden your life-flow and existing treatment schedules.

Visits

The researcher will visit the rehabilitation centres and where out patient services are provided, the researcher will attend the meetings to recruit. The researcher will make several visits to the study sites to seek approvals from the administration and to recruit and conduct the interviews.

Study length

The study is expected to take a period of 6 months. However, data collection is expected to take a maximum of 1 month with analysis and review taking place simultaneously. When all data has been collected, analysis and report writing is expected to take 2 months with the final submission of report expected by end of July 2013.

Risks, Stress or Discomfort
This study has no risks as it does not involve any invasive procedures. However, due to the nature of the research topic, it is possible to experience emotional distress and discomfort especially when talking about intimate sexual relationships. The researcher is a qualified clinical psychologist who is able to provide psychotherapy to relieve such discomfort and distress should that arise. Kindly feel free to stop the interview should you experience such distress or discomfort.

Benefits
Very limited research has been conducted in Kenya on this area. It is, therefore hoped that the information gained from the study will benefit participants by identifying key issues that would be necessary in developing culture appropriate interventions.

This will help in improving the quality of marital relationships. Therefore, the outcome from this study will be of benefit to the participants as it will help in enriching their treatment interventions over and above the current existing treatment plans.

This study also becomes the beginning of a new dawn in Kenya and our society in general towards the development of integrative approaches in managing harmful alcohol use and mitigation on its effects on the quality of marital relationships. The findings of this study will also be used to influence policy development and strategy formulation in Kenya in dealing with the issue of harmful alcohol use and its impact on marital relationships.

This study is important to the researcher because of the interest to introduce couple and family therapy in the existing treatment plans for alcoholism.

Costs
There will be no compensation to participate in this study. There are no further costs to you in participating in this study as the researcher will conduct the study at your rehabilitation centres or during your scheduled outpatient visits.

Confidentiality
All information provided during this study will be held in confidence. The only form that will have your identity is the consent form. Also in this form, you will be requested to indicate your preferred study name that is not your real name. This form will be kept separate from all other study documents. This study name you have indicated is what will be used when filling the socio-demographic questionnaire, the semi-structured interviews and during focus group discussions.

Investigators signature_____ Date_____

Should you have any questions or problems during or after the study, kindly feel free to contact the researcher on 0722870105 my supervisors Dr Anne Obondo or Dr Lincoln Khasakhala at the University of Nairobi, Department of Psychiatry on +254-20-2723719 or email dept-psychiatry@uonbi.ac.ke.

You can also call the **University of Nairobi/Kenyatta National Hospital Ethics Research Committees'** Secretariat office on **+254-27-2630019 Ext 44102** or email **knhuonerc@gmail.com**

Appendix II: Consent Form

Participants' statement and signature

The study described above has been explained to me. I consent to take part in this activity. I have had the chance to ask questions. If I have questions in the future about the research, I know I can ask of the researchers listed above.

I further understand that all the information gathered will be used for the purpose of this study only and that I can withdraw from the research at any point without losing any benefits

I will receive a copy of this consent form.

Participants name_____

Signature_____ Date_____

Preferred study name _____

Appendix III: Socio-demographic Questionnaire AND AUDIT

	BACKGROUND/DEMOGRAPHIC CHARACTERISTICS	**Study name:**
Q1	What is your gender?	1. Male participant 2. Female participant
Q2	How old are you?	1. 18 – 25 years 2. 26 – 35 years 3. 36 – 45 years 4. 46 – 55 years 5. 56 – 65 years 7. 65 years and above
Q3	What is your marital status?	1. Married 2. Divorced/Separated
Q4	When did you start having drinking problems	1.Before getting married 2.After getting married 3.After getting divorced
Q5	What is your religion?	1. Catholic 2. Protestant 3. Muslim 4. Hindu 5. Other: specify=========
Q6	What is the highest level of education you have completed?	1. None 2. Primary School 3. High School 4. College 5. Graduate
Q7	What is your occupation?	
Q8	Have you ever been or thought of divorce/separation? If yes – discuss during SSI	1.Yes 2.No
Q9	Has your spouse ever asked for divorce/separation? If yes – discuss during SSI	1.Yes 2.No
	AUDIT QUESTIONNAIRE	**Circle the number closest to patient answer**
Q1	How often do you have a drink containing alcohol?	0. Never 1. Monthly or less 2. 2-4 times a month 3. 2-3 times a week 4. 4 or more times a week
Q2	*How many drinks containing alcohol do you have on a typical day when you are drinking? [CODE NUMBER OF STANDARD DRINKS]	0. 1 or 2 1. 3 or 4 2. 5 or 6 3. 7 or 8 4. 10 or more

Q3	How often do you have six or more drinks on one occasion?	0. Never 1. Less than monthly 2. Monthly 3. Weekly 4. Daily or almost daily
Q4	How often during the last year have you found that you were not able to stop drinking once you had started**?**	0. Never 1. Less than monthly 2. Monthly 3. Weekly 4. Daily or almost daily
Q5	How often during the last year have you failed to do what was normally expected from you because of drinking?	0. Never 1. Less than monthly 2. Monthly 3. Weekly 4. Daily or almost daily
Q6	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	0. Never 1. Less than monthly 2. Monthly 3. Weekly 4. Daily or almost daily
Q7	How often during the last year have you had a feeling of guilt or remorse after drinking?	0. Never 1. Less than monthly 2. Monthly 3. Weekly 4. Daily or almost daily
Q8	How often during the last year have you been unable to remember what happened the night before because you had been drinking?	0. Never 1. Less than monthly 2. Monthly 3. Weekly 4. Daily or almost daily
Q9	Have you or someone else been injured as a result of your drinking	0. No 1. 2. Yes but not in the last year 3. 4. Yes during the last year
Q10	Has a relative or friend or doctor or other health worker been concerned about your drinking or suggested you cut down?	0. No 1. 2. Yes but not in the last year 3. 4. Yes during the last year

THIS IS THE END OF THE QUESTIONNAIRE. THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION

Appendix IV: Semi-Structured Interview Schedule

Introduction **1. Self introductions** **2. Introduction of the study objectives, purpose and consenting** **3. Confidentiality of information to be provided** **4. Distress and discomfort during the interview** **5. Please tell me how you are feeling now and if you feel ready for the interview** **6. Is there anything you would like me to do to make this interview more comfortable for you?**	
Definition of quality of marital relationship 1. What do you understand by the term quality of marital? 2. What factors in your opinion influences quality of marital relationship? PROBE ON: (Age of partners, socio-economic status/occupation, education level, children)	
Communication 1. In what ways does harmful alcohol use affect communication in a marriage? PROBE ON: (Decision-making, problem-solving, conflict resolution)	
Domestic Violence/Intimate Partner Violence 1. In what ways does harmful alcohol use influence domestic violence? 2. Has harmful alcohol use contributed to any form of violence in your marriage? If yes, how? PROBE ON: (Physical abuse, quarrels, fights, verbal abuse/aggression)	
Divorce & Separation 1. In what ways does harmful alcohol use contribute to divorce and separation? 2. Have you ever thought of divorce or separation? If yes, what reasons would you attribute to your thinking of divorce and separation?	
Sexual relationships 1. In what ways does harmful alcohol use affect sexual relationships? 2. How has harmful alcohol use affected your sexual relationships? PROBE ON: (Performance, use of force ie marital rape)	
Personal Experiences What are your personal experiences in the areas we have discussed above? Do you have anything else to add? PROBE ON PERSONAL EXPERIENCES BASED ON THE ABOVE KEY AREAS	
Concluding	
Do you have any other suggestions that you think would contribute to the improvement of quality of marital relationships?	

Thank you for taking your time to do this interview. How are you feeling now? Is there anything I can do for you?

Appendix V: Focus Group Discussion Guide

Introductory statement

You have been invited here today to discuss effects of harmful alcohol use on the quality of marital relationships. I feel that the best way to understand the effects of harmful alcohol use on quality of marital relationships is to engage you. This is an area that has not been well understood in Kenya. You have been chosen so that you can help the researcher understand from your point of view as I believe you are the best people who can give a true reflection of this issue.

Having a discussion like this is particularly important for us, so that we can understand how best to improve our future psychotherapeutic treatment interventions to incorporate spouse and family interventions. We however, cannot discuss everything relating to harmful alcohol use and marriage in one discussion nor can we be able to engage everyone we would like to so we will only be discussing specific areas today. I am happy to inform you that in taking part in this discussion you will be representing yourselves and all the others who are not participating.

The topic of discussion today is related to marital relationships and the affects of harmful alcohol use may have on their relationships. It is evident from many studies done outside Kenya that there is a relationship between alcohol use and quality of marital relationships. There is no right or wrong answer in your responses.

I feel you will have important contribution to make on these areas because we believe we all would like to have improved quality of marital relationships.

I also would like to request your permission to make notes and to tape record the discussion.

I assure you that your information will be kept confidential to the research team and you will not be identified using your name. I therefore would like to request you to use the names shown on the name tags that you selected earlier when referring to each other.

If you have any questions you would like to ask, feel free to raise it so that you do not forget. I will note it down and I shall answer them at the end of the discussion and make any clarifications.

After we finish the discussion, we shall take a few more minutes to discuss causes and psychotherapeutic treatments for harmful alcohol use.

Do you have any questions or suggestions on the arrangements that have been made for this discussion?

Warm up

1. In your opinion, what would you say are the effects of harmful alcohol use on marital relationships?
2. What experiences can you share on these effects?
   PROBE further on any key issue(s) that arise included in the body of interview.

Body

Definition of quality of marital relationship

What in your opinion is quality of marital relationship?
What factors in your opinion would contribute to poor marital relationship?
How would you view your marital relationship?

PROBE ON: (Age of partners, socio-economic status/occupation, education level, children)

Communication

In what ways does harmful alcohol use affect communication in a marriage?
Has harmful alcohol use affected the way you communicate with your spouse?

PROBE ON: (Decision-making, problem-solving, conflict resolution)

Domestic Violence/Intimate Partner Violence

In what ways does harmful alcohol use influence domestic violence?
Has harmful alcohol use contributed to fights or quarrels between you and your spouse?

PROBE ON: (Physical abuse, quarrels, fights, verbal abuse/aggression)

Divorce & Separation

In what ways does harmful alcohol use contribute to divorce and separation?

Sexual relationships

In what ways does harmful alcohol use affect sexual relationships?
How has harmful alcohol use affected your sexual relationships?

PROBE ON: (Performance, use of force ie marital rape)

Closing

- What do you think can be done to improve quality of marital relationships among individuals with harmful alcohol use?
- Do you have any question or anything else you would like to add?

Thank participants for their participation in the discussion.

Voluntary Psycho-education session

Introduce a discussion on causes, other effects and treatments for alcohol use disorders.

Appendix VI: Funding Information

This dissertation was primarily funded by the researchers' own funds. However, the researcher received some financial support from the PRIME-K grant from The University of Washington.

PRIME-K is made up of a partnership involving the University of Nairobi in Kenya and University of Washington in the United States of America (USA).

The PRIME-K program aims to provide opportunities for multidisciplinary teams of postgraduate students to carry out research that will enhance the clinical and research capacity at the University of Nairobi and thus improve mental & physical health care delivery in Kenya.