

The Psychosocial Effects of Alcoholism on Family Well-Being: A Case of Mugoiri  
Ward, Muranga County, Kenya

by

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A Thesis Presented to the School of Applied Sciences

of

Daystar University  
Nairobi, Kenya

In partial fulfilment of the requirements for the degree of

MASTER OF ARTS  
In Counselling Psychology

October 2022

APPROVAL

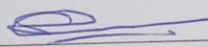
THE PSYCHOSOCIAL EFFECTS OF ALCOHOLISM ON FAMILY WELL BEING: CASE OF MUGOIRI WARD, MURANGA COUNTY, KENYA

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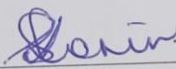
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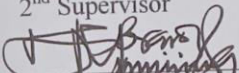
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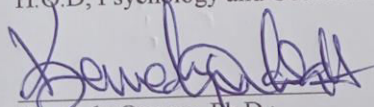
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## DECLARATION

THE PSYCHOSOCIAL EFFECTS OF ALCOHOLISM ON FAMILY WELL BEING:  
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I declare that this thesis is my original work and has not been submitted to any other college or university for academic credit.

Signed:

Date: \_\_\_\_\_

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## ACKNOWLEDGEMENTS

To God be the glory and Honour for bringing me this far and for giving me the strength to keep going.

There are a number of people without whom this thesis might not have been written and whom I am greatly indebted. To my husband, David Kariuki, who has always encouraged to work hard and do the best in all that I do, supporting me financially to pursue this course and for encouraging me when I almost gave up along the way. When the going got tough, he always was the first person to know about it and would pray with me.

To my entire family, who encouraged me and prayed for me through each step of this journey and always showered me with words of encouragement and giving me advice on life priorities during this time.

My Bishop, Rt Rev Dr Timothy Gichere for giving me a chance to be in school.

To my two supervisors, Dr. Stephen Ndegwa and Dr. Agnes Korir, may God richly bless you for all the support you have accorded me.

I would also love to appreciate Dr Jared Menecha for being my Mentor and for pushing me to complete my thesis. May God bless you so much.

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## LIST OF ABBREVIATIONS

NACADA:	National Campaign against Drug Abuse
WHO:	World Health Organization
AA:	Alcoholic Anonymous
GOK:	Government of Kenya
APC:	Alcohol per capita consumption
NGO:	Non-Governmental Organizations
MICS:	Marital Interaction Coding System

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## ABSTRACT

Both the age at onset of alcohol use and a family history of alcoholism can influence a person's risk of becoming alcohol dependent. Alcoholism has become a big menace in many families thus affecting its well-being. This study was concerned with investigating the psychosocial effects of alcoholism on family wellbeing. It was carried out in Murang'a County, in Mugoiri ward. The study focused on four main broad questions: the types of alcoholic drinks used; the factors contributing to alcoholism; the psychosocial effects of alcoholism on the family; and the relationship between socio-demographic characteristics of the family and alcohol use in Mugoiri Ward, Murang'a County, Kenya. The study adopted a descriptive survey design, where questionnaires and interview methods of data collection were applied. By the combination of qualitative and quantitative methods and approaches in collecting and analyzing data, the mixed method gave a better understanding of the variables under investigation. The study involved 105 households where cluster sampling method was applied to select the participating households, and simple random sampling method was used to select those who would participate. The study findings revealed that 41 percent of the respondents used non-traditional alcoholic drinks like Tusker, Black-gold, Guinness, and Chrome, which were more expensive. The findings further revealed that there was a statistical significance of the factors under investigation for their contribution to the respondents' alcoholic behaviour. The statistical analysis revealed that poverty, irresponsibility, neglecting family, family conflicts, family breakup, disease and death had significant level of psychosocial effects of alcoholism. The Short Michigan Alcohol Test (MAST) Scores confirmed that alcoholism resulted to various psycho-social effects. The study established that there was positive strong correlation between the socio-demographic aspects of age, gender and marital status, and alcohol use. The relationship between religion of the respondents and their alcohol use was a strong negative correlation, meaning religion helped curb alcoholism. The level of education and the employment status had a weak positive correlation with alcoholism.

## CHAPTER ONE

### INTRODUCTION AND BACKGROUND TO THE STUDY

#### Introduction

This chapter presents an overview of the psychosocial effects of alcoholism on family well-being. This will be discussed under the background to the study, followed by the statement of the research problem, the purpose of the study, the objectives, research questions, the rationale, the assumptions of the study, limitations and delimitations, significance of the study, methodology, definition of terms, and finally a summary of the whole chapter.

In the Kenyan corridors, Alcohol consumption is on the rise in many villages. Despite the harm from this legal substance, little attention has been given to this trend which is likely to affect, not only the productivity but also the economy of our nation (Mkuu et al., 2019). Efforts made by the government to curb the vice seem not to bear fruits. For instance, on 10<sup>th</sup> of August 2010, the then Kenyan President Hon. Kibaki signed into law the alcoholic Drinks Control Act of 2010 (GOK, 2010) and the notice was gazetted on 22<sup>nd</sup> November 2010. On 27<sup>th</sup> November 2010, the reinforcement of the law was started. Former Naivasha member of parliament John Mututho is the man who championed this bill thus the law is now commonly known as 'Mututho Law' and its purpose and objective was to address the sale and use of alcohol drinks in Kenya. Though the law worked very well at inception, the situation seems to be deteriorating due to lack of better reinforcement.

It is most likely that the high prevalence of alcoholism may cause family instability. High levels of anxiety, low self-esteem, and a reduced financial status are some factors that most likely affect the families of alcoholics (NACADA, 2017). The stability of these families is shaken because the lethal effects of alcohol consumption are cut across family members (NACADA, 2017). This study was therefore investigating the psychosocial effects of alcoholism on family well-being in Mugoiri ward, Murang'a County, Kenya.

#### Background to the Study

Alcohol consumption among human beings has risen in the 21<sup>st</sup> century. Although alcohol consumption is viewed particularly when drunk without complete intoxication (Smart, 2007), it has been linked with adverse effects. Alcohol consumption has been distinguished as a significant danger factor of some disease, handicap and mortality. According to WHO (2012) on all global deaths, about 3.3 million deaths, or 5.9% were attributable to alcohol consumption, where 7.6% were of males while 4.0% were from females. A report by NACADA, 2017 reported that alcohol and drug abuse are the major social problem globally, with serious public health outcomes if the consumers start using it at a young age (NACADA, 2017).

World Health Organization (WHO, 2019) shows that internationally an expected 237 million men and 46 million women experience liquor use issues. The leading country in world in alcohol consumption is Europe with an estimated prevalence of 14.8% among men and 3.5% among women' followed by the Region of Americas (11.5% for men and 5.1% for women). This implies that alcohol use may be more common in countries with high-income. However, these estimates by the WHO

(2019) do not include unrecorded alcohol, that is, alcohol that is not accounted for and is outside the typical arrangement of legislative control, since it is created, conveyed, and sold through external conventional channels. In sub-Saharan Africa, the most problematic issue is the unrecorded alcohol consumption (Ferreira-Borges, Parry & Babor, 2017).

In general, alcohol is consumed more in countries where economic wealth is greater and with a smaller number of abstainers. Highest alcohol per capita consumption (APC) has been registered in high-income countries and heavy episodic drinking prevalence among drinkers. WHO's Worldwide status report on liquor and wellbeing in 2018 presents an extensive image of liquor utilization and the infection trouble inferable from liquor around the world. It additionally portrays what nations are doing to decrease this weight (WHO, 2019)

For thousands of years in many cultures, the use of alcohol beverages has taken an integral part (McGovern, 2009). Traditionally among adults, liquor use was profoundly respected assuming a focal part in the guideline of manliness and was even viewed as a masculine conduct (Gustafsson et al., 2010). Traditionally, where alcohol was consumed, production of the same occurred on a small scale at households' activity, and in particular festivals. In the developing world this is where the world highest alcohol consumption levels are found, including Western and Eastern Europe. High-income countries generally may have the highest alcohol consumption, but this does not follow that high alcohol related problems and high-risk drinking always translates from high income and high consumption. Though the net

alcohol-attributable mortality is very low in Western European countries they may have some of the highest consumption rates (Gustafsson et al., 2010).

The average daily consumption of people who drink alcohol is 33 grams of pure alcohol a day, roughly equivalent to 2 glasses (each of 150 ml) of wine, a large (750 ml) bottle of beer or two shots (each of 40 ml) of spirits (WHO, 2018). Worldwide, among the types of alcohol consumed, spirits lead with 45% followed by beer in terms of pure alcohol consumed (34%) and then by wine (12%) (WHO 2019). According to WHO (2010) worldwide, alcohol consumption is equal to 6.2 litres of pure alcohol consumed per person aged 15 years or older, which can be converted into 13.5 grams of pure alcohol per day.

According to a report released by the WHO (2018), globally, consumption of alcohol has adverse effects on both the adults and children. For instance, a study conducted in USA by Dube (2001), noted that kids are presented to verbal, physical and sexual maltreatment by guardians who misuse liquor. Different examinations affirmed that kids who are from a heavy drinker family may regularly encounter long haul mental impacts all through adulthood.

According to Dr Tedros Adhanom Ghebreyesus, Director-General of WHO, through the harmful use of alcohol, many families and communities have suffered and the consequences of this is violence, injuries, mental health problems and diseases like cancer and stroke. Alcohol consumption has been associated with deaths, both directly and indirectly. 28% of all deaths attributable to alcohol were due to injuries, such as those from traffic crashes, self-harm, and interpersonal violence; 21% due to digestive disorders; 19% due to cardiovascular diseases, and the remainder due to



infectious diseases, cancers, mental disorders, and other health conditions (WHO, 2019).

The major cause of intra family violence is alcohol. WHO (2019) suggests that extreme use of alcohol is a strong and consistent correlate of marital violence. An experiment conducted on couples in the USA observed that when alcohol is consumed by both parents, this increases negative interactions during a problem-solving tasks leading to violence and disunity of families. In a situation where one spouse is a non-drinking spouse, they may develop feelings of resentment, self-pity and exhaustion due to neglect and the fact that this spouse may have grown into a compulsive caretaker (Parsons, 2013). Besides these, where one or both parties are in alcohol abuse, divorce rates are quite high and even in the absence of the divorce, the marriage is likely to suffer with increased anger, distress, reduced intimacy, and sexual desire and above all poor spousal communication.

Still in the United States, where employees use alcohol and drugs, over \$100 billion a year is estimated to be lost in companies where they work (Buddy, 2003). This effect of alcohol on work productivity could lead to loss of jobs which have a direct effect on the family. Loss of a job means that the family will not have a source of income, which may result in failure to meet daily needs and could lead to blames, quarrels, and fights. Also, drinking problems were seen to change the division of work as the alcoholic individual halted to play out their capacities according to the help and oversight of youngsters, family errands, sporting exercises or even the prosperity of the families.

According to the WHO global status report (2011), due to the states of intoxication, dependence or alcohol withdrawal, major social roles like functioning well at work, parenting, relationship, and friendship roles registers poor performance. Such consequences as job or productivity loss, break-up and dysfunction may affect the drinker and others around them. This can result in harm to physical or mental health, caused by the role functioning impairment itself, others' reactions to the impairment, or both (Schmidt et al., 2010).

In Thailand, only a minority of adults' drink alcohol, yet the country experiences substantial alcohol-attributable harms. Thailand's per capita alcohol consumption among adult's skyrocketed from 0.3 litres per year in 1961 to 8.5 litres per year in 2001 (WHO, 2014b; Institute of Alcohol Studies, 2017). With current per capita consumption at 7.2 litres, Thailand has the highest per capita consumption in WHO's South-East Asia Region (6.4 litres) (Laslett et al., 2017). This consumption leads to consequences such as drink-driving, interpersonal violence, and instability in family wellbeing (Laslett et al., 2017).

In England, many people have been exposed to alcoholism in their families. They have either grown up with, married an alcoholic or married into a family with people suffering with alcoholism. According to (Tunnard, 2002) many people have not reached a point where they can admit that they have a problem and are causing themselves silent harm. A survey done by Tunnard (2002) showed that 18.1% of adults in England were drinking at an increasing or higher risk which equates to 8 million people.

According to Sinclair et al., (2020), this was higher than in February 2020, before the pandemic where 12.4% or about 6 million people were involved in alcohol drinking which they did at their homes. The switch to drinking at home during the COVID-19 pandemic was partly to blame for the rise, with drinking sessions sometimes lasting several hours longer than they would in pubs (Sinclair et al., 2020).

Research done by the Government of Australia shows that what is responsible for many accidents, fire injuries, child abuse cases, crime, and suicides actually is alcohol intoxication (WHO & Government of South Australia, 2010). Disability, life imprisonment or court fines and deaths do not only impact on the country but also family resources, roles and responsibilities and could affect the spousal relationships. For example, a disabled or sick spouse has to be taken care of, and their roles be transferred to the non-drinking spouse. This could lead to fatigue and stress because of too many responsibilities. The children also need fees and other basic needs yet one of their parents has been hospitalized or imprisoned because of alcohol abuse. These cause resentments which affects the marital relationship and the family wellbeing (WHO & Government of South Australia, 2010).

Due to cultural influences, alcohol consumption has been rampant in Africa. Even though nowadays alcohol is consumed by both men and women, in the old days alcohol consumption particularly by women was illegitimate (Akanidomo et al., 2005). Men than women consumed alcohol more heavily and frequently (Woolf King & Maisto, 2011).

According to WHO (2011), the largest alcohol market in the African continent is indisputably South Africa with an expected total volume of 3000.90m litres,

representing 30% of the entire African market, followed closely by Nigeria with 1500.20m litres and Angola with 1200.80m litres. The 2011 Global status reported that South Africa was positioned as one of the nations with the least secure examples of liquor utilization in Africa. Among the individuals who burn-through liquor in this country, almost one of every two men (48.1%) and two in five ladies (41.2%) take part in substantial rambling drinking. In a year in this country, a normal of 9.5 litres is devoured by grown-ups matured 15 years and more established, which is significantly higher than the African territorial normal of 6.2 litres per individual. This example of utilization has come about into undeniable degrees of liquor related damages, including relational savagery, traffic accidents and HIV/AIDS.

In rural Zambia, men spent a great deal of their wages on packaged lager hence the accessibility of business brands of lager which was blended by ladies as kind of revenue added something little to the monetary weight in the families as revealed by WHO (2018). Having lost most of their pay in brew creation, the women in this space have come up short on any free pay to compensate for any shortfall. Because of the incessant and weighty drinking by the men, more viciousness towards ladies and medical issues which are identified with liquor misuse has been capable by the neighbourhood local area with its impact influencing the prosperity of numerous families. As indicated by the WHO (2018), because of their standardized reliance on liquor income, the nearby specialists have neglected to react with liquor control arrangements.

In Kenya, during ceremonies such as weddings, initiation, payment of dowry, burial, naming of children and even in other cultural festivities this is where alcohol

was brewed and served (Birech et al., 2013). Though the same is happening today, it is worth noting that due to uncontrolled use of alcohol, alcohol consumption has become a serious menace rendering families dysfunctional. It is shocking that national statistics show that approximately 4 million people consume alcohol in Kenya (Birech et al., 2013).

Alcohol is the most generally manhandled substance in the nation and represents the best mischief to Kenyans as confirmed by the various disasters related with inordinate utilization and corruption of illegal blends. Among the various kinds of cocktails, conventional alcohol is the most effectively open sort of liquor followed by wines and spirits and lastly chang'aa (NACADA, 2012).

Also, some studies done did reveal the serious effects of alcohol abuse on the family and their well-being. For example, research by the Kenya Medical Research Institute, alcohol abuse is shown to affect 70 percent of families in Kenya (Barasa, 2006). However, although the research shows that the family is affected little is known on how the well-being of the alcohol addict's family is affected. Research done on the effects of alcohol on gender roles (Kathungu et al., 2011) in Embu, and Busia, Kenya revealed that alcohol affects traditional gender roles which are still very prevalent in the communities under study. A gap exists on its effects on family wellbeing.

Alcohol use has likewise prompted such countless deaths in Kenya. In the year 2010 alone, the instances of huge number of individuals dying of a solitary scene of drinking toxic illegal alcohol have occurred in Shauri Moyo and Laikipia, Kenya (Mureithi, 2012). Other cases include those of the use of kumikumi in November

2000 which caused 140 deaths and loss of sight among some users in less privileged neighborhoods such as Mukuru kwa Njenga and Mukuru Kaiyaba (WHO, 2004). Similarly, other cases were reported in Murang'a (Muthithi and Kabati areas), Naivasha and Machakos, Kenya (Mureithi, 2012). The hazardous drinking behaviour and deaths must be causing emotional, physical, mental, financial effects on the families affected thus leaving families with responsibilities not called for. In such a situation the family well-being may be affected because of the extra responsibilities.

Generally, in Kenya, about 30% of Kenyans aged 15-65 have ever used alcohol in their life while 13.3% are currently consuming alcohol totalling to at least 4 million people. Most likely children in the rural areas compared to those in urban areas have consumed traditional liquor like chang'aa. (NACADA, 2012).

In the traditional society, an individual had a couple of decisions to make. Today, family ties have broken down, social attitudes towards drinking have changed; today everybody is free to drink. Traditionally, drinks were taken communally unlike today where it's individually. Fundamentally, this breakdown in social ties, combined with monetary variables, has left a hole because a substitute that directs individuals' conduct in the public eye has not been created. It has even deteriorated by the impact and reception of western societies. Different causes, similar to forlornness, stress and tension, have been ascribed to the reason for liquor misuse (Ostovar., 2016). Alcohol abuse has had a negative impact on marriage and the emotional well-being of the children. Thus, it is evident from various studies that alcohol abuse can lead to break-ups in marriage as well as in the family well-being and it can also negatively affect the relationship between the parents and children (Rosalind et al., 1998).

A study conducted by NACADA (2010), pointed out that Mt. Kenya region where Murang'a is located was the leading county in alcohol consumption. Later media reports showed grim images of devastated women in demonstrations due to what they claimed to be "sexually dysfunctional husbands due to alcohol abuse. These women claimed that their husbands were no longer sexually active or productive to the society in any way because their routine was to wake up before dawn and disappear into drinking sprees hence sparking different forms of abuse.

Even now, Kenya is still facing its greater threat from alcohol abuse despite the attempt to curb drinking by its legislation. Affirmed reports delivered by service of wellbeing and government offices like the NACADA (2016) have revealed that illegal bottling works have been going to deadly preserving liquid utilized in morgues in order to make the beverage more poisonous and maybe this is owing to numerous deaths that the nation has encountered because of liquor utilization. It is shocking that about 2.5 million people die annually, and more succumbs to illness and injury, as a result of harmful alcohol use (NACADA, 2017). Pressing estimates should be thought about on the grounds that liquor progressively influences even the more youthful ages.

#### Statement of the Problem

Wellbeing of families is a growing area of concern, especially when associated with drug and substance abuse. Indeed, around the world, this is a worry that has been caught by different bodies like the World Wellbeing Association, Legislatures and Non-Administrative Associations. Apparently, the available literature on the psychosocial effect of alcohol on family well-being, reveals many contradictions brought forth by both Western and African studies pertaining to the effects of alcohol

consumption (Mugambi, 2007). Some citing some positive effect (such as its economic and social cohesion) and others citing negative effects to health, social and psychological aspects of human life and family well-being (Mugambi, 2007)

There is extraordinary requirement for this review on the psychosocial impacts of liquor utilization on the prosperity of families since, supposing that liquor utilization proceeds, it will influence the condition of prosperity in numerous families, and they might result to loss of human and monetary assets.

Alcohol use and subsequent abuse is a growing reality in Mugoiri ward in Murang'a County. Though the government has been fighting hard to combat the uncontrolled use of drugs, the situation seems to grow worse every day. The media is full of scaring reports of deaths or serious human harm attributable to alcohol use (Lachenmeier et al., 2021). Besides the glaring physical consequences of alcohol use, little attention is given to the effect of alcohol on the wellbeing of the family members. It is possible that continued use of alcohol compromises the mental health of an individual. Family members in this state may find it difficult to relate well hence resulting to marital conflicts, divorce, or separation. Since the family is a system, the well-being of a family may be compromised when some family members continue using alcohol despite the harm that it causes (Muraya & Kanyoya, 2016).

The rising cases of alcoholism in Mugoiri ward are shocking and one wonders what the future of families in this ward will look like. For instance, sometimes back, women in this ward held a peaceful protest march to try and make their voice heard so as to stop brewers from selling alcoholic drinks to men and children in this area (NACADA 2012). They have complained that alcoholism has been tearing their



families apart. It is possible that alcoholism leads to a reduced financial status of family members. Other psychological issues such as anxiety and low self-esteem among the family members may be common in such families (NACADA 2012). When children's foundation is affected, the future of such families remains unknown. Therefore, urgent measures need to be taken into consideration if the well-being of the families' needs to be enhanced (Muraya & Kanyoya, 2016).

Even though several studies on alcoholism have been done in general (Ndegwa, 2018; Mkuu et al., 2019), the psychosocial effect of alcoholism on family wellbeing is a critical issue and a number have researched on it in Kenya (Chweya & Auya, 2014; Bett et al., 2017). However, none of these studies have been carried out in Murang'a and especially in Mugoiri Ward and it is this gap that warrants this research. Research on how families get affected by alcoholism and its effects may be a great step towards unlocking a solution to end the vice. This study therefore will investigate the psychosocial effects of alcoholism on family well-being in Mugoiri ward, Murang'a County, Kenya.

#### Purpose of the Study

The purpose of this study was to investigate the psychosocial effects of alcoholism on family well-being among the residents of Mugoiri ward, Murang'a District, Kenya and suggest potential methods of easing the bad habit and mitigating the effect of Alcohol abuse on the wellbeing of families.

#### Objectives of the Study

The overall goal of the study was to examine the psychosocial impacts of liquor addiction on family prosperity among the inhabitants of Mugoiri ward,

Murang'a District, Kenya.

In completing the exploration, the researcher was directed by the accompanying specific objectives:

1. To find out the types of alcoholic drinks being used in Mugoiri Ward, Murang'a County, Kenya.
2. To establish the factors contributing to alcoholism in Mugoiri Ward, Murang'a County, Kenya.
3. To establish the psychosocial effects of alcoholism on the family well-being in Mugoiri Ward, Murang'a County, Kenya.
4. To establish the relationship between socio-demographic characteristics and alcohol use in Mugoiri Ward, Murang'a County, Kenya.

#### Research Questions

The research was guided by the following research questions:

1. Which types of alcoholic drinks are being used in Mugoiri Ward, Murang'a County, Kenya?
2. Which factors contribute to alcoholism in Mugoiri Ward, Murang'a County, Kenya?
3. What are the psychosocial effects of alcoholism on the family well-being in Mugoiri Ward, Murang'a County, Kenya?
4. What is the relationship between socio-demographic characteristics of the family and alcohol use in Mugoiri Ward, Murang'a County, Kenya?

### Justification of the Study

There have been rising incidents of alcoholism and substance abuse among many families. This has resulted to a sense of hopelessness, despair and unworthiness in many families. Following the complexity in identifying the cause of alcoholism, there was a need to examine the numerous factors that make many falls in this habit (Sargent et al., 2020). Alcoholism is responsible for many problems in a family, thus the importance of this study to the families in Mugoiri Ward in Murang'a County.

Alcoholism has not been taken so seriously by the people and the community even though many families have been greatly affected. The research on psychosocial effect of alcohol on family well-being is needed in Mugoiri Ward since its effects are felt far much beyond these families and Mugoiri Ward. Most of the issues relating to alcoholism in family may be low self-esteem, poor education, and anxiety among others in Mugoiri Ward, Murang'a County in central province. It is for this reason that this research was carried out so that it can establish the different negative psychosocial effects of alcohol on family well-being.

### Significance of the Study

The occupants of Mugoiri ward would benefit greatly from the findings of this study since it would enhance better approach in dealing with and improve the wellbeing status of families affected within the community. This would be accomplished through establishing ways of creating job opportunities and self-awareness to the victims to enhance family well-being. This will keep them engaged and will also help them in being able to facilitate the process of satisfying basic human needs of the affected families.

This study also revealed how alcohol has impacted negatively on the family as a whole and this will awaken the area administrators to save the situation of families and children in the community. This study may also be used by social workers, nongovernment organizations, and government administrators, in addressing the ills of alcohol consumption and join hands in fighting it to save families and children. This will help the community and improve the economic status of the said community.

The study would also help those struggling with substance abuse who might find the need of living a meaningful life, desire to have family unity understand how the family is suffering because of the ill behaviour, which is prompted by the misuse of alcohol, and hence find a need of having an about turn.

#### Assumptions of the Study

The researcher assumed that the residents of Mugoiri ward, Murang'a County would cooperate in providing the information needed and would be honest in disclosing their information to the researcher. This was made possible due to the assurance of confidentiality related to the information they were given during the research.

That alcohol is affecting individual and also affecting the community through the effects of affected families. That consumption has negative social problems, and it has effects on the economics of individual drinkers, the family, and the community. The consumption of alcohol leads to psychological problems among families.

### Scope of Study

The study was restricted to the psychosocial effects of alcoholism on family well-being. This study was done in Mugoiri Ward, in Murang'a County. The participants were individuals from families faced with the problem of alcoholism in this Ward. Mugoiri is in Kenya, located about 63 km north of Nairobi city. It is the administrative center of Murang'a County. Mugoiri ward has a population of about approximate 31,508 people. The Ward area in Sq. Km is approximate 57.40.

### Limitations and Delimitations of the Study

The limitations of the study are the potential weaknesses in a study which are out of a researcher's control while delimitations of a study are those attributes that emerge from restrictions in the extent of the review (characterizing the limits), and it shows us how to address the limitations (Simon, 2011).

The fundamental limits in deciding the ideal answer for the uncontrolled issue with respect to liquor is absence of transparency among the affected individuals. This is mainly because of fear of victimization especially by women who may fear exposing their alcohol abusing husbands.

Due to the stigmatizations about alcoholic addiction, some people may fail to volunteer information. Striking of a good rapport with the people of Mugoiri ward and demystifying the concept of alcoholism was done to counter stigmatization.

Some participants may fear stern actions such as being arrested or any other disciplinary measures from the local administration upon giving personal information either verbally or through the psychological assessments that was used. To delimit

this, participants were assured of confidentiality. They were also assured that information being collected is strictly for academic purposes.

Women participants may show unwillingness to come out in the open and talk about the problems they go through because of the fear for their lives, and fear of disrupting the family set ups and bartering from their husbands. Psycho-education and assuring them of confidentiality was of great help so as to counter this limitation. To overcome these limitations, the researcher encouraged the participating person to feel free to open and so give the correct information because their confidentiality was highly safe guarded, and no information can be given out without their consent.

#### Definition of Terms

*Family:* These are people, with whom an individual is related to either by blood, marriage, adoption, or any other close connection such as legal connection (Frain et al, 2008; Sixbey, 2005). In this study, family was used to mean a group of related people living together and experiencing similar social challenges.

*Family functioning:* This is the way in which family members may interact with, react to, and treat each other (Winek et al., 2010). In this study, the term was used to mean the interactional patterns in the family.

*Family Wellbeing:* This is defined by Murray (2011) as a sense of wellbeing of the family, collectively and subjectively defined and informed by its members, in which individual and family-level needs interact. In this study, the term was used to mean the assurance of every member of the family regarding their health, safety, material security, education access for children, and their sense of being loved, valued, and included in the families and societies into which they are born.

*Psychosocial*: This is the characteristics of both social and psychological behaviour (The American Heritage Medical Dictionary, 2007). Psychological effects relate to the mental or emotional aspect of an individual resulting from alcohol use while social is the daily interaction between individuals and the environment because of alcohol use. In this study some of psychosocial effects that have been looked at include financial difficulties, depression, anxiety, and low self-esteem.

### Summary

This chapter gave an overview of the psychosocial effects of alcohol on family wellbeing. The researcher believed that this study enlightened many in the society about the negative effects of alcohol on families and its well-being. The result would be of benefit to many including the affected persons. The following chapter looked at the literature review and theoretical framework.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This section presented a review of the literature related to the study; whose overriding objective is to investigate the psychosocial effects of alcoholism on family well-being. The chapter begins with the theoretical framework, which constitute the family system theory and the social learning theory. Then the literature related to the study objectives on the types of the alcoholic drinks used; factors contributing to alcoholism, the psychosocial effects of alcoholism, and the relationship between socio-demographic characteristics of the family and alcohol use. The literature was obtained from various sources, including libraries, website materials, and primary documents from public offices dealing with the subject matter of the study.

#### Theoretical Framework

This segment presented the hypothetical structure for this review that included the family frameworks hypothesis and the social learning hypothesis in their relationship to the subject of this review.

#### Family Systems Theory

Family Systems Theory was credited to Murray Bowen (1972), who postulated that the singular individuals from the family can't be seen in disengagement from one another, but as part of the entire family group, especially,



viewing the family as an emotional unit Families are structures of interconnected and related individuals and none of whom can be seen in separation from the entire family system. According to Bowen, a family is a framework where every member has a part to play, and with rules that every family member should adhere to. People from the family system are depended upon to respond to each other considering a particular objective as shown by their jobs, which is dictated by the particular relationship arrangements. Inside the limits of the family frameworks, designs develop as specific relative's conduct is affected by the other individuals' conduct as they sway on them in repeating constant interaction.

Maintaining the same pattern of behaviours within a system may lead to balance in the family system, but also to dysfunction (Gilbert & Procter, 2006). This means that when one spouse is alcoholic and unable to take up their household or family roles, then the other spouse will need to take up more responsibilities to fill the gaps left for the family unit to function well. When the two spouses are alcoholic, then many of the family roles will be left unattended, and the dependent members of the family, especially children who are in their minor age can be neglected without basic care and emotional support (Von, 1969).

The Bowen's Family Systems Theory has the following eight interrelated concepts of people's relationships at the family level:

Triangles: Bell, Bell, and Nakata (2001) stated that a triangle is a three-person relationship system that forms three-sided lines of relationships, as opposed to a relationship that has two people. It is the basic foundation of larger emotional systems in the social environment because a triangle is the smallest stable relationship system. The three levels of relationships are better than the two levels, because in the relationship involving two people, when there are disagreements

there is no third party to intervene, and this is provided for in the triangle aspect of relationships. When there is a two-person system of relationships, this is unstable because they must deal with the tension arising from the need to involve a third party from outside, when need arises.

A triangle can contain considerably more pressure without affecting someone else because the strain can move around three connections. The normal family system has several layers of triangular relationships, meaning that when the tension is too high for one triangle to handle, it spreads to a series of other interrelated triangles, like when the parents have tension in their relationship with a son it can be spread to the relationship with a daughter.

This ability to spread the tension tends to stabilize the relationships in a family system and can facilitate resolution of the tension (Dallos & Draper, 2010).

The triangular relationship in a family system creates room for building multiple relationships among the family members. This creates room for creation of alliances, where members of the family can tend to build stronger mutual relationship with two of the members of the family, while the other members can be left out in a peripheral kind of a remote relationship. Where there is intense emotional attachment with the important others, some people may tend to behave in a way that will portray their efforts to assure their emotional attachments. This can cause them to take sides with their perceived close relations among the family members, thereby creating family members who are left out in some relational or family decision events. This response makes an excessive amount of force in the connections, and their favoring one side in others' struggles (Fincham, 2003).

Therefore, even though the triangular kind of family relationships in the family is stronger and better, the effect of creating members that are left out in

major mutual relations events put them in a very tough position to tolerate. Anxiety may be created due to a family member developing a feeling of being the odd one out, thereby anticipating being omitted in important mutual activities or events, and therefore generating negative energy in the relationships. This can be more real to an alcoholic spouse, who may be neglected in the web of mutual relational events, thereby acting like a foreigner at family functions (Bell, et al., 2001).

The non-alcoholic spouse can create closer relations with the child, thereby isolating the alcoholic spouse. When there are no episodic events from the alcoholic spouse, the triangle of relationships has less tension, but when there are perceived embarrassing moments from the alcoholic spouse, the other two members of the family build tension (Fincham, 2003). The two people who are comfortably close confidants are forced to deal with the repercussions of the third party who is considered an outsider, troublemaker, or problematic member of the family, because of alcoholism.

The insiders viably bar the untouchable, and the outsider endeavours to move closer to one of them. The alcoholic sidekick is reliably off-kilter in a triangle and will reliably be pushing for change. The insiders concrete their bond by picking each other in tendency to the less positive alcoholic who is viewed as an outcast (Sandage, & Jankowski, 2010).

However, during the normal day-to-day relationships, the two insider members of the family can develop differences, and this builds tension that will tend to motivate the most uncomfortable member to move closer to the alcoholic spouse who is considered an outsider. One of the primary insiders right now transforms into the new outsider and the main pariah is as of now an insider. The new pariah will make obvious moves to restore closeness with one of the insiders.

At moderate strain levels, triangles commonly have one side in battle and two pleasing sides. The conflict isn't inborn in the relationship wherein it exists yet reflects the overall working of the triangle (Klever, 2009).

At a verifiable level of strain, the alcoholic untouchable turns in being the best one. In case genuine battle transmits between the insiders, one insider settles ostensibly position by getting the current untouchable doing combating with the other insider. If the moving insider is productive, he secures the more pleasing circumstance of watching the other two people's fight. At the point when the pressure and struggle die down, the untouchable will attempt to recover an inside position (Spindel, 2020). This way, the triangular aspect of relationships at the family unit tends to contribute to the development of mental health problems, especially due to the tensions created by the feeling of being the outsider in the family relationships (Gilbert & Procter, 2006).

Differentiation of Self: Regarding differentiation of the self (Jenkins et al., 2005) established that families and other gatherings of people hugely impact how people think, feel, and act, yet individuals shift in their weakness to a social occasion thinking and get-togethers vary in the proportion of squeezing factor they apply for comparability. These differences among individuals and between packs reflect contrasts in people's levels of detachment of self. The less encouraged a singular's self-character, the more influence others have on his working and the more he endeavours to control, viably or idly, the working of others. The fundamental construction squares of a self are trademark, yet a family association during youth and adolescence essentially choose how much self he makes. At the point when set up, the level of self rarely changes except for if a singular advances a coordinated and long stretch endeavour to change it (Jenkins, et al., 2005).

People with an insufficiently isolated self, depends so seriously upon the affirmation and support of others that conceivably they quickly change their viewpoint, say, and do to fulfil others or they determinedly announce what others should look like and propel them to change.

The solid willed individuals rely upon endorsement and acknowledgment as much as the ambivalent ones; however, the solid willed individuals push others to concur with them as opposed to their concurring with others. Conflict undermines a domineering jerk however much it compromises a chameleon. An outrageous renegade is an inadequately separated individual as well, yet he professes to be a self by regularly contradicting the places of others (Eberle et al., 1997).

According to Timm & Keiley (2011), an individual with an all-around separated self perceives his sensible reliance on others, however he can remain quiet and composed enough despite struggle, analysis, and dismissal to recognize thinking established in a cautious evaluation of current realities from intuition blurred by emotionality. Nicely obtained standards assist with directing dynamic with regards to significant family and social issues, making him less helpless before the sensations existing apart from everything else. Regarding this, Skowron et al. (2009), found that what the individual chooses and what he says matches what he does. He can act magnanimously, yet his acting to the greatest advantage of the gathering is an insightful decision, not a reaction to relationship pressures. Positive about his reasoning, he can uphold others' perspectives without being a follower or reject others' perspectives without polarizing the distinctions. He characterizes himself without being pushy and manages strain to yield without being ridiculously hesitant (Knapp & VandeCreek, 2004).

A study by Peleg (2008), found that each human culture has its all-around separated individuals, inadequately separated individuals, and individuals at numerous degrees between these limits. Thus, the families and different gatherings that make up a general public vary in the force of their passionate association relying upon the separation levels of their individuals (Skowron et al., 2009). The more extreme the relationship are, the less a gathering's ability to adjust to possibly upsetting occasions without a stamped acceleration of persistent uneasiness. Everybody is dependent upon issues in his work and individual life, however more prominent weakness of less separated individuals and families to times of elevated persistent tension adds to their having a lopsided portion of society's most significant issues (Schoppe-Sullivan et al, 2007). Tran et al. (2009) revealed that offspring of drunkards have lower levels of separation of self. Such youngsters report lower levels of fulfilment with life and relational connections and more regrettable perspectives towards life circumstances than offspring of non-drunkards. Once they reach adulthood, offspring of heavy drinkers are bound to wed from alcoholic families and experience lower levels of fulfilment with their marriage and with their own kids and higher paces of separation (Hartwell et al, 2012).

**Nuclear Family Emotional Process:** According to Hall (1981), the thought of nuclear family energetic system depicts four basic relationship plans that direct where issues make in a family. The viewpoints and observations about associations that the family members have accept a section in the models, yet the forces in a general sense driving them are significant for the energetic structure. The instances of family associations work in unsullied, single-parent, step-parent, alcoholic mate and other nuclear family courses of action (Hall, 1981).

Liebman et al, (1974) posited those clinical issues or indications as a rule create during times of uplifted and delayed family pressure. The tension level depends on the stress a family member encounters, how a family member is able to cope and adapt to the stress, and the connection with extended family members or the wider social networks. When there is tension, it tends to build the action of at least one of the four relationship designs. The indications that create rely upon which examples are generally dynamic (McGoldrick, 2011). The higher the tension in the families, the more the chances that symptoms will be severe and that several members of these families will be symptomatic. The four relationship patterns are:

Alcohol related marital conflict: Due to influence of alcohol on behaviour, alcoholic spouses can tend to increase levels of family tension making members of the family to get more anxious. This can lead to the individual spouses externalizing their anxiety into other relationships in the family unit. The individual spouses tend to focus on what they perceive to be wrong with the other, each tries to control the other, and each resist to be controlled by the other (Finley & Schwartz, 2006). Dysfunctional alcoholic spouse: The non-alcoholic spouse makes the others to think and act in certain ways, especially encouraging the spouse to stop depending on alcohol and in some cases the spouse can yield to the pressure (Mishler & Waxler, 1968).

The alcoholic spouse may be under the addiction drive, thereby having occasional relapses, but the two spouses normally tend to accommodate each other to preserve harmonious relationships at the family unit. In some situations, however, one of the spouses tends to be seen putting more effort to tolerate the other alcoholic spouse for the purpose of keeping the marriage functional. The spouse relationships appear to be comfortable for both couple up to a certain point, yet, in

the event that family pressure rises further, the subordinate companion might yield such an excess of poise that their tension increments essentially. The heightened level of anxiety may lead to mental health issues and social dysfunction (Minuchin, 1979).

Alcoholism and impairment of one or more children: The spouses may incline their individual anxieties on one or more of their children where they may tend to worry excessively, and they may have negative or positive notions about him or her. When the parent focuses more on the negative aspects of a specific child, the child can respond by focusing more on the parent, and this creates tension in their relationship (Mayer et al., 2012). Where parents are alcoholic, the child may become more reactive than his or her siblings to the attitudes, needs, and expectations of that specific parent. The cycle undermines the kid's separation from the family and makes that person powerless against carrying on or disguising family pressures. The youngster's uneasiness can weaken his school execution, social connections, and surprisingly his wellbeing (Moran-Taylor, 2008).

The emotional distance from alcoholic family member: When the alcoholic parent has habitual loss of self-control leading to violence and conflict under the influence of alcohol, the other spouse or children can tend to avoid him or her (Bragin, et al, 2020). This is an effort to reduce tension that is experienced when violent conflicts erupt at the family level. As the other spouse or children distance themselves from the alcoholic spouse, this can lead to emotional distance and isolation (Miller et al., 2004).

Family Projection Process: Rosen & Holmes (1978), posited that families that have alcoholic spouses tend to have relational problems, and this concept of family projection process explains the tendency of parents to transmit their



emotional problems to a child. This can impair the functioning of one or more children and increase vulnerability to their well-being (Murstein and Pryer, 1959). Some mental health issues that children can develop due to the projection process include heightened needs for attention and approval; difficulty dealing with expectations; and the tendency to blame oneself or others. Other mental issues include feeling responsible for the happiness of others or that others are responsible for one's own happiness; and acting impulsively to relieve the anxiety of the moment rather than tolerating anxiety and acting thoughtfully. These psychological wellness issues can persist and affect them throughout the rest of the child's life. The stronger the effects of projection by the parent to their child, the more apparent the clinical symptoms of the associated mental health issues will be to this child (Rosen & Holmes, 1978).

**Multigenerational Transmission Process:** According to Saccone et al, (2003), the possibility of the multigenerational transmission measure depicts how little differences in the levels of detachment among watchmen and their adolescents lead to look at contrasts in division among the people from a family over numerous ages (Mintz & Kellogg, 1988). The information creating these differences is transmitted across many generations through relationship patterns that are transmitted from parents to children over those generations. This transmission happens on several interrelated layers of relationships, including conscious teaching by the parent to a child, and the unconscious programming of emotional reactions and behaviours that they observe in day-to-day relationship at home and the surrounding social environment. When one or both spouses are alcoholic and are mostly drunk and disorderly, this will affect the relational learning that the child gets and can affect the ability for normal relationships in the future (Saccone et al., 2003).

There is a continuous process of parents influencing the formation of their child's relational development across many generations in a family lineage (Jankowski, & Hooper, 2012). The moods, attitudes and actions of parents inform the child's learning in a manner that the child tends to develop similar emotional reactions and behavioural activities as observed from their parents. Later, when they grow up and are parents, they exhibit moods and attitudes inherited from their parents, and in turn their children learn and keep them to be transmitted to their own children later in life. This leads to multigenerational transmission of behaviours and emotional attitudes through a mix of guardians effectively moulding the improvement of their posterity, naturally reacting to their parents' dispositions, mentalities, and activities (Mintz, & Kellogg, 1988).

This affects the choice made in selecting marriage partner, where the impact of multigenerational transmission measure makes individuals to typically choose mates with levels of separation of self that match their own. This implies that in the event that one youngster has significant degree of self while another kid has lower level of the self than the guardians, one kin's marriage is more separated and the other kin's marriage is less separated than the guardians' marriage. The degree of separation of self can influence life span, conjugal strength, proliferation, wellbeing, instructive achievements, and word related triumphs. This effect of separation on generally life working clarifies the checked variety that regularly exists in the existences of the individuals from a multigenerational family (Mintz & Kellogg, 1988).

The profoundly separated individuals have curiously stable family units and contribute a lot to society; the inadequately separated individuals have turbulent individual lives and rely intensely upon others to support them. A critical

ramification of the multigenerational idea is that the underlying foundations of the most serious human issues like alcoholism and the levels of human adaptation tend to be connected to several generations in the family line (Mintz & Kellogg 1988). The multigenerational transmission measure does not simply extend the levels of self that people develop, yet it also programs how people's interface with others. The two kinds of programming impact the assurance of a mate (Mintz and Kellogg 1988).

The possibility of energetic cut-off portrays how people manage their bothering extreme topics with the alcoholic assistant, kinfolk, and different family members by decreasing or eliminating excited contact with them (Titelman 2003). People tend to reduce or cut off emotional contact by reducing or cutting off physical contact with the alcoholic family member. This can include a family member leaving home and either taking too long to come back, or not coming back at all. When emotional cut-off is exercised, family relationships may seem to operate normally, but in reality, the associated mental health issues persist in a dormant form, since they remain unresolved (Papero, 1998).

Members of the family try to reduce the tensions created out of strained relationships by cutting off from emotional contacts with an alcoholic member. Some people do this by creating another external relationship and focus more on it. This can result in over-preoccupation on this new relationship outside the perceived problematic family relationship, thus risking makes their new relationships too important in a way they are over dependent on it. This can lead to a total neglect of the relationship with the problematic alcoholic spouse, resulting to more problems developing in the family unit (Titelman 2003).

When a spouse ignores the alcoholic marriage partner and initiates more emotional engagement with a parent or sibling in the extended family relations, then he or she will over depend on the extended family member for alternative source of emotional stability, thereby creating a state of emotional vulnerability (Jankowski & Hooper, 2012). This can be portrayed by the person trying to exert pressure on the extended family member to behave in certain ways that are perceived necessary to fill the emotional gaps.

The new connections are regularly smooth before all else, however the examples individuals are attempting to escape at last arise and create strains. Individuals who are sliced off may attempt to settle their close connections by making substitute family plans or getting over-appended to other social and work relationships (Papero, 1998).

Different people have different levels of unresolved attachment to their childhood family, but all-around separated individuals have significantly more goal than less separated individuals. According to Willemen et al, (2011), an unresolved attachment can exhibit itself in various ways: when a mature married individual feels more like a youngster when he is at the guardians' home and looks to his folks to settle choices for him that he can make for himself; when the wedded companion feels regretful when he is in more contact with his folks and feels he should tackle their contentions or troubles; and when the individual feels infuriated that his folks don't appear to comprehend or endorse him. These are some of the signs of an unresolved attachment, which depicts immaturity of both the guardians and the grown-up child, yet individuals ordinarily fault themselves or others for the issues.

People often look forward to going home, hoping things will be different this time, but the old interactions usually surface within hours. It may take the form

of surface harmony with powerful emotional undercurrents, or it may deteriorate into shouting matches and hysterics. Both the individual and his family may feel exhausted even after a compact visit. It very well may be less complex for the watchmen if an adult child remains away. The family gets so fretful and responsive when he is home that they are facilitated when he leaves. The kinfolk of a particularly cutoff part much of the time blow up at him when he is home and issue him for upsetting the watchmen (Jankowski, & Hooper, 2012).

**Sibling Position:** Sibling position determines the relationships that a person develops, because first born children to be accustomed to lead in decision making and taking care of other siblings, while the younger children tend to learn to follow the elder sibling (McCormick, & Martinko, 2004). By this, the older child will always want to lead while the youngest will always opt to be a follower in any given organized setting, including the family unit.

The characteristics of one position are complementary to the other as the elder sibling learns to lead the way while the younger siblings follow. When this trend is interrupted with, especially if cultural norms do not allow for such functional relationships, the conflict and emotional tensions can result (Jankowski, & Hooper, 2012). This can happen when in the African setting a man who was younger in their sibling position marries a woman who is the elder child in their family, then the wife will tend to be accustomed to making orders and leading the way, and the man will be set to follow in a subordinate position, which is contrary to the African expectations of family relationships. The tension out of the resulting cultural anomaly can be compounded by having an alcoholic spouse, thereby causing more complex marital problems (Bartle-Haring & Sabatelli, 1995).

Societal Emotional Process: This concept is about the emotional responses that an alcoholic spouse gets from the members of the society in relation to the alcoholic habit. When the society has harsh negative response to alcoholism, then the alcoholic spouse will tend to receive discouraging or punitive responses of the alcoholic behaviour from the members of the society, including police and other institutions in the society. This can lead to reduced habits of alcoholism and increased effort to seek emotional connection with the other spouse and children (Cowan, 1993). Social environmental forces are limited in explaining how well societies adapt to the challenges that comes with alcoholism, but they are important on how a society function.

Bowen's first hint about matches among familial and cultural enthusiastic working came from treating families with adolescent reprobates, which in some cases has been a precursor to alcoholic behavioural problems in their marriages later in life (Wei et al., 2005). The parents in such families tend to be too lenient in applying the societal standards of disciplining the child's wrongdoing, thereby compromising the societal standards. This can create a conflict of interest between pampering and spoiling the child on one side and maintaining societal standards of quality child upbringing on the other. This scenario becomes even more real when the parent is alcoholic, because then, it will not only be a matter of being lenient, but also negligence of parenting roles and responsibilities due to the influence of alcohol (Timm & Keiley, 2011).

Bowen discovered that when many parents get alcoholic and tend to neglect their quality child upbringing, the society, especially through the leaders, comes up with strict measures to resolve the problem. This will include the public administration and police force being given mandate to curb the problem of

alcoholism, in an attempt to promote more quality family relationships and better child rearing practices among the alcoholic parent (Bartle-Haring, *et al.*, 1995). However, as the problem gets resolved, the society tends to relax in their effort to fight the negative aspects of alcoholism, thereby giving it room to recur and increase in magnitude again. The society will notice it again and renew the efforts to fight it, and therefore it follows a series of societal emotional process of noticing and responding to the society's negative consequences of alcoholism on family functioning (Wei, et al, 2005).

### Social Learning Theory

Albert Bandura (1977) is credited with the formulation of Social Learning Theory (SLT), which states that people learn from their interactions with others and observations made in a social context. Albert Bandura in 1986 did a study that led to the conceptualization of the social learning theory, which assumed that human beings have the capability of learning from the events occurring in the surrounding social environments. Separately, by observing the behaviours of others, people develop similar behaviours. After observing the behaviour of others, people assimilate and imitate that behaviour, especially if their observational experiences are positive ones or include rewards related to the observed behaviour. According to Bandura, imitation involves the actual reproduction of observed behavioural activities (Bandura 1977) and from what was gathered from the ground, many individuals learnt to drink alcohol from peers. Social Learning Theory (SLT) has been popularly referred to in its conceptions attention to learn, memory of the contents learnt, and motivation to emulate the observed behaviour (Muro & Jeffrey, 2008).

Also, according to McNally & Newman (1999), the vital rule of social learning hypothesis is that learning isn't just lead; rather it is a scholarly connection that occurs in a group environment. Learning can occur by seeing behaviour and by seeing the results of the direct (vicarious help). Besides, adjusting incorporates discernment, extraction of information from those insights, and making decisions about the presentation of the lead (observational or showing). Accordingly, support accepts a section in adjusting anyway isn't totally at risk for learning. Finally, the understudy is authentically not a latent recipient of information. Discernment, environment, and direct all normally sway each other (relative determinism).

Likewise, Social learning theory accepts the advancement of one's person to be an insightful response to social upgrades. It highlights the social setting of socialization instead of the particular mind. This theory estimates that a solitary's person isn't the consequence of the neglectful (like the conviction of psychoanalytic researchers), but rather is basically the eventual outcome of exhibiting due to the suspicions for others. Practices and attitudes make because of help and reassurance from people around us. While social learning researchers perceive that adolescent experience is huge, they moreover acknowledge that the person people acquire is outlined more by the practices and viewpoints of others (Christie & Abraham., 1992).

The concept of social learning evolved from awareness that much learning takes place because of observing and imitating other people's behaviour (McNally & Newman, 1999). Thus, changes in behaviour occur without being linked to a specific pattern of positive or negative reinforcement and without numerous opportunities for trial-and-error practice, but merely from the imitation of observable models. This implies that as indicated by the Social Learning



Hypothesis, impersonation is stressed as the psychological cycle through which, one can gain proficiency with specific conduct and furthermore secure an inspiration to perform or oppose playing out that conduct contingent upon what is found out with regards to the conduct (McNally & Newman, 1999). Thusly, through observational learning, both young and old people come out as comfortable with the general thoughts of conditions similarly as express practices. This fact explains why consumption of alcohol is entrenched in families.

*General principles of Social Learning Theory:* In individuals' life, the principles in social learning theory operate in the same way throughout and the observational learning may take place at any age. According to Asuncion & Newman, (2007) social learning theory involves persons learning from each other through observation, imitation, and modelling. This means that learning can take place without a change in behaviour, where information is acquired by observation, but without leading to imitation and modelling of behavioural activities. The general conception of learning stipulates that effective learning process need to be accompanied by permanent behavioural change, while in contrast social learning theory suggests that since individuals can learn through perception alone, their learning may not really be displayed in their practical behavioural activities (Bandura, 1965). This means that learning may or may not result in a behaviour change, like observing and learning from an alcoholic parent (Bandura, 2006).

#### Concepts in Social Learning Theory

*Behaviours learned through modelling:* Asuncion & Newman (2007), postulated that in Social Learning Theory, the persons who are being looked at are referred to as the models and this process of learning takes place is called modelling. The second and third stages of imitation and behavioural modelling in the

Bandura's Social Learning Theory will occur in the event that an individual notices positive, wanted results in the primary stage. In relation to this study, if the children observe the behaviour of the alcoholic parents and admires it, then the child may tend to be motivated to try taking alcohol on their own, which can later make them alcoholics. They would then be able to utilize the conduct they encountered to copy and show other parent's behavioural activities regarding access and style of its consumption (Bandura, 1986).

The child emulates most of the behaviours from the role models. An adolescent child may observe the alcoholic parent taking beer and being very happy and care-free sometimes, while other times the parent responds aggressively on slight provocation. If the adolescent child is happy, and motivated despite the life challenges and struggles, they may respond aggressively to physical threats, hence tending to imitate and model the alcoholic parent. Such a child will tend to be curious to know where the parent buys the beer, the brands that he or she buys, the handling of beer while taking a sip from the beer bottle or glass and any other detail, so that they can emulate it with precision (Bandura, 2006). By following this process, the child can learn the aggressive behaviour associated with alcoholism, as observed from the alcoholic parent who serves as the model (Stokes, 1986).

The child's moral reasoning and judgment is based on how their parental model does their own reasoning and judgment. This normally happens with exposure to a better way of moral reasoning from another member of the family or society who convinces the child that alcoholism has more negative than constructive impacts in life. Then the child will be motivated to avoid alcohol. This means that the moral view, moral thinking, and moral behaviour associated with alcoholism tend to be influenced by observation and modelling. Therefore, learning

to be alcoholic or the other way around will include moral decisions regarding good and bad which can partially be created through parents displaying of certain behaviour (Muro, & Jeffrey, 2008).

From this concept, the ability to learn may be enhanced through recognition of a model parent or positive outcome of the behaviour observed from the parent. Further, Bandura (1991), posited that the social environment in which learning takes place tend to be flexible, meaning that all the behaviours of the alcoholic parent may not be considered for imitation by the child. Social environmental learning also involves the enactive experience, which allows children of an alcoholic parent to experience criticism, which persuades them to learn much more. The learning environment for the spouse and children of an alcoholic is even more complex as research reveals that spousal and youngster misuse is one of the many sorts of viciousness related with liquor use and misuse either as an outcome or a causative factor. This can happen through several forms, including enthusiastic or mental maltreatment, disregard, actual maltreatment, or sexual maltreatment (Widom 1989). This can lead to emotional injury to the spouse or children, leading to low self-esteem and image, withdrawal, or self-pity. In response, the spouse or children of an alcoholic family member can develop a coping mechanism of entertaining minimum talking, low trust expecting the worst, rather than, and thereby hardening their emotional feelings to be able to tolerate the rejection, abuse, violence, or offensive behaviour from the alcoholic member. Such learning to cope with the alcoholic leads to cognitive and behavioural disorder. On the other hand, a normal family functioning provides for physical and emotional support, which creates conducive social learning environment for the spouse or children to learn to love other people, while trusting them and being able to care for others in the future

(Berger 1993). Based on this theoretical framework, the literature related to the study is reviewed in the following sections, based on the research objectives.

*Cognitive Learning:* Bandura (1999) found out that intellectual learning consolidates the ideas of self-guideline and the self-intelligent cycles. This implies that children and individuals for the most part can represent, grasp, and control the natural impacts that affect their thinking and learning process (Bandura 2004).

This aspect of cognitive learning is answerable for handling outside data processed from a heavy drinker parent, and figuring out what data will be noticed, put away as images, and recuperated for some times in the future (Bandura 2004). Then it follows that the child's social intellectual learning is moved through diverse types of social variables, which impact the capacity of their cognitive learning process (Bandura 2004).

According to Patock-Peckham et al., (2001) the Social Learning Theory is especially important in understanding the aspects of alcoholism, where studies have shown that the danger of alcoholism is higher in individuals who have low discretion or self-guideline. They went on to say that individuals who are self-controlled can perceive when alcoholic conduct is ruinous and can change either their conduct or the family climate supporting the alcoholic conduct (Gisbert et al., 2004). On the other hand, Cooper & Russell, (1988) found that an individual is in danger of turning into a drunkard when they drink to adapt to a social issue with mate or parent. They further said that social learning hypothesis upholds the possibility that an individual in danger of turning into a drunkard, frequently beverages to cover negative feelings or escape the reality of daily life in a perceived problematic relationship at a family unit (Copper & Russell 1988).

As far as the alcohol expectancy concept is concerned, Cooper & Russell, (1988) said this is a perspective in the social learning theory, where a child's conviction about liquor can impact the choice of whether they might drink liquor or not, despite having an alcoholic parent. The belief about alcohol may be influenced by the child's general exposure to specific social environmental setting, like attending church services. The belief would be totally different if the child was exposed to attending alcoholic selling places like bar or clubs (Muro & Jeffrey, 2008). In another study, Wall et al, (2003) further established that from the point of view of social learning hypothesis, drinking liquor is an intellectual conduct that impersonates what a child has realized for the most part through family, companions, the media, and direct encounters.

Every behaviour is learnt and because alcohol use is a learnt behaviour, social learning theory was an appropriate theory to use in this study because it emphasizes on people learning through observation.

#### General Literature Review

This section dealt with the general literature review related to psychosocial effects of alcoholism on family well-being. Alcoholism is also known as a family disease, with multiple psychosocial effects, and especially affecting the psychological development of the children in families (Bennett & Wolin, 1990). Depending on the extent of alcohol addiction on the individual at a given time, it is possible that they may do things with such a big psychosocial negative impact that can cause harm to the family life over a long duration of time.

The people addicted to alcoholism can be of any age in their lifespan, from any race, ethnicity, socioeconomic and income levels. Alcohol has debilitating

effects on different socio-demographic variables of individuals. For instance, due to the harmful effects of alcohol, it can lead to cardiovascular conditions. There is a stereotype that the people with minimal formal education levels or from lower financial class are the ones prone to alcoholism, but research findings reveal that even the highly educated people with sophisticated lifestyles can be addicted to uncontrollable alcoholism out of the individual efforts, unless there is specialized psychosocial support and rehabilitation. When the individual is addicted to alcohol, there are normally the resulting psychosocial impacts to the close relatives, especially the family members (Berger, 1993).

Alcoholism is associated with psychosocial challenges to family well-being across the world, the Sub-Saharan Africa, Kenya, Murang'a County, and more specifically in Mugoiri ward where this study is focused on. However, whatever the level of assessment of the psychosocial impacts of alcoholism, it will be found to contribute to the destruction of the psychosocial wellness of the individuals, families, and communities due to excessive consumption of alcohol affects the brain which is at the centre of executive functioning (Rossow 2001; Vetere & Henley, 2001).

A study conducted in America found that about 19,000 road accidents are associated to alcoholic drivers, which cause multiple psychosocial challenges to families and the surrounding communities (Tracy, 2005). Alcoholic addiction results in large monetary costs to the alcoholic, the family and also the community. In the New Zealand, the economic costs of misuse of alcohol have been estimated at about \$2.4 billion per year. The involved families raise the estimated costs to pay for hospital expenses, accident compensation payments and payment for legal charges (Chaloupka et al., 2002).

The alcoholic parent is unable to be engaged in standard quality and quantity of productive activities, leading to low economic productivity, deteriorating health condition, and this can lead to early loss of employment and premature death (ALAC and Ministry of Health, 2001). Regarding this, study findings estimate that alcoholism cause low economic productivity with a loss of about \$57 million per year in New Zealand (Kaithuru, & Stephen, 2015). The study further revealed that each year, around 7,000 to 22,000 patients with alcoholic related health complications are treated in the country's busiest emergency units, resulting to 10-30 percent of the hospital workload to the medical specialists in those hospitals.

#### Types of Alcohol Consumed

There are distinct types of alcoholic drinks consumed in Kenya. In addition to commercial alcoholic beverages, every society in Kenya has its own traditional beverages. These are the distilled spirits (*chang'aa*), *busaa*, *muratina*, *mnazi* and *miti ni dawa* (Musungu & Kosgei., 2015). There is a high commonness of second-age liquor and customary mixers (Muturi 2014), which have no legislative guideline and are made with a lot of secrecy (NACADA, 2010), adding to the liquor abuse issue. As indicated by NACADA (2011), second era alcoholic brands allude to cocktails that have been recently presented which are low valued and have high liquor content (instances of these are Senator Keg, Kenyacane, Iceberg, Marry Cane, and Konyagi).

The alcohol content of these unlawful brews can change for the most part, as does serving size, and shoppers continually top off their cups while drinking (Lo et al., 2013). These sorts of alcohol are outstandingly exceptional and are typically spoiled with hazardous and unhygienic substances (Muturi, 2014). A survey done

by NACADA (2010) battles that the addition in second-age alcohol creation and arrangements is a direct result of its openness, moderateness, and accessibility.

Unlawful alcohol is more affordable than business brews, simply costing around 20 Kenyan shillings (\$.25) per glass (Lo et al., 2013). A move by NACADA in 2010 discovered that, of the current alcohol customers considered, simply 48.4 percent used unique alcohol, while the majority of respondents drank second-age alcohol (NACADA, 2010). Chang'aa, close by other wrongfully made alcohols, has been shown to cause destruction, visual disability, methanol hurting and other clinical issues (Lo et al., 2013).

Birech (2013) did an investigation of liquor misuse and its effect on everyday life among the Nandi people group of Kenya. The review used a blended strategies research approach utilizing both subjective and quantitative procedures to collect data from 124 residents of Kaplamai location, Nandi County. As part of the study findings, Birech (2013) established that there were three types of alcohol that were being consumed in the community. These included illicit brews, especially *Changaa* (a distilled alcohol) and *Busaa* (Fermented from maize and millet), and commercially produced beer that was being sold at the bars.

NACADA (2017) conducted a standard review on greatness, circumstances and end results of liquor maltreatment according to the viewpoint of local area individuals and individual clients in Central Kenya. The review was a cross-sectional overview that designated local area individuals and individual liquor clients from Kiambu, Kirinyaga, Murang'a, Nyandarua, Nyeri, Thika and Maragua. The review test involved 500 families for each study site, adding up to respondents. Comparable to sorts of liquor devoured, the review set up that under half of the



respondents were burning-through original liquor, 40% were burning-through second era, while 10% burned-through other cocktails.

While the alcohol brands that are commercially manufactured are readily available on various types of advertisements, including billboards, NACADA, (2017), went on to point out some of common traditional alcoholic drinks in Kenya as in the following list:

Chang'aa: The name Chang'aa was embraced during the 1950s when one Oyuga Muganda, an AP in Kisumu, once portrayed the story within the sight of Tom Omuga how Pelele (also known as Woraj) got its name as Chang'aa. Chang'aa, which in a real sense signifies "kill me rapidly", has a high liquor content. Yet, it's regularly contaminated with other more harmful mixtures, including plane fuel and treating liquid, to accelerate the maturation cycle.

In 2010, an expected 100 individuals died after drinking Chang'aa. A shot of Chang'aa can cost just 5 Kenyan shillings (\$0.01) and gives a long high effect. Flying fuel and treating liquid are supposed to be utilized frequently to accelerate the aging system. This can cause visual deficiency, or death. This is the distilled beverage consumed in many geographical locations in Kenya, including in Mugoiri ward, Murang'a County, Kenya. Chang'aa can be made from a variety of grains, whereby the malted millet and malted maize are the popular varieties. The alcoholic content from malted millet and maize grains is from 20 to 50 percent. Chang'aa is an illegal traditional drink produced in concealed distilleries and drunk by people while in hiding, and in most cases those people who cannot afford other types of beer. Due to un-established alcohol content in Chang'aa, it has lethal healthy implications, especially when consumed daily, with minimal food intake (NACADA, 2017)

Muratina is a cocktail produced using sugar-stick and muratina organic product in Kenya. The organic product is sliced down the middle, sun-dried and bubbled in water and then the water is taken out and the natural product sun-dried once more. The organic product is added to a limited quantity of sugar-stick syrup and hatched in a warm spot and then the organic product is separated from the juice following a stay of 24 hours and then sun-dried. The organic product is then added to a barrel of sugar-stick juice which is permitted to age for one to four days. The eventual outcome has a harsh alcoholic taste.

The other common traditional beer in Kenya is the banana beer which is made from bananas, blended in with grain flour, from sorghum or millet flour, and matured to an orange cocktail. It is sweet and somewhat hazy with a timeframe of realistic usability of a few days under right stockpiling conditions. Busaa is the traditional beer made from finger millet malt, while Palm wine is also locally produced and consumed in Kenya, especially along the coastal areas (Willis, 2000).

Kumikumi (from Swahili 'kumi' for 'ten') is an illicit alcohol fermented in Kenya from sorghum, maize, or millet. The modest, broadly fermented drink fills in notoriety among the lower classes and distraught of the locale, as the economy and the worth of the pushing has declined. Kumikumi is known for its uncommon liquor content. The brew is regularly doctored in perilous and noxious manners, and its standard maltreatment oftentimes has brought about liquor harming related hospitalizations, visual impairment, and death.

#### Factors Contributing to Alcoholism

There is no single reason for liquor abuse. Indeed, there are many peril factors that accept a section in the headway of an alcohol obsession. These peril factors collaborate differently in every individual, provoking alcohol use issues in a

couple and not in others. Both inside and outside factors add to the headway of alcohol habit. Inside factors join genetic characteristics, psychological circumstances, character, individual decision, and drinking history. Outside factors join family, climate, religion, social and social standards, age, getting ready, and occupation status (Pie & Juergens, 2020). Various examinations have been directed in the past which give proof of the connects of liquor addiction.

König et al. (2018) did a review to decide the instructive and psychosocial factors related with liquor use among teenagers in Denmark. They contended that relationship between friendly determinants of wellbeing, psycho-social variables and liquor utilization are perplexing and impacted by public setting and societies. Their review used Danish understudies' information from the European School Overview Task on Liquor and Different Medications (ESPAD), which gathers information on liquor and substance use among 15–16-year-old European understudies. The consequences of the review showed that the variables related with higher liquor admission were sex, helpless associations with guardians, anticipations of the effect of liquor (both positive and negative), and the impact of companions and their liquor use. Higher school execution was identified with lower liquor utilization. Low socio-segment status was not related with higher liquor utilization. The discoveries of this review affirm the intricacy of the socio-segment, psychosocial, wellbeing education related, and natural components related with liquor practices. This infers how those compelling measures to addressing liquor use needs to be multi-factorial, including supporting teenagers to foster liquor related wellbeing proficiency abilities to empower them to settle on educated decisions.

Government policy is a well-known determinant of prevalence of alcohol consumption. An example of this is in Hong Kong, a globalized Chinese city, where the substantial 80% import obligations on wine and 40% obligations on lager were step by step dispensed with in 2007–2008 as a component of a monetary upgrade plan and as a region wide mission to build up Hong Kong as the 'wine capital of Asia' (Wong et al., 2018). Soon after the duty disposal, there was a sensational expansion in liquor advancement through new item dispatches, wine sampling classes and global liquor works and celebrations (InvestHK, 2016). By 2010, Hong Kong become the biggest wine sell off focus followed by New York (InvestHK, 2016). As a potential outcome of these administration strategies, the pervasiveness of past-year consumers expanded (2006:47.3%, 2012:59.4%) (Chung et al., 2013) and the absolute utilization of liquor in Hong Kong expanded by more than 3.2 million liters of unadulterated ethanol somewhere in the range of 2006 and 2008, with consistent increments from that point (Wong et al., 2018).

Wong et al. (2018) inspected the examples of liquor utilization in Hong Kong Chinese ladies prior and then afterward the time of significant liquor strategy revisions depicted previously. A phone reviews that was directed on grown-up Chinese ladies before 2007–2008, showed that lager and wine charge ends in 2006 was (n = 4946) and in 2011 (n = 2439). Discoveries demonstrated that, over the review time frame, just ladies in the 36–45-year age layer revealed critical expansions in every one of the three drinking designs: past-year drinking, past-month hitting the bottle hard and week after week drinking; moderately aged ladies, jobless or retirees and those crediting to liquor's medical advantages arose as new hard-core boozing hazard gatherings. Expanded drinking among ladies might be because of joined impacts of expanded cultural acknowledgment of social drinking,

forceful showcasing advancements and individual convictions in the medical advantages of drinking that have as of late arose in the district. Subsequently, multi-dimensional systems are needed to battle potential savoring hurts these ladies.

Takahashi et al. (2017) investigated on the factors of liquor utilization in rural western Kenya. The review utilized the cross-sectional study research plan with an example of 478 members who are aged 18–65 years dwelling in Ikolomani Sub-Region, Kakamega. Information for the review was gathered utilizing a self-directed poll. The aftereffects of the review uncovered that having relatives and companions what drink's identity was unequivocally connected with current liquor drinking status and perilous/high-hazard liquor utilization. This infers that liquor use is powered by peer impact and straightforward entry since relatives or companions might purchase liquor for one another. The concentrate additionally discovered that Ikolomani Sub-County had a flourishing business of fermenting and selling neighbourhood blends, basically due to the overall destitution circumstance and the absence of work freedoms to meet the expenses of living including school charges for kids. Although these organizations are illicit, they keep on thriving because of restricted option financial freedoms and most likely shortcomings in law requirement. These discoveries by Takahashi et al. (2017) demonstrate that the social climate, as opposed to a person's socio-segment attributes, is the primary determinant of liquor utilization in provincial settings. This infers those intercessions to alleviate liquor utilization in such regions might have to focus on the informal organizations of the liquor buyers, change the consumers' disposition towards liquor, and tackle the issue of accessibility of unlicensed conventional brews.

Gitatui et al. (2019) researched the determinants of destructive utilization of liquor among metropolitan ghetto staying grown-ups in Kenya. The review was cross-sectional in nature and included an example size of 215 ghetto occupants from Githurai, in Nairobi District. The investigation discovered that grown-ups from families with drinking father and kin were bound to participate in unsafe utilization of liquor. Single, low instructive fulfilment/workers, and those in useless families occupied with unsafe utilization of liquor because of stress, and they revealed liquor related issues. The investigation additionally discovered that youthful, unmarried, and easygoing workers were acquainted with liquor by companions. Form the foregoing, it can be concluded that the factors contributing to alcoholism include government policy, poverty, unemployment, history of alcohol consumption in the family, stress, low levels of education, social and cultural norms, and association with people who consume alcohol.

#### Effects of Alcoholism

Since the consumption of alcohol is frequently connected with explicit social and social conditions, it can cause general medical issues (Burns, 2010). For most people, alcohol is burned through for amusement, socialization, or unwinding. For other people, it is even more a need, as a way adapting or self-medication for those issues, they perceive to be too difficult to even think about confronting while sober. However, for most liquor purchasers, it is liable for the obliteration of their lives and connections. This is all around represented by an axiom by Joyce Rebeta-Burditt (1938): "Liquor addiction isn't an onlooker sport; ultimately the entire

family will play". Indeed, liquor abuse is regularly called a family illness because it has on relatives (Obaga, 2008). Generally, very regularly kids are presented to negative drinking propensities and the overwhelming impacts which go with parental liquor abuse.

Various examinations have been led to set up the formative and mental impacts that offspring of drunkards endure. In one such review, Andreas & O'Farrell, (2006) investigated the relationship between fathers' huge drinking plans and the psychosocial change of their adolescents. The longitudinal review was done among 301 wedded or cohabitating men who were partaking in outpatient treatment. Of the 301 dads, 144 had youngsters in their home going in age from 4-16 years. Of these people, 125 men finished the four critical assessments for the review, the benchmark, the post-treatment, and the two coming about appraisals. The successors of these men had their psychosocial progress examined before the dads' treatment. Psychosocial issues join such things as the youngster drawing in with others or zeroing in on a ton. The alcoholic dads were relied upon to go to 26 social events over a 12-week period of time for their assessment data to be related with the review. These 26 get-togethers included eight individual get-togethers, 16 social event get-togethers, an affirmation and a physical.

Three drinking plans were gained through bunch examination, the primary model being the "consistent low" plan, in which the fathers generally stopped generous drinking post-treatment. The subsequent example was the "low and expanding" design, in which the dads for the most part abstained from weighty drinking inside the initial a half year's post-treatment, just to begin once more. The third and last example is the "high and expanding" design which was those dads

who kept on drinking in treatment and surprisingly expanded their savouring the most recent a half year of the review (Andreas & O'Farrell, 2006).

The offspring of the "steady low" and the "low and expanding" designed dads' appeared to work on their change (coexisting with others and diminished stressing) just as to keep up with this further developed change while their dads' drinking was diminished. Notwithstanding, the offspring of the "great and expanding" designed dads' didn't appear to show any generous enhancements during the dads' treatment, because the drinking never completely quit during the review. Albeit these kids did really show some critical expansions in their change issues when their dads' drinking designs got back to the pre-treatment level of substantial drinking (Andreas & O'Farrell, 2006). Aftereffects of this review upheld the possibility that parental liquor addiction is a danger factor in the youngsters' general change.

Families with an alcohol-dependent or mishandling guardian are frequently more disturbed and broken than families not influenced by parental alcohol issues. The home conditions of such families are portrayed by correspondence issues, for example, deficiencies in critical thinking capacities, low familial congeniality and helpless family attachment (Jacob et al., 2006). The correspondence issues of families with a liquor mishandling guardian have been reported in various examinations utilizing the Marital Interaction Coding System (MICS) (Jacob et al., 2001). In these examinations, specialists recorded conversations among relatives, and afterward coded these conversations utilizing the MICS. The MICS grants arranged spectators to bunch verbal and non-verbal correspondence into four outline groupings: positive, negative, basic reasoning, and congeniality. The positive characterization contains positive appraisals of the speaker concerning



different family members (like plan and support). The negative class fuses events of negative evaluation (like clash and investigation). The basic reasoning class includes attempts made towards discussing and settling issues. Finally, the congeniality class reflects smiles, laughing and detached talking.

Results from studies that have used the MICS show that families affected by parental issue drinking show more unfortunate correspondence, more bad correspondence, less congeniality, and incapacitated basic reasoning capacities when differentiated and unaffected controls (Haber & Jacob, 1997; Moser & Jacob, 1997; Jacob et al., 2001). These models have been filed in parent-kid associations, similarly as in interchanges between mates (Moser & Jacob, 1997).

Issue drinking has been shown to essentially influence the public action of families. Where a parent suffers alcohol dependence or issue drinking, soul mates and children may be restricted and less prepared to get support from social and clinical consideration sincerely steady organizations. The value of neighbourhood and social assistance for youngsters is presently seen as a guarded factor against the improvement of future issues (Gruenert et al., 2004). Neighbourhood and social assist with canning help the improvement of adolescents' ideal for social capacities, overhaul oversight, and advance positive certainty (Fuller, 2001). Social detachment may in this way go probably as a peril factor for the maladjustment of children overseeing parental alcohol misuse.

Tunnard (2002) recommends that posterity of issue buyers have little energy for social activities considering the extended giving consideration liabilities and family commitments they oftentimes take on. Posterity of issue shoppers may in like manner experience a vibe of shame about their home conditions (Boyd & Mackey, 2000), making them distance themselves from various youths and from

adults like teachers, who regardless may have the choice to bring to the table social assistance (Tunnard 2002). Posterity of issue buyers moreover report more difficulties with peer associations including less allies to connect with, lower trust in making partners, and repugnance by both their companions, and the watchmen of companions who cripple family relationships with such adolescents (Tunnard 2002). Also, house, school and neighbourhood moves are consistently typical for gatherings of issue purchasers, making it difficult for youngsters to set up and stay aware of social affiliations and to attract with their organizations. In one survey it was found that posterity of gatekeepers with outrageous drug and alcohol issues had gone to approximately two extraordinary schools and moved house more than multiple times by the typical season of 7.4 years (Gruenert et al., 2004). Extracurricular wielding and delight activities can be a good wellspring of social assistance for youngsters; regardless, in view of the money related strains habitually experienced by families overseeing parental issue drinking there may not be adequate money to bear the expense of help in such activities (Gruenert et al., 2004).

Psychosocial prosperity is a critical space of working that can be affected (both unequivocally and antagonistically) by alcohol use. As to social working, there is truly consistent confirmation that more settled or old issue customers (both all through treatment) will overall have social and unwinding issues as misery and low amicable assistance (Schonfeld & Dupree, 1991), less friendly assets (Brennan & Moos, 1990), lower social mix (Hanson, 1994), lower fulfilment with social connections (Meyers et al., 1982), social segregation, and less fulfilling recreation exercises (Graham et al., 1995). Crosnoe et al. (2012) longitudinal investigation of 8,271 young people gave supporting proof that drinking anticipated lower socio-passionate and scholarly working. Nonetheless, Crosnoe et al. (2012) accentuated

that the social setting of drinking is huge in the socio-enthusiastic working of teenagers, whereby youngster consumers felt underestimated inside schools with thick organizations of low-rate drinking. Nonetheless, the converse relationship has additionally been discovered, where high socialization has observed to be related with expanded drinking for male young people (Cumes-Rayner et al., 1992). This finding is additionally applicable for grown-ups, where assumptions for social impacts of liquor and friend network weighty drinking were huge indicators of the two married couples own substantial drinking (Leonard & Homish, 2008). Accordingly, apparently the social setting and anticipations of drinking instead of liquor use fundamentally are related with adverse consequences on people and families.

#### Socio-Demographic Characteristics and Alcohol Consumption

Exploration proof from past examinations on liquor addiction demonstrates that inside the most recent couple of many years, there has been a fast expansion in liquor accessibility, creation, importation, and utilization across all age gatherings. Liquor utilization is likewise broadly considered as a component of social exercises and most shoppers only here and there drink alone. A South African concentrate by Vellios & Walbeek, (2018) looked to measure the commonness of self-announced current liquor drinking and hitting the bottle hard, and to decide significant covariates utilizing proof from the Public Pay Elements Study (2014 – 2015), a broadly delegate dataset of more than 20,000 people matured over 15 years. Binge drinking was characterized as an announced utilization of at least five standard beverages on a normal drinking day. The outcomes were that current liquor use was accounted for by 33.1% of the populace (47.7% guys, 20.2% females). Of

consumers, 43.0% announced hitting the bottle hard, larger part of who were guys (48.2%) when contrasted with 32.4% females. The pervasiveness of self-revealed hitting the bottle hard as a level of the absolute populace was 14.1% (22.8% guys, 6.4% females). Guys and females who affirmed a strict connection were more uncertain than the people who didn't to report drinking any liquor. The pervasiveness of self-detailed hard-core boozing was most noteworthy among guys and females matured 25 - 34 years. Smoking cigarettes generously improved the probability of drinking any sum and of hard-core boozing for the two sexes. Vellios & Walbeek, (2018) inferred that in South Africa, one of every three people announced drinking liquor, while one out of seven detailed hard-core boozing on a normal day on which liquor was burned-through. In light of these outcomes, it tends to be construed that solid, proof-based arrangements are expected to lessen the adverse impacts of liquor use.

Ravi et al, (2019) completed a review to set up the commonness of liquor utilization comparable to socio-segment qualities among grown-ups and old populace in India. The review utilized a cross-sectional exploration plan and was done in four distinctive geographic settings (metropolitan, rustic, town and ghetto) of Uttarakhand, India. An example size of 400 grown-ups over 18 years old was chosen utilizing basic irregular examining philosophy. Out of 400 members talked with, liquor utilization was accounted for higher in 30-49 years' age bunch (45%), wedded (38%), utilized (58%), guys (72%), living in provincial regions (43%). This shows that in the review locale, liquor utilization was higher among middle age bunch (long term) guys, and particularly those in work. Ravi et al. (2019) suggested the requirement for a cross country drive to make mindfulness among individuals from the local area regarding destructive impacts of liquor.

Somatunga et al. (2014) did a cross country overview of the public liquor use commonness in Sri Lanka. The distinct cross-sectional review was completed among those matured somewhere in the range of 14 and 64 years. The review test was 3750 and comprised of 750 members in every 10-year age/sex layer (250 guys and 500 females). Information was gathered utilizing a questioner directed survey acquired from the "Liquor" module of the WHO STEP shrewd methodology. This review uncovered that the public commonness of current consumers was 39.6% among guys and 2.4% among females when changed in accordance with the number of inhabitants in the regions in which the example was acquired. The most devoured liquor type, among the individuals who have at any point utilized liquor, was lager (76.9%) trailed by spirits (51.5%), wine (25.8%), and customary palm-based unlawful mixes (16.9%). The specialists noticed that pervasiveness of liquor utilization had expanded since the last review in 2008. Somatunga et al. (2014) consequently suggested the requirement for protection estimates zeroing in on weak gatherings at the public just as territorial levels. The expanding pattern among female drinking additionally shows the need of essential preventive activities focused on at them.

A study conducted in Nigeria by Chukwuonye et al. (2013) investigated on liquor use among rural and urban adult Nigerians in Abia state. The review utilized a cross-sectional exploration plan and was completed utilizing an example of 2977 Nigerian grown-ups (52% male and 48% female) drawn from metropolitan and country areas. The consequences of the review uncovered that 56% of the members had a past filled with liquor utilization, while 44% had never burned-through liquor. Continuous liquor buyers were 8%, while 31% of the members were substantial consumers. Chukwuonye et al. (2013) presumed that the level of weighty liquor

purchasers in the review was high and suggested the requirement for the different specialists to intercede to diminish the wellbeing trouble related with substantial drinking in Abia state, Nigeria.

Yawson et al. (2015) completed a review to set up the socio-segment and financial relates of liquor use as significant wellbeing hazard factors among grown-ups in Ghana. The review depended on the WHO's multi-country study on worldwide maturing and grown-up wellbeing, directed in six nations including Ghana. The review test contained 3109 grown-ups matured 50 years or more. The investigation discovered that substantial drinking (exorbitant liquor use) was more predominant among the 50–59-year bunch (3.4%), guys (4.2%), provincial occupants (2.9%), the isolated/separated (4.0%), those with optional instruction (or same) finished (8.4%) and higher salaries (3.8%). The analysts reasoned that there was need for hazard decrease measures remembering improvement for admittance to wellbeing and social administrations, carrying out the public maturing strategy with due thought to segment, financial, religion, culture, and local inconsistencies to induce wellbeing and social advantages to the more established grown-up populace in Ghana.

In Uganda, a concentrate by Kabwama et al. (2016) broke down information from the non-transferable infections hazard factor study led in 2014, to distinguish liquor use predominance and related elements among grown-ups in the country. The review utilized the WHO Stepwise way to deal with reconnaissance (STEPS) instrument to gather information, including the historical backdrop of liquor use. Liquor clients were ordered into low-, medium-, and very good quality clients. Members were additionally delegated having a liquor use-related turmoil if, in recent months, they couldn't quit drinking liquor whenever they had begun drinking,

as well as neglected to do what was ordinarily anticipated of them as a result of drinking liquor, or potentially required a cocktail first toward the beginning of the day to get rolling after a weighty drinking meeting the prior night. The review set up that, out of the 3,956 review members, 1,062 (26.8%) were current liquor clients, including 7.9% low-end, 6.2% medium-end, and 12.7% very good quality clients. An aggregate of 386 (9.8%) were named having a liquor use-related turmoil. Male members were bound to be medium-to top of the line liquor clients contrasted with females. Kabwama et al. (2016) presumed that the degree of liquor use among grown-ups in Uganda was high, and 9.8% of the grown-up population had a liquor use-related disorder.

In Kenya, Ahamed et al. (2018) conducted a survey of alcohol use and its impact on child health in Kisii County. The survey was administered into children aged 8–17 years and adults aged above 18 years in 15 villages. In total there were 411 study participants comprising of 181 children and 230 adults drawn from 307 households. Results of the study indicated that 8.9% of the children and 45.6% of adults were alcohol consumers. Alcoholic attributes were available in 25% of grown-up members. A lot of grown-up consumers met WHO measures for perilous drinking. Further outcomes demonstrated that over 14% of youngsters detailed being harmed or getting sick because of parental or self-liquor use. Common chances of missing school were 6.8 occasions higher among youngsters whose guardians' beverage. Offspring of liquor clients were 24.3 occasions bound to miss suppers when contrasted and offspring of liquor non-clients. The review discoveries by Ahamed et al. (2018) infer that liquor utilization is a significant supporter of medical affliction for the two kids and grown-ups in Kenya. For sure, as announced by Mkuu, Barry, Swahn and Nafukho (2019), in Kenya, liquor use, and particularly

homemade libation otherwise called customary mix has been connected to a few fatalities and hospitalizations. Recently prohibited, the Kenyan government as of late legitimized homemade libation with an end goal to control and lessen its mischief. Regardless of authorization, notwithstanding, homemade libation keeps on being broad.

### Empirical Literature Review

The connection among marriage and liquor misuse has been the subject of various investigations in recent many years. These investigations uncover that liquor misuse influences a substantial number of families either straightforwardly or in a roundabout way, and the maltreatment of lawful substances is a noticeable worry for general wellbeing authorities all through the world (Corroa, 2000; WHO, 2004). As per the 2004 Public Overview on Medication Use and Wellbeing (SAMHSA, 2006), of the 3.8 million people who got treatment in the U.S. for liquor or medications in the previous year, the greater part (2.4million) were treated for liquor misuse (Award, Stinson, Dawson, and Compton, 2004).

A review done by Asunta somewhere in the range of 2001 and 2002 in Malaysia; showed that liquor is a main consideration in worsening neediness. Liquor misuse was displayed to prompt spouse battery, disunity in the home, mishandled and denied children, non-working or sequentially sick husbands who become a weight to both the family and society (Asunta, 2002). The wife battery and discord affect the marital relationship and leads to dissatisfaction. These turn psychological as they cause stress, anxiety which leads to depression and other psychological problems. The research concluded that the alcohol menace ruins families and contributes to the breakdown of the social fabric of the society. This is



true because a family is the basic unit of the society. It holds the society together and when the family is united the society is well. When there are fights in the family the society is also affected, for example screams will interfere with peace and people will go to solve the problems in the family. Sometimes money need to be collected to help pay fees for the children or for hospital bills.

In Australia, research done by the Government of Australia shows alcohol intoxication is responsible for accidents, fire injuries, child abuse cases, crime, and suicides, (Government of South Australia, 2010). Disability, life imprisonment or court fines and deaths does not only impact on the country but also family resources, roles and responsibilities and could affect the spousal relationships. For example, a disabled or sick spouse has to be taken care of, and their roles be transferred to the non-drinking spouse. This could lead to fatigue and stress because of too many responsibilities. The children also need fees and other basic needs yet one of their parents has been hospitalized or imprisoned because of alcohol abuse. These cause resentments which affects the marital relationship.

In the United States, alcohol and drug abuse by employees is estimated to contribute to company loss of \$100 billion a year (Buddy, 2003). This effect of alcohol on work productivity could lead to loss of jobs which have a direct effect on the family. Loss of job means that the family will not have a source of income this results in failure to meet daily needs as a result there will be so many blames, quarrels and fights. The global status report (2014) observed that inebriation, reliance or liquor withdrawal states can bring about terrible showing in significant social jobs – in working at work, in nurturing, in relationship and fellowship jobs. Both the consumer and others might be influenced by the results, like work or proficiency incident, partition, and brokenness in everyday life, including forceful

conduct at home. This subsequently can achieve underhandedness to physical or enthusiastic prosperity, achieved by the work working shortcoming itself, others' reactions to the incapacity, or both (Schmidt et al., 2010).

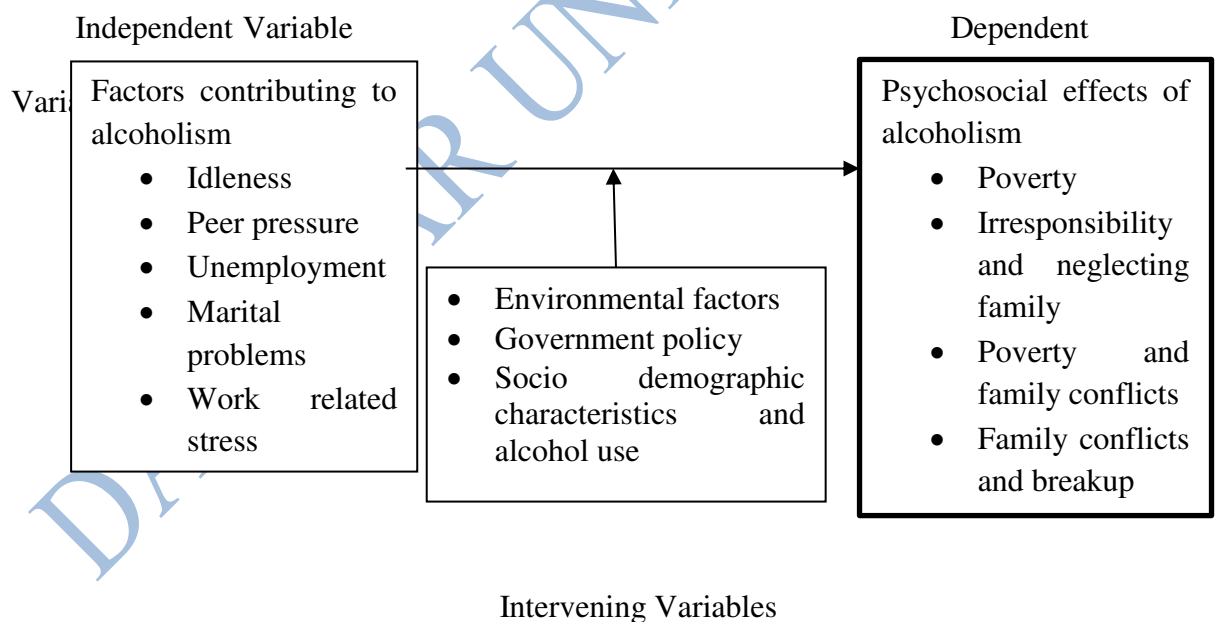
A review unequivocal to harms to others in New Zealand noticed the transcendence of such harms to be higher than the inescapability of harms from one's own drinking (18% versus 12%), particularly among women and youngsters (Connor & Casswell, 2012). A similar examination bunch tracked down that the more noteworthy the openness to substantial consumers, the lower individuals' scores on proportions of individual prosperity and wellbeing status.

Studies that have been done in Kenya support these by revealing devastating effects of alcohol abuse on the family. For example, in a research by the Kenya Medical Research Institute, alcohol abuse is shown to affect 70 percent of families in Kenya (Barasa, 2006). However, although the research shows that the family is affected little is known on how the spouse of the alcohol addict is affected. Research conducted on the effects of liquor use on gender roles by Kathungu et al. (2011) in Embu, and Busia, Kenya revealed that alcohol affects traditional gender roles which are still very prevalent in the communities under study. Although the study shows that there is clear effect on the roles it does not reveal how this affects the spouse who takes over the responsibilities of the alcoholic spouse. It is clear that a gap exists on the effects of alcohol abuse on the non-drinking spouse. Liquor use has likewise prompted such countless deaths in Kenya. In the year 2010 alone, the instances of enormous number of individuals vanishing of a solitary scene of drinking harmful unlawful alcohol have happened in Shauri Moyo and Laikipia, Kenya (Mureithi, 2012). Other most prominent cases incorporate the utilization of kumikumi in November 2000 which brought about 140 passing's and lose of sight

among certain clients in helpless Nairobi areas (Mukuru kwa Njenga and Mukuru Kaiyaba); (WHO, 2004). Comparable occurrences have additionally been in Muranga (Muthithi and Kabati regions), Naivasha and Machakos, Kenya (Mureithi, 2012). The hazardous drinking behaviour and deaths must be causing emotional, physical, mental, financial effects on the families affected. This may leave a family with responsibilities they were not prepared for. In such situation the spouses may be affected from extra responsibilities they carry to provide for the family.

### Conceptual Framework

The figure 2.1 depicts the conceptual framework capturing the relationship between independent variables, the intervening variable, and the dependent variables of the psychosocial effects of alcoholism on family well-being as follows:



*Figure 2.1: Conceptual Framework*

Source: Author (2020)

### Discussion of the Conceptual Framework

From the conceptual framework presented in Figure 2.1, the independent variables of the study were the prevalence of alcoholism and the factors that contribute to alcoholism. When a person is in a family where there is alcohol abuse, the home environment may not be conducive for healthy psychosocial growth and development. This kind of atmosphere has little or no supervision and there is a tendency of cognitive and emotional instability. The dependent variables of the study were the psychosocial effects of alcoholism for family members who live with alcoholics. The effects of alcoholism may be social, psychological, economic and/or physical in nature.

### Chapter Summary

This chapter reviewed literature related to the prevalence of alcoholism, factors contributing to alcoholism, the effects of alcoholism and the coping mechanisms of those affected by alcoholism. The following chapter discussed the methodology that was used in this study.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### Introduction

This part examined the exploration plan and the strategies that was utilized in information assortment and investigation. The conversations incorporate the exploration plan, region of the review, the objective populace, test and inspecting technique, research instruments, legitimacy, pilot testing and dependability of the examination instruments, information assortment methods, information investigation strategies, and moral contemplations.

#### Research Design

The study adopted a descriptive survey design. In research, a descriptive survey design attempts to collect data from members of a population in order to determine the current trend of that population in respect to one or more variables in question. Survey research design usually uses questionnaires and interviews. This design was the suitable method in collecting original data for the purpose of describing population which is too large to observe directly. Besides this, the study utilized quantitative and qualitative approaches hence mixed methods will be used. The mixed methods approach facilitated a better understanding of the research through the combination of both qualitative and quantitative methods and approaches in collecting and analyzing data (Creswell & Clark, 2007).

According to Miller & Brewer (2003), the quantitative method is a structured method that uses numerical measurements to present or explain phenomena. Its main goal is to use as small a sample as possible. On the other hand,

qualitative method is considered more narrative, seeks meaning and is studied in a particular context (physical or cognitive) to understand how attribution and conditions come together. The researcher used both methods because it gives freedom to use all the tools of data collection or methods possible to solve the research problem (Creswell, et al, 2007).

### Population

A population is defined as the collection of items (persons, objects, or things) that share common features or characteristics and may or may not be occupying the same topographical location (Mugenda, 2003). The researcher needed to identify the age group of the study population, either male or female, the community population, the geographic area, and what ethnic background they come from.

Mugenda and Mugenda (2003), characterizes population as the whole gathering of people having normal noticeable qualities. The target area was in Mugoiri ward, Murang'a Area. Murang'a Province is situated around 63 km north of Nairobi city and it is the authoritative focal point of Murang'a County. The County is one of those made under the Kenya Constitution 2010. It is one of the five counties in Focal locale of the Republic of Kenya and possesses an absolute space of 2,558.8Km<sup>2</sup>. Its biggest town is Murang'a, called Post Corridor in frontier times. Its residents are mainly the Kikuyu and is viewed as the home of the Gikuyu, the largest community in Kenya.

The county has a populace of 942,581. It is lined toward the North by Nyeri, toward the South by Kiambu, toward the West by Nyandarua and toward the East by Kirinyaga, Embu and Machakos regions. It lies between scopes 0o 34' South and 10 7' South and Longitudes 36o East and 37o 27' East. The district lies between

914m above ocean level (ASL) in the East and 3,353m above ocean level (ASL) along the slants of the Aberdare Mountains in the West. Murang'a is additionally the wellspring of numerous enormous streams like Waterway Maragua which begins from the core of the Aberdare range, Stream Mathioya, Waterway Kayahwe, Waterway Irati, Stream Muriurio and numerous others. Murang'a is furthermore known for its ripe cultivating soil and great environment with maize, beans, yams, bolt roots, pumpkins, bananas, and various other food crops filled in the district. Tea and Coffee are the primary money crops created in certain spaces.

#### Target Population

Mugoiri ward has a population of approximately 31,508 people. The Ward area in Sq. Km is approximate 57.40. This Ward comprises of Kiria, Mirichu, Gatundu, and Kahuro Sub-Locations of Murang'a County. It has an equatorial type of climate conducive for farming. The economic activities of Mugoiri include farming and trade.

The target population for this study was made up of 1800 families in Mugoiri ward in Murang'a County, Kenya. Information that was available at the Murang'a County administrative office showed that about 1800 adults in the ward are married and approximately 10% of these couples' experience serious challenges due to the problem of alcoholism hence there could be dysfunctional families (Mureithi, 2012). After identifying the population, that the size must be stated appropriately.

### Sample Size

A sample size is comprised of a group of people selected from the population to be included in the study (Guest et al., 2013). The researcher selected a sample due to its cost and time saving elements. Kothari et al. (2014) maintains that it should not be excessively large or small thus the researcher selected the sample based on Mugenda and Mugenda's (2003) suggestion that the sample size should comprise 10% of the population. Below is the sample frame. Using the Mugenda and Mugenda (2009) mathematical formula for sample calculation, the sample size was computed:

$$\text{Sample Size } n = \frac{N}{1 + Ne^2}$$

Where, N is the total population size, and e is the error or confident level. The confidence level of 95% was used to ensure a more accurate result from the sample. Based on this, the error term would equal to 0.10. Using the total population of 1800 and the error margin of 0.10, the sample size was calculated as follows:

$$\begin{aligned} n &= \frac{1800}{1 + 1800(0.10)^2} \\ &= \frac{1800}{19} = 94.76 \end{aligned}$$

Hence  $n = 95$

Table 3.1 shows the sample frame for the sample regions/clusters. With an assumption that the population density was distributed according to is population,



the region was divided into four clusters presumably having 24 respondents in three clusters and the other 23 making a total of 95 respondents.

*Table 3.1: Sample Frame for the Sample Strata*

Population characteristics	Sample size	Sampling technique
Cluster A	24	simple random sampling
Cluster B	24	simple random sampling
Cluster C	24	simple random sampling
Cluster D	23	simple random sampling
Total	95	

In addition to the 95 adults, other nine (9) members of the sample were purposively chosen as one ward administrator, the area chief, 2 religious' leader, a social development officer and four (4) villager elders each from each cluster.

Mugenda and Mugenda (2003) stated that a sample size of 10% of the total population is considered adequate for descriptive study. In this study 95 adults were drawn from the population of the study using the sampling formula however factoring in attrition, the sample size was increased by 10% thus giving a working sample of 105 adults plus 9 who were the key respondent. Therefore, the sample size of this study was 114 adults. Therefore, the number of questionnaires distributed was 114 respondents, where five (5) were incomplete, thereby remaining with 105 valid responses.

Kothari et al (2014) defines sampling as the collection of some part of an entire population on the basis of which a generalization or inference about that

population is made. Sampling occurs when one obtains information about an entire population by studying only a portion of it.

There are two kinds of sampling designs: probability and non-probability. Probability sampling is used when all phenomena in the study have an equal and independent opportunity of being selected for the study. The selection is random. In non-probability sampling, the sample selected is not representative of the study population because the interest is in obtaining in-depth information and not in making inferences (Mugenda & Mugenda, 2003). Clustered sampling was used in this study to select the households to participate in this study. Simple random sampling was used to select the study participants.

The ward was divided into four cluster zones. Simple random sampling was used to ensure that a representative proportion of adults from each cluster zone are obtained from the four regions (Bryman, 2012). A sampling procedure is essential so as to give the researcher the confidence that if another sample similar in size would be selected, the findings would be similar to a high degree (Mugenda & Mugenda, 2003). To obtain a select sample therefore in this study, the researcher used simple random sampling to select 105 participants, 26 for three regions and 27 for the fourth region. The ward administrator, the chief, religious leader, the social worker officer and the elder were purposively chosen. This is because these participants have common knowledge or experience in matters alcohol and its psychosocial effects on family well-being (Cresswell & Plano Clark 2011). Since they are among the opinion leaders, they were able to give useful information on the study issues.

## Data Collection Instruments

Data collection is the process of gathering information that is needed by a researcher for a particular study (Mugenda & Mugenda, 2003). The methods that were used for this study are both quantitative and qualitative, leading to a mixed research approach.

### In-depth Interviews

The research used in-depth interviews to gather data from the respondents. Bryman (2012) holds that the purpose of an in-depth interview is to check, correct and compliment the quantitative data. The interview schedule was used to get information directly from spouses of the households affected by alcoholism, with the main aim of getting complete and accurate information from them (Chandran, 2004). The qualitative data obtained was analyzed to pick the key emerging issues and themes. Also, the researcher interviewed the opinion leaders.

### Key Informants Interviews

Key informants were selected based on having relevant information on alcohol use, abuse, and its effect on family's well-being in the study area. These interviews were held with the one ward administrator, the area chief, religious leader, a social development officer and four (4) villager elders who were purposively selected so as to give more information on the effects of alcoholism on the Physical, social, and psychological wellbeing of families.

### Social Demographic Questionnaire

Social demographic is nothing more than characteristics of a population (Gilovich, et al 2006). The social-demographic questionnaire helped the researcher to look at the correlation between socio-demographic characteristics of the family

and alcohol use in Mugoiri Ward, Murang'a County, Kenya. The demographic information included gender of respondents, age bracket and length of service.

#### Michigan Alcohol Screening Test (MAST)

The Michigan Alcohol Screening Test (MAST) is one of the most accurate and oldest alcohol screening tests available and was developed in 1971. Its questions relate to the patient's self-testing of social, vocational, and family crises that comes with heavy drinking (Shields, A.L.; Howell, R. T.; Potter, J.; Weiss, R. D. ,2007). The test was developed so as to help screen for alcohol problems. For this study, the researcher used Short-MAST tool which contains 13 questions whereby all questions were answered using "Yes" or "No" answers. In scoring, each "Yes" answer equals one (1) point where all "Yes" responses indicate problems associated with drinking except those for items #1, #4 and #5, for these items, "No" responses indicate problems associated with drinking. 5 points or more may place the person as a potential alcohol abuse, 3 to 4 points would show that the person has a borderline alcohol problem, and 0 to 2 points shows that the person has no problem of alcoholic (Selzer, M.L, 1971).

#### Types of Data

The two types of data were quantitative and qualitative sourcing from either primary or secondary (Kothari et al., 2014). As explained by Kothari, quantitative data is easily measured and recorded numerically while representation of qualitative data information is by other means other than numbers. Mugenda and Mugenda (2003) has categorized data into primary and secondary sources where he stated that the primary information data is the information a specialist gets from the field while optional information is the data an analyst gets from research articles, books,

relaxed meetings, and diaries. For this review, the specialist will utilize the two surveys and inside and out interviews.

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### Validity and Reliability

A research instrument must be presented so as to determine its validity and reliability. For this reason, the validity of the instruments used in the study would be determined through piloting of the questionnaires in the area. Pretesting was to ensure that each question has been understood by the participants. The aim of the pre-test was not for collect data, but rather to detect inconsistencies, miscommunication, and misinterpretation.

### Research Instruments

Reliability refers to how much a specific estimating measure gives similar outcomes over various rehashed preliminaries (Orodho, 2004). It is achieved by utilizing the test – retest or coefficient of strength strategy. Kothari et al. (2014) additionally affirms this by saying that, to really look at the dependability of instruments, the test-retest technique is ordinarily utilized. A test-retest was completed to guarantee that the respondents answer the inquiries accurately as planned in the pilot study. In this study, Cronbach's coefficient alpha was processed for the instruments and unwavering quality coefficient alpha worth of more than 0.80 was respected to be inside the scope of adequate dependability.

Application and relevant documents were submitted to The Daystar University Research and Ethics board. Upon receiving the approval, a research permit was obtained from NACOSTI. Upon receiving the necessary authorizations, the Murang'a County Commissioner and was Sub-County administrators at Mugoiri Ward was informed of planned data collection exercise within ward.

An informed consent was given to the participants with careful explanation of what the study entails. The respondents were assured of confidentiality and no stereotyping or discrimination of any kind. The participants then had free will to agree to participate and will in turn sign the form attached to the questionnaire. Details such as names were not necessary for this study.

### Pre-testing

Pre-testing simply means trying out whether the instruments to be used in data collection will be understood by the research respondents (Mugenda & Mugenda, 2003). Pretesting is an effective technique used in research to improve validity in qualitative data collection procedures (Brown et al., 2001). Pretesting is different from a pilot which is conducted to evaluate practicability, time, cost, and any unfortunate events to better the study design prior to the actual study (Hulley & Stephen, 2007). The procedures for the pretesting were the same as those of the main study and the instruments were pretested in a Ward that had similar characteristics to ones that was sampled for the main study. These was drawn from the population of the study but was not included in the main study. Pretesting of the instrument was done as such as to assist point with excursion any imperfections or mistakes in the instruments. The researcher used the findings of the pre-test study to revise and refine the research instruments and to enhance their validity and reliability.

To ensure reliability of the instruments, the researcher conducted a pilot study in Sagana ward, Kirinyaga County. This was done to decide whether the strategy, examining, instruments and investigation are satisfactory. This ward was picked because of its comparable geological and situational qualities with Mugoiri

ward. During the period of the pretesting, the researcher administered questionnaires and in-depth interviews at intervals of two weeks and the information collected was used to clarify the unclear questions in the instrument.

Regardless of its significance for instrument legitimacy, pre-testing isn't very much systematized. Numerous specialists recognize that the training is natural and casual and that the pretest is the most misjudged and mishandled component of the review interaction (Patrick et al., 2011). According to Groves et al. (2004), several reference texts do not address the sample size of a pre-test at all. Patrick et al. (2011) has recommended that seven to ten participants can be considered for pretesting. Therefore, in this study ten respondents with similar characteristics were randomly chosen to participate in the pretest.

The data that was obtained during the pretesting was particularly important during the actual data collection. The findings were used to ensure that the same errors which the respondents in the pretesting marked, was not repeated.

#### Data Analysis Plan

The data collection, processing and analysis consists of editing, coding, and classifying the information. Altering comprises of examining the finished exploration instruments to distinguish and limit quite far blunder, inadequacy, misclassification, and holes in the data acquired from the respondents. Qualitative data was analyzed considering the opinions, experiences, and feelings of the participants. As far as the quantitative data is concerned, SPSS (Version 25) was used.

The data collected from the respondents was data. The researcher transcribed all recorded data and interview notes.



This ensured a complete record of the discussion and in turn facilitate analysis of the data. The next step was to carry out an analysis of the transcribed notes. This analysis is aimed at establishing the patterns and examples that arise inside either a solitary centre gathering or among different couples.

Prior to preparing the reactions, the finished polls were altered for culmination and consistency. Content and elucidating investigations was utilized. The substance examination was utilized to dissect the respondent's view. The information was then, at that point be coded to empower the reactions to be gathered into different classifications. Elucidating insights, frequencies and rates was utilized to sum up the information. Measurable Bundle for Sociologies (SPSS V25) was utilized to examine the information.

*Table 3.2: Data Management Chart*

Objective	Data	Data Analysis Technique
One	To find out the types of alcoholic drinks being used in Mugoiri Ward, Murang'a County, Kenya.	Descriptive statistics, mean
Two	To establish the factors contributing to alcoholism in Mugoiri Ward, Murang'a County, Kenya.	Descriptive statistics, Multivariate analysis, inferential statistics (p-values)
Three	To establish the psychosocial effects of alcoholism on the family in Mugoiri Ward, Murang'a County, Kenya	Descriptive, and inferential statistics
Four	To establish the relationship between socio-demographic characteristics and alcohol use in Mugoiri Ward, Murang'a County, Kenya.	Descriptive statistics, qualitative analysis

### Ethical Consideration

Ethical consideration addresses moral position that includes leading examination to accomplish high expert principles of specialized strategies, yet in addition regards and insurance of individuals effectively consenting to be contemplated. A portion of the moral contemplations in any exploration interaction are the following: ensuring the confidentiality of human subjects, following legitimate strategies to get entrance and acknowledgment to guidelines and association where examination is to be led, detailing methods and discoveries as precisely as could really be expected, getting educated assent from the respondents, offering credit to investigate partners who give direct proof and setting a high worth on scholarly trustworthiness (Leedy & Ormrod, 2005).

Before going to the field, a written permission to conduct the study was obtained from Daystar University. The researcher then got ethical approval from Daystar University Ethics and Research Board. An application for a research permit from NACOSTI was done. After obtaining the permit, the researcher then proceeded to Murang'a County Administration to inform them about the intended study.

The subject's consent was obtained before they complete the questionnaire. The researcher was informed the members about the study and inform them of the screening procedure and the expected outcome. The researcher was also given a chance to the respondent to seek any clarifications on unclear issues to have more understanding and educated them that the exploration was private in that their character and some other data given will not be utilized for some other purposes other than the planned reason for the review.

The participation in the study was voluntary and the respondents were informed that they were needed to take part in the review till the end, yet they were allowed to end at whichever phase of the study. The respondents were informed that they were not going to be subjected to any risks because of the study. The researcher informed respondents that any psychological harm in form of emotions were going to be dealt with, through a debriefing process. The participants were accorded total respect by being given a chance to voice their opinions.

### Summary

This chapter described the entire process of how the data pertaining to this study was collected. It focused on the research design which is descriptive survey with both qualitative and quantitative aspect. It also discussed the target population and study area. Ethical consideration and pretesting issues have been considered whereby all participants were to do so in free will.

## CHAPTER FOUR

### DATA PRESENTATION, ANALYSIS, AND INTERPRETATION

#### Introduction

This chapter presents the study findings that were obtained after analyzing data that was collected. The chapter provides the analysis and interpretation of the findings whereby it captures the response rate, demographic characteristics of the respondents, and findings as per the objectives of the study. The data analysis applied descriptive and inferential statistics as outlined in table 3.2 regarding the proposed methods of data management. This is then followed by data interpretation and presentation using descriptive methods and a summary.

#### Data Analysis and Presentation

##### Response Rate

The study targeted to collect information from a sample size of 114 participants from Mugoiri Ward, Murang'a County, Kenya. A total of 114 questionnaires were distributed, where 105 of them were completed, with five (5) of them being incomplete. This included the received responses from the key informants. The information about response rate is presented in the following table.

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*Table 4.1: Response Rate*

Response rate	Frequency	Percent
Complete	109	95.61
Incomplete	5	4.39
Total	114	100

#### Socio-demographic Characteristics of the Respondents

The following information was collected regarding the demographic data of the participants. When the participants were asked to write their age in years, the participants were aged between 19 and 75 years old. The information on the age of participants is as follows.

*Table 4.2: Age of the Respondents*

Age	Frequency	Percentage
Below 20 years of age	4	3.67%
20-30	41	37.62%
30-40	37	33.94%
40-50	13	11.93%
50-60	8	7.34%
Above 60 years	6	5.50%
Total	109	100

From table 4.2, 41 (37.62 percent) of the participants were between ages 20 to 30 years, and this was followed by those age 30 to 40 years who were 37 (33.94 percent). Those aged 40 to 50 years of age were 13 (11.93 percent), while those aged 50 to 60 years were 8 (7.34 percent) and the ones above 60 years were 6 (5.50 percent). This means more of the people who participated were those aged between 20 and 40 years, representing a total of 83.49 percent.

The other demographic information that was collected was on gender. Gender of the respondents was an important factor in analysing the factors related to alcoholism. The participants were asked to write their gender, and this following information was received:

*Table 4.3: Gender of the Respondents*

Gender	Frequency	Percentage
Male	90	82.57%
Female	19	17.43%
Total	109	100%

Table 4.3 shows that majority of the respondents were male, at 90 (82.57%), while the female respondents were 19 (17.43 %). This points to the possibility that there may be more male members of the community using alcohol than the female members. The other factor analysed by the study was the marital status of the participants. When the participants were asked to describe their type of marriage, the following information was received:

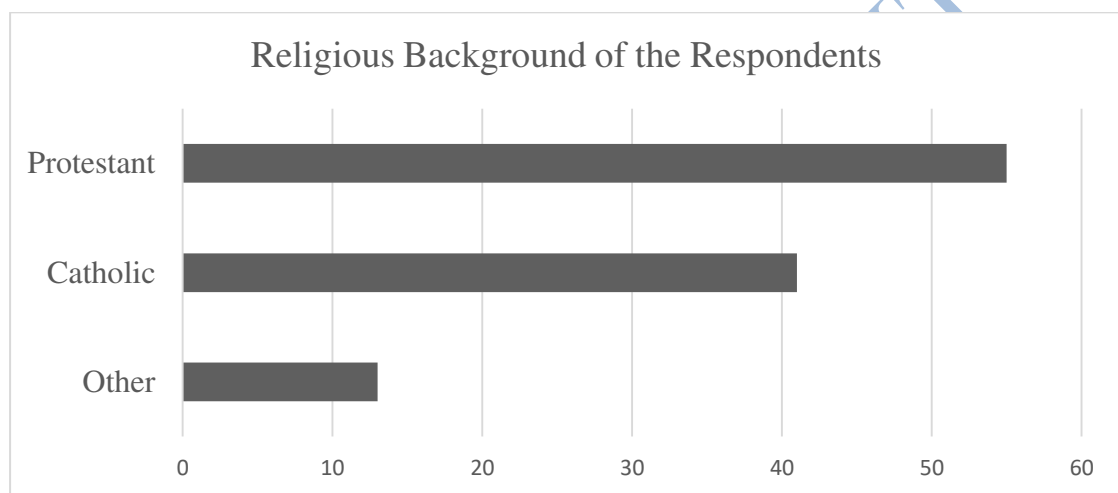
*Table 4.4: Type of Marriage of the Respondents*

Type of marriage	Frequency	Percentage
Single	21	19.27%
Married	66	60.55%
Cohabiting	6	5.50%
Monogamous	0	0
Polygamous	1	0.92%
Divorced	4	3.67%
Separated	11	10.09%
Total	109	100%

Table 4.4 shows that more respondents were married, at 60.55 percent, followed by those that were single who represented 19.27 percent and those who separated represented 10.09 percent. This means that despite the challenges that

would have arisen from alcoholism among a significant number of respondents, their marriages survived, with minimal rates of separation.

The other demographic factor that was covered by the study was the religious orientation of the respondents. Most of the religious teachings address the aspect of alcoholism, and therefore, when the respondents were requested to state the region, the following information was obtained:



*Figure 4.1: Religion of the Respondents*

Figure 4.1 shows that 50.46% (55) of the respondents were protestants, 38.10% (40) of them were Catholic, and 11.93% (13) were subscribing to other religions. No respondents were Muslim. This means that more respondents were Christians, and among them a big number (50.46 percent) were protestant Christians.

The level of education of the participants was also assessed, looking at those with the basic level up to those with college level of education. When asked what about the highest level of education that the participants had achieved, the following information was obtained:

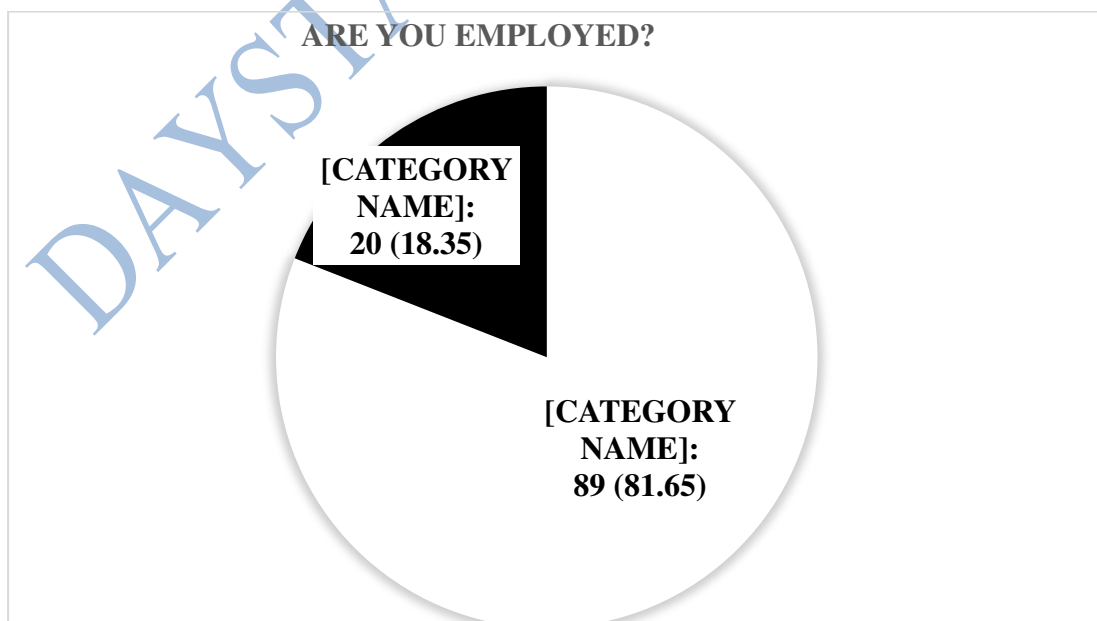


*Table 4.5: Respondents' Level of Education*

Level of education	Frequency	Percentage
None	1	0.92%
Std. 1- 8	28	25.69%
Form 1- 4	56	51.38%
A – level	4	3.37%
College/University level	18	16.51%
Other, Specify	2	1.83%
Total	109	100

Table 4.5 shows that 51.38% of the participants had reached form four, followed by standard eight leavers who constituted 25.69% of the participants. Those who attained college/University were 16.5%. This means that the respondents represented populations with diverse levels of education, from primary to college level of education.

The employment status of the respondents was also investigated. When asked if the respondents were employed, they responded with the information that was summarized and is presented in figure 4.2:



*Figure 4.2: Employment status of the respondents*

The data represented in the figure 4.2 shows that majority of the respondents were unemployed. 81% of the respondents were unemployment while only 19% were on employment. This information on employment status of the respondents was triangulated by asking them to expound on their employment status, and the information presented in table 4.6.

*Table 4.6: Employment Status*

Employment Status	Frequency	Percentage
Employed	21	19.27%
Self-employed	33	30.28%
Unemployed	51	46.78%
Other	4	3.67%
Total	109	100%

From the information in table 4.6, 21 (19.27 percent) of the respondents said that they were employed, 33 (30.28 percent) said they were self-employed, 51 (46.78 percent) said they were unemployed and 4 (3.67 percent) said other choices apart from those provided. This means that more of the respondents were self-employed, and this was an important information as it pointed to the source of money with which they bought beer.

The respondents were asked the age at which they started using alcohol, and the ages stated ranged from 10 to over 50 years. This means the respondents started using alcohol in different stages of their lifespan, and under different conditions.

### The Types of Alcoholic Drinks Used

The type of alcohol used by the respondents was an important variable in the study. When asked to state the type of alcohol used, the following information was received from the respondents.

*Table 4.7: Type of Alcohol Used*

Type of alcohol used	Frequency	Percentage
Chang'aa	20	18.35%
Busaa	3	2.75%
Muratina	18	16.51%
Kumikumi	25	22.94%
Others	43	39.45%
Total	109	100%

The respondents who used chang'aa were 20 (18.35 %) of the total, Busaa 3 (2.75%) of the respondents, Muratina 18 (16.51 %) and Kumi-kumi were 25 (22.94 %). These are the traditional types of alcohol, and this means that many respondents at (39.45 percent) used the tradition, and not the other types of alcohol. This means that more respondents used the traditional types of alcohol. The qualitative data also revealed that four respondents (representing about four percent of the total respondents), said that they used more than one type, and indicated those used as Chang'aa, Busaa, Muratina and Kumi-kumi. This means that those respondents could use multiple types of traditional alcoholic beverages.

From the information in table 4.7, 43 (39.45 %) of the respondents said that they used other types of alcoholic drinks. This means that these people could afford to buy these types of alcohol, which are more expensive compared to the traditional types. The qualitative information provided regarding the other types of alcoholic

drinks used included Tusker, Black-gold, Guinness, and Chrome. This means that those respondents were using brands of alcohol other than the traditional types.

### The Factors Contributing to Alcoholism

The objective number two sought to assess the factors contributing to alcoholism. When asked to state the factors that contribute to their alcoholic behaviour, the respondents gave the following information:

*Table 4.8: Factors that Contribute to Alcoholic Behaviour*

<b>Factors</b>	Frequency	Percentage
Idleness	26	23.85%
Peer pressure	25	22.95%
Unemployment	20	18.35%
Marital problems	16	14.68%
Work related stress	14	12.84%
Poverty	8	7.34%
Total ( $\Sigma$ )	109	100%

The inferential statistics were applied to establish the significance level of influence of the factors under investigation on the alcohol consumption. The statistical mean was 17.5, and the standard deviation was 6.058, and the p-value was established to be = 0.02345. This means that there was statistical significance of the factors under investigation for their contribution to the respondents' alcoholic behaviour. The descriptive statistics were applied to further interpret the inferential statistics. From the information presented in table 4.8, idleness was leading as the contributing factor to alcoholic behaviour at 26 (23.85%), followed by peer pressure at 25 (22.95%), unemployment at 20 (19%), marital problems at 16 (14.68 %), work related stress at 14 (12.84 %), and poverty at 8 (7.34 %). Many respondents indicated that their alcoholic behaviour was caused by unemployment

and marital problems, meaning that these two factors are related. When asked who introduced the respondents to alcoholic behaviour, many respondents indicated that they were introduced by friends and relatives like cousins, and this is related to significant number of the respondents who said that peer pressure contributes to their alcoholic behaviour.

Findings on table 4.8 on factors contributing to alcoholic behaviour was triangulated by asking the respondents to state reasons that make them to continue using alcohol. The respondents, including the key informants, gave qualitative information confirming that unemployment, poverty, peer pressure, marital problems and idleness were given as reasons for alcoholic behaviour. This means that all the factors under investigation had a significant impact in contributing to alcoholism.

#### The Psychosocial Effects of Alcoholism on the Family

The objective number three looked for the psychosocial effects of alcoholism on the family. The participants were asked to write the psychosocial effects of alcohol on their family, and the following data was obtained:

*Table 4.9: The Psychosocial Effects of Alcoholism on the Family*

Alcohol Effect on Family	Frequency	Percentage
Poverty	34	31.19%
Irresponsibility and neglecting family	19	17.43%
Poverty and family conflicts	18	16.51%
Family conflicts and breakup	29	26.61%
Disease and death	6	5.50%
No spouse to marry	1	0.92%
No effect	2	1.83%
Total	109	100%

Inferential statistics was applied to establish the t-value, where the alpha value used was 0.05, and a Confidence Interval (CI) of  $1-0.05 = 0.95$ , CI = 95 percent. With the 95 percent confidence interval, the  $t = 2.47918$ , meaning that there was significant level of effect of alcohol on the variables under investigation. The statistical significance was further interpreted by applying descriptive statistics on the information in table 4.9, where 31 percent of the respondents said that alcoholic behaviour resulted to poverty at the family level.

The received qualitative data indicated that people would use money on alcohol, leaving the family financially unstable. This resulted to families getting debts that they were unable to pay, and thereby remaining unable to meet their basics needs. This was related to the responses received by 17.43 percent of the respondents, confirming that alcohol resulted to irresponsible behaviour and negligence of the family responsibilities. The respondents further said that an alcoholic spouse would be absent most of the time, hence being unable to contribute ideas and material support for family's welfare. This means that alcoholic behaviour affected responsible support to the family, due to the resulting effects of poverty and irresponsibility.

Some respondents (represented by 16.51 percent of the total) said that alcohol resulted to poverty and family conflicts. Some of the affected people would spend more time drinking alcohol rather than working to produce wealth, thereby, using more money without making any. This makes the family of alcoholic spouses to be financially unstable, where two respondents said that such a family would be in debts and financially unstable. When the family is unable to meet basic needs in life, then conflicts and family breakup are inevitable, as indicated by the 16 percent of the respondents in table 4.9.

Family conflicts, separation and divorce were cited by 26.61 percent of the respondents, who said that alcoholic behaviour leads to frequent fights. They further said that the family lacks peace, without quality time to discuss and resolve differences. Instead, the alcoholic spouse is only available when drunk and disorderly. The respondents said the judgement during such times is poor, thereby being unable to contribute to solving family problems or spouse differences. This means that alcoholic behaviour contributed to conflict, separation, and divorce, with negative effects on the institution of the family.

Diseases and death that are related to alcohol were cited as some of the effects of alcoholic behaviour by 5.50% of the respondents. The qualitative data cited lung cancer and liver related complications as the major health problems associated with alcoholism, and with high possibility of causing death. However, even though the respondents gave this information, lung cancer mostly results when the alcoholic person is also involved in smoking. The most common health complications resulting from excessive alcohol consumption are the liver complication, as stated by the respondents, and kidney problems resulting blood sugar regulation problems and diabetes. These are complex health problems, and as the respondents stated, results to death, with major psycho-social effects to the family.

Results revealed that 0.92 % of the respondents could not get a suitor to marry because of their alcoholic behaviour. This means that, related to the information in 4.9 on effects of irresponsibility and financial problems, a young person involved in alcoholism may have challenges getting a marriage partner. This makes the affected person to grow old without getting married.

Results revealed that 1.83% of the respondents that there were no psycho-social effects of their alcohol consumption. These could have been the category of respondents who were able to regulate their alcohol consumption, so that they are not addicted. They would take a little alcohol without losing a sense of control, thereby being able work and be responsible to their family roles and their contribution to community activities. However, the number that is able to do this is low, at two percent of the respondents, meaning that not many people are able to do this.

#### The Relationship between Socio-Demographic Characteristics and Alcohol Use

The objective number four sought to study the relationship between social-demographic characteristics and alcohol use. One of the social demographic factors of alcoholism studied was the number of years of using alcohol. When asked to state this, the respondents gave the following information:

*Table 4.10: Number of Years of Using Alcohol*

Number of years of using alcohol	Frequency	Percentage
0 – 5	34	31.19%
6 – 10	16	14.68%
11 – 15	17	15.60%
16 – 20	33	30.28%
21 – 25	6	5.50%
26 – 30	1	0.92%
Over 30	2	1.83%
Total	109	100%

The study also used the Short Michigan Alcohol Test (MAST) to assess the relationship between different socio-demographic characteristics and alcohol use.



The respondents were requested to respond to the Short Michigan Alcohol Test through self-scoring, and the following information was obtained:

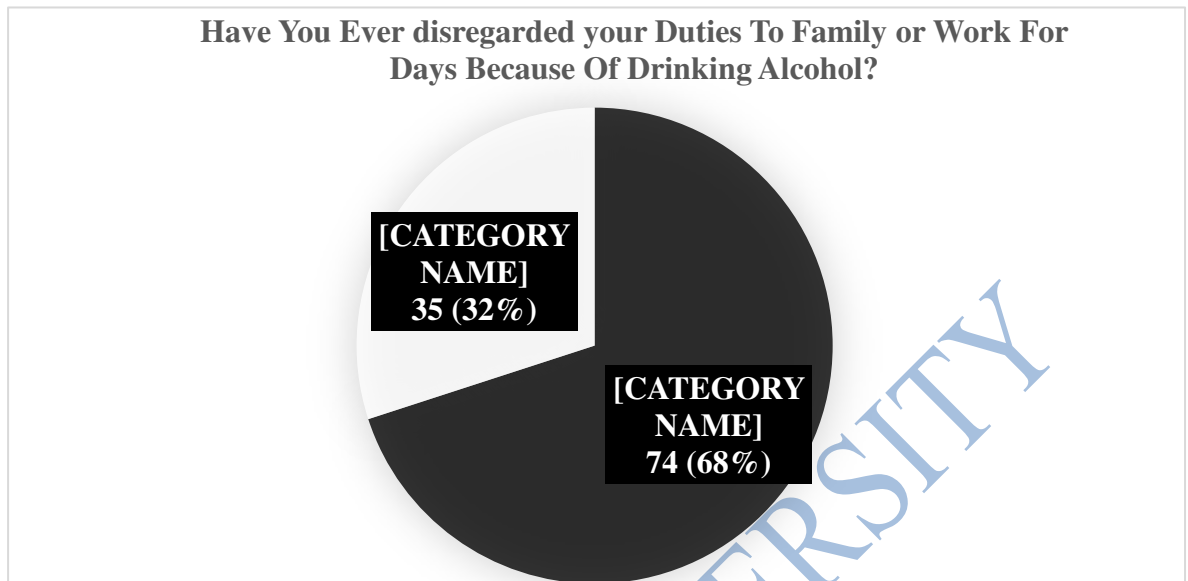
*Table 4.11: Short Michigan Alcohol Test (MAST)*

S/N	MAST Variable	Yes (F)	%	No (F)	%
1	Do you feel you are a normal drinker?	64	58%	45	42%
2.	Does your wife, husband, a parent, or other relative ever worry or complain about your drinking?	97	89%	13	11%
3.	Do you ever feel guilty about your drinking?	87	80%	22	20%
4.	Do friends or relatives think you are a normal drinker?	30	28%	79	72%
5.	Are you able to stop drinking when you want to?	59	54%	50	46%
6.	Have you ever attended a meeting of Alcoholic Anonymous (AA)?	26	24%	83	76%
7.	Has drinking ever created problems between you and your spouse or relative?	87	80%	22	20%
8.	Have you ever gotten into trouble at work or school because of drinking?	73	67%	36	34%
9.	Have you ever neglected your obligations, your family, or work for two or more days in a row because you were drinking?	74	68%	35	32%
10.	Have you ever gone to anyone for help about your drinking?	41	38%	68	62%
11.	Have you ever been in a hospital because of drinking?	64	59%	45	41%
12.	Have you ever been arrested for drunken driving...?	47	43%	62	57%
13.	Have you ever been arrested even for a few hours because of other drunken behaviour?	67	61%	42	39%

The information presented in table 4.11 reveals that 58 percent of the respondents consider themselves to be normal drinkers of alcohol, in that they had drunk less, or equal amount of alcohol compared to the others, while 42 percent considered themselves not to be normal drinkers. This means, the 42 percent of the respondents considered themselves to take more alcohol than the perceived normal amount. This is related to the next item that was seeking the respondents to share whether spouse or a close relative had ever expressed worry or complain about the respondents drinking pattern, where 88 percent said yes, while 12 percent said no.

When asked whether the respondents ever felt guilty about their drinking, 87 percent said yes, while 22 percent said no. The respondents were asked if they were able to stop drinking when they wanted to, and 88 percent said yes, while 12 percent said they could not. Regarding attendance to a meeting of Alcoholic Anonymous, 83percent of the respondents had never attended any of the AA meetings, while only 26 percent had done it. This means Alcoholic Anonymous group meetings are not very popular in Mugoiri Ward, Murang'a County, Kenya.

The respondents were asked if drinking had ever created problems between them and their spouses or relatives, where 80 percent said yes, and 20 percent said no. On the other hand, 67 percent of the respondents said they have ever found themselves in trouble at work or school, and 33 percent said they had not. When asked if the respondents had ever disregarded their duties with family, or work for days in a row because their habit, 68 percent said yes, while 32 percent said no. This means that alcoholism resulted to problems in the relationship with the spouse, as well as neglecting the responsibility to support the family. This information about negligence due to alcoholic behaviour is further represented in the following figure.



*Figure 4.3: Negligence to Obligations to the Family or Work*

Further, when the respondents were asked if they had ever gone to seek for assistance due to their drinking, 38 percent of them said yes, while 62 percent said they had not. This indicates a big number of them do not seek professional help, despite their alcoholic habits causing psycho-social effects in their demographic lives. The respondents were asked if they had ever been in a hospital because of drinking, and 61 percent said yes, and 39 percent said no. Regarding having ever been arrested for drunken driving or other drunken behaviour even for a few hours, 61 percent of the respondents said yes, while 39 percent said no. This means that a big number (61 percent) of the respondents have had medical complications related to their alcoholic behaviour. Others had been on the wrong side of the law related to being drunk and disorderly or careless driving due to alcoholism.

### The Short Michigan Alcohol Test (MAST) Scores

The Short Michigan Alcohol Test (MAST) Scores were used to further assess the psycho-social factors of alcoholism. The responses obtained after administering the Short Michigan Alcohol Test (MAST) was scored, whose information is as presented in table 4:13

*Table 4.12: The Short Michigan Alcohol Test (MAST) Scores*

Alcohol Effect on Family	Frequency	Percentage
0-1 – No problem of alcoholism	10	9.17%
2-4 – borderline alcohol problem	8	7.34%
5 or more – Potential alcohol abuse	91	83.49%
Total	109	100

From the table 4.12, 91 (83.49 percent) of the respondents were found to have potential alcohol abuse condition. Those on the borderline between being in potential alcohol abuse and having no problem of alcoholism were 8 (7.34 percent), while those who did not have problem with alcoholism were 10 (9.17 percent). This information provides a clear picture that many of the participants at (83.49 percent) had a problem of potential alcohol abuse.

The respondents were asked if they had any type of withdrawal symptoms like shaking, anxiety, depression, vomiting in the morning or when they had not drunk alcohol for a couple days. The information presented on table 4.13 was collected:

*Table 4.13: Experience of Alcohol Withdrawal Symptoms*

Response	Frequency	Percentage
Yes	96	88.07%
Total	109	100%

The information shown on table 4.13 reveal that 96 (88.07 percent) of the respondents said yes, they had experienced alcohol withdrawal symptoms. The identified symptoms included shaking of hands, depression, and anxiety. This points to the problem of alcohol dependence, where majority of the respondents (88.07 percent) experienced the complications of alcohol withdrawal symptoms, meaning that they needed more specialized care and treatment.

#### The Relationship between Socio-Demographic Characteristics and Alcohol Use

The objective number four sought to study the relationship between social-demographic characteristics and alcohol use. One of the social demographic factors of alcoholism studied was the relationship between age of the respondents and their alcohol consumption. Pearson correlation was applied to establish this correlation, where the following information was received:

Age of the respondents and alcohol use

*Table 4.14: Pearson's Correlation Analysis on the Age of Respondents and Alcohol Use*

		Age	Alcohol use
Age Alcohol use	Pearson Correlation	1	0.661201
	Pearson Correlation	0.661201	1
	N	109	109

The information on table 4.14 represents the Pearson Correlation between the age of respondents and their alcohol use. The correlation ( $r$ ) was 0.661, which indicates a strong positive correlation between the age of respondents and their alcohol consumption. This means that the age of the respondents correlated with their alcohol consumption.

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### Gender of the Respondents and Alcohol Use

The other social demographic factor that was studied was the gender of the respondents. This was analyzed by establishing the correlation between gender of the respondents on table 4.3 and their alcohol consumption. This is presented in the table 4.15:

*Table 4.15: Gender of the Respondents*

Gender	F	Normal drinker	F	Coefficient Correlation
Male	90	Yes	64	$r = 1$
Female	19	No	45	$r = 1$
Total	109	109	109	

The data presented in table 4.15 indicate a perfect positive correlation between gender and alcohol consumption, where  $r = 1$ . This indicates that the alcohol consumption factors were more prevalent among males, and less prevalent among the female respondents. There was very high likelihood to have alcoholic male than female respondents.

### The Marital Status of the Respondents and Alcohol Use

The other social demographic factor that was studied was the marital status of the respondents. This was analyzed by establishing the correlation between marital status of the respondents on figure 4.3 and their alcohol consumption. The analysis is presented in the table 4.16:

*Table 4.16: Pearson's Correlation Analysis on the Marital Status of Respondents and Alcohol Use*

		Marital status	Alcohol use
Marital status	Pearson Correlation	1	0.661201
Alcohol use	Pearson Correlation	0.663064	1
	N	109	109

The information on table 4.16 represents the Pearson Correlation between the marital status of respondents and their alcohol use. The correlation ( $r$ ) was 0.6630, which indicates a strong positive correlation between the marital status of respondents and their alcohol consumption. This means that the marital status of the respondents correlated with the respondents' alcohol consumption.

#### The Religion of the Respondents and Alcohol Use

The other social demographic factor that was studied was the religion of the respondents. This was analyzed by establishing the correlation between the religion of the respondents on figure 4.3 and their alcohol consumption. The correlational data analysis is presented in the table 4.17:



*Table 4.17: Pearson's Correlation Analysis on the Religion of Respondents and Alcohol Use*

		Age	Alcohol use
Religion	Pearson Correlation	1	-0.848555292
Alcohol use	Pearson Correlation	-0.848555292	1
	N	109	109

The information on table 4.17 represents the Pearson Correlation between the religion of respondents and their alcohol use. The correlation ( $r$ ) was -0.848555, which indicates a strong negative correlation between the religion of the respondents and their alcohol consumption. This means that those that were affiliated to religious institutions were less likely to be affected by such factors as idleness, which resulted to alcoholism. This finding indicates that being affiliated in a religious group helps in addressing the problem of alcoholism.

#### The level of Education and Alcohol Use

The study also analyzed the received information about the level of education of the respondents. This was done by establishing the correlation between the level of education of the respondents on table 4.5, and the factors that contributed to alcohol consumption. The resulting correlational data analysis is presented in the table 4.18:

*Table 4.18: Pearson's Correlation Analysis on the Level of Education and Alcohol Use*

		Level of education	of Alcohol use
Level of education	Pearson Correlation	1	0.268937146
Alcohol use	Pearson Correlation	0.268937146	1
	N	109	109

The information on table 4.18 represents the Pearson Correlation between the level of education of respondents and the factors that contributed to their alcohol consumption. The correlation (r) was -0.26893, which indicates a weak positive correlation between the education level of the respondents and the factors that contributed to their alcohol consumption. This means that even though the level of education helped in curbing the susceptibility to the factors, like idleness, which lead to alcoholism, this effect was very minimal. The respondents who had high education were able to control their alcoholic behaviour on a very minimal, but positive level.

#### The Employment Status and Alcohol Use

The study then analyzed the socio-demographic data relating to the employment status of the respondents. This was done by establishing the correlation between the employment status of the respondents on table 4.6 and the factors that contributed to alcohol consumption. The resulting correlational data analysis is presented in the table 4.19:

*Table 4.19: Pearson's Correlation Analysis on the Employment Status of Respondents and Alcohol Use*

		Employment status	Alcohol use
Employment status	Pearson Correlation	1	0.305216438
Alcohol use	Pearson Correlation	0.305216438	1
	N	109	109

The data presented on table 4.19 represents the Pearson Correlation between the employment status of respondents and the factors that contributed to their alcohol consumption. The correlation ( $r$ ) was 0.305216438, which indicates a weak positive correlation between the employment status of the respondents and the factors that contributed to their alcohol consumption. Those who were employed were more able to control their alcoholic behaviour. This could be attributed to the obligations of the job, thereby reducing the rate of alcoholism.

#### Summary of the Key Findings

The study made the following key findings:

1. The study established that more respondents (39.45 percent) used non-traditional alcoholic drinks like Tusker, Black-gold, Guinness, and Chrome, which were more expensive.
2. About the factors that contribute to alcoholic behaviour, the P-value was found to be = 0.02345, and this meant that there was a statistical significance of the factors under investigation (unemployment, poverty, peer pressure, marital problems, and idleness) for their contribution to the respondents' alcoholic behaviour.

3. Regarding the psycho-social effects of alcohol on their family, the statistical analysis revealed that poverty, irresponsibility, neglecting family, family conflicts, family breakup, disease and death had significant level of psychosocial effects of alcoholism. The study used the Short Michigan Alcohol Test (MAST) Scores, which showed that there was a strong correlation between socio-demographic characteristics and alcohol use in Mugoiri Ward, Murang'a County, Kenya.
4. The relationship between socio-demographic characteristics and alcohol use was done through application of Pearson Correlation. This established there was positive strong correlation between age, gender and marital status and alcohol use. The relationship between religion of the respondents and their alcohol use was a strong negative correlation, meaning religion helped curb alcoholism. The level of education and the employment status had a weak positive correlation with alcoholism.

#### Summary

This chapter has given the research findings in detail as the participants provided, summarizing, and presenting the data in a manner that can be understood. Data was organized and presented in tables and figures in accordance with the study objectives. The analyzed data forms the basis on which chapter five will be presented providing discussions, conclusions and recommendations including areas for future research.

## CHAPTER FIVE

### DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

#### Introduction

This chapter gives a discussion of the research findings, conclusions, and recommendations. The content of the chapter is based on primary and secondary data collected. The study sought to discuss the psychosocial effects of alcoholism on the family well-being in Mugoiri Ward, Murang'a County, Kenya. The study sought to find out the types of alcoholic drinks being used in Mugoiri Ward, Murang'a County, Kenya, to assess the factors contributing to alcoholism in Mugoiri Ward, Murang'a County, Kenya, to establish the psychosocial effects of alcoholism on the family in Mugoiri Ward, Murang'a County, Kenya, to study the relationship between socio-demographic characteristics and alcohol use in Mugoiri Ward, Murang'a County, Kenya. Discussion of the Main Research Findings

The main objection of the study was on the psychosocial effects of alcoholism on the family well-being in Mugoiri Ward, Murang'a County, Kenya. To attain this, the objectives that modelled the study were: finding out the types of alcoholic drinks being used; to establish the factors contributing to alcoholism; to establish the psychosocial effects of alcoholism on the family; and to establish the relationship between socio-demographic characteristics and alcohol use in Mugoiri Ward, Murang'a County, Kenya. The study was conducted through self-administered questionnaires and in-depth interviews, with 114 respondents. The

gathered data was broken down and analyzed using descriptive and inferential statistical analysis. The following is the elaboration of the key outcome of the study, as per the research objectives.

#### Types of Alcoholic Drinks Being Used

The collected data as presented in table 4.7 revealed that more respondents (40 percent) used alcoholic drinks like Tusker, Black-gold, Guinness, and Chrome, as opposed to the traditional alcoholic beverages. These types of alcoholic drinks costed more money than the traditional types, and this was related to the study findings revealing that respondents neglected their families, without supporting them to get basic needs in life, as presented in figure 4.3. Related to this finding, Gruenert et al. (2004) showed that siblings from an alcoholic family may tend to change schools regularly, as they kept relocating due to financial constraints. Another related study findings revealed that challenges due to parental drinking problem, makes the family suffer financially and there may not be enough money to afford participation in the educational activity (Gruenert et al., 2004).

The respondents who used traditional types of alcoholic beverages included chang'aa, which was used by 18 percent of the respondents, Busaa was used by 3 percent, Muratina 17 percent and Kumi-kumi was used by 23 percent of the respondents. Four respondents (representing about four percent of the total respondents), said that they used more than one type, and indicated those used as Chang'aa, Busaa, Muratina and Kumi-kumi. This information concurs that the most easy and available is the traditional liquor, followed by wines and spirits and lastly chang'aa (NACADA, 2012).

#### Factors contributing to alcoholism

The collected information presented in table 4.8 revealed that idleness was leading as the contributing factor to alcoholic behaviour at 24 percent, followed by peer pressure at 23 percent, unemployment at 18 percent, marital problems at 15 percent, work related stress at 13 percent, and poverty at 7 percent. These findings indicate that the factors associated with alcoholic behaviour ranges from social-economic to psychosocial causes, just as König et al. (2018) had found out that those associating factors that relate to higher alcohol were gender, negative personal relations with parents' anticipation of the impact of alcohol (both positive and negative), and the pressure of peers and their alcohol use.

Many respondents (idleness 24%, unemployment 18%, poverty 7% and marital problems 15%) indicated that their alcoholic behaviour was caused by unemployment and marital problems. This means that these two factors of unemployment-poverty and marital problems are related in that when a person is unemployed and indulges into alcoholic behaviour, it can lead to more marital problems. When asked who introduced the respondents to alcoholic behaviour, many respondents indicated that they were introduced by friends and relatives like cousins, and this is related to significant number of the respondents who said that peer pressure contributes to their alcoholic behaviour.

Table 4.8 on factors contributing to alcoholic behaviour was triangulated by asking the respondents to state reasons that make them to continue using alcohol. They gave qualitative information confirming that unemployment, poverty, peer pressure, marital problems and idleness were given as reasons for alcoholic behaviour. The aspect of peer pressure was confirmed by the study conducted by Takahashi et al. (2017), which revealed that having close associates who take alcohol was highly connected to the present liquor consumption status.

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### The Psychosocial Effects of Alcoholism on the Family

The study outcome, as presented in table 4.9, established that 31 percent of the participants said that alcoholic behaviour resulted to poverty at the family level. Further, the received qualitative data indicated that people would use money on alcohol, leaving the family financially unstable. This resulted to families getting into debts that they were unable to pay thus being unable to meet their basic needs. This was related to the responses received by 17 percent of the respondents, confirming that alcohol resulted to irresponsible behaviour and negligence of the family responsibilities. The alcoholic spouse would be absent most of the time, unable to contribute ideas and material support for family's welfare. A similar study finding had revealed that those family unit affected by alcoholism portrays more problem in communication, solving of problems and in decision making (Deb et al., 2015).

A portion of 17 percent of the respondents said that alcohol resulted to poverty and family conflicts. Some of the affected people would spend more time drinking alcohol rather than working to produce wealth, thereby, using more money without making any. This makes the family of alcoholic spouses to be financially unstable, where two respondents said that such a family would be in debts and financially unstable. When the family is unable to meet basic needs in life, then conflicts and family breakup are inevitable, as indicated by the 27 percent of the respondents in table 4.9. This finding concurs with similar research findings that states that those families affected by alcoholism have finances problems whereby they are unable to afford basic needs in life (Gruenert *et al.*, 2004). According to

these research findings, the relationship between alcoholic behaviour and poverty is cyclical in nature, where a person who is poor gets hopeless and as a result begins taking alcohol, which is expensive and requiring big portion of family resources, and as such aggravating poverty levels.

Family conflicts, separation and divorce were cited by 27 percent of the respondents, who further said that alcoholic behaviour leads to frequent fights. They said that the family lacks peace, as there is no quality time to discuss and resolve differences, and instead, the alcoholic spouse is only available when drunk and disorderly. They said the judgment during such times is poor, thereby being unable to contribute to solving family problems or spouse differences.

Diseases and death which are associated with alcohol were cited as the effects of alcoholic behaviour by five percent of the respondents. The qualitative data cited lung cancer and liver related complications as the major health problems associated with alcoholism, and with high possibility of causing death. However, even though the respondents gave this information, lung cancer mostly results when the alcoholic person is also involved in smoking. The most common health complications resulting from excessive alcohol consumption are the liver complication, as stated by the respondents, and kidney problems resulting blood sugar regulation problems and diabetes. These are complex health problems, and as the respondents stated, results to death, with major psycho-social effects to the family.

One percent of the respondents said they could not get a suitor to marry because of their alcoholic behaviour. Related to the above presented effects of irresponsibility and financial problems, a young person involved in alcoholism may

have challenges getting a marriage partner. This makes the affected person to grow old without getting married.

Two percent of the respondents said that there were no psycho-social effects of their alcohol consumption. These could have been the category of respondents who were able to regulate their alcohol consumption, so that they are not addicted. They would take a little alcohol without losing a sense of control, thereby being able work and be responsible to their family roles and their contribution to community activities. However, the number that is able to do this is low, at two percent of the respondents, meaning that not many people are able to limit the quantity of liquor they take.

#### The Relationship Between Socio-demographic Characteristics and Alcohol Use

The information on table 4.14 represents the Pearson Correlation between the age of respondents and their alcohol use. The correlation ( $r$ ) was 0.661, which indicates a strong positive correlation between the age of respondents and their alcohol consumption. This means that the age of the respondents correlated with their alcohol consumption. This finding was related to what Ravi et al. (2019) found that alcohol consumption was high in 30-49 years of age at (45 percent). This finding confirmed that alcohol consumption was higher among middle age bunch (long term) guys, and particularly those in work. A similar finding was received in Kenya by Ahamed et al. (2018) whose survey established that 8.9 percent of the children and 45.6 percent of adults were alcohol consumers. Alcoholic attributes were available in 25 percent of grown-up members.

About gender and alcohol consumption, the data presented in table 4.15 indicate a perfect positive correlation between gender and alcohol consumption,

where  $r = 1$ . This indicates that the alcohol consumption factors were more prevalent among males, and less prevalent among the female respondents. There was very high likelihood to have alcoholic male than female respondents. This was related to what Somatunga et al. (2014) found that among alcohol users, the male gender had more alcoholics, at 39.6 percent, and 2.4 percent were the female alcoholics.

The other socio-demographic factor related to alcoholism was about the marital status. The information on table 4.16 represents the Pearson Correlation between the marital status of respondents and their alcohol use. The correlation ( $r$ ) was 0.6630, which indicates a strong positive correlation between the marital status of respondents and their alcohol consumption. This means that the marital status of the respondents correlated with the respondents' alcohol consumption. Related to this, Ravi et al. (2019) also established that among 400 of the respondents to their study, those that were wedded (38 percent), utilized (58 percent), guys (72 percent), living in provincial regions (43 percent). This shows that in the review locale, liquor utilization was higher among middle age bunch (long term) guys, and particularly those in work.

The religious orientation of the respondents was the other socio-demographic factor investigated in relation to alcoholism. The information on table 4.17 represents the Pearson Correlation between the religion of respondents and their alcohol use. The correlation ( $r$ ) was -0.848555, which indicates a strong negative correlation between the religion of the respondents and their alcohol consumption. This means that those that those that were affiliated to religious institutions were less likely to be affected by such factors as idleness, which

resulted to alcoholism. This finding indicates that being affiliated in a religious group helps in addressing the problem of alcoholism.

The information on table 4.18 represents the Pearson Correlation between the level of education of respondents and the factors that contributed to their alcohol consumption. The correlation ( $r$ ) was  $-0.26893$ , which indicates a weak positive correlation between the education level of the respondents and the factors that contributed to their alcohol consumption. This means that even though the level of education helped in curbing the susceptibility to the factors, like idleness, which lead to alcoholism, this effect was very minimal. The respondents who had high education were able to control their alcoholic behaviour on a very minimal, but positive level.

The data presented on table 4.19 represents the Pearson Correlation between the employment status of respondents and the factors that contributed to their alcohol consumption. The correlation ( $r$ ) was  $0.305216438$ , which indicates a weak positive correlation between the employment status of the respondents and the factors that contributed to their alcohol consumption. Those who were employed were more able to control their alcoholic behaviour. This could be attributed to the obligations of the job, thereby reducing the rate of alcoholism.

### Conclusions

The study made the following conclusions:

1. The study found out that the types of alcoholic drinks being used in Mugoiri Ward, Murang'a County, Kenya included the traditional alcoholic beverages like chang'aa, Muratina and Kumi-kumi, as well as the other types of alcohol, like Tusker, Black-gold, Guinness, and Chrome.

2. The study concluded that the factors contributing to alcoholism included that idleness was leading as the contributing factor to alcoholic behaviour at 24 percent, followed by peer pressure at 23 percent, unemployment at 18 percent, marital problems at 15 percent, work related stress at 13 percent, and poverty at 7 percent.
3. The study established that the psychosocial effects of alcoholism on the family included poverty, irresponsibility and neglecting family; family conflicts and breakup; disease and death; and not being able to get a spouse to marry. The Short Michigan Alcohol Test (MAST) scores lead to the conclusion that those addicted to alcoholism feel that they are not normal drinkers of alcohol, as they cannot control themselves from excessive alcohol consumption. Their alcoholic behaviour in turn leads to poverty, irresponsibility, neglecting the families and duty, health problems and being on the wrong side of the law, like in careless driving.
4. The study established that there was positive strong correlation between age, gender and marital status and alcohol use. The relationship between religion of the respondents and their alcohol use was a strong negative correlation, meaning religion helped curb alcoholism. The level of education and the employment status had a weak positive correlation with alcoholism.

#### Recommendations

1. Recommendation to the government authorities: The government of Kenya has been putting a lot of efforts and resources to control illicit alcohol consumption. This has been through agencies like the “National Campaign against Drug Abuse (NACADA)” and public administration officials. However, the problem of

alcoholism is affecting many people and as such, there should be more policy and programme interventions for systemic control of the problem.

2. The professional bodies: The professionals like those in psychology and counseling as well as religious leaders should increase their efforts to offer specialized help for the people to be free from alcoholism, like creating awareness about the rehabilitation services and Alcoholic Anonymous groups.
3. Individuals: People should be sensitized on the negative effects of alcoholism, so that they can seek alternative means of entertainment or resolving problems of anxiety or depression arising from unemployment, poverty, or marital problems.

#### Recommendations for Further Study

1. Critical assessment of the Christian response to alcoholism in Murang'a County, Kenya.
2. Assessment of the effect of alcoholism on parents' support to their children's academic work
3. Critical assessment of the church response to marital disputes arising from alcoholism

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## APPENDICES

## APPENDIX A: Letter Of Consent

## Investigator Contact Information

Peris Ruo

Daystar University

P.O Box 44400-0100

NAIROBI.

Email: wanjeridave3@gmail.com

## Introduction and Background Information

My name is Peris Ruo, an MA (Counseling Psychology) student Daystar University. I am carrying out a study on Psychosocial Effects of alcoholism on the family well-being in Mugoiri Ward, Murang'a County, Kenya. You are invited to participate because you are a resident of Mugoiri ward which has been selected for the study and that information on psychosocial effects of marital conflicts is very important to you because it can help you improve in mental health. Please read this form carefully and ask any questions you may have before agreeing to be in this study.

## Study Location, dates and procedures

The study is anticipated to begin in May 2021 and to be completed by August 2021. The location of the study will be in your ward. If you agree to participate in this study, you will take part in a filling a socio-demographic questionnaire.

## Risks and Benefits

There are risks and benefits to participating in this research. Possible risks include feeling uncomfortable and having negative feelings about the subject material. To

minimize this risk, all participants have the right to decline to answer any questions, end the sessions, and/or withdraw from the study at any time. The researcher may additionally decide to end the interview/data collection sessions, at his/her discretion, in order to minimize risk to participants.

Possible benefits include experiencing good relationship with parents and peers, improved academic performance, experiencing positive feelings about her/himself and contributing to the research literature.

#### Promise of Privacy

The records of this study will be kept private. To protect your identity, your name will only appear on this consent form. The researcher will be the only person with access to the consent forms and the list of subject's names.

All data will be kept in a locked file cabinet in the researcher's home.

#### Voluntary Nature of the Study

Your decision whether or not to participate will not affect your current or future relations with the ward administrators. If you decide that you will participate, you are free not to answer any question or withdraw at any time without prejudice or negative consequences. If you decide to participate, there will be no negative consequences too.

#### Statement of Consent

I have read and understand the above. All my questions have been answered by the researcher. I have given consent to participate. I have been given a copy of this form to keep for my records.

Participant's Signature .....Date.....

## APPENDIX B: Socio-Demographic Questionnaire For The Respondents

I am currently undertaking a Master of Arts in Counseling Psychology at Daystar University. I am undertaking research on the psychosocial effects of alcoholism on the family's well-being in Mugoiri Ward, Murang'a County, Kenya. The information obtained will be treated with confidentiality and will be used by the couples, their children, policy makers, community leaders, government officials, and mental health professionals who want to better understand the psychosocial effects of alcoholism on the family's well-being.

### SECTION A: BACKGROUND INFORMATION

1. Age in years \_\_\_\_\_
2. Gender: Male  Female
3. Describe your family (Tick correct one)
   
Single  Married  Cohabiting  Monogamous 
  
Polygamous  Divorced  Separated
4. Religion
  - a) Protestant
  - b) Muslim
  - c) Catholic
  - d) Other (specify).....
5. What is the highest level of education that you have completed?

1	None	
2	Std. 1- 8	

3	Form 1- 4	
4	A – level	
5	College/University level	
6	Other, Specify	

6. Are you employed? Yes  No

7. What is your employment status?

Employed  Self-employed  Unemployed  Other

8. If not employed, how do you earn your livelihood?

Sale of farm produce  Casual labour  Family support  Other

9. How many marriages have you been involved in?

\_\_\_\_\_

10. If married what does your spouse do for a living?

\_\_\_\_\_

11. At what age did you start using alcohol? \_\_\_\_\_ (years)

12. What types of alcoholic drinks do you use?

Chang'aa  Busaa  Muratina  Kumikumi  Others

13. What are the factors contributing to this behaviour?

Idleness  Peer Pressure  Work Related Stress  Poverty

Unemployment  Marital problems  Media influence

Others (Specify) \_\_\_\_\_

14. Who introduced you to alcohol use? \_\_\_\_\_

15. What reasons make you continue to use alcohol? (Give at least three reasons)

a)

b)

c)



16. What is the effect of alcohol on your family wellbeing?

17. \_\_\_\_\_

### APPENDIX C: Michigan Alcohol Screening Test (MAST)

This Michigan Alcohol Screening Test (MAST) can be self-scored. The scoring scale is at the end of the questionnaire.

1. Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as most other people)	<b>YES</b>	<b>NO</b>
2. Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?	<b>YES</b>	<b>NO</b>
3. Do you ever feel guilty about your drinking?	<b>YES</b>	<b>NO</b>
4. Do friends or relatives think you are a normal drinker?	<b>YES</b>	<b>NO</b>
5. Are you able to stop drinking when you want to?	<b>YES</b>	<b>NO</b>
6. Have you ever attended a meeting of Alcoholics Anonymous?	<b>YES</b>	<b>NO</b>
7. Has drinking ever created problems between you and your wife, husband, a parent, or other near relative?	<b>YES</b>	<b>NO</b>
8. Have you ever gotten into trouble at work or school because of drinking?	<b>YES</b>	<b>NO</b>
9. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	<b>YES</b>	<b>NO</b>
10. Have you ever gone to anyone for help about your drinking? If YES: was this other than Alcoholics Anonymous or a hospital? (If YES, code as YES; if NO, code as NO)	<b>YES</b>	<b>NO</b>
11. Have you ever been in a hospital because of drinking? If YES: Was this for (a) detox; (b) alcoholism treatment; (c) alcohol-related injuries or medical problems, e.g., cirrhosis or physical injury incurred while under the influence of alcohol (car accident, fight, etc.)?	<b>YES</b>	<b>NO</b>
12. Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages?	<b>YES</b>	<b>NO</b>
13. Have you ever been arrested, even for a few hours, because of	<b>YES</b>	<b>NO</b>

other drunken behaviour?		
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NOTE: This section is to be translated to the local language during the interview

<b>MAST score</b>	<b>Interpretation</b>
0 – 1	No apparent alcoholism problems
2-4	borderline alcoholism
5 and above	Potential alcohol abuse

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## APPENDIX D: In-Depth Interview Schedule

Dear Respondent

My name is Peris Wanjeri Ruo, an M.A. student in Counseling Psychology at Daystar University. I am carrying out a research on *the psychosocial effects of alcoholism on family wellbeing*. I therefore request you to kindly allow me to interview you and take some notes as we go along. You are free to refuse any of these requests without prejudice. Your truthful and honest responses to the following questions will greatly enhance the quality of this research. Your responses will be confidential and will only be used for the purpose of this research. Your cooperation is highly appreciated.

1. Have you ever felt like you should cut back on your alcohol consumption levels?
2. How long have you been using alcohol?
3. In your opinion, how has alcohol affected your family and its well-being?
4. What are some of the effects of alcohol on your family finances?
5. Have you tried to switch the types of alcohol or brands you consume in an effort to control your drinking?
6. What are the types of alcoholic drinks do you use and how available are they?

7. Do you experience any type of alcohol withdrawal symptoms such as shaking, anxiety, depression, vomiting in the morning or when you don't drink for a couple days?
8. What is the effect of alcohol on your family wellbeing?
9. In your opinion, what would help to avoid problem related to alcohol use?

APPENDIX E: Interview Schedule For Opinion Leaders; Chiefs, Ward Representatives, Social Worker Officer And Village Elder In Mugoiri Ward.

1. What are reasons for alcohol abuse in Mugoiri Ward? (Give at least 3 reasons)

a)

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b)

---

c)

---

2. What is the evidence for alcohol abuse as a serious problem in Mugoiri Ward?
3. Has alcohol consumption affected your family life in any way?

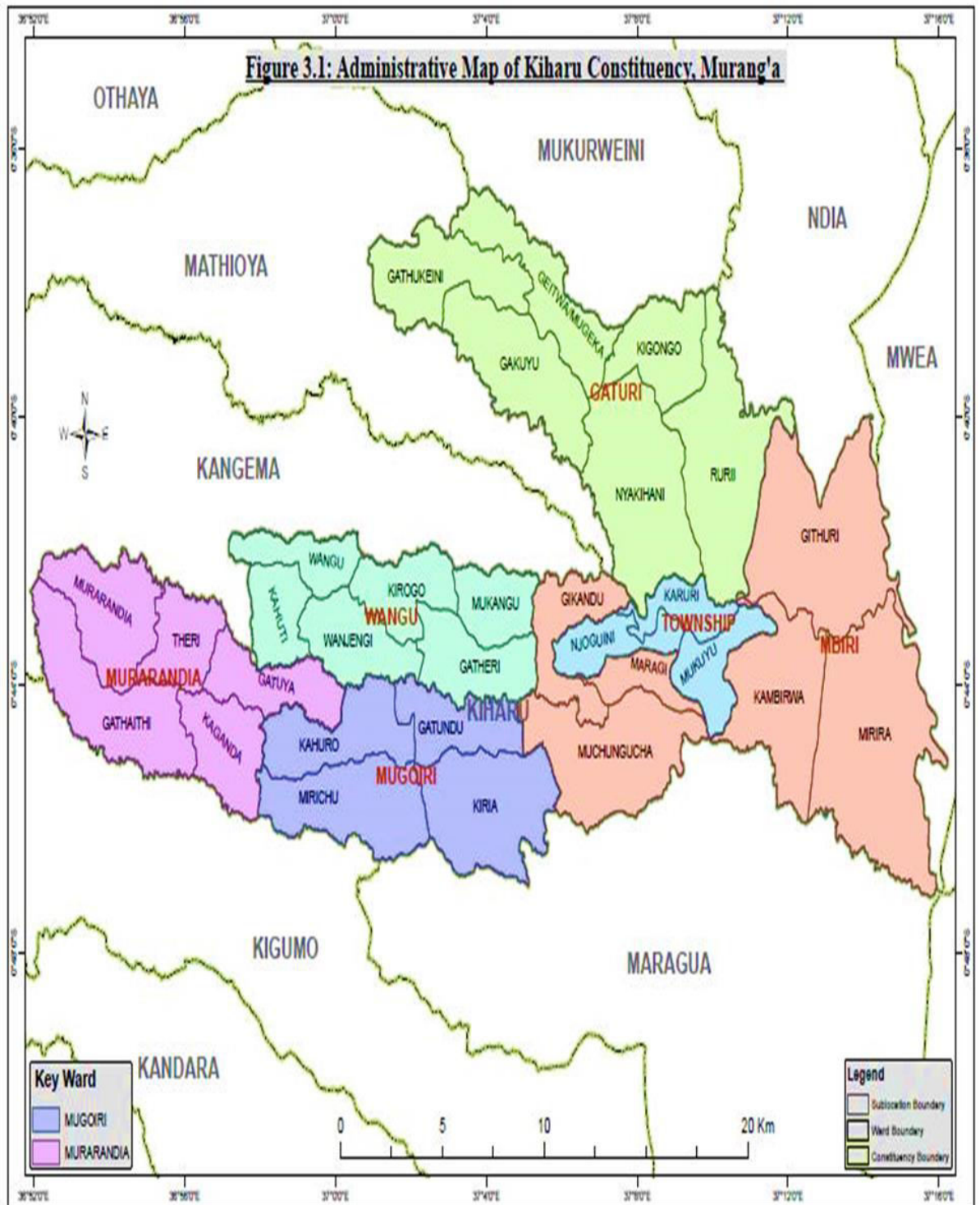
Yes [ ]

No [ ]

If yes, please explain \_\_\_\_\_

4. What are the factors contributing to alcoholism in Mugoiri Ward?
5. What are the types of alcoholic drinks being used in Mugoiri Ward?

APPENDIX F: Map Of Kiharu Constituency Where Mugoi Ward Lies



**VERDICT – APPROVAL WITH COMMENTS**

Daystar University Ethics Review Board

Our Ref: DU-ERB/22/04/2022/000643

Date: 22<sup>nd</sup> April 2022

To: Peris Ruo,

Dear Peris,

**RE: THE PSYCHOSOCIAL EFFECTS OF ALCOHOLISM  
ON FAMILY WELL-BEING: A CASE OF MUGOIRI WARD,  
MURANGA COUNTY, KENYA**

Reference is made to your ERB application reference no. 220322-01 dated 22<sup>nd</sup> April 2022 in which you requested for ethical approval of your proposal by Daystar University Ethics Review Board.

We are pleased to inform you that ethical review has been done and the **verdict is to revise to the satisfaction of your Supervisors before proceeding to the next stage.** As guidance, ensure that the attached comments are addressed. Please be advised that it is an offence to proceed to collect data without addressing the concerns of Ethics Review board. Your application approval number is **DU-ERB-000643**. The approval period for the research is between 22<sup>nd</sup> April 2022 to 21<sup>st</sup> April 2023 after which the ethical approval lapses. Should you wish to continue with the research after the lapse, you will be required to apply for an extension from DU-ERB at half the review charges.

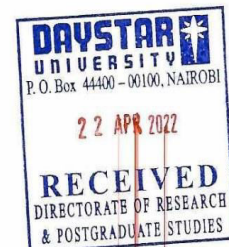
This approval is subject to compliance with the following requirements.

- i. Only approved documents including (informed consents, study instruments, MTA) will be used.
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by Daystar University Ethics Review Board.
- iii. Death and life threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to Daystar University Ethics Review Board within 72 hours of notification.
- iv. Any changes anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to Daystar University Ethics Review Board within 72 hours.
- v. Clearance for export of biological specimens must be obtained from relevant institutions.
- vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- vii. Submission of a signed one page executive summary report and a closure report within 90 days upon completion of the study to Daystar University Ethics Review Board via email [duerb@daystar.ac.ke].

**Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI)**  
**<https://research-portal.nacosti.go.ke> and other clearances needed.**

Yours sincerely,

  
Sr. Prof. A. L. Lando PhD  
Chair, Daystar University Ethics Review Board





Encl. Review Report

...until the day dawn and the  
DAYSTAR arise in your hearts™

## APPENDIX G: Ethics Review Board


APPENDIX H: Nacosti Permit

**REPUBLIC OF KENYA**
  
**NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION**

Ref No: **582151**
Date of Issue: **04/May/2022**


**RESEARCH LICENSE**




**This is to Certify that Ms., PERIS Wanjeri RUO of Daystar University, has been licensed to conduct research in Muranga on the topic: THE PSYCHOSOCIAL EFFECTS OF ALCOHOLISM ON FAMILY WELL-BEING: A CASE OF MUGOIRI WARD, MURANGA COUNTY, KENYA for the period ending : 04/May/2023.**

License No: **NACOSTI/P/22/17255**

**582151**  
 Applicant Identification Number

  
 Director General  
**NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION**

Verification QR Code



**NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.**

## APPENDIX H: Plagiarism Report

## Peris Ruo Thesis

## ORIGINALITY REPORT

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