

**EXAMINING THE RELATIONSHIP BETWEEN TRADITIONAL MALE
CIRCUMCISION AND ATTITUDE TOWARDS ALCOHOL CONSUMPTION
AMONG YOUTH IN MARAKWET EAST SUB COUNTY.**

**BY
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DECLARATION

DECLARATION BY THE CANDIDATE

This research project is my original work and all materials which are not my own have been cited and acknowledged. The work has not been presented for a degree in any other University.

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DEDICATION

I dedicate this Research project to my parents and all those who participated in the research.

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All the glory and honour to the Almighty God the creator and giver of life, for the energy I had during the time of this research. First I wish to thank the Department of psychology through the Chairman Dr Luke Odiemo who is also my supervisor ,the coordinator Dr Wango, all the Lecturers and students for their Moral support, I also direct my sincere thanks to all those who assisted me in one way or another from the time of permission to do the research, the research assistants and local Admirations in Marakwet East and the respondents who accepted to take part in this research and not forgetting any other person not mentioned but contributed and played a key role leading to the completion of this research, receive my Heart felt appreciation.

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LIST OF ABBREVIATIONS

| | |
|---------------|--|
| AOD | Alcohol Onset Drinking |
| AUD | Alcohol Use Disorder |
| DALY | Disability-Adjusted Life Years |
| DSM | Diagnostic and Statistical Manual for Mental disorders |
| NACADA | National Authority for the Campaign against Alcohol and Drug Abuse |
| TPB | Theory of Planned Behavior |
| W.H.O | World Health Organization |

ABSTRACT

This is a project which has explored the interaction between traditional male circumcisions on alcohol consumption among the Marakwet people of Kenya. Introduction explains how circumcision came to be embraced by various cultures in the world this leads to the physical and psychological effects that rites of passage has to the individual and the community which include molding their perception and behavior which in psychology is the attitude. In the justification it explains how the research will be of help to counties as the draft their laws, there is discussion on how the confounding variables Age, Education, Family background, religion and social economic status may influence individual's view of alcohol in terms of behavior, belief and feelings. The area of study is Marakwet east sub-county and the research design that was mixed method. it involved extensively analyzing and establishing the relationship between traditional male circumcision and attitude towards consumption of alcohol among young male adults. The target population for the study was young male adults. A sample of 388 young male adults was targeted but for various reasons total of 257 respondents from the four divisions participated. Data collection involved administration of questionnaires and a focus group discussion. Data was analyzed using descriptive statistics and inferential statistics. Qualitative data was analyzed according to the themes and patterns formed. The findings were that religious denominations had the greatest contribution on the belief and knowledge towards initiate's alcohol consumption with age of the respondent contributing the least to belief and knowledge towards initiate's alcohol consumption. As all tests (multiple regression, chi-square and Pearson correlation) for the relationship age and type of circumcision and behavior towards alcohol consumption among youths in Marakwet East Sub-county. Similarly, for the relationship between age and type of circumcision and emotion regulation towards alcohol consumption among youths in Marakwet East Sub-county had significant results. Finally, for the relationship between type of circumcision and attitude towards alcohol consumption among youths in Marakwet East Sub-county had significant results.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Since olden times, universal acceptance of rites of passages has had a place in human growth and development processes. Many communities have adopted different cultural, traditions and rituals. One of such practices is rite of passage on circumcision of male gender. Traditional circumcision for years has been associated to religious meaning and one's individuality. Circumcision as a ritual was done among the Egyptians and Jews tribes (Johnson, 1993), the Semitic and also the documented work indicates circumcision could have started from Egypt because of painting in a tomb wall in Egypt dating back to 2300 BC.

According to WHO, (2007), the universal approximations of male circumcision in the year 2006 about 30% of males, representative of a figure of 665 million of men had practice male circumcision. According to the research, two thirds (69%) were Muslims living in Asia, North Africa and the Middle East, 13% were non-Jewish and non-Muslims men living in other parts of the world and lastly 0.8% were constitute Jewish.

Circumcision is commonly done in Middle East and central Asia. In Asia countries where the population of Muslims is high, approximately 120 million male have undergone the ritual. (Drain PK et al., 2006). It is primarily a religious practice.

Circumcision practices increased in western countries during industrialization period which was due to improved medical process and use of Anesthesia, previous epidemiological studies and clinical significance promoted circumcision, as a deterrence of some medical conditions like syphilis, and some behaviors incontinence and masturbation (Clifford, 1893).

In Africa, traditional male circumcision is practiced in many countries more especially it is higher in North and West African countries. Southern Africa countries is less practiced, alternating around 15%. Central and eastern Africa the practice is approximately 15 % in

Rwanda and Burundi, Ethiopia 93% , Tanzania 70 %, and Kenya is at 84% (Demographic and health surveys, 2006). This difference is attributed to ethnic differences.

Documentaries reported that parts of southern region of Zimbabwe, Malawi, South Africa and Botswana, male circumcision decreased due to the colonial administrations. For example, King Shaka of Zululand in the early 19th century was ordered to stop circumcision schools throughout the Zulu wars, because majority of men were in circumcision schools and there were few men to fight for freedom (Marck, 1997).

Traditional male circumcision process was not only about the knife but also it is accompanied by a number of rituals and traditional practices. For example among the sub tribe Xhosa of South Africa, Momoti (2002), reported that traditional circumcision of boys was significant opportunity for one to enjoy status, privilege in society; an opportunity to inherit property, the right to be full member of the family and community, privilege to attend the Chief's court, opportunity to take part in feasts and beer-drinking without being seen or branded a child.

In Kenya according to WHO (2009), it reported that traditional male circumcision is practiced by many Kenyan communities with no particular county, language or belief. Of all the forty-three Kenyan ethnic groups forty communities do circumcisions. In this (WHO) 2009 report indicate that majority do not use conventional medicine for those who undergo it traditionally; however, the process itself is not well explained as it is a taboo to talk about it openly in African setting. Some of the most known Kenyan communities researched and practice traditional male circumcision are the Bukusu, Abagusii Kamba, Ameru, Maasai, Akabras, Agikuyu and Kalenjin.

Among the Marakwet it's not birth but initiation that makes one a man without this ritual one cannot exercise the obligation or expect right of Adulthood. The initiation ceremony was family and communal affair where all concerned could attend and a lot of beer was brewed before and during the ceremony. During early days before the advent of

missionaries and formal education they could go for six months in the forest but nowadays its weeks to one month and like other communities they are taught of their responsibilities in adulthood and how the society required one to behave in acceptable ways as any deviation led to severe penalty since now one was not regarded as child anymore. Men were to be warriors 'Muren' and defend the community, Participate in rituals and all other ceremonies. They could now be agents of elders and in sense the ruling age set and in other instances clans that were previously in conflict a ceremony or ritual was performed where beer was prepared and those present all initiated participated. All the above examples of ceremonies and rituals and others which follow each other after Marakwet male individual is initiated during circumcision shows that there seem to be constant taking of alcohol in the villages and community which meant that this process could act as an initiator of alcohol leading to progression to addiction which is a mental health disorder classified in DSM V. The above information was taken from the book the Marakwet of Kenya (Moore 2008).

According to Muller. A.et al., (2010), Traditional rites of passage is to impart values and manhood but medical procedure is its health prevention problems. In this way according to Jewkes and wood (1998) who observed that men who are elders in the community by virtue of age could be good role models to the young through behaviors and instructions but, the contrary is their behaviors seem to cause confusion to the initiates because they (elders) take drugs which include alcohol.

Traditional male initiation have had important value in African society like instilling values and regulating behaviors however, the inclusion of alcohol in the ceremonies has led to initiation of young people to alcohol leading to subsequent addiction which have negative impact to the individual, family, community and society at large. Thus the understanding of relationship between male circumcision and attitude towards alcohol consumption will benefit the understanding of cultural factors that lead to alcohol addiction. According to Heath, (2000), alcohol existed many centuries and many societies

had alcohol which although it differed from place to place they were for cultural purposes or ceremonies like religious and other social functions

Attitude can be defined as the psychological affinity that is expressed through the evaluation of a given entity with some degree of disfavor or favor, Eagly and Chaiken, (1998). In tandem with this, Crano and Prislin (2006) defined attitudes as the evaluative judgments that integrate and summarize an individual's cognitive/affective reactions. This may include evaluations of people, issues, objects, or event, often as positive or negative but in rare times neutral. On the other hand, according to Allport, (1935), attitude is mental or neural state of one's readiness, organized through long experience, exerting a given command or self-motivated influences one's response to the objects and situations to which it is interrelated.

These definitions capture attitude as a mindset that influence how individuals behave in given manner towards a person or object either through temperament or their experience. It consists of complexities of personalities, behaviors, values, beliefs and feelings, plus the motivations.

Belief and feelings are covert to the person mostly the part of attitude observed is the resulting behavior. Attitudes generally has influence on our daily decisions and therefore guides our behavior, through the selective process of what we remember (accessibility). They come in different strengths and Ambivalence and like most things that are learned or influenced through experience; attitude can be measured and changed. Our social world influences attitude and vice versa. Attitude is predictor of our behaviors when it's strong, there is high accessibility and low ambivalence.

Socialization process happen from childhood years, where values and beliefs are gained through interacting in the family, in religious places, from our culture and various socio-economic factors. These all have effect on our behavior and work. However, understanding one's cognition and feelings may yield much in changing attitude but it

takes time, determination and effort, this in turn lead to changing our behavior. (Nickerson, Moore 2003).

The developmental perspective of Jean Piaget (1896–1980). explains the cognitive attribute of attitude, according to him the developmental process starts from childhood through adolescence where significant thinking happens. It starts from the rule bound; to concrete then to abstract thinking where one understands how to solve problems in formal way. At the age of 11 years children or teens develop important concepts and think in a logical manner. All this process of interpreting world issues help in future decision and how things are done. Piaget posits that this happen because of brain working, structure and functional abilities.

According to research done by Critch Low (1986) and Siagel (1999) discovered that behaviors that are observed on alcohol drinkers are not much due the pharmacological or the biological processes but mainly due how the drinker's beliefs are held.

Cognitive abilities and development may be associated to Alcohol and drug use, research done to highlight the role of beliefs or schemas in the brain on the onset and in the course of alcohol and drug use in life from different kinds of people having different behaviors, the results showed that people of different cognitions have different future approach to use of alcohol and behaviors, (Johnson and Gurin, 1994, Keating and Clark, 1980; Christiansen and Goldman 1989).

The initiation, continuation and the beginning of problem drinking to individuals has been strongly and positively linked to the expected benefits of drinking and again the negative effects related to apparent negative consequences (Christiansen et al., 1989; Christiansen et al., 1982; Chen et al., 1994; Grube et al., 1995; Jones et al., 2001; Smith et al., 1995; Wood et al., 1992; Goldberg et al., 2002Goldman et al., 1991; Leigh, 1989).

In addition, studies show that adolescents have biased observation during their reasoning about persons who vary on values and those they don't well understand (Jacobs, 2004). Underage drinking mainly adolescents find themselves in social groupings and risk under taking hence in this social situations they underestimate or overestimate drinking and other behaviors leading to wrong judgment that drinking is good with the behaviors accompanied. This is because they copy what others just do. From this However, Giving adolescents only the information about the scope and to which people drink alcohol and consequences may not by itself decrease their alcohol consumption but mostly focus norms, views on what and how others think about drinking this might work (Cialdini et al., 1990; Kallgren et al., 2000)

Both adolescents and even adults have the tendency to misjudge (underestimate or overestimate) on how many other individuals are involved in those activities which they, themselves engage in (e.g., Kruglanski, 1989). Indeed this adolescents and adults take part in risky activities and have the belief that other people do participate at higher rate than the way nonparticipants do (Benthin et al., 1993); normative ways and belief may be much linked to adolescents' who are older and mostly decide to take on in risky ways and behaviors (Basch et al., 1989; Beck and Treiman, 1996, Olds and Thombs, 2001). In a study among the adolescents who consumed alcohol and taken more risks in their life on comparison with the view and belief about others in terms of drinking reported that they made more overestimation than how they did. (Jacobs, 2000). This group of adolescents was higher in the behaviors than the moderate and those who made the correct estimation they had less decision-making skills, low self-esteem performed lower than average in school therefore the research gives the understanding of how to tackle drinking of different individuals and their risky behaviors.

Bandura (1986, 1997) through the concept of drinking and refusal self-efficacy explicated that its individual's belief and capability to decline pressures of the society to take alcohol either in certain circumstances or binge drinking. Adolescents who possess self-efficacy which is positive may not drink (Oei et al., 1998; Webb and Baer, 1995), and

those with lower refusal skills may have the affinity to drink. (Hays and Ellickson, 1996). The skill of refusal may show a prediction to drinking than expectancy and happen more in frequent and heavy drinkers. Adolescent's susceptibility to peer pressure makes them likely not refuse hence they are influenced easier to drink. According to Bandura there is also the learning part from the parents and media.

Consequently, in discussing the behavioral component of attitude this is mainly the environmental factors that contribute to having certain behaviors which could be from others or individual exposure effect.

Perceived availability of alcohol has been more linked to drinking males; this perception to be understood could be subjective or physical. In subjective perception according to research it happens and influence in two ways, the actual presence of the drinks make young people is due to curiosity to experiment since they are within their means testing predisposes to the actual use of the alcohol. The second aspect of subjective perception does not necessarily mean its physical but only the mental picture of the availability and the norms makes the adolescents have tendency and urge to at least look for the drink, this mental picture could be positive or negative but to their understanding alcohol has less consequences because of the biased expectation after use. (Abbey, Scott, and Smith, 1993), Ames and Grube, 1999, Morgan and Grube, 1994).

During adolescence there are behaviors typical to this age group, they have much energy to seek practical issues and this apply to alcohol abuse the traits shown by the young youth at early age lead to alcohol drinking at age of 27 years. (Baumrind, 1987, Cloninger et al., 1988).

Conduct disorders, anti-social behavior and aggressiveness during childhood and adolescence also seem to have higher risk to later in life use alcohol (Robins and McEvoy, 1990).

Parental control or parental upbringing styles by many family systems in the society have been associated with the alcohol use according to studies on children, those who are restless, impulsive and destructive in nature and mainly referred to as less controlled children. At the age of three children with the above behaviors have been found to have high risk of alcohol abuse than children who have the control of parents and bound by rules.

Many cultures and societies have assumptions and reasons why people take and like alcohol these include bring ease in social circumstance, gaining confidence by individuals and relaxation from research the above may be opposite leading to aggressive behaviors', causing stress, anxiety and other problems. Adult's behaviors make young to mimic the positive and negative despite the consequences (Steele Critchlow, & Liu, 1985, Abrams & Wilson, 1979; Keane & Lisman, 1980 Steele & Josephs, 1990).

Lastly but not least, are the affective component of attitude towards alcohol consumption. Alcohol is indeed associated with positive affect and these associations reliably predict increased levels of alcohol use (Rooke et al., 2008). Hence, immediate affective reactions to alcohol generate a strong impulse to drink alcohol, these affective reactions to alcohol may cause a subsequent change in drinking behavior.

This therefore brings the point that to fully understand the clear picture of the patterns of one's lifetime drinking then our focus should be to know the values, beliefs surrounding the place and the significance of alcohol in that given society (Single and Leino, 1998). There are many studies which have researched on alcohol consumption and initiation process but there is none that has looked at the link between the relationships between traditional male circumcision on attitude toward alcohol consumption in Kenya. It is out of this view that this study aims to bridge this existing gap.

1.2 Statement of Problem

Many studies have been done on the impact of alcohol to the society starting with the World Health Organization, (2004) which estimated that about 2 billion people in the

world were consumers of alcoholic beverages while approximately 76.3 million harbored diagnosable alcohol use disorders. This makes alcohol one of the most widely used and abused substance over the world. While alcohol abuse may appear a much smaller problem in Africa than in other continents, such statistics is misleading due to few documented cases or research findings as most statistics seem to only focus on Europe and outside African continent. In Kenya, alcohol compared to other drugs is the highest abused intoxicating substance, with statistics standing at 29.9% among people aged 15-65 years (NACADA report, 2014). Though reduced from 39.2% in 2007, there is increased use of illicit alcohol such as chang'aa from 3.8 % in 2007 to 4.2 % in 2014. The report further indicates that that every three in ten people aged 15-65 years have consumed alcohol in their life time. According to W.H.O, (2004), there are three classes of illicit brews in Kenya; fermented brews, traditional beer, and distilled liquor or spirits. Globally, alcohol use has had serious health, psychological and social effects thus making its prevention and control public health priority.

According to W.H.O, (2004), alcohol causes 1.8 million deaths (3.2% of total consumers) one-third of which result from unintentional injuries. It also causes a loss of 58.3 million of Disability-Adjusted Life Years (DALY) of which 40% are due to neuropsychiatric conditions. In Kenya, alcohol use has resulted in so many deaths. To name a few instances which are on recent records Nearly 150 people died and over 900 were hospitalized with different complications including loss of sight in 2014 following consumption of adulterated alcohol in Kiambu, Kitui, Embu, Makueni, and Muranga counties (NACADA, 2014). A bi-annual NACADA Report of 2014 listed Elgeyo Marakwet County as number 23 out of 47 counties in terms of extent of alcohol abuse as well as seizure of illicit brews by the law enforcers and court completed cases.

By undertaking this study, traditional male circumcision that could be a bench mark in cultural view or lens in a psychological perspective of ignored initiators of alcohol which eventually changes individuals thought, belief and the general reaction to alcohol

products and thus solutions to problems based on the communities understanding not as per the observers view as it has been the case of many African problems.

1.3. Purpose of the Study

To investigate the relationship between traditional(customary) male circumcision and the attitude towards alcohol consumption leading to abuse among the youth in Marakwet East Sub-county.

1.3.1 Specific Objectives

1. To explore the extent to which traditional (customary) male circumcision influences youth's behavior towards alcohol consumption in Marakwet east sub-county.
2. To examine the interaction between traditional(customary) male circumcision and youth beliefs towards` consumption of alcohol in Marakwet East sub-county.
3. To investigate the extent to which traditional(customary) male circumcision and the emotional reaction towards alcohol among the youths in Marakwet east sub-county.
4. To establish the correlation of the three attributes of attitude (Cognitive, Affective and behavioral in influencing youth in Marakwet East towards alcohol use.

1.3.2 Research Questions

1. To What extent is the relationship between traditional(customary) male circumcisions and youth behavior towards alcohol consumption in Marakwet East sub-county?
2. In what way does traditional(customary) male circumcision influence youth beliefs towards` consumption of alcohol among the youths in Marakwet east sub-county?
3. How traditional(customary) male circumcision does relate to youth's emotional response towards alcohol consumption in Marakwet east sub-county?
4. How does the three components (Cognitive, Affective and behavioral) interact in youth's behavior consistency towards alcohol consumption?

1.4 Justification of the Study

According to W.H.O good health is defined as not only the absence of disease but a state of physical, mental, and spiritual wellbeing. The amendment of the Alcoholic Drinks Control Bill, signed by the president into law in 2014, classifies alcoholism as a disease in Kenya (Kenya Gazette, 2014). Further, the bill directed for the transfer of most of NACADA's functions to Counties, giving counties power to draft alcoholic control laws through their respective county Assemblies relevant to their geographical and cultural practices. The constitution of Kenya 2010 article 164 recognizes people's participation in matters of making laws from the National to lower level which is counties, which says there should be creation of people and community friendly legislation that people can understand utilize in their daily life and which they know it protects their interests.

The ways in which people organize their world differ according to their cultural orientation (JiZihang Wilbert 2004) this applies to the way this communities view the consumption of alcohol. Culture shapes research conducted by many scientists because our cultures shape the way we think and psychology being part of the community (Community Psychology) the research reflects the needs and concerns of the society. (Professor Mbithi J.S 1991) posits that technology and development should not be an excuse that African practices have been overtaken by events hence ignored in the policy making but ignoring people's culture and beliefs may limit us to understand our values, behavior and problems.

Unfortunately, very few researches on how cultural practices influence consumption of alcohol leading to addiction have so far been done to inform these counties during this exercise. In support of this, (Karega et al., 2011) observed that most reviews and studies done in Kenya on alcohol and substance use have focused on trends and statistics of alcohol abuse among students in learning institutions as well as effects of substance

abuse on urban population but little has been done on relationship between cultural influence on attitude towards alcohol consumption among youths in Kenya.

This study will thus explore the complex issues of cultural practices and beliefs as an influence to abuse of alcohol. Such will aid developing campaigns strategies which are scientific and evidence based for tackling alcoholism in Kenya informed by models which are applicable and workable in Kenyan context and more so rural communities incorporating their unique cultures.

1.5 Significance of the Study

According to W.H.O report November 2009 on a research on male circumcision it concluded that initiation is the time when there is contact with adolescents and young men to interact with them on many social issues in the society and hence since abuse of alcohol is today a global problem and that every stakeholder in the society is attempting to find its solutions. This study aims to establish how cultural practices influences alcoholism, hence its findings will be beneficial to the Elgeyo-Marakwet County and its community, but also to the government of Kenya as well as future scholars in the field of alcohol addiction.

Moreover, findings from this study will inform relevant government agencies such as NACADA on the need to incorporate issues of cultural practices as they design alcohol prevention programs and policies. Additionally, the findings will inform the Marakwet County assembly as they draft the county's Alcohol Drinks Control Bills as stipulated by the constitution and thus will provide a benchmark for other counties as they draft the same and incorporate culture.

1.6 Scope and Delimitation of the Study

1.6.1 Scope of the Study

The study will focus on male aged between 15-29 years old who have undergone customary circumcision in Marakwet East Sub-County and therefore the results of this

study will apply to all other Kenyan communities who practice the traditional male circumcision.

1.6.2 Delimitation of the Study

This study involves cultural issues, getting information concerning some cultural matters may be a problem: some issues are likely to be so closed to the community thus making it hard for study's respondent to divulge such sacred information especially circumcision which is regarded as secret ritual. To solve this, the choice of data collecting tools shall take this into consideration, thus effectively aid probe into sensitive information.

Being a rural area, illiteracy of study respondent may likely create a communication barrier. To overcome this, services of native research assistants was used to facilitate ease of communication and completion of data collecting tool.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The purpose of this chapter is to investigate any research done in the past on factors that influence attitudes towards consumption of alcohol. The study will look at research done on psychological attributes behavioral, cognitive and lastly affective attitude components towards consumption of alcohol. The following confounding variables will be discussed: Education, Socio-economic status, Religion, Age and family background. This chapter also outlines the theoretical framework that is appropriate to the study, the gaps under study and finally conceptual framework.

2.2 Relationship between Traditional Male Circumcisions on Behavior towards Alcohol

2.2.1 Effect of Education on Behavior towards Consumption of Alcohol

Formal and informal education is not equivalent to learning. Learning is what we go through in life or life experience. (Lefrancois ,1972) from this understanding, learning and behavior work hand in hand.

Research has shown that there is a relationship between education level and drinking behaviours among different ages, gender and circumstances (Bloomfield et al., 2005, Jefferis et al., 2008) however, if alcohol consumed is referred as an outcome. Research has shown that highly educated persons as much as they get engaged in consuming alcohol, they are good in managing the situation such as consuming less before problems increase and also they can stop drinking. (Cutler and Lleras-Muney, 2006; Webbink, et al. 2008).

On the other hand, it is reported that education greatly influence heavy drinking but on apposite aspect, it is associated with how frequently individuals drink (Bloomfield et al.,2005; Casswell et al., 2003, Caldwell et al., 2008). In conclusion, studies have

confirmed that the relationship between education and alcohol consumption differ widely (Sander, 1999; Droomers et al., 1999; Hatch et al., 2007).

2.2.2 Effect of Socio Economic Status on Behavior towards Consumption of Alcohol

Studies have shown that persons from low socio-economic upbringings have a tendency to drink a lot of alcohol than their counterparts (Leigh, 1996; Kuntsche et al., 2004, Mossakowski, 2008). However, other research have reported otherwise (Ornstein and Hanssens, 1985; Grossman et al.,] According to (Otieno and Ofulla , 2009) reported that the students who were abusing alcohol, were from low socioeconomic status (28%). And those from high socio-economic status were 22%. This study intend to fill this gap if the social status influence alcohol abuse.

2.2.3 Effect of Religion on Behavior towards Alcohol Consumption

According to (Klausner, 1961, 1964), states a link between social integration with religious behaviors. He provides a theoretical understanding of how group membership may influence alcohol consumption behavior. As Klausner argues, incorporation, particularly into a religious group, is linked with less alcohol consumption unlike heavy consumption that has little to do with any specific religion's prohibition against the consumption of alcohol.

(Adansi, 2012) found that most people who attend more church services consume lesser alcoholic drinks than those who do not go to church services. This is further supported by Giancola and Gorman (2002) reported that those who are spiritual drink less and hence are less aggressive in their behaviors. But those people who were not religious were more prone to alcohol misuse and are the most aggressive. The study intend to find similar results.

2.2.4 Effect of Age on Behavioral Attitude towards Alcohol Consumption

Recent research reported a link between the age of alcohol drinking onset and later alcohol misuse and other health problems (Grant & Dawson, 1997].Early drinking may

have a greater adverse influence, such as likely to drive drunk, and to have alcohol-related motor-vehicle accidents (Hingson, Heeren, Levenson, Jamanka, & Voas, 2002). However, compared to later drinking that starts when one is mature, has social resources, and managing skills. The study intend to fill the gap to what extent of age is associated with alcohol consumption.

2.2.5 Family Background on Behavioral Attitude towards Alcohol Consumption

Family upbringing impact on how children and youth approach the issue of alcohol. According to (Hetherington, 1998), Children of dysfunctional families tend to display higher juvenile drug and alcohol abuse however, it is unclear if these effects of family upbringing is experienced into adulthood. Alcoholic parents greatly influence alcohol use among adolescents. Particularly among male of ages between 24–27 (D’Onofrio ,2005; HoBarrett, 2006).

Midigo, (2002) in his research found that parents attitude to alcohol is behaviorally imitated by their children which may prompt their later use and abuse of alcohol. The study intend to find similar results.

2.3 Relationship between Traditional Male Circumcisions on Cognitive towards Alcohol

2.3.1 Effect of Education on Cognitive Ability towards Alcohol Consumption

Education promotes ones social life, social cohesion and political orientation. Studies have reported that teenagers who perform poorly at school are at high risk for substance use disorders (Schweinsburg et al., 2004), (McNamee et al., 2008). Norman et al. (2011). This is further supported by (Petit et al, 2012) reported heavy drinking among teenagers who were performing poorly at school. There could be a link in the intelligence level and certain behavior including alcohol drinking.

On the other hand, individuals who are intelligent are less likely to face financial difficulties (Blundell, 2000), being unemployed (Hobcraft, 2000), and lose a lot if they

get involved in excessive alcohol consumption than those who are moderate or uneducated (Cowell, 2006, Maggs et al., 2008).

2.3.2 Effects of Socio-Economic Status on Cognitive towards Alcohol Consumption

Many researchers have depict that low- social economic status results to emotional and social instability among adolescents. Poor health, teenage pregnancy, frustration are risk factors for negative behavior among adolescents.(van Ijzendoorn et al., 2004) low-social-economic status children they spend less time playing outdoors and more time watching television and are less likely to participate in after-school activities (U.S. Census Bureau, 2000).

Unluckily, children nowadays lack role model that can impact stable emotional respond that will help them socialize well with other people. They need to have close relationship with people around them especially the adults to help them form stable relationship. When this does not happen kids will have poor interaction and poor relationship hence emotional instability in future. (Szewczyk-Sokolowsk et al., 2005). The study intend to find similar results.

2.3.3 Impact of Religion on Cognitive Alcohol Consumption

Drawing upon the stress and social support literature (Thoits, 1995), one explanation for the salutary relationship between religion and health expressly thermalizes religious organizations as contexts of social support. Religion provides emotional, cognitive, esteem and material support. It provides psychological help through counseling (Chalfant et al., 1990), material support like clothing, shelter and food (Gartner et al., 2004).

According to studies undertaken by Gartner et al (2004), there is an important relationship that has been found between the perception that a person is high or moderate to the beliefs of his or her religion and the alcohol consumption that is harmful to oneself. Though religion discourages against alcohol consumption, on contrary studies have

shown that most Thai people use alcohol and depend on alcohol despite the influence impacted by Buddhism.

2.3.4 Effect of Age on Cognitive Attitude towards Alcohol Consumption

There is a relationship between age and cognitive attitude towards drinking. Children who start to drink at an early age of twelve have high chances of advance binge drinking, alcohol difficulty and psychosocial issues in maturity (Englund et al., 2008, Warner & White, 2003). However, those teenagers who are keen in taking recommended alcohol intake rarely report alcohol difficulties at age 21 (Poelen et al., 2007, Mbourouet al., 2004). This study intend to fill this gap on alcohol and age.

2.3.5 Effect of Family Background ones Thoughts towards Alcohol Consumption

Findings have systematically reported that there is a relationship between family background and thoughts towards alcohol intake (McGue et al., 1999). According to (Finn et al., 1990; Lieb et al., 2002), children whose parents are alcoholics are likely 3 to 5 times more predisposed to have alcohol issues unlike children whose parents don't drink. (Finn et al. 1990; Lieb et al., 2002). (Fowler et al., 2007) reported that approximately 30% of the deviation into alcoholism was genetic factors. In addition, genes increases risk of alcohol intake as adolescents matures (Rose et al., 2001).

Research done to the Hispanics in the United States about the drinking and interrelationships in low status families showed that children seem to have problem of drinking and improper behavior during their later lives Fox Croft, Lowe and May (1994) The study intend to find similar results.

2.4 Relationship between Traditional Male Circumcision on Affective towards Alcohol Consumption

2.4.1 Effect of Education ones Affection towards Alcohol Consumption

Findings have reported that education system has greatly influenced attitude towards the use of alcohol. According to weikhart et al., (1984), problems children undergo during their

schooling are risk factors such as poor performance in exams or not performing to their expectation leads them to drop out of school, hence find themselves alcoholic. (Merki, 1993) in a study found that when students feel bad, rejected, feel unloved, unworthy in school and low self-esteem they then turn to alcohol abuse.

2.4.2 Socio-economic Status on Affective Attitude towards Alcohol Consumption

Some studies have found relationship between substance use and alcohol among children from higher social economic status, (Martin and Pritchard, 1991). Children from affluent families whose parents are more occupied with their line of work than their children (Luthar, 2003;Luthar etl., 2005). However,in a meta-analysis found lower SES was connected with more smoking and nothing reported negative health issues were related to high SES (Luthar and Latendresse, 2005 and Hanson and Chen, 2007).

2.4.3 Effect of Religion on Ones Affection towards Consumption of Alcohol

According to (Stark and Finke, 2000) the primary function of religion is to shape the conduct, Norms and belief of its people. (Chawla et al., 2007) found that there is much correlation between one religion and his attitude towards alcohol taking. The study intend to find similar results.As with any other social group, membership in a religious community introduces the individual into a network, a connection that can provide "access to emotional, cognitive, and material support, fostering the individual's perception that he is cared for and esteemed" (Idler, 1987:228). At an institutional level, this support is manifest not only in the clergy, which functions as a resource for counseling and assistance with personal problems (Chalfant et al., 1990), but also in various forms of material support (such as family services, food, clothing, shelter, etc.) that are provided by the congregation (Chaves and Higgins, 1992; Maton, 1989). Such benefits can also be obtained at the individual level, as fellow church members represent a potential source of informal support (Maton, 1987).

2.4.4 Effect of Age on one's Affection towards Alcohol Consumption

Studies have found mixed results on the associations between alcohol use and mental health such as the possible cause of mood disorders (Schuckit , 2006]. on the other hand, there is strong relationship between negative feeling and drinking related issues than between negative feeling and standard alcohol use (Colder , 1999). Studies have reported patterns of heavy drinking over time has less depressive impact on prolonged heavy drinkers than among those who rarely drink heavy (Chassin , 2002).

2.4.5 Effect of Family Background on one's Affection towards Consumption of Alcohol

According to (Noll, 1990) Children who are unprotected from alcohol normally can recognize and develop attitude towards alcohol early as pre-school. (Steinberg. 2001) and as they transition into early maturity. According to (Turrisi, 2010), parents frequently allow their children to take alcohol although restricting them to safe drinking. (Kypri , 2007). Children are exposed to alcohol at a young age from the immediate environment that is from parents, family, siblings, friends, school and community at large. This study intends to fill this gap.

2.5. Relationship between Traditional Male Circumcisions on Attitude as the Three Combined Attributes towards Alcohol Consumption

Attitude for many years have been discussed as one construct in psychology without dividing to what is now the components or attributes. From the work of Steven, 1984 who discussed extensively through what is referred to as tripartite model.

From the research of (Breckler 1984) and earlier authors like Allport 1954, Smith 1947, Katz and Scotland 1959. He expounded that the three affect, cognition and behaviour must be present or takes form to any attitude object for any change to take place. This then means that when measuring attitude it is very difficult to know which of the three attributes is focal and contribute more hence the combination of all as attitude.

(Edwards,1990) in his research on a given beverage(information reading and testing) found that depending on the order of formation and persuasion either Affective or cognitive the end result of attitude will be due to appeal or act of experience itself to the object, which could be direct or indirect.

2.5.1 Effects of Education on Attitude as three combined attributes towards Alcohol Consumption

Education in this discussion will be based on the time spend in education institutions and its influence to alcohol consumption but not the intellectual capability in an individual.

According to various researches education system has had its share in influencing attitude towards the use of alcohol. According to (Weikhart et al., 1984) many problems youth during their schooling undergo which are regarded as risk factors failure in exams or meeting their expectation drive them to drop out of school, other misbehaviors Elliot et al 1989 are the reasons youth opt for alcohol drinking. (Merki, 1993) in a study found that when students feel bad, rejected, feel unloved, unworthy in school and low self-esteem they then turn to alcohol abuse leading to other hard drugs later. (Barnet, 2005) in his research found that students take alcohol because of lower life satisfaction.

In a research done by (Kyalo, 2011) in Muranga it was found that alcohol is most abused substance in secondary schools which many students said they take to have relaxed minds when under pressure especially when about to do exams.

But in another study done earlier in kibera slums in Kenya by 2001 Onyango et al., most youth attested that education system reduces the risk of engaging in alcohol since the time spent in school during the youthful age reduces idleness which would be exposure to alcohol due to availability in the area and being cheap. Most students in Kenya finish university on average 23 years.

Contrary to this also education system contributes because in a research done in United states 2002 among university undergraduates, many students respondent that alcohol

should be allowed in school parties and rituals and also approved irresponsible behaviour among the students as integral experience in college for stress reduction. (Elizabeth et al., 2002).

2.5.2 Effects of Religion on Attitude towards Alcohol Consumption

From many years and culture religion have influenced the world view of many people in reference to behavior, belief and even type of foods people take who belong to that religion.

During our developmental stages religion seem to have specific influence on attitude of an individual this is explained in a research that was done by (Morgan et al., 2002) found that people differ on how they are religious in lifetime. In a strict religious family and communities it was found that people are more religious when younger and during young adulthood they disengage religion and then return to religion during midlife and during older age this show how the problem of alcoholism is a problem to this group of people in the society.

According to (Stark and Finke, 2000) the main function of religious Institution is to shape the behaviors, Norms and values of its members.

(Chawla et al., 2007) in research on university students in Washington found that there much correlation between our one is religious and his attitude towards alcohol taking, most students could agree that their religion influence them to take or not to take alcohol based on the results of those taking. And this is also as per (Miller, 1998) who found that religion is a protective factor in attitude towards alcohol. Many people in the society, who are religious or more spiritual, tend to drink less as compared to those who are not religious.

(Thomas, 2010), the results showed that religiosity was negatively associated with substance abuse and, further, that social bonding variables did somewhat mediate this

negative relationship between the two. Additionally, with religiosity controlled, the likelihood of alcohol abuse increased along with increasing spirituality, in the models. It is true that religious people drink less than their counterparts.

2.5.3 Effects of Social Economic Factors on Attitude towards Alcohol Consumption

This will discuss the presence and absence of resources and occupation of an individual influence attitude toward alcohol, for many years there have been a debate whether having money or poverty influence ones use or continued use of alcohol. (Felted,1989) said that alcoholism is a problem among low income and unstable families.

In Uganda occupation contributed to problem of alcohol consumption. According to (Ovuga and Madrama ,2006) in a study among police officers found that due to less satisfaction in the work place many police officers agreed that due to this they turn to alcohol as comforter and therefore has led to disciplinary cases absenteeism at workplace relationship issues and poor health among them. This is supported by Wada et al 1998 that in Japan drinking after bathing is a way of life and drinking in work place in various occupations is a contributor to this behaviour and attitude, many occupations there that encourage drinking are Engineering, Shipping ,Armed forces and police.

On the other hand positive income elasticity in that the more money the more is used on alcohol in a research done by (Ornstein and Levy, 1987) for 20-30 years follow up for those with manual jobs and those with good income the results were interchange as time went by hence the conclusion was that social stratus had no significant effect. Against this was research in Uganda by (Tumwesigye and Kasirye ,2004) found that poverty and lack of income generating activities lured women to consume alcohol since it is not expensive and not like the ones for urban centers promotes the positive attitude and acceptability of alcohol.

Social economic status of families also has impact on the youth drinking habit this is explicit as per research done by (Gongera et al., 2013) in Kiambu County in Kenya where

it was found that Rich families give their children in high schools too much pocket money which they use to indulge in alcohol during weekends and holidays.

2.5.4 Effects of Age on Attitude towards Alcohol Consumption

Age in human development in various cycles of life has an influence which is not exception in the attitude of an individual towards alcohol, from childhood through adolescents to adulthood there are always different world view to an attitude object. And also the early an individual is exposed in life about alcohol the higher the addiction in future.

(Thor Norstrom 2009) on contributing factors in alcoholism, His study on youth risk behavior found that youth who drink early at the age of 13 years had much more alcohol related issues since at their age they don't focus on the consequences but the satisfaction and entertainment they experience during the process.

In Kenya a research done by (Mugisha et al.,2003) among the adolescence in urban slum of Nairobi found that the boys were more five times vulnerable than girls especially those out of school the age of 14 years was the threshold which is due to the brain development where the reward circuit in the brain. Which is elaborated more by the research by (spear 2000, 2007), where he said age has impact on behavior of human beings, during adolescence its different from childhood and adulthood how they react, respond to and interact with people and environment. They do risky and customary behavior than any other stage in life which here they experiment with alcohol. (Gardner and Steinberg 2005, Grosbras et al., 2007) confirmed that it's this stage that makes them more vulnerable band exert them pressure and influence on decision making. (Sternberg 2008) explained that the behavior is so intense stimuli to attain potential reward leading to use and future use of alcohol.

A follow up research in USA for seven years among young youth 10-11 years to 17-18 years By (Hawkins et al.,1997) showed that the early one is initiated to alcohol the more the acceptability later leading to abuse.

2.5.5 Effects of Family Background on Attitude as Three Combined Attributes towards Alcohol Consumption

Family is the first social institution of an individual in the society and describing any influence to this individual family is the core.

Families influence could be categorized into the environment within the family and the imitation of behaviors and attitude of parents and siblings. This can be observed in a research done in USA for one year where 173 families were involved of this 839 students were involved. The study was cross sectional and the results showed that parent's attitude towards alcohol had a positive significant relation to Adolescence drinking in some years later and it was higher in males than female adolescents. (Biddle et al 1980, Brook et al 1983, Thomson and will nick 1987)

The above research is in agreement with (Rosenberg 1979) when he found that between peers and parents in interpersonal significant figure through adolescents parents were ranked higher than peers for help and other important behavior matters which included love, advice and support mostly in their prime life time before and after adolescence. But according to (New Comb and Bentler 1986) differs that when children mature they enter into networks in other social institutions which influence alcohol drinking which was not present in the families they were brought up in.

Recent study in Uganda among the youth confirmed that families play a bigger role in influencing young people to drink. Parents who are always drunkards make their children perceive the behavior to be Normal that during age of 16 years parents may not have control over them due to reduced Authority that they can stop drinking behavior, also in

the study it was found that the environment within the family contribute a lot too many bars plus the advertisements. (Agatha et al., 2008).

2.5 Theoretical Framework

Within the scientific perspective, much of the empirical work attitudes towards specific behaviours have been produced by those working in psychology and sociology. This study will review two perspectives; sociological theory and theory of planned behaviour in trying to understand how traditional male circumcision can influence attitudes towards consumption of alcohol among the youth in Marakwet community.

2.5.1 Sociological Theory of Symbolic Interaction

According to Hebert mead 1920 people's behaviors are based on interaction with others through socialization. Both the individual and society cannot be separated because of two reasons. They were both created through social interaction and one cannot be understood in terms without the other. And this means that our behavioral tendencies happen due to reflective, socially understood meaning of both the internal and external incentives that are presented not by forces from environment or inner forces like drives or instincts. It is an extension of the work of Max Weber (1864-1920) who stipulated that an individual's behavior is understood by knowing the group which the individual associate with and their bond, the initiation process that the youth undergo which is under seclusion means they are molded to behave in a certain way that the community and society expect them to do or the family that an individual come from.

The symbolic theory explains attitude towards things in three perspectives. On the basis of the meaning they ascribe to those things, the meaning of such things is derived from or arises out of social interaction that one has with others and the society and lastly these meanings are handled in, and modified through, an interpretative process used by the person in dealing with things that one encounters. And also explains through the Mind, self and society principle.

The above theory then shows that we do things based on the socialization in our lifetime and how we perceive situations and things is largely influenced by this interaction which could be parents, teachers, peers and whole those whom we live with daily. The modeling and impact caused on us lead to the current behaviors' that an individual display which could include alcohol where youth interpret situations and issues differently. They continue to drink alcohol despite the statistics and information they have about the dangers and consequences of alcohol taking, they seem to know but to them doing it is being cool and have certain status and so their symbolic meaning they have in their minds overrides the dangers.

2.5.2 Ajzen's Theory of Planned Behavior

The Theory of Planned Behavior foretell an individual's intention to act in a given manner at a given time and situation. (Ajzen 1991), explains that behavioral intentions are controlled by ones attitude. It has been used to predict many different behaviors among youths and alcohol misuse and behavior conduct are among the key issues that have been anticipated.

The theory expounds that particular attitudes relates to given behavior can be expected. However, we cannot only foretell behavior because of attitude but we should also consider people's personal norms and their beliefs. To enable one to give accurate prediction, knowing a person's belief is as essential as knowing the person's attitudes (Ajzen, 1991).

A central factor in the theory of planned behavior is the individual's intention to perform a given behavior. Intentions are assumed to capture the motivational factors that influence a behavior; they are indications of how hard people are willing to try, of how much of an effort they are planning to exert, in order to perform the behavior. (Ajzen.1985), noted that the stronger the intention to engage in a behavior, the more likely should be its performance. It should be clear, however, that a behavioral intention can find expression in behavior only if the behavior in question is under volitional

control, i.e., if the person can decide at will to perform or not perform the behavior. Although some behaviors may in fact meet this requirement quite well, the performance of most depends at least to some degree on such non-motivational factors as availability of requisite opportunities and resources.

The importance of actual behavioral control is self-evident: The resources and opportunities available to a person must to some extent dictate the likelihood of behavioral achievement. Of greater psychological interest than actual control, however, is the perception of behavioral control and its impact on intentions and actions.

2.6 Conceptual Framework

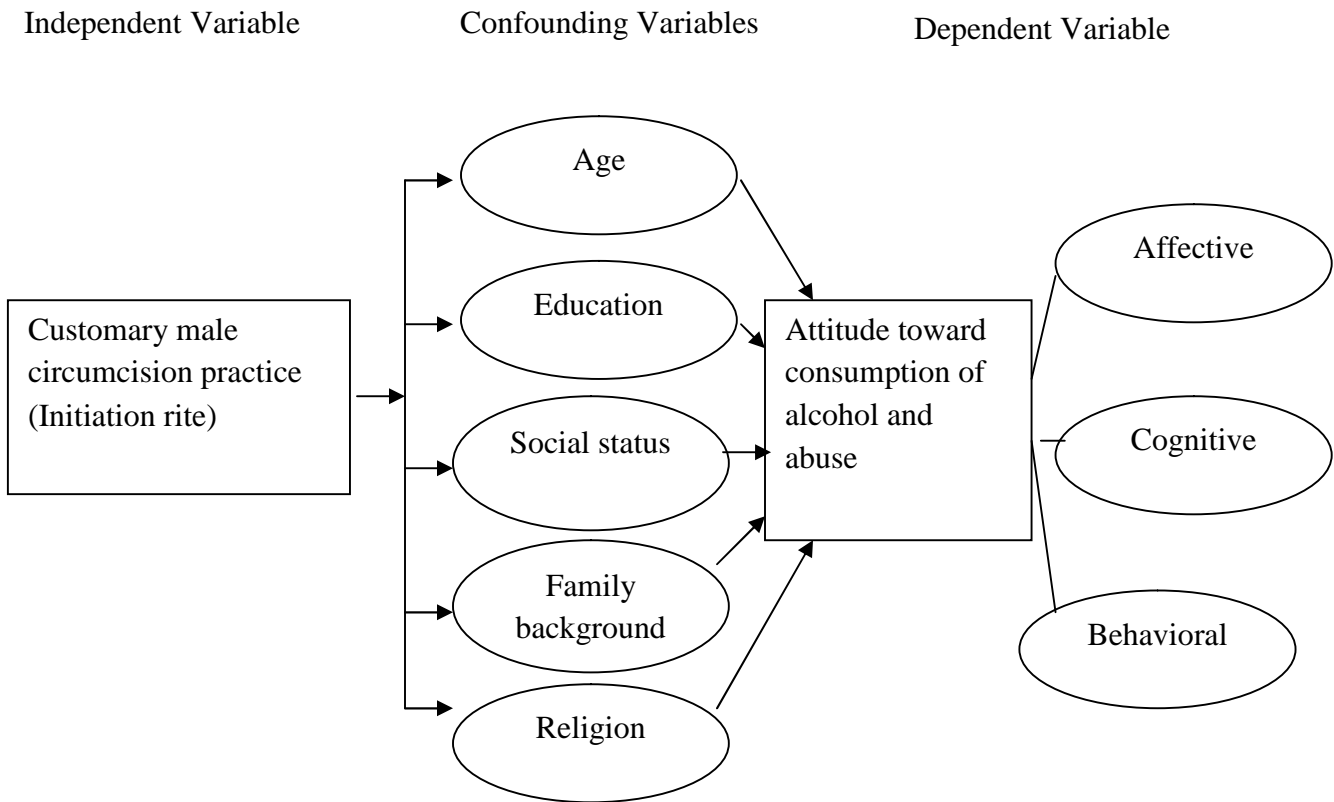


Figure 2.1: Conceptual Framework

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter I will discuss the research design that was used, sampling method, study area, the target population research instruments data collection, Analysis and the ethical consideration in the research process.

3.2 Research Design

Since this research sought to establish the relationship between traditional male circumcision and attitude towards consumption of alcohol among young male adults; survey method was used, since both qualitative and quantitative was collected, descriptive mixed method design was employed. The research design provided a complete and accurate picture of the situation. Quantitative data was used to describe the situation in terms of frequencies, central tendencies and dispersion (Struwig & Stead, 2001). Qualitative Analysis helped get in-depth information from respondents about descriptions that can't actually be measured as well as obtain their world view on circumcision and alcoholism.

3.3 Site of Study

The study was done in Marakwet east Sub County which is one of the four constituencies Elgeyo Marakwet County a county forming part of the 47 counties in the republic of Kenya. The sub county comprises of four divisions, Twenty one locations and fifty three sub locations (Elgeyo Marakwet County Development Profile 2013).

According to Moore 2008 and Kipkorir (1969) Marakwets are referred through the following subgroups Endo, Mogoro, Markweta, Almo, Kiptani, Borokot and Cherangani (Sengwer) which are distributed in three geographical classifications Highlands the Hills of Cherangani, Escarpment and the Kerio valley they have different economic activities and behaviourally seem also to be different. This shows that all the four divisions which

at times administratively are referred to as wards was involved. Kapyego, Tirap, Tot and Chesongoch divisions this ensured diversity and representation.

3.4 Target Population

The target population in my research was male youth who have been initiated through circumcision in Marakwet East Sub County and this meant that it could not necessarily involve those above eighteen to thirty five years as defined by the constitution the name youth but it also involved those below eighteen which is above fifteen years who had undergone the initiation process.

Kenya bureau of statistics during their survey in May 2013 categorised groups 0-14 years as in primary school and children then 15-29 years as the youthful stage and this is my target population of study who according to them is the most productive segment of labour and to realise full potential of all sectors of economy they need to be cared for. Population of male as projected in 2015 was 46,463 of this youth 15-29 years formed 27.4 % of the total population of 94,280.

3.5 Sampling Method

For the Quantitative data, stratification into four groups as per the divisions stated above was used. This constituted four sub-groups which were homogenous, mutually exclusive and every element in the population will be assigned to only one stratum (sub-group).

The four divisions will be further stratified into three strata's. That is those circumcised traditionally at Hospital and the Uncircumcised to constitute three sub-groups which are homogenous, mutually exclusive and every element in the population will be assigned to only one stratum (sub-group).

Finally, Snow balling was used to select the respondents from each stratum (sub-group). This approach gives every respondent in the sub-groups an equal and independent chance of being selected, and also gives the same characteristics and composition as the

population (Kothari 2003). Sampling is without replacement and each element will be sampled only once.

Collection of the qualitative data, which is descriptions of events that can be observed but not measured then purposive sampling, was applied this was in the Focused Group Discussion.

3.6 Sample Size

The sample size was determined using the proportional sampling method and the appropriate sample size for this research was based on the formula shown below.

$$n = \frac{Nt^2 \cdot p \cdot q}{d^2 N + t^2 \cdot p \cdot q} \dots\dots\dots \textit{Equation 1}$$

Where

n= sample size

N=Total population size

t=confidence interval (for 95 percent confidence interval t = 1.96),

p=possibility of an event to occur (50%),

q = the possibility of event not to occur (50%),

d =the acceptable error rate during sampling (0.05)

The population of youth in Marakwet East Sub County was 12,730

$$n = \frac{[(12,730 \times 1.96 \times 1.96) \times (0.5 \times 0.5)]}{[(0.05 \times 0.05 \times 12,730) + (1.96 \times 1.96 \times 0.5 \times 0.5)]}$$

n=387.79= 388

Table 3.1: Sample size distribution

| Stratum | Sub Stratum | Population size |
|----------------|--------------------|------------------------|
| Kapyego | Traditional | 87 |
| | Hospitals | |
| | Uncircumcised | |
| Tirap | Traditional | 141 |
| | Hospitals | |
| | Uncircumcised | |
| Tot | Traditional | 118 |
| | Hospitals | |
| | Uncircumcised | |
| Chesongoch | Traditional | 42 |
| | Hospitals | |
| | Uncircumcised | |
| Total | | 388 |

3.7 Data Collection Instrument

The following instruments were used in the study.

3.7.1 Questionnaires

This involved self-administered questionnaires for those who were able to read and write but those who were not able the researcher trained research assistants and also administered some personally to the respondents.

3.7.2 Focused Group Discussion

The researcher grouped the respondents to a group of six to eight persons who were facilitated by the researcher himself. The discussion based on the topics and questions formulated by researcher. This method was good because the study involved cultural beliefs and values which could not be collected using other methods.

3.8 Data Collection Procedure

Through the identification of above instruments the data was collected by administering the questionnaires by assistants trained by the researcher and also researcher was available via phone and physically for any clarification. They were left for a given time as requested by the respondent this were those who could read but those who needed assistance the researcher and research assistants Helped. For the focused group discussion it's the researcher who undertook to find deep themes which could not have been captured by the other instrument.

3.9 Validity and Reliability of the Research Instruments

To ensure that the instruments and data collected was valid and reliable pilot testing was done some questions which were ambiguous and technical were removed to improve in analysis.

3.9.1 Pilot Test

Reliability of the research instruments was proofed through a pilot study carried out on a sample of young male adults that was not part of the sampling area was selected using purposive sampling. It was carried out in form of test-retest where the research instruments questionnaires were administered twice with a brief time lapse between the first and second test. The participants in the pilot test were not allowed to participate in the main research. Cronbach's alpha was used to assess internal consistency and reliability of the research instruments based on the feedback of the pilot test.

This statistic is appropriate because Likert type scale is considered to be able to generate data that approximates interval data.

3.10 Data Analysis

The study involved both qualitative and quantitative data. The data collected was analyzed as follows. For objective one to three which is descriptive data involving distribution analysis measures of central tendencies Means, Dispersion and standard

deviation. (Inferential statistics) chi square, ANOVA, correlation coefficient and regression analysis were used.

For the qualitative data which was analyzed into various emerging issues. Data Tabulation was done with SPSS and presented in tables, pie charts and graphs. Means were calculated. ANOVA and tests of correlation were also performed. The results were discussed, conclusions drawn and recommendations made.

3.11 Ethical Considerations

After seeking for permission from UON research committee, then to the relevant government authorities NACOSTI and the county concerned. All participants were provided with informed consent form and sufficient explanation given on what the study entailed and this enabled voluntary participation. Privacy and confidentiality of participant's details was done by not using the real names unless a situation they opted for it was written (optional). The findings of the study are to be made accessible to the participants' subjects of their request.

CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents findings and analyses of results within the framework of the set study objectives. It presents various descriptive statistics showing participant characteristics (age, source of income, denominations, family background and highest level of education). Results of the correlation analysis between the dependent and independent variables are presented also.

4.2 Response Rate

A total of 257 respondents (about 72% response rates) were successfully reached during the interviews stage of the research the low return rate was attributed due to insecurity reasons within the County especially the lower part of Kerio Valley. The distribution was as below: -

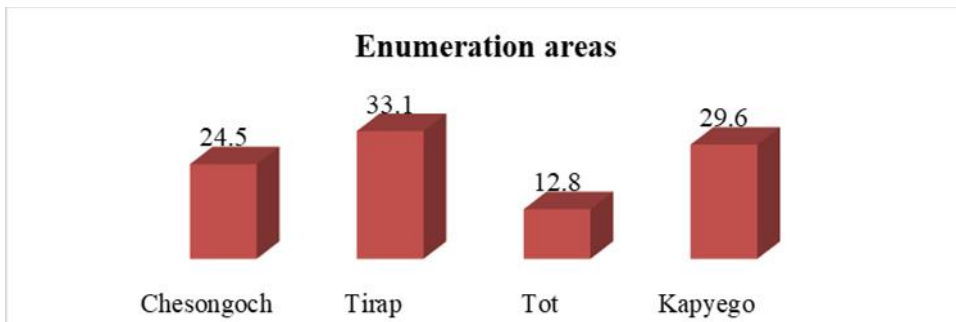


Figure 1: The Response rate

Figure 1 above on the response rate indicates that 24.5% of the respondents were from Chesongoch, 33.1% were from Tirap, 12.8% were from Tot and finally 29.6% are from Kapyego.

4.3 Demographics

The respondents were asked to state their age, highest level of education, employment type and family background. Results are shown below.

4.3.1 Education level of the respondents

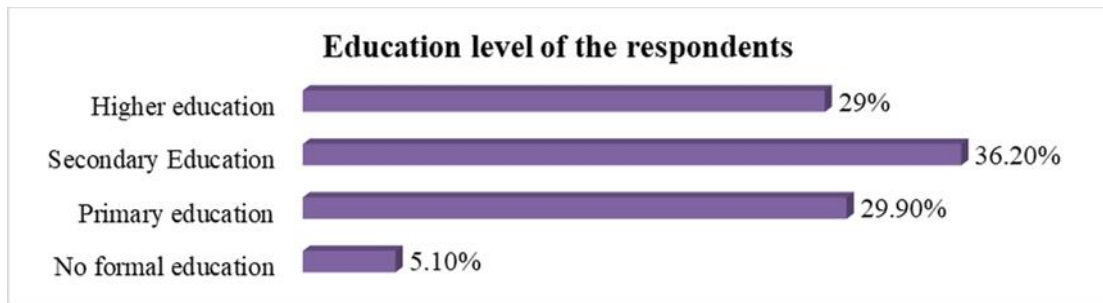


Figure 2: Highest education level attained

In figure 2 above, the education level attained, most of respondents 36.20 % had attained a secondary education then followed by those who had attained a primary education (29.9%). Respondents with higher education (29%) followed thereafter whereas those who had no formal education were the minority respondents representing 5.1%.

4.3.2 Age of the respondent

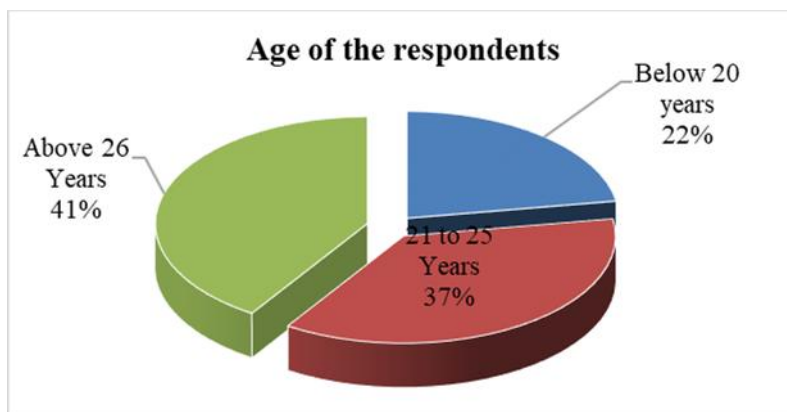


Figure 3: Age of the respondents

In age, a majority of respondents 41% were above 26 years of age, followed by those between 21 to 25 years at 37% and the respondents below 20 years were the minority of the respondents representing 22 %.

4.3.3 Source of the income of the respondents

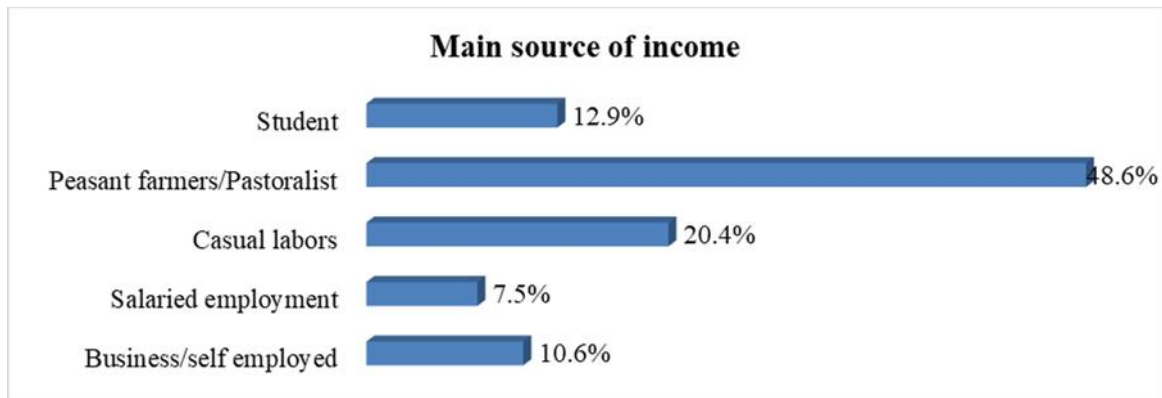


Figure 4: Source of income of the respondents

Figure 4 showing the source of income shows that , a majority of respondents 48.6 % were peasant farmers/pastoralists followed by casual laborers (20.4%), students(12.95), and business/self-employed respondents (10.6%) in that order. Finally, the respondents who were salaried were the minority of the respondents representing 7.5%.

4.3.4 Family Background

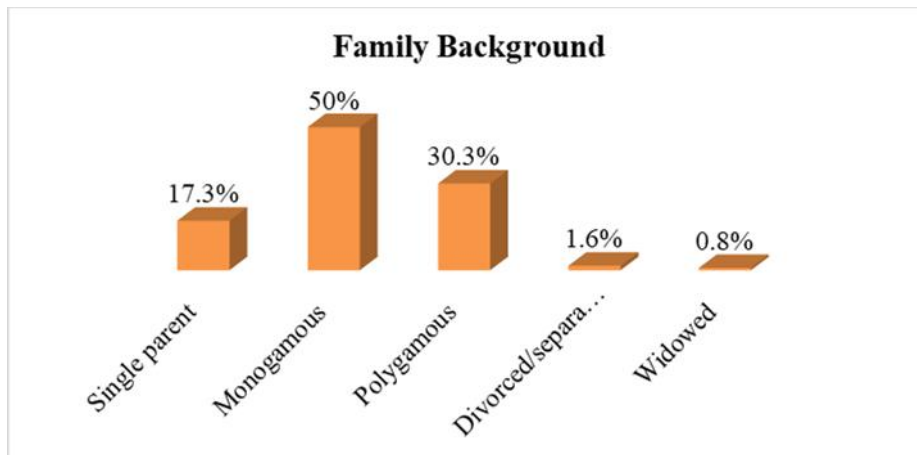


Figure 5: Family background of the respondents

Figure 5 shows that respondents from monogamous backgrounds were the most (50%), followed by polygamous (30.3%), then single parents (17.3%). Divorced/ Separated parents followed closely at 1.6% and finally widowed as the minority with 0.8%

4.3.5 Religious denominations

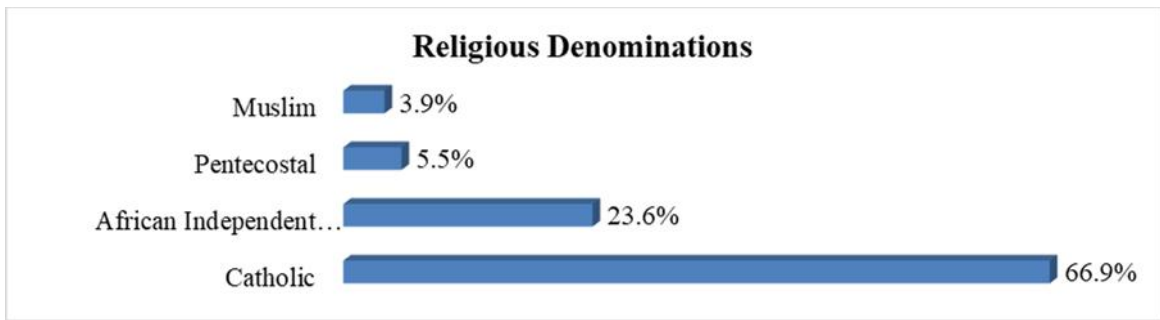


Figure 6: Denomination of the respondents

The denomination of the respondents as in the figure 6 indicates that respondents from Catholics were the most (66.9%), followed by (AIC) African Independent churches (23.6%), then Pentecostal (5.5%) and finally Muslims as the minority with 3.9%

4.3.6 Circumcision

This is a rite of passage that the communities use as a criterion for an individual to move from one stage of life to another (That is from childhood to adult hood). Circumcision is usually carried out for: medical reasons, religious and cultural reasons.

4.3.7 Place of Circumcision

There are various places of circumcision that are available for a community to undergo.

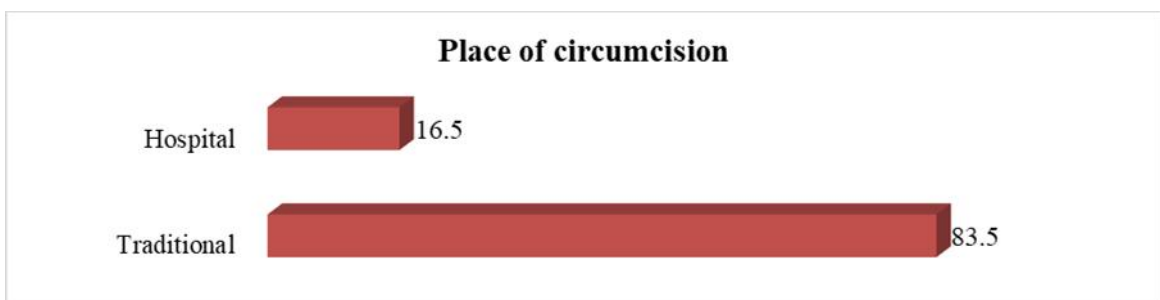


Figure 7: Place of circumcision

In figure 7, most of the respondents had undergone the traditional circumcision (83.5%) with 16.5% going the hospital way and was the least of the respondents. From this

response it deems fit to continue with the study as most of the respondents were circumcised the traditional way which conforms greatly to our study.

“All the respondents said and agreed that traditional male circumcision was a rite of passage where young boys at age of adolescence and above were taught about their culture, taboos, discipline was instilled to prepare for marriage since all were to be near marriage age, they were now given the mantle to teach other young boys in the society.”

4.3.8 Year of Circumcision

Typically the decision on when to circumcise is based on religious beliefs, concerns about hygiene, or various other cultural or social factors. However, most doctors recommend that circumcision be done within a few days from the delivery of the baby. Some doctors recommend waiting two or three weeks. When the birth occurs in a hospital, circumcision is usually done within 48 hours. In Marakwet east sub-county the years the respondents were as below:

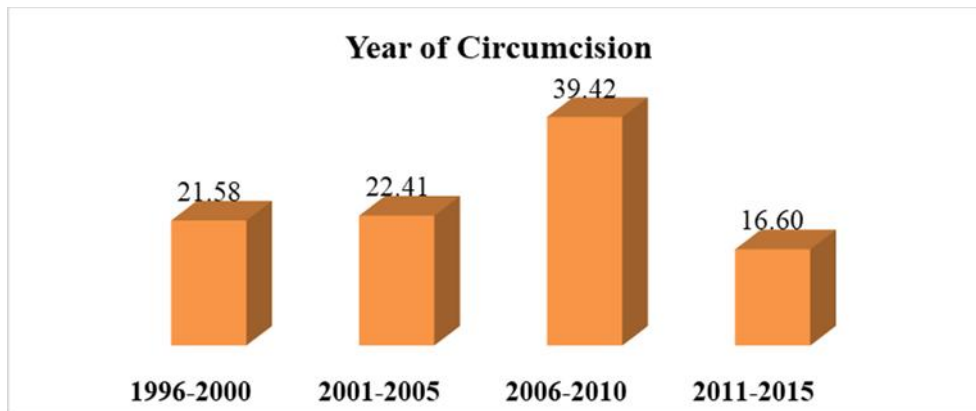


Figure 8: Year of circumcision

In figure 8 above, (39.42%) of the respondents were circumcised between year 2006 and 2010, followed by those circumcised at the year 2001 and 2005 at (22.41%) then year 1996 to 2000 at (21.58%). Finally the least are those circumcised between 2011 to 2015 (16.6%)

4.3.9 Involvement of Alcohol During Circumcision

Alcohol is a drug and can be toxic due to its depressant nature. It slows down a person's brain and this affects the way they think, feel and behave. Drinking of alcohol can result in Craving (a strong need to drink), Loss of control (not being able to stop drinking once you've started), Physical dependence (withdrawal symptoms) and even tolerance (the need to drink more alcohol to feel the same effect). People drink to socialize, celebrate, and relax and often has a strong effect on people. Alcohol's effects vary from person to person, depending on a variety of factors. In some communities, the circumcisions come with ceremonies that always involve indulgence of alcohol. Therefore in Marakwet East Sub-County those who were circumcised customary on involvement in the alcohol drinking. The response is as below:

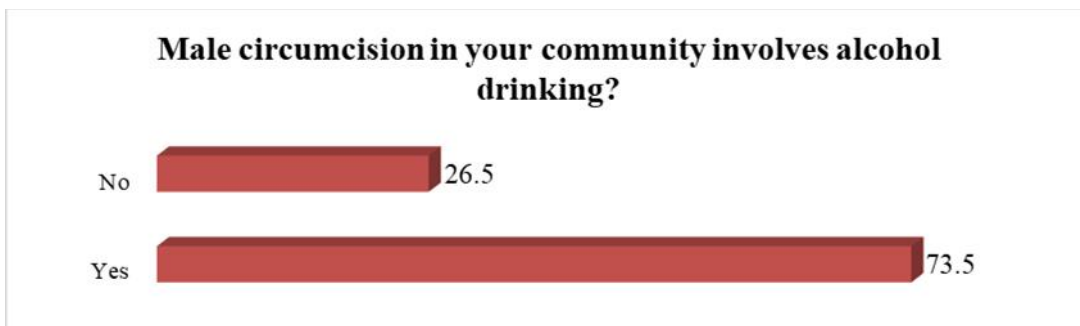


Figure 9: Involvement of alcohol during circumcision

In figure 9, on whether the circumcision ceremonies are marred with alcohol consumption where it was found that the circumcision ceremonies usually involve the alcohol drinking as shown in the figure 4.4.3 above as the respondents agreed to having taken alcohol (73.5%) with 25% disagreeing on the same.

“All the respondents were of the agreement that alcohol preparation and drinking was involved in initiation ceremonies and those present no matter the Age so long as you are circumcised you are allowed in the feasting and again for those who are now initiated they could join feasting in other subsequent ceremonies”

“Respondent 2: Once you are circumcised, you are at liberty to take alcohol regardless of the age of circumcision.”

4.4 Attitude towards Alcohol Taking

Attitudes are relatively stable organization of beliefs, feelings and tendencies towards object, person, special group, place or products. In summary, attitude is an evaluation that person makes about an object, group or even an issue which are: Affect-Emotions, cognitive-feelings and Behavioral-Tendency to act in certain way.

4.4.1 Behavior on Alcohol Taking

Behavior is the predisposition to act in a certain way towards an attitude object. Drinking alcohol clearly has important effect on social behaviors, such as increasing aggression, self-disclosure, sexual adventure, and so on. Among the youths of Marakwet east sub-county, the behavior they depicted after alcohol consumption is as shown in table 1 below.

Table 1: Behavior on alcohol taking

| Behavior Descriptive Statistics | | | | |
|---|-----|------|-------------------|----------|
| | N | Mean | Std. Deviation | Skewness |
| I normally drink alcohol | 251 | 2.10 | 1.200 | .824 |
| My father drinks alcohol | 249 | 2.68 | 1.411 | .213 |
| My mother drinks alcohol | 254 | 1.88 | 1.161 | 1.110 |
| My brother/sister drinks alcohol | 255 | 1.80 | 1.070 | 1.203 |
| My friends drinks alcohol | 252 | 2.64 | 1.214 | .202 |
| I was introduced to alcohol drinking by my friends | 248 | 1.53 | .500 | -.114 |
| I took alcohol immediately after circumcision | 250 | 1.78 | .418 | -1.332 |
| I took alcohol after many years of circumcision | 248 | 1.71 | .455 | -.930 |
| I take alcohol because of my past difficult family issues | 247 | 1.73 | .470 | -.462 |
| I express self-more easily | 193 | 2.59 | 1.340 | .375 |
| I relax socially | 191 | 2.83 | 1.362 | .105 |
| I drink to reduce idleness and boredom | 189 | 2.98 | 1.496 | -.069 |
| I don't take alcohol because my friends don't take | 151 | 2.40 | 1.382 | .733 |
| Elder's behaviors and motivation during ceremonies encourage young people to drink alcohol. | 240 | 3.30 | 1.373 | -.484 |
| Children imitate drinking behavior from parents and significant others | 239 | 3.35 | 1.304 | -.491 |
| Youth take alcohol because of its availability and accessibility | 233 | 3.22 | 1.349 | -.349 |

The distribution of the responses data on the behavior on alcohol taking; shows some of the attributes have positive coefficients of Skewness indicating that the distribution of the responses is to the right (positively skewed) whereas some have negative coefficients of Skewness indicating that the distribution of the responses is to the left (negatively skewed).

The responses that have means ranging from 1.53 to 2.40 indicating approximately 2 and thus corresponds to disagree on a Likert scale implying that most of the youths disagreed to the behavior on the alcohol taking. Finally, the responses that have means ranging from 2.59 to 3.35 indicating approximately 3 and thus corresponds to neutral on a Likert scale implying that most of the youths were undecided on the behavior on the alcohol taking.

4.4.2 Belief on Alcohol Taking

Cognitive are the beliefs that people hold about an object of an attitude. In many homes, alcoholic beverages are virtually a staple taken with meals. In other homes, drinking is strongly disapproved of. People are influenced by various beliefs, such as culture, health concerns, and religion. Among the youths of Marakwet east sub-county, the belief that increase their chances of alcohol consumption is as shown in table 2 below.

Table 2: Belief on alcohol taking

| Belief Descriptive Statistics | | | | |
|---|-----|------|-------------------|----------|
| | N | Mean | Std. Deviation | Skewness |
| I took alcohol before circumcision | 251 | 1.77 | .422 | -1.284 |
| I concentrate better | 194 | 2.48 | 1.320 | .441 |
| I don't take alcohol because of my religious orientation | 156 | 2.92 | 1.511 | .143 |
| I don't take alcohol because I know alcohol is dangerous | 153 | 3.65 | 1.384 | -.809 |
| I don't take alcohol because strict laws and enforcement | 153 | 2.67 | 1.432 | .374 |
| I don't take alcohol because of my family and upbringing | 152 | 3.11 | 1.618 | .616 |
| I don't take alcohol because when I tried I had bad experience | 152 | 2.66 | 1.415 | .242 |
| Young people should be allowed to drink in ceremonies | 240 | 2.16 | 1.258 | .869 |
| My culture and community value drinking of alcohol | 239 | 3.11 | 1.358 | -.209 |
| Alcohol drinking run in families | 238 | 2.72 | 1.286 | .143 |
| Alcohol is used for blessing those circumcised and they can be allowed to take | 237 | 3.19 | 3.514 | 12.134 |
| Enticing media advertisement and parties drive young people to alcohol | 239 | 3.00 | 1.410 | -.074 |
| Being matured in terms of age makes one avoid alcohol | 238 | 2.91 | 1.378 | .080 |
| I take alcohol though I know the dangers only those who drink to answer this question | 186 | 3.01 | 1.342 | -.214 |
| Problems that youth face or go through drive them to drink alcohol | 227 | 3.41 | 1.332 | -.567 |

The distribution of the responses data on the belief on alcohol taking; shows some of the attributes have positive coefficients of Skewness indicating that the distribution of the responses is to the right (positively skewed) whereas some have negative coefficients of

Skewness indicating that the distribution of the responses is to the left (negatively skewed).

The responses that have means ranging from 1.77 to 2.48 indicating approximately 2 and thus corresponds to disagree on a Likert scale implying that most of the youths disagreed to having a belief on the alcohol taking.

The responses that have means ranging from 2.66 to 3.41 indicating approximately 3 and thus corresponds to neutral on a Likert scale implying that most of the youths were undecided on the belief on the alcohol taking. Finally, the responses that have means of 3.65 indicating approximately 4 and thus corresponds to agree on a Likert scale implying that most of the youths agreed to having a belief on the alcohol taking.

4.4.3 Emotion Regulation on Alcohol Taking

Emotion regulation involves processes whereby individuals evaluate their affective state and take action to modify their affective experiences or expressive behaviors. Affective states can be regulated in a variety of ways, including the use of cognitive reappraisal processes to modify thoughts about emotionally laden situations in order to decrease emotional responses. The process of cognitive reappraisal occurs before the emotional response is fully developed and can help individuals alter their emotional experience and thereby reduce the likelihood for negative behaviors such as aggression. Suppression can also be used to regulate emotions by inhibiting the verbal or behavioral expression of emotion. Therefore, employing emotion regulation strategies may help reduce the occurrence of aggression, whereas poor emotion regulation could result in increases. Therefore, the youths of Marakwet east sub-county, the way of regulating emotions on alcohol consumption is as shown in table 3 below.

Table 3: Emotion regulation on alcohol taking

| Emotion Regulation Descriptive Statistics | | | | |
|--|----------|-------------|-----------------------|-----------------|
| | N | Mean | Std. Deviation | Skewness |
| I feel happier | 189 | 2.46 | 1.315 | .347 |
| I feel more alert | 199 | 2.40 | 1.298 | .544 |
| I feel more important | 195 | 2.39 | 1.269 | .594 |
| I feel better and become more creative | 194 | 2.37 | 1.232 | .548 |

The distribution of the responses data on the belief on alcohol taking; shows some of the attributes have positive coefficients of Skewness indicating that the distribution of the responses is to the right (positively skewed).

On feeling happier, feeling more alert, feeling more important and feeling better and become more creative had means ranging from 2.37 and 2.46 indicating approximately 2 and thus corresponds to disagree on a Likert scale implying that most of the youths disagreed on emotion regulation on the alcohol taking.

4.5 Study Objectives

The section below seeks to establish the relationship between the traditional male circumcision influences youth's belief towards alcohol consumption among youths in Marakwet East Sub-county, traditional male circumcision influences youths behavior towards alcohol consumption among youths in Marakwet East Sub-county and finally traditional male circumcision influences youths emotion regulation towards alcohol consumption among youths in Marakwet East Sub-county.

4.5.1 Objective 1: Traditional Male Circumcision Influences Youth's Belief Towards Alcohol Consumption among Youths in Marakwet East Sub-county

The section below gives the multiple regression analysis, Pearson's correlation analysis, Chi-Square test and even ANOVA analysis to explain the relationship between traditional

male circumcision influences youth's belief towards alcohol consumption among youths in Marakwet East Sub-county

Table 4: Regression coefficient on the relationship between traditional male circumcision influences initiates belief towards alcohol consumption

| | Regression Coefficients | | | | |
|------------------------|-----------------------------|------------|---------------------------|--------|-------|
| | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
| | B | Std. Error | Beta | | |
| (Constant) | 1.197 | 0.228 | | 5.241 | 0.000 |
| Age categories | -0.002 | 0.05 | -0.003 | -0.039 | 0.969 |
| Education Level | 0.031 | 0.043 | 0.05 | 0.716 | 0.475 |
| Religious denomination | 0.086 | 0.048 | 0.123 | 1.785 | 0.076 |
| Main source of income | 0.002 | 0.023 | 0.005 | 0.069 | 0.945 |
| Family Backgrounds | 0.012 | 0.049 | 0.017 | 0.253 | 0.800 |
| Type of circumcision | 0.057 | 0.099 | 0.039 | 0.573 | 0.567 |

a. Dependent Variable: Belief and Knowledge

Religious denomination has the highest contribution on the belief towards alcohol consumption among youths in Marakwet East Sub-county ($\beta = 0.123$, $t = 1.785$, $p = 0.076$) and therefore, religious denominations is a significant forecaster on the belief towards alcohol consumption among youths in Marakwet East Sub-county. This is then followed by education level ($\beta = 0.05$, $t = 0.716$, $p = 0.945$), then type of circumcision ($\beta = 0.039$, $t = 0.573$, $p = 0.567$), family background ($\beta = 0.017$, $t = 0.253$, $p = 0.800$) and finally source of income ($\beta = 0.005$, $t = 0.069$, $p = 0.945$). Age contributes the least contribution on the belief towards alcohol consumption among youths in Marakwet East Sub-county ($\beta = -0.003$, $t = -0.039$, $p = 0.969$). In summary, it was established that none of the socio demographic

information was found to be statistically significant in influencing belief towards alcohol consumption among youths in Marakwet East Sub-county.

As the education level increases, there is a probable increase in the belief towards alcohol consumption among youths in Marakwet East Sub-county. Similarly, the more one is religious, the more the sources of income, and the more the monogamous family is and finally the less the youths being circumcised in hospital, the more the belief towards alcohol consumption among youths in Marakwet East Sub-county. However, the more the age the less the belief towards alcohol consumption among youths in Marakwet East Sub-county.

Table 5: Pearson’s correlation on the relationship between traditional male circumcision influences initiates belief towards alcohol consumption

| | | Pearson’s Correlations on Demographic information and belief | | | | | |
|--------|---------------------|---|--------------------|------------------------|---------------|---------------|----------------------|
| | | Age groups | Level of education | Religious denomination | Income source | Family system | Type of circumcision |
| Belief | Pearson Correlation | .073 | .013 | .157 | -.067 | -.011 | .130 |
| | Sig. (2-tailed) | .256 | .842 | .012 | .288 | .863 | .039 |
| | N | 245 | 254 | 254 | 255 | 254 | 255 |

The correlation coefficients indicates that there is a weak positive linear relationship between age ($r=0.073$, $p= 0.247$), level of education ($r=0.073$, $p= 0.247$), religious denomination ($r=0.073$, $p= 0.247$), and type of circumcision ($r=0.073$, $p= 0.247$) and youths belief towards alcohol consumption among youths in Marakwet East Sub-county. This means that for the more the Age, increase in the level of education, the more the religiosity and the more the traditional male circumcision, there is an increase in youth’s belief towards alcohol consumption among youths in Marakwet East Sub-county

But the more the sources of income and one's family backgrounds, there is a decrease in the youth's belief towards alcohol consumption among youths in Marakwet East Sub-county. This is evident by the weak negative linear relationship between source of income ($r=-0.067$, $p=0.288$) and family background ($r=-0.011$, $p=0.863$) and youths belief towards alcohol consumption among youths in Marakwet East Sub-county.

Table 6: chi-square on the relationship between traditional male circumcision influences initiates belief towards alcohol consumption

| Demographic information on belief Chi-Square Tests | | | | | | | |
|---|-----------------|------------|--------------------|------------------------|---------------|---------------|----------------------|
| | | Age groups | Level of education | Religious denomination | Income source | Family system | Type of circumcision |
| | Chi-square | 4.029 | 3.754 | 20.219 | 5.444 | 5.885 | 5.883 |
| | df | 4 | 6 | 6 | 8 | 8 | 2 |
| Belief | Sig. (2-tailed) | 0.402 | 0.710 | 0.003 | 0.709 | 0.660 | 0.053 |
| | N | 245 | 254 | 254 | 255 | 254 | 255 |

We can see that the chi square test for age ($X^2=4.029$, $df=4$, $p = 0.402$) level of education ($X^2=3.754$, $df=6$, $p = 0.710$) source of income ($X^2=5.444$, $df=8$, $p = 0.709$) family background, ($X^2=5.885$, $df=8$, $p = 0.660$) and type of circumcision ($X^2=5.883$, $df=2$, $p = 0.053$) have significance level greater than 0.05 and thus we do not reject null hypothesis implying that there is no statistical significant association between age, level of education, source of income, family background, and type of circumcision influences on youths belief towards alcohol consumption among youths in Marakwet East Sub-county. This means that there was no difference in belief in the different ages, level of education, source of income, family background, and even traditional male circumcision and circumcision in a hospital had no difference in the belief towards alcohol consumption among youths in Marakwet East Sub-county.

However, religious denomination ($X^2=20.219$, $df=4$, $p = 0.003$) were statistically significant in influencing the youths belief towards alcohol consumption in Marakwet East Sub-county. This means that the different religious denominations and how an individual religiosity had a difference in the belief towards alcohol consumption among youths in Marakwet East Sub-county.

4.5.2 Objective 2: The extent at which traditional male circumcision influences youth’s behavior towards alcohol consumption among youths in Marakwet East Sub-county

The section below gives the regression analysis, descriptive analysis, Pearson’s correlation analysis, Chi-Square test and even ANOVA analysis to explain the relationship between traditional male circumcision influences youth’s behavior towards alcohol consumption among youths in Marakwet East Sub-county.

Table 7: The regression between traditional male circumcision influences initiates behavior towards alcohol consumption

| | Regression Coefficients | | | | |
|------------------------|-----------------------------|------------|---------------------------|--------|--------|
| | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
| | B | Std. Error | Beta | | |
| (Constant) | 1.169 | 0.205 | | 5.702 | 0.000 |
| Religious denomination | 0.051 | 0.04 | 0.084 | 1.297 | 0.196 |
| Family background | 0.007 | 0.022 | 0.021 | 0.330 | 0.742 |
| Source of income | 0.080 | 0.04 | 0.125 | 1.988 | 0.048* |
| Type of circumcision | -0.269 | 0.082 | -0.210 | -3.267 | 0.001* |
| Age groups | 0.147 | 0.041 | 0.234 | 3.622 | 0.000* |
| Level of education | -0.029 | 0.035 | -0.052 | -0.823 | 0.412 |

a. Dependent Variable: Levels of behavior

Age of the youth has the highest contribution on the behavior towards alcohol consumption among youths in Marakwet East Sub-county ($\beta = 0.234$, $t = 3.622$, $p = 0.000$) and therefore, age is a significant forecaster on the behavior towards alcohol consumption among youths in Marakwet East Sub-county. This is then followed Type of circumcision ($\beta = -0.210$, $t = -3.267$, $p = 0.001$) then source of income ($\beta = 0.125$, $t = 1.988$, $p = 0.048$), religious denominations ($\beta = 0.084$, $t = 1.297$, $p = 0.196$), education level ($\beta = -0.052$, $t = -0.823$, $p = 0.412$).and finally family background ($\beta = 0.021$, $t = 0.330$, $p = 0.742$). Contributes the least on the behavior towards alcohol consumption among youths in Marakwet East Sub-county and In summary, it was established that age, type of circumcision and source of income was found to be statistically significant in influencing behavior towards alcohol consumption among youths in Marakwet East Sub-county.

As the age of the youth increases, there is a probable improvement in the behavior towards alcohol consumption among youths in Marakwet East Sub-county. Similarly, the more the number of denominations or religiosity, the more the sources of income and finally the more the influential the families, the more the behavior towards alcohol consumption among youths in Marakwet East Sub-county. However, the more the education level and the more the youths being circumcised in hospital, the less the behavior towards alcohol consumption among youths in Marakwet East Sub-county.

Table 8: The Pearson’s correlation between traditional male circumcision influences initiates behavior towards alcohol consumption

| | | Pearson’s Correlations | | | | | |
|--------------------|---------------------|------------------------|--------------------|------------------------|------------------|---------------|----------------------|
| | | Age groups | Level of education | Religious denomination | Source of income | Family system | Type of circumcision |
| Levels of behavior | Pearson Correlation | .279 | -.124 | .077 | -.010 | .194 | -.205 |
| | Sig. (2-tailed) | .000 | .048 | .221 | .869 | .002 | .001 |
| | N | 245 | 254 | 254 | 255 | 254 | 255 |

There is a weak positive linear relationship between age ($r=0.279$, $p= 0.000$), religious denomination ($r=0.077$, $p= 0.221$), and family systems ($r=0.194$, $p= 0.002$) and youths behavior towards alcohol consumption among youths in Marakwet East Sub-county. This means that for the more the Age, the more the religiosity and the more the family is influential, the more the youth's behavior towards alcohol consumption among youths in Marakwet East Sub-county.

However, there is a weak negative linear relationship between level of education ($r=-0.124$, $p= 0.048$), source of income ($r=-0.010$, $p= 0.221$), and type of circumcision ($r=-0.205$, $p= 0.001$) and youths behavior towards alcohol consumption among youths in Marakwet East Sub-county. This means that for the more the sources of income, the increase in the level of education and the more the traditional male initiates, the less the youth's behavior towards alcohol consumption among youths in Marakwet East Sub-county

Table 9: Chi-square test between traditional male circumcision influences initiates behavior towards alcohol consumption

| Demographic information on behavior Chi-Square Tests | | | | | | | |
|---|-----------------|------------|--------------------|------------------------|------------------|---------------|----------------------|
| | | Age groups | Level of education | Religious denomination | Source of income | Family system | Type of circumcision |
| Behavior | Chi-square | 19.398 | 13.209 | 4.077 | 4.587 | 21.183 | 10.681 |
| | df | 2 | 3 | 3 | 4 | 4 | 1 |
| | Sig. (2-tailed) | 0.000 | 0.004 | 0.253 | 0.332 | 0.000 | 0.001 |
| | N | 245 | 254 | 254 | 255 | 254 | 255 |

The chi square test for religious denominations ($X^2=4.077$, $df=3$, $p = 0.253$) and source of income ($X^2=4.587$, $df=4$, $p = 0.332$) have significance level greater than 0.05 and thus we do not reject null hypothesis implying that there is no statistical significant association

between religious denomination and source of income influences on youths behavior towards alcohol consumption among youths in Marakwet East Sub-county. This means that there was no difference in behavior in the different religious denomination and source of income towards alcohol consumption among youths in Marakwet East Sub-county.

But, age ($X^2=19.398$, $df=2$, $p = 0.000$), level of education ($X^2=13.209$, $df=3$, $p = 0.004$), family background ($X^2=21.183$, $df=4$, $p = 0.000$), and type of circumcision ($X^2=10.681$, $df=1$, $p = 0.001$) were statistically significant in influencing the youths behavior towards alcohol consumption in Marakwet East Sub-county. This means that the different ages, level of education, family background, and the circumcision traditionally and in hospital had a difference in the behavior towards alcohol consumption among youths in Marakwet East Sub-county.

4.5.3 Objective 3: The extent at which traditional male circumcision influences youth's emotions towards alcohol consumption among youths in Marakwet East Sub-county

The section below gives the regression analysis, descriptive analysis, Pearson's correlation analysis, Chi-Square test and even ANOVA analysis to explain the relationship between traditional male circumcision influences youth's emotion regulation towards alcohol consumption among youths in Marakwet East Sub-county.

Table 10: Regression at which traditional male circumcision influences initiates emotions towards alcohol consumption.

| | Regression Coefficients | | t | Sig. | |
|------------------------|-------------------------|--------------|--------|--------|--------|
| | Unstandardized | Standardized | | | |
| | Coefficients | Coefficients | | | |
| | B | Std. Error | Beta | | |
| (Constant) | 1.091 | 0.271 | | 4.024 | 0.000 |
| Age categories | 0.193 | 0.059 | 0.212 | 3.267 | 0.001* |
| Education Level | -0.087 | 0.051 | -0.110 | -1.700 | 0.091 |
| Religious denomination | 0.073 | 0.057 | 0.083 | 1.283 | 0.201 |
| Main source of income | 0.066 | 0.027 | 0.158 | 2.455 | 0.015* |
| Family Background | 0.107 | 0.058 | 0.118 | 1.854 | 0.065 |
| Type of circumcision | -0.295 | 0.117 | -0.162 | -2.516 | 0.013* |

a. Dependent Variable: Emotion Regulations

Age of the youth has the highest contribution on the behavior towards alcohol consumption among youths in Marakwet East Sub-county ($\beta = 0.212$, $t = 3.267$, $p = 0.001$) and therefore, age is a significant forecaster on the emotion regulation towards alcohol consumption among youths in Marakwet East Sub-county. This is then followed by source of income ($\beta = 0.158$, $t = 2.455$, $p = 0.015$), then family background ($\beta = 0.118$, $t = 1.854$, $p = 0.065$) and finally religious denominations ($\beta = 0.083$, $t = 1.283$, $p = 0.201$). Type of circumcision contributes the least on the emotion regulation towards alcohol consumption among youths in Marakwet East Sub-county ($\beta = -0.162$, $t = -2.516$, $p = 0.013$) and then education level ($\beta = -0.110$, $t = -1.700$, $p = 0.091$). In summary, it was established that age of the youth, source of income and type of circumcision was found to be statistically significant in influencing emotion regulation towards alcohol consumption among youths in Marakwet East Sub-county.

As the age of the youth increases, there is a probable increase in the emotion regulation towards alcohol consumption among youths in Marakwet East Sub-county. Similarly, the more the number of denominations, the more the sources of income and finally the more the monogamous family systems/backgrounds, the more the emotion regulations towards alcohol consumption among youths in Marakwet East Sub-county. However, the more the education level and the more the youths being circumcised in hospital, the less the emotion regulation towards alcohol consumption among youths in Marakwet East Sub-county.

Table 11: Pearson’s correlation at which traditional male circumcision influences initiates emotions towards alcohol consumption

| | | Pearson’s Correlations | | | | | |
|-------------------|---------------------|------------------------|--------------------|------------------------|---------------|---------------|----------------------|
| | | Age groups | Level of education | Religious denomination | Income Source | Family system | Type of circumcision |
| Level of emotions | Pearson Correlation | .190 | -.110 | .092 | .058 | .199 | -.184 |
| | Sig. (2-tailed) | .003 | .081 | .145 | .356 | .001 | .003 |
| | N | 245 | 254 | 254 | 255 | 254 | 255 |

The more the Age, the more the religious denomination, the more the sources of income and the more the family backgrounds, the more the youth’s emotion regulation towards alcohol consumption among youths in Marakwet East Sub-county. This is evident by the correlation coefficient indicating that there is a weak positive linear relationship between age ($r=0.190$, $p= 0.003$), religious denomination ($r=0.092$, $p= 0.145$), source of income ($r=0.058$, $p=0.356$) and family background ($r=0.199$, $p= 0.001$) and youths emotion regulation towards alcohol consumption among youths in Marakwet East Sub-county.

But, there is a weak negative linear relationship between level of education ($r=-0.124$, $p= 0.048$) and type of circumcision ($r=-0.205$, $p= 0.001$) and youths emotion regulation

towards alcohol consumption among youths in Marakwet East Sub-county. This means that for the more the sources of income and the more the traditional male initiates, the less the youth's emotion regulation towards alcohol consumption among youths in Marakwet East Sub-county

Table 12: Chi-square test on traditional male circumcision influences initiates emotions towards alcohol consumption

| Demographic information on emotion regulation Chi-Square Tests | | | | | | | |
|--|--------------------|------------|--------------------|------------------------|---------------|---------------|----------------------|
| | | Age groups | Level of education | Religious denomination | Income Source | Family system | Type of circumcision |
| | Pearson Chi-square | 15.841 | 15.85 | 7.481 | 9.49 | 21.689 | 12.145 |
| Emotion Regulation | df | 4 | 6 | 6 | 8 | 8 | 2 |
| | Sig. (2-tailed) | 0.003 | 0.015 | 0.279 | 0.303 | 0.006 | 0.002 |
| | N | 245 | 254 | 254 | 255 | 254 | 255 |

The different ages, level of education, family background, and the circumcision traditionally and in hospital had a difference in the regulation of emotions towards alcohol consumption among youths in Marakwet East Sub-county because the ages ($X^2=15.841$, $df=4$, $p = 0.003$), level of education ($X^2=15.85$, $df=6$, $p = 0.015$), family background ($X^2=21.689$, $df=8$, $p = 0.006$), and type of circumcision ($X^2=12.145$, $df=2$, $p = 0.002$) were statistically significant in influencing the youths regulation of emotions towards alcohol consumption in Marakwet East Sub-county.

The chi square test for religious denominations ($X^2=7.481$, $df=6$, $p = 0.279$) and source of income ($X^2=9.49$, $df=8$, $p = 0.303$) have significance level greater than 0.05 and thus we do not reject null hypothesis implying that there is no statistical significant association between religious denomination and source of income influences on youths behavior towards alcohol consumption among youths in Marakwet East Sub-county. This means

that there was no difference in behavior in the different religious denomination and source of income towards alcohol consumption among youths in Marakwet East Sub-county.

4.5.4 Objective 4: The extent at which traditional male circumcision influences youth's attitude towards alcohol consumption among youths in Marakwet East Sub-county

The section below gives the regression analysis, Pearson's correlation analysis and even Chi-Square test to explain the relationship between traditional male circumcision influences youth's attitude towards alcohol consumption among youths in Marakwet East Sub-county.

Table 13: The regression between traditional male circumcision influences initiates attitude towards alcohol consumption

| | Regression Coefficients | | | | |
|------------------------|-----------------------------|------------|---------------------------|--------|-------|
| | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
| | B | Std. Error | Beta | | |
| (Constant) | 1.282 | 0.222 | | 5.785 | 0.000 |
| Age groups | 0.084 | 0.044 | 0.128 | 1.912 | 0.057 |
| Level of education | -0.019 | 0.038 | -0.034 | -0.519 | 0.604 |
| Religious denomination | 0.071 | 0.043 | 0.110 | 1.649 | 0.100 |
| Source of income | 0.012 | 0.024 | 0.033 | 0.507 | 0.613 |
| Family Background | 0.047 | 0.043 | 0.071 | 1.084 | 0.279 |
| Type of circumcision | -0.263 | 0.089 | -0.197 | -2.954 | 0.003 |

a. Dependent Variable: Attitude

Age has the highest contribution on the attitude towards alcohol consumption among youths in Marakwet East Sub-county ($\beta = 0.128$, $t = 1.912$, $p = 0.057$) and therefore, age is a

significant forecaster on the attitude towards alcohol consumption among youths in Marakwet East Sub-county. This is then followed by religious denominations ($\beta = 0.110$, $t = 1.649$, $p = 0.100$), then family background ($\beta = 0.071$, $t = 1.084$, $p = 0.279$) and finally source of income ($\beta = 0.033$, $t = 0.507$, $p = 0.613$). Type of circumcision contributes the least to the attitude towards alcohol consumption among youths in Marakwet East Sub-county ($\beta = -0.197$, $t = -2.954$, $p = 0.003$) and then level of education ($\beta = -0.034$, $t = -0.519$, $p = 0.604$). In summary, it was established that only type of circumcision was found to be statistically significant in influencing attitude towards alcohol consumption among youths in Marakwet East Sub-county.

As the education level increases, there is a probable decrease in the attitude towards alcohol consumption among youths in Marakwet East Sub-county. However, the more the number of religious denominations, the more the sources of income, the more the monogamous family systems/backgrounds and as age increases, the more the attitude towards alcohol consumption among youths in Marakwet East Sub-county. Finally, the more the youths being circumcised in hospital less the attitude towards alcohol consumption among youths in Marakwet East Sub-county.

Table 14: The Pearson’s correlation between traditional male circumcision influences initiates attitude towards alcohol consumption

| Pearson's Correlations of demographic information on attitude | | | | | | | |
|---|---------------------|------------|--------------------|------------------------|--------------|---------------|----------------------|
| | | Age groups | Level of education | Religious denomination | IncomeSource | Family system | Type of circumcision |
| Attitude | Pearson Correlation | .141 | -.081 | .088 | .019 | .111 | -.177 |
| | Sig. (2-tailed) | .027 | .198 | .163 | .764 | .077 | .005 |
| | N | 245 | 254 | 254 | 255 | 254 | 255 |

The correlation coefficients indicate that there is a weak positive linear relationship between age ($r=0.141$, $p= 0.027$), religious denomination ($r=0.088$, $p= 0.163$), source of income ($r=0.019$, $p= 0.764$), and family system ($r=0.111$, $p= 0.077$) and youths attitude towards alcohol consumption among youths in Marakwet East Sub-county. This means that for the more the Age, the more the religious denomination, the more the sources of income, and the more the family system, there is an increase in youth's attitude towards alcohol consumption among youths in Marakwet East Sub-county.

But an increase in the level of education and the more the youth circumcised in the hospital, there is a decrease in the youth's attitude towards alcohol consumption among youths in Marakwet East Sub-county. This is evident by the weak negative linear relationship between level of education ($r=-0.081$, $p=0.198$) and type of circumcision ($r=-0.177$, $p=0.005$) and youths attitude towards alcohol consumption among youths in Marakwet East Sub-county.

Table 15: The Pearson's chi-square between traditional male circumcision influences initiates attitude towards alcohol consumption

| | | Pearson's Chi-Square of demographic information on attitude | | | | | |
|----------|-----------------|---|--------------------|------------------------|--------------|---------------|----------------------|
| | | Age groups | Level of education | Religious denomination | IncomeSource | Family system | Type of circumcision |
| Attitude | Pearson | 7.567 | 11.985 | 34.370 | 12.975 | 6.831 | 8.037 |
| | Chi-Square | | | | | | |
| | df | 4 | 6 | 6 | 8 | 8 | 2 |
| | Sig. (2-tailed) | 0.109 | 0.062 | 0.000 | 0.113 | 0.555 | 0.018 |
| | N | 245 | 254 | 254 | 255 | 254 | 255 |

We can see that the chi square test for age ($X^2=7.567$, $df=4$, $p = 0.109$), level of education ($X^2=11.985$, $df=6$, $p = 0.062$), source of income ($X^2=12.975$, $df=8$, $p = 0.113$) and

family background, ($X^2=6.831$, $df=8$, $p = 0.555$) have significance level greater than 0.05 and thus we do not reject null hypothesis implying that there is no statistical significant association between age, level of education, source of income and family background influences on youths attitude towards alcohol consumption among youths in Marakwet East Sub-county. This means that the different ages, level of education, source of income and family background had no difference in the attitude towards alcohol consumption among youths in Marakwet East Sub-county.

However, religious denomination ($X^2=34.370$, $df=6$, $p = 0.000$) and type of circumcision ($X^2=8.037$, $df=2$, $p = 0.018$) were statistically significant in influencing the youths attitude towards alcohol consumption in Marakwet East Sub-county. This means that the different religious denominations or religiosity and type of circumcision had a difference in the attitude towards alcohol consumption among youths in Marakwet East Sub-county

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter describes the summary of the major findings, the relations to other research studies, suggestions for future research, limitations, conclusion and even recommendations of the studies that have been built up through the four chapters. The main aim of the study is to find out if there is a relationship between traditional male circumcision and the attitude towards alcohol consumption leading to abuse among the youth in Marakwet East Sub-County. The specific objectives were: To explore the extent to which traditional male circumcision influences youths behavior towards alcohol consumption in Marakwet East Sub-County. To examine the interaction between traditional male circumcision and youth beliefs towards` consumption of alcohol in Marakwet East Sub-County. To investigate the extent to which traditional male circumcision and the emotional reaction towards alcohol among the youths in Marakwet East Sub-County. Lastly but not least to establish the correlation of the three attributes of attitude (Cognitive, Affective and behavioral in influencing youth in Marakwet East towards alcohol use. The following confounding variables were discussed: education, socio-economic status, religion, age and family background.

5.2 Validity

Internal validity

The study collected the intended results as much as majority of the results had significant results that can be generalized. The findings confirmed the relationship between independent variables and dependent variables. Religious denominations had the greatest contribution on the belief and knowledge towards initiate's alcohol consumption with age of the respondent contributing the least to belief and knowledge towards initiate's alcohol consumption.

As all tests (multiple regression, chi-square and Pearson correlation) for the relationship age and type of circumcision and behavior towards alcohol consumption among youths in

Marakwet East Sub-county. Similarly, for the relationship between age and type of circumcision and emotion regulation towards alcohol consumption among youths in Marakwet East Sub-county had significant results. Finally, for the relationship between type of circumcision and attitude towards alcohol consumption among youths in Marakwet East Sub-county had significant results. Therefore these findings can be generalized.

5.2.1 External Validity

In the research it was established that none of the socio demographic information was found to be statistically significant in influencing belief towards alcohol consumption among youths in Marakwet East Sub-county. All the results have significance level greater than 0.05 and thus we do not reject null hypothesis implying that there is no statistical significant association between age, level of education, source of income, family background, and type of circumcision influences on youths belief towards alcohol consumption among youths in Marakwet East Sub-county. Therefore the results cannot be generalized.

Age of the youth, source of income and type of circumcision was found to be statistically significant in influencing emotion regulation towards alcohol consumption among youths in Marakwet East Sub-County. Therefore the results on age, source of income, type of family can be generalized. As the age of the youth increases, there is a probable increase in the emotion regulation towards alcohol consumption among youths in Marakwet East Sub-county. Similarly, the more the number of denominations, the more the sources of income and finally the more the monogamous family systems/backgrounds, the more the emotion regulations towards alcohol consumption among youths in Marakwet East Sub-county. However, the more the education level and the more the youths being circumcised in hospital, the less the emotion regulation towards alcohol consumption among youths in Marakwet East Sub-county.

The different ages, level of education, family background, and the circumcision traditionally and in hospital had a difference in the regulation of emotions towards alcohol consumption among youths in Marakwet East Sub-county were statistically significant in influencing the youths regulation of emotions towards alcohol consumption in Marakwet East Sub-county. It was established that only type of circumcision was found to be statistically significant in influencing attitude towards alcohol consumption among youths in Marakwet East Sub-County. Therefore the findings can be generalized.

However, the more the number of religious denominations, the more the sources of income, the more the monogamous family systems/backgrounds and as age increases, the more the attitude towards alcohol consumption among youths in Marakwet East Sub-county. Finally, the more the youths being circumcised in hospital less the attitude towards alcohol consumption among youths in Marakwet East Sub-county, the significance level is greater than 0.05 and thus we do not reject null hypothesis implying that there is no statistical significant association between age, level of education, source of income and family background influences on youths attitude towards alcohol consumption among youths in Marakwet East Sub-county. This means that the different ages, level of education, source of. This means that the different religious denominations and type of circumcision had a difference in the attitude towards alcohol consumption among youths in Marakwet East Sub-county.

5.3 Summary of the Major Findings

The demographics indicate that most of the respondents were peasant farmers/pastoralists (45.9%) who were above 26 years of age (39.2%). In addition, they had attained a secondary highest level of education (36.1%) and from monogamous families (50%). Finally, majority were from the Catholic denominations (66.9%).

Most of the respondents had undergone the traditional male circumcision (83.5%) with most of these proportions being circumcised between year 2006 and 2010. The circumcision ceremonies usually involve the alcohol drinking with (73.5%) having taken alcohol during those ceremonies.

5.3.1 Traditional Male Circumcision Influences Youth's Belief Towards Alcohol Consumption among Youths in Marakwet East Sub-county

Religious denomination has the highest contribution on the belief towards alcohol consumption among youths in Marakwet East Sub-county ($\beta = 0.123$, $t = 1.785$, $p = 0.076$). The correlation coefficients indicates that there is a weak positive linear relationship between religious denomination ($r = 0.073$, $p = 0.247$), and therefore, religious denominations is a significant forecaster on the belief towards alcohol consumption among youths in Marakwet East Sub-county. Theoretically, symbolic theory is applicable as people view themselves to what others view them. Similar results were reported by Adansi [2012] Grossman et al., (Giancola and Gorman, 2002).

Education level ($\beta = 0.05$, $t = 0.716$, $p = 0.945$), The correlation coefficients indicates that there is a weak positive linear relationship between level of education ($r = 0.073$, $p = 0.247$). As the education level increases, there is a probable increase in the belief towards alcohol consumption among youths in Marakwet East Sub-county. This is also applicable theoretically as people learn from their friends environment or same class. This is further supported by (McNamee et al., 2008; Schweinsburg et al., 2004b), Norman [2011] Petit et al. (2012) showed that heavy drinking adolescents, who were considered at risk for developing alcohol misuse, had poorer inhibitory performance when compared with moderate drinking adolescents.

Type of circumcision ($\beta = 0.039$, $t = 0.573$, $p = 0.567$), ($r = 0.073$, $p = 0.247$). The correlation coefficient indicates that there is a weak positive linear relationship between type of circumcision and youths belief towards alcohol consumption among youths in Marakwet East Sub-county. The more the youths being circumcised in hospital, the more the belief towards alcohol consumption among youths in Marakwet East Sub-county.

Age contributes the least contribution on the belief towards alcohol consumption among youths in Marakwet East Sub-county ($\beta = -0.003$, $t = -0.039$, $p = 0.969$). The correlation coefficients indicates that there is a weak positive linear relationship between age

($r=0.073$, $p= 0.247$), the more the age the less the belief towards alcohol consumption among youths in Marakwet East Sub-county. Similar findings (Grant & Dawson, 1997).Fatoye and Marakinyo (2002], Hingson[2002],

In summary, it was established that none of the socio demographic information was found to be statistically significant in influencing belief towards alcohol consumption among youths in Marakwet East Sub-county. All the results have significance level greater than 0.05 and thus we do not reject null hypothesis implying that there is no statistical significant association between age, level of education, source of income, family background, and type of circumcision influences on youths belief towards alcohol consumption among youths in Marakwet East Sub-county.

5.2.2 The Extent at Which Traditional Male Circumcision Influences Youth's Behavior Towards Alcohol Consumption Among Youths in Marakwet East Sub-County

Age of the youth has the highest contribution on the behavior towards alcohol consumption among youths in Marakwet East Sub-county ($\beta=0.234$, $t =3.622$, $p=0.000$) age ($X^2=19.398$, $df=2$, $p = 0.000$), age age ($r=0.279$, $p= 0.000$)and therefore, there is significant relationship on age and the behavior towards alcohol consumption among youths in Marakwet East Sub-county. As the age of the youth increases, there is a probable increase in the behavior towards alcohol consumption among youths in Marakwet East Sub-county. Similar findings(Grant & Dawson, 1997).Fatoye and Marakinyo (2002], Hingson [2002]-(Englund, Egeland, Oliva, & Collins, 2008; Poelen, Engels, Vorst, Scholte, & Vermulst, 2007a; Warner & White, 2003).(Bonomo et al., 2004; Viner & Taylor, 2007).

There is a significant relationship between level of education and youths behavior towards alcohol consumption ($r=-0.124$, $p= 0.048$),($\beta=-0.052$, $t =-0.823$, $p=0.412$). ($X^2=13.209$, $df=3$, $p = 0.004$),.basing on above results, we can say there is significant relationship between education level and youths behavior towards alcohol consumption.

Education-activation. theoretically it is relevant as individual drink intentionally. (McNamee et al., 2008; Schweinsburg et al., 2004b), Norman [2011] Petit et al. (2012) showed that heavy drinking adolescents, who were considered at risk for developing alcohol misuse, had poorer inhibitory performance when compared with moderate drinking adolescents.

The source of income ($r=-0.010$, $p=0.221$), ($\chi^2=4.587$, $df=4$, $p=0.332$) shows an increase in income to increase in alcohol consumption. However, the results have no statistical significant relationship. Similar studies - (Szewczyk-Sokolowski et al., 2005). (U.S. Census Bureau, 2000) In addition, (Luthar, 2003; Luthar and Latendresse, 2005

On Type of circumcision, the followings were the results; ($r=-0.205$, $p=0.001$) ($\chi^2=10.681$, $df=1$, $p=0.001$) type of circumcision ($r=-0.210$, $t=-3.267$, $p=0.001$). This means that the more traditional male initiates, the less the youth's behavior towards alcohol consumption among youths in Marakwet East Sub-county.

Family background indicated the following; ($r=0.194$, $p=0.002$). ($\chi^2=21.183$, $df=4$, $p=0.000$), ($r=0.021$, $t=0.330$, $p=0.742$). we can observe there is significant relationship between family background and youth attitude towards alcohol consumption. according to socio theory, youths learn behavior from immediate environment. Family-alcoholics (e.g. Cotton 1979; Finn et al. 1990; Lieb et al. 2002), with a particularly high level of risk for multigenerational (Hill et al. 2000; Peterson et al. 1992) or dense (Dawson & Grant 1998) family history. Moreover, the role of age in heritability seems to be very important (Hopfer et al., 2005; Rhee et al., 2003; Pagan et al., 2006).

The religious denominations, the results were as follows: ($\chi^2=4.077$, $df=3$, $p=0.253$) religious d ($r=0.077$, $p=0.221$), $t=1.297$, $p=0.196$ and ($r=0.084$, $t=1.297$, $p=0.196$), ..and have significance level greater than 0.05 and thus we do not reject null hypothesis implying that there is no statistical significant association between religious denomination and source of income

influences on youths behavior towards alcohol consumption among youths in Marakwet East Sub-county. This means that there was no difference in behavior in the different religious denomination and source of income towards alcohol consumption among youths in Marakwet East Sub-county. Similar results (Chalfant et al., 1990), (Chaves and Higgins, 1992; Maton, 1989).

5.3.3 The Extent at Which Traditional Male Circumcision Influences Youth's Emotions Towards Alcohol Consumption Among Youths in Marakwet East Sub-County

Age of the youth has the highest contribution on the behavior towards alcohol consumption among youths in Marakwet East Sub-county ($\beta = 0.212$, $t = 3.267$, $p = 0.001$) age ($r = 0.190$, $p = 0.003$), ages ($X^2 = 15.841$, $df = 4$, $p = 0.003$), and therefore, there is significant result between age and youth emotions towards alcohol consumption. Age is a significant forecaster on the emotion regulation towards alcohol consumption among youths in Marakwet East Sub-county.

The source of income indicated the following: ($\beta = 0.158$, $t = 2.455$, $p = 0.015$), source of income ($r = 0.058$, $p = 0.356$) source of income ($X^2 = 9.49$, $df = 8$, $p = 0.303$). the results are not clear therefore we cannot generalize. Although some studies show that individuals from low socio-economic backgrounds tend to consume more alcohol compared with their better off peers (Leigh, 1996; Kuntsche et al., 2004, Mossakowski, 2008), others suggest that the opposite may be true (Ornstein and Hanssens, 1985;

family background had the following results. ($\beta = 0.118$, $t = 1.854$, $p = 0.065$), ($r = 0.199$, $p = 0.001$) ($X^2 = 21.689$, $df = 8$, $p = 0.006$), there is significant relationship between family background and youth emotions towards alcohol. Theoretically, youths learn from the immediate environment. There is evidence to support the continuing influence of parents on development (Sreteinberg L, 2001) through late adolescence and into early adulthood (Turrisi R.2010). Parents often give their children alcohol with the intention to encourage

a safe introduction to drinking, and to control what and how much they drink. (Kypri K, 2007).

Religious denominations showed the following results: ($\beta = 0.083$, $t = 1.283$, $p = 0.201$). ($r = 0.092$, $p = 0.145$), chi square test for religious denominations ($X^2 = 7.481$, $df = 6$, $p = 0.279$). religion has no statistical significant relationship with youths emotions towards alcohol consumption. Similar findings Gartner et al (2004), Levi 1994

Type of circumcision contributes the least on the emotion regulation towards alcohol consumption among youths in Marakwet East Sub-county. ($\beta = -0.162$, $t = -2.516$, $p = 0.013$) type of circumcision ($r = -0.205$, $p = 0.001$) type of circumcision ($X^2 = 12.145$, $df = 2$, $p = 0.002$). thereby there is statistical significant results between type of circumcision and emotions towards alcohol consumption.

Education level showed the following results ($\beta = -0.110$, $t = -1.700$, $p = 0.091$). education ($r = -0.124$, $p = 0.048$) level of education ($X^2 = 15.85$, $df = 6$, $p = 0.015$). There is a relationship between education and youth's alcohol consumption. The more the education, the less emotional regulation towards alcohol consumptions. Similar findings Norman et al. (2011) (Cowell, 2006). 1995; NHS, 2008; Maggs et al., 2008).

In summary, it was established that age of the youth, source of income and type of circumcision was found to be statistically significant in influencing emotion regulation towards alcohol consumption among youths in Marakwet East Sub-county. As the age of the youth increases, there is a probable increase in the emotion regulation towards alcohol consumption among youths in Marakwet East Sub-county. Similarly, the more the religiosity, the more the sources of income and finally the more the influence in monogamous family systems/backgrounds, the more the emotion regulations towards alcohol consumption among youths in Marakwet East Sub-county. However, the more the education level and the more the youths being circumcised in hospital, the less the emotion regulation towards alcohol consumption among youths in Marakwet East Sub-county.

The different ages, level of education, family background, and the circumcision traditionally and in hospital had a difference in the regulation of emotions towards alcohol consumption among youths in Marakwet East Sub-county were statistically significant in influencing the youths regulation of emotions towards alcohol consumption in Marakwet East Sub-county.

5.4.4 The Extent at Which Traditional Male Circumcision Influences Youth's Attitude Towards Alcohol Consumption Among Youths in Marakwet East Sub-County

Age has the highest contribution on the attitude towards alcohol consumption among youths in Marakwet East Sub-county ($r=0.128$, $t=1.912$, $p=0.057$) age ($r=0.141$, $p=0.027$), We can see that the chi square test for age ($X^2=7.567$, $df=4$, $p=0.109$) which is elaborated more by the research by Spear (2000, 2007), where he said age has impact on behavior of human beings, during adolescence it's different from childhood and adulthood how they react, respond to and interact with people and environment. Age-For example, research examining patterns of heavy drinking over time finds less depressive affect among chronic heavy drinkers than among infrequent heavy drinkers (Chassin L, 2002).trim [1999]

This is then followed by religious denominations ($r=0.110$, $t=1.649$, $p=0.100$), religious denomination ($r=0.088$, $p=0.163$) religious denomination ($X^2=34.370$, $df=6$, $p=0.000$). According to Stark and Finke (2000) the main function of religious Institution is to shape the behaviors, Norms and values of its members. Similar findings have been found by a number of authors, (Dar Shar 1990, Jeffrey S. Kress new jersey 1998, Maurice J. Elius 2002, Maton and Wells 1999,) family background indicated the following results: ($r=0.071$, $t=1.084$, $p=0.279$) ($r=0.111$, $p=0.077$) ($X^2=6.831$, $df=8$, $p=0.555$.) Children of divorced families tend to exhibit higher adolescent alcohol use (Hetherington, 1998) this association is likely attributable to a combination of genetic risk, modeling of drinking behaviors, and the effects of parental drinking on the home environment. (D'Onofrio BM, 2005; Ho Barrett AE, 2006) Midigo [2002]

Finally source of income gave the following results. ($\beta = -0.033$, $t = -0.507$, $p = 0.613$). ($r = 0.019$, $p = 0.764$), ($X^2 = 12.975$, $df = 8$, $p = 0.0113$) The results support the view that Social economic status of families also has impact on the youth drinking habit .similar findings done by Gong era et al (2013) in Kiambu County in Kenya where it was found that Rich families give their children in high schools too much pocket money which they use to indulge in alcohol during weekends and holidays. Tumwesigye and Kasirye (2004) found that poverty and lack of income generating activities for women lured them to the practice since it is not expensive and not like the ones for urban centers promotes the positive attitude and acceptability of alcohol.

Type of circumcision contributes the least to the attitude towards alcohol consumption among youths in Marakwet East Sub-county ($\beta = -0.197$ $t = -2.954$, $p = 0.003$) and type of circumcision ($r = -0.177$, $p = 0.005$) and type of circumcision ($X^2 = 8.037$, $df = 2$, $p = 0.018$) and then level of education ($\beta = -0.034$ $t = -0.519$, $p = 0.604$). level of education ($r = -0.081$, $p = 0.198$), level of education ($X^2 = 11.985$, $df = 6$, $p = 0.0062$), As the education level increases, there is a probable decrease in the attitude towards alcohol consumption among youths in Marakwet East Sub-county. in another study done earlier in Kibera slums in Kenya by 2001 Onyango et al most youth attested that education system reduces the risk of engaging in alcohol since the time spent in school during the youthful age reduces idleness which would be exposure to alcohol use.

In summary, it was established that only type of circumcision was found to be statistically significant in influencing attitude towards alcohol consumption among youths in Marakwet East Sub-county. However, the more the number of religious denominations, the more the sources of income, the more the monogamous family systems/backgrounds and as age increases, the more the attitude towards alcohol consumption among youths in Marakwet East Sub-county. Finally, the more the youths being circumcised in hospital less the attitude towards alcohol consumption among youths in Marakwet East Sub-county. Therefore, the significance level is greater than 0.05 and thus we do not reject null hypothesis implying that there is no statistical

significant association between age, level of education, source of income and family background influences on youth's attitude towards alcohol consumption among youths in Marakwet East Sub-county. This means that the different religious denominations or religiosity and type of circumcision had a difference in the attitude towards alcohol consumption among youths in Marakwet East Sub-county.

5.5 Conclusion

Religious denominations had the greatest contribution on the belief and knowledge towards initiate's alcohol consumption with age of the respondent contributing the least to belief and knowledge towards initiate's alcohol consumption.

As all tests (multiple regression, chi-square and Pearson correlation) for the relationship age and type of circumcision and behavior towards alcohol consumption among youths in Marakwet East Sub-county. Similarly, for the relationship between age and type of circumcision and emotion regulation towards alcohol consumption among youths in Marakwet East Sub-county had significant results. Finally, for the relationship between type of circumcision and attitude towards alcohol consumption among youths in Marakwet East Sub-county had significant results.

5.6 Recommendation

The following are recommendations that would contribute towards further research as well as formulations of interventions to decrease alcohol consumption.

- 1, Policy makers, Government through its agencies and non-governmental organizations should empower the community to understand how their cultural practice relates to initiating individuals to alcohol consumption after rites of passage.
- 2, Government agencies such as NACADA should incorporate issues of cultural practices as they design alcohol prevention programs and policies.
- 3, The Marakwet County assembly draft the county's Alcohol Drinks Control Bills as stipulated by the constitution and thus will provide a benchmark for other counties as they draft the same and incorporate culture.

4, Because of the uniqueness of different cultures and method of circumcision in Kenya the is need for more research in cultural issues in psychological approach.

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APPENDICES

**APPENDIX 1: QUESTIONNAIRE ON RELATIONSHIP BETWEEN TRADITIONAL
MALE CIRCUMCISION AND ATTITUDE TOWARDS ALCOHOL CONSUMPTION
AMONG YOUTH IN MARAKWET EAST SUB COUNTY**

INFORMED CONSENT

Hallo, my name is Chelang’a Yano Edward I am conducting a study on “**Relationship between traditional male circumcision and attitude towards alcohol consumption among youth in Marakwet east Sub County**”. I would like you to answer a few questions. Participation in the survey is voluntary. If you agree to participate, please signify your acceptance by signing in the space given below. The questionnaire typically takes 10 minutes to complete and whatever information you provide will be kept strictly confidential and used for academic purpose only. Please answer the questions honestly and, to the best of your knowledge and ability, because the subsequent analysis and interpretation of the findings will be based solely on your answers.

INSTRUCTIONS: PLEASE TICK/CIRCLE OR FILL GAPS WHERE APPROPRIATE

DATE OF INTERVIEW.....serial Number.....Sign.....

| Division No. | Divisions | Location No. | Location | Location No. | Location |
|---------------------|-------------------|-----------------|----------|--------------|-----------|
| 1 | Chesongoch | 1 | Murkutwa | 5 | Mon |
| 2 | Tirap | 2 | Sambirir | 6 | Kipchumwa |
| 3 | Tot | 3 | Kaben | 7 | Mogoro |
| 4 | Kapyego | 4 | Kaptich | 8 | Kapyego |

SECTION A: DEMOGRAPHIC INFORMATION OF THE RESPONDENTS

A. When were you born.....//.....Age

dd mm yy

B. What is the highest level of education you attained? Circle where necessary

| | | | |
|--------------------------|---|-------------------------|----|
| No formal education | 0 | Secondary -completed | 4 |
| Lower primary 1-3 | 1 | Above secondary | 5 |
| Upper primary 4-8 | 2 | Refused to Answer (RTA) | 77 |
| Secondary –not completed | 3 | | |

C.What is your religious denomination?

| | | | |
|------------------------------|---|-----------------|----|
| Catholic | 1 | Muslim | 5 |
| AIC | 2 | Hindu | 6 |
| African Independent Churches | 3 | Others(specify) | 66 |
| Pentecostal | 4 | RTA | 77 |

D.i) What is your main source of income?

| | | | |
|----------------------------|---|-----------------|----|
| None | 0 | | |
| Business/Self employed | 1 | Student | 6 |
| Salaried employment | 2 | Others(specify) | 66 |
| Casual labour | 3 | RTA | 77 |
| Peasant Farmer/pastoralist | 4 | | |

ii) If none or Student what is your families source of income?

| | | | |
|-------------------------------|---|-----------------|----|
| Business/self employed | 1 | House wife | 5 |
| Salaried employment | 2 | Others(specify) | 66 |
| Casual labor/s | 3 | RTA | 77 |
| Peasant farmer/s pastoralists | 4 | | |

E.What type of family system do you come from?

| | | | |
|---------------|---|--------------------|----|
| Single Parent | 1 | Divorced/separated | 4 |
| Monogamous | 2 | Widowed | 5 |
| Polygamous | 3 | Other (specify) | 66 |

SECTION B:

The following section inquires about your circumcision status. Circle or write your answer as necessary

1. Which type of circumcision did you undergo?

| | |
|-----------------|---|
| Traditional | 1 |
| Hospital | 2 |
| Not circumcised | 3 |

If not circumcised skip to question 5

2. Which year did your get circumcised

3. What is your Age set.....

4. Male Circumcision in my community involves alcohol drinking?

Yes No

5. The following statements refer to your approach to alcohol drinking, your family or close friends Circle the appropriate

Use these scales to rate 1- **Never** –Not at all 2-**Rarely** –once in a while 3-**Sometimes** –At least once in a week 4-**More often**-More than thrice a week 5- **Always**-Daily

i. I normally drink alcohol

1- **Never** 2-**Rarely** 3-**Sometimes** 4-**More often** 5-

Always

ii. My Father drinks alcohol

1- **Never** 2-**Rarely** 3-**Sometimes** 4-**More often** 5-

Always

iii. My Mother drinks alcohol

1- **Never** 2-**Rarely** 3-**Sometimes** 4-**More often** 5-

Always

iv. My Brother/sister drinks alcohol

1- **Never** 2-**Rarely** 3-**Sometimes** 4-**More often** 5-

Always

v. My Friends drinks alcohol

1- **Never** 2-**Rarely** 3-**Sometimes** 4-**More often** 5-

Always

6. Which of the following statements are true about alcohol consumption?

If you are not circumcised answer only questions ii) and v)

- i. I took alcohol before circumcision
1- True 2-False
- ii. I was introduced to alcohol drinking by my friends
1- True 2-False
- iii. I took alcohol immediately after circumcision
1- True 2-False
- iv. I took alcohol after many years of circumcision
1- True 2-False
- v. I take alcohol because of my past difficult family issues
1- True 2-False

SECTION C

7. The following section is combination to test your knowledge, feeling and behaviors that accompany drinking and not drinking alcohol. Use the scales below.

1-stronglydisagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree

Questions A) apply to those who take alcohol and B) for those who don't take alcohol

A) THOSE WHO TAKE ALCOHOL

Why do you take alcohol?

- i. I feel happier
1-stronglydisagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree
- ii. I feel more alert
1-stronglydisagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree
- iii. I feel more important
1-stronglydisagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree
- iv. I feel better and become more creative
1-stronglydisagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree
- v. I express myself more easily

1-stronglydisagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree

vi. I concentrate better

1-stronglydisagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree

vii. I relax socially

1-stronglydisagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree

Viii I drink to reduce idleness and boredom

1-stronglydisagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree

B) FOR THOSE WHO DON'T TAKE ALCOHOL

a) I don't take alcohol because of my religious orientation

1-strongly disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree

b) I don't take alcohol because my friends don't take

1-strongly disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree

c) I don't take alcohol because I know alcohol is dangerous

1-stronglydisagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree

d) I don't take alcohol because of strict laws and enforcement

1-stronglydisagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree

e) I don't take alcohol because of my family and upbringing

1-stronglydisagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree

f) I don't take alcohol because when I tried I had a bad experience

1-stronglydisagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree

B. How do you agree or disagree with the following statements about issues of alcohol?

i) Young people should be allowed to drink in ceremonies

- | | | | | | |
|--|----------------------------|-------------------|------------------|----------------|-------------------------|
| | 1-strongly disagree | 2-Disagree | 3-Neutral | 4-Agree | 5-Strongly Agree |
|--|----------------------------|-------------------|------------------|----------------|-------------------------|
- ii) Elders behaviors and motivation during ceremonies encourage young people to drink alcohol
- | | | | | | |
|--|---------------------------|-------------------|------------------|----------------|-------------------------|
| | 1-stronglydisagree | 2-Disagree | 3-Neutral | 4-Agree | 5-Strongly Agree |
|--|---------------------------|-------------------|------------------|----------------|-------------------------|
- iii) My culture and community value drinking of alcohol
- | | | | | | |
|--|----------------------------|-------------------|------------------|----------------|-------------------------|
| | 1-strongly disagree | 2-Disagree | 3-Neutral | 4-Agree | 5-Strongly Agree |
|--|----------------------------|-------------------|------------------|----------------|-------------------------|
- iv) Alcohol drinking run in families
- | | | | | | |
|--|----------------------------|-------------------|------------------|----------------|-------------------------|
| | 1-strongly disagree | 2-Disagree | 3-Neutral | 4-Agree | 5-Strongly Agree |
|--|----------------------------|-------------------|------------------|----------------|-------------------------|
- v) Children imitate drinking behavior from parents and significant others
- | | | | | | |
|--|----------------------------|-------------------|------------------|----------------|-------------------------|
| | 1-strongly disagree | 2-Disagree | 3-Neutral | 4-Agree | 5-Strongly Agree |
|--|----------------------------|-------------------|------------------|----------------|-------------------------|
- vi) Alcohol is used for blessing those circumcised and they can be allowed to take
- | | | | | | |
|--|----------------------------|-------------------|------------------|----------------|-------------------------|
| | 1-strongly disagree | 2-Disagree | 3-Neutral | 4-Agree | 5-Strongly Agree |
|--|----------------------------|-------------------|------------------|----------------|-------------------------|
- vii) Enticing media advertisement and parties drive young people to alcohol
- | | | | | | |
|--|----------------------------|-------------------|------------------|----------------|-------------------------|
| | 1-stronglydis agree | 2-Disagree | 3-Neutral | 4-Agree | 5-Strongly Agree |
|--|----------------------------|-------------------|------------------|----------------|-------------------------|
- viii) Being matured in terms of age makes one avoid alcohol
- | | | | | | |
|--|----------------------------|-------------------|------------------|----------------|-------------------------|
| | 1-strongly disagree | 2-Disagree | 3-Neutral | 4-Agree | 5-Strongly Agree |
|--|----------------------------|-------------------|------------------|----------------|-------------------------|
- ix) I take alcohol though I know the dangers (Only those who drink alcohol to answer this question)
- | | | | | | |
|--|----------------------------|-------------------|------------------|----------------|-------------------------|
| | 1-strongly disagree | 2-Disagree | 3-Neutral | 4-Agree | 5-Strongly Agree |
|--|----------------------------|-------------------|------------------|----------------|-------------------------|
- x) Youth take alcohol because of its availability and accessibility
- | | | | | | |
|--|----------------------------|-------------------|------------------|----------------|-------------------------|
| | 1-strongly disagree | 2-Disagree | 3-Neutral | 4-Agree | 5-Strongly Agree |
|--|----------------------------|-------------------|------------------|----------------|-------------------------|
- xi) Problems that youth face or go through drive them to drink alcohol

1-strongly disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree

Any comment.....

————— **END** —————

Thanks for your participation

APPENDIX II: FOCUS GROUP DISCUSSION (FGD) GUIDE

I am Chelanga Yano Edward and I am interested in knowing the relationship between traditional male circumcision and attitude towards alcohol consumption among the Youth in Marakwet East Sub County more so to know the community’s and youth views on the issue of alcoholism and how they tackle its effects. I am hoping that our discussion will help in understanding this problem and ways to reduce the consequences. The interaction will take approximately 45 minutes to one hour.

Site of Discussion.....Date.....

Time startedTime Ended.....

Number of Participants.....

Name of Facilitator.....

Introduction of the Topic of Discussion

Members agree on the Norms and how discussion will go on and guided by facilitator

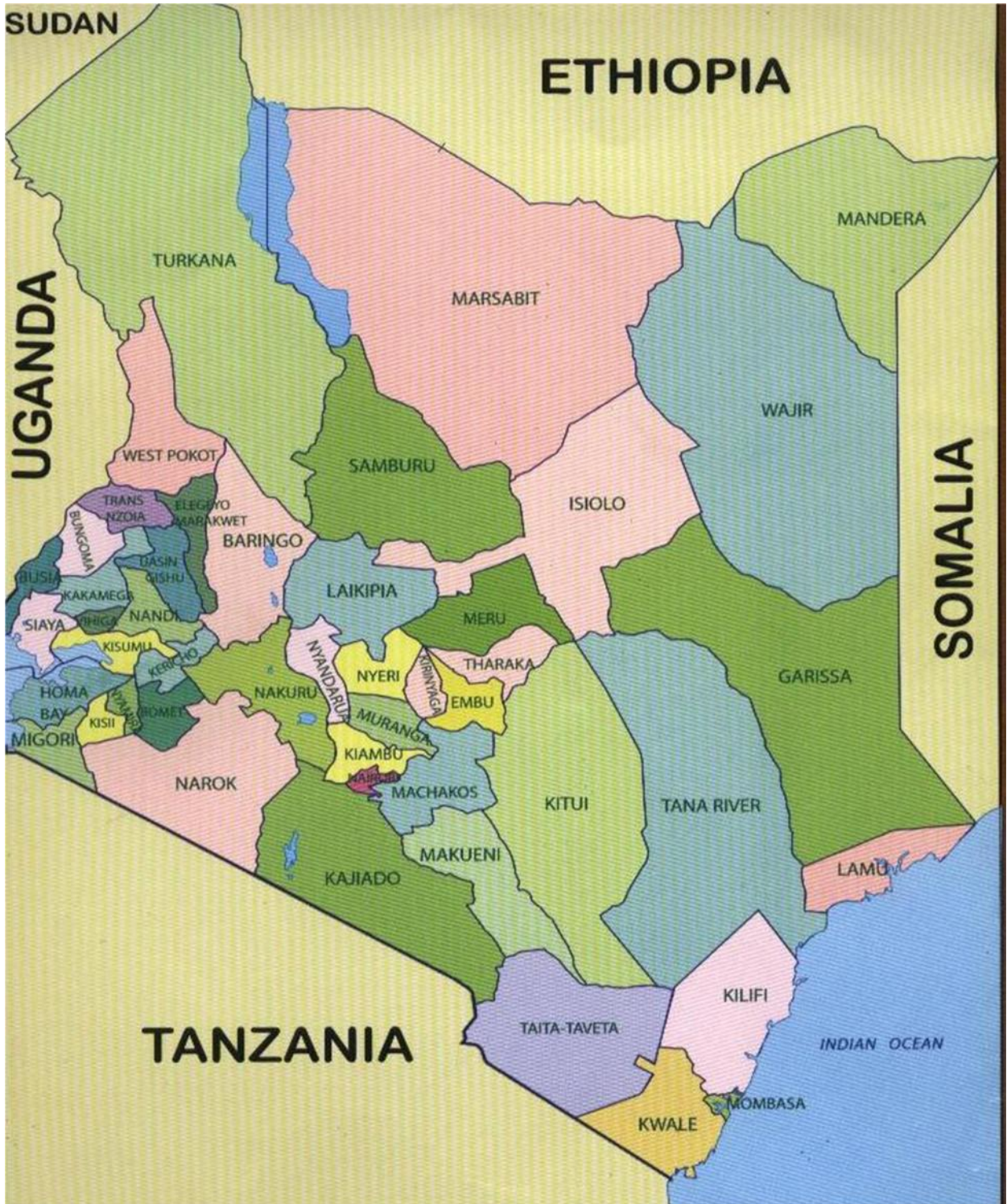
Questions on the discussion

- a) Tell me about Traditional male circumcision in this area?
- b) Elaborate the difference from the alcohol intake by youth and adults?
- c) What kind of challenges do you face in in handling the alcohol issue during the ceremonies?
- d) What do you think are the main reason why young people take alcohol today?
- e) At what age is alcohol drinking in traditional male circumcision ceremonies allowed?
- f) What is situation of alcohol drinking in your Location and in the sub-County among youths today compared to ten years ago? Is it increasing or decreasing and why do you think so?
- g) Which control measure do you use to address the situation as people of this area?
- h) How is the situation of alcohol drinking in male circumcision ceremonies compared to the other places of drinking?

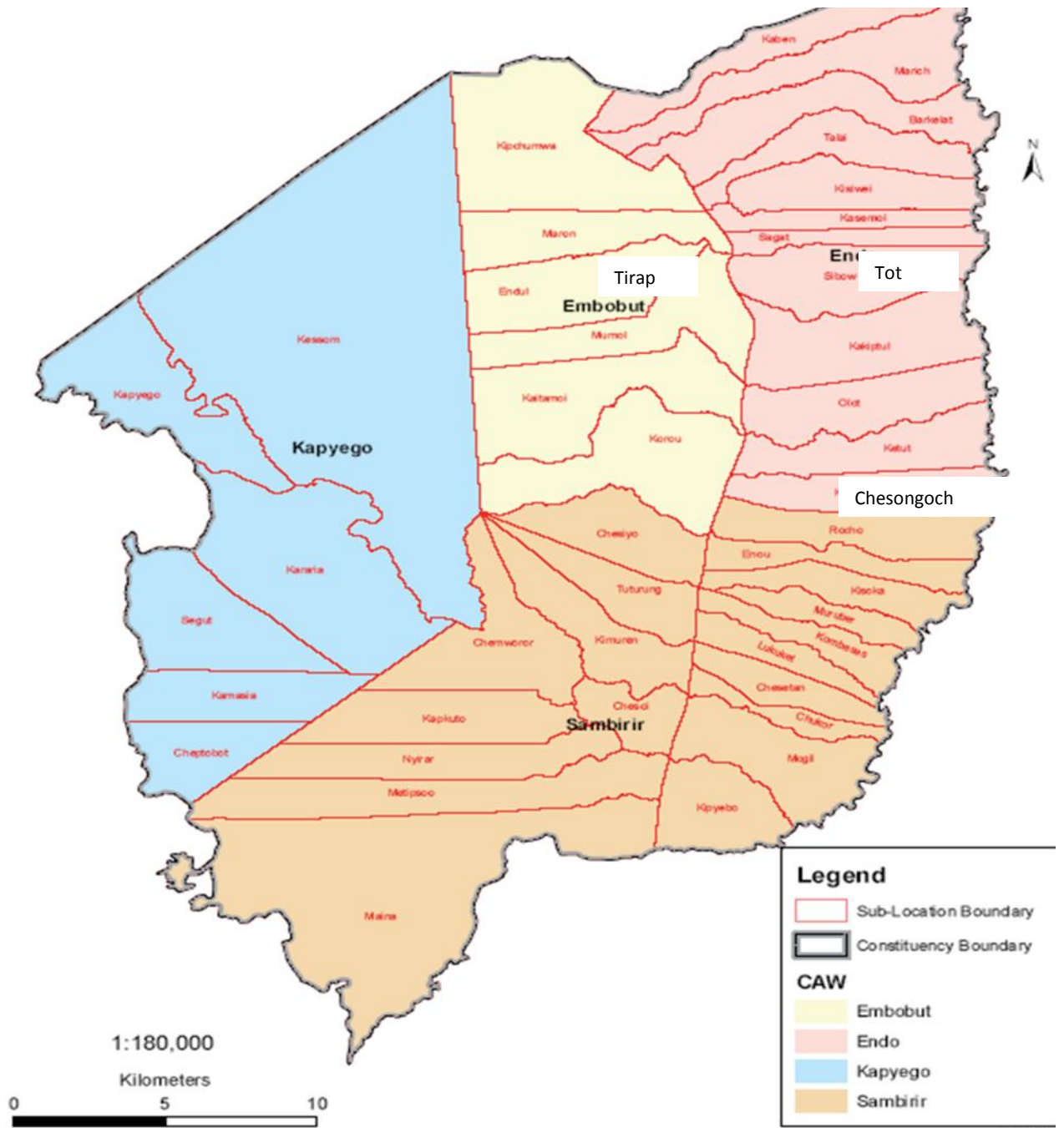
- i) What do you think is to be done by the stakeholders to prevent more alcohol drinking in male circumcision ceremonies?

Thank you all for the cooperation, I hope this information will be helpful on how we approach issues of alcohol in our community.

APPENDIX III: MAP OF KENYA



APPENDIX IV: A MAP OF MARAKWET EAST



FRS 06/1

APPENDIX V: INTRODUCTION LETTER



UNIVERSITY OF NAIROBI

FACULTY OF ARTS
DEPARTMENT OF PSYCHOLOGY

Telegrams: Varsity Nairobi
Telephone: 3318262 ext.28439
Telex: 22095

P.O. BOX 30197
NAIROBI
KENYA

October 10, 2016

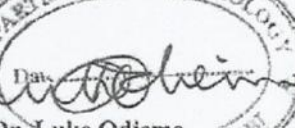
University of Nairobi
Faculty of Arts
NACOSTI
P.O. Box 30623 – 00100

RE: EDWARD YANO CHELANGA – C50/73539/2014

The above named is a student in the Department of Psychology undertaking a Masters degree in Community Psychology at the University of Nairobi. He is doing a project on ***“Relationship between Traditional male circumcision and Attitude towards Alcohol Consumption.”*** The requirement of this course is that the student must conduct research project in the field and write a Project.

In order to fulfill this requirement, I am introducing to you the above named student for you to kindly grant him permission to collect data for his Masters Degree project.

Yours Sincerely,


Date: _____
Dr. Luke Odiemo
Chairman,
Department of Psychology

APPENDIX VI: AUTHORIZATION LETTER



**NATIONAL COMMISSION FOR SCIENCE,
TECHNOLOGY AND INNOVATION**

Telephone: +254-20-2213471,
2241349, 3310571, 2219420
Fax: +254-20-318245, 318249
Email: dg@nacosti.go.ke
Website: www.nacosti.go.ke
when replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref. No.

Date:

NACOSTI/P/16/76885/14327

31st October, 2016

Edward Yano Chelanga
University of Nairobi
P.O. Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*Relationship between traditional male circumcision and attitude towards alcohol consumption among youth in Marakwet East Sub County,*" I am pleased to inform you that you have been authorized to undertake research in **Elgeyo Marakwet County** for the period ending **31st October, 2017.**

You are advised to report to **the County Commissioner and the County Director of Education, Elgeyo Marakwet County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.


BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Elgeyo Marakwet County.

The County Director of Education
Elgeyo Marakwet County.

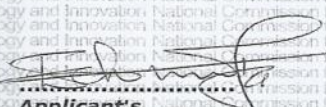
APPENDIX VII: RESEARCH PERMIT

THIS IS TO CERTIFY THAT:
MR. EDWARD YANO CHELANGA
of UNIVERSITY OF NAIROBI, 6909-30100
ELDORET, has been permitted to conduct
research in Elgeyo-Marakwet County

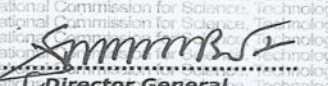
Permit No : NACOSTI/P/16/76885/14327
Date Of Issue : 31st October,2016
Fee Received :Ksh 1000

on the topic: RELATIONSHIP BETWEEN
TRADITIONAL MALE CIRCUMCISION AND
ATTITUDE TOWARDS ALCOHOL
CONSUMPTION AMONG YOUTH IN
MARAKWET EAST SUB COUNTY.


for the period ending:
31st October,2017



Applicant's Signature




Director General
National Commission for Science,
Technology & Innovation

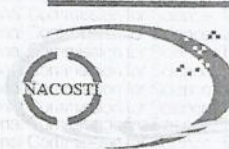


CONDITIONS

- . You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit.
- . Government Officer will not be interviewed without prior appointment.
- . No questionnaire will be used unless it has been approved.
- . Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.
- . You are required to submit at least two(2) hard copies and one (1) soft copy of your final report.
- . The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice



REPUBLIC OF KENYA



National Commission for Science,
Technology and Innovation

RESEACH CLEARANCE
PERMIT

Serial No.A **11530**

CONDITIONS: see back page

APPENDIX VIII: MINISTRY OF EDUCATION PERMIT



REPUBLIC OF KENYA

**MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
STATE DEPARTMENT OF EDUCATION**

TELEGRAM:.....
TELEPHONE NO: 0534142207
WHEN REPLYING PLEASE QUOTE OUR REFERENCE
EMAIL: cdeelgeyomarakwet@gmail.com

COUNTY DIRECTOR OF EDUCATION,
ELGEYO MARAKWET COUNTY,
P.O. BOX 214-30700,
ITEN.

DATE: 1ST November,2016

REF No: CDE/EMC/R/26/VOL.I/ (209)

Edward Yano Chelanga
University of Nairobi
P .o . Box 30197-00100,
Nairobi .

RE: FORMAL RESEARCH AUTHORIZATION:

Following the authorization by the National Commission for Science, Technology and Innovation (NACOSTI) to carry out research in **Elgeyo Marakwet County** vide Authority letter **Ref. No. NACOSTI/P/16/76885/14327** dated **31st October ,2016**, you are hereby formally granted authority by this office to proceed with your study on “ **Relationship between traditional male circumcision and attitude towards alcohol consumption among youth in Marakwet East Sub County ,**” for a period ending, **31st October,2017**.

You are further required to report to the Sub-County Director of Education –**Marakwet East Sub County** before you embark on your research.

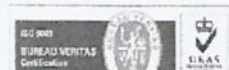
By copy of this letter, the Sub-County Director of Education- **Marakwet East** is requested to accord you the necessary assistance.

Rose C. Boiyo.

For: County Director of Education,
ELGEYO MARAKWET.

Copy to:

1. The Sub-County Director of Education – **Marakwet East**
2. The Director General/CEO -NACOSTI



APPENDIX IX: COUNTY COMMISSIONER PERMIT



**OFFICE OF THE PRESIDENT
MINISTRY OF INTERIOR & COORDINATION OF NATIONAL GOVERNMENT**

Telegrams:
Telephone: (053) 42007
Fax : (053) 42289
E-mail: ccegeyomarakwet@yahoo.com
ccegeyomarakwet@gmail.com
When replying please quote

**COUNTY COMMISSIONER'S OFFICE,
ELGEYO-MARAKWET COUNTY,
P.O. BOX 200-30700
ITEN**

PUB. CC 24/2 VOL.I/201
Ref.

1st November, 2016
Date

TO WHOM IT MAY CONCERN

EDWARD YANO CHELANGA

This is to confirm that the above named has been authorized to carry out a research on "*Relationship between traditional male circumcision and attitude towards alcohol consumption among youth in Marakwet East Sub County*" in Elgeyo Marakwet County for the period ending on 31st October, 2017.

Please accord him the necessary assistance.

**B.O.ABONYO
For: COUNTY COMMISSIONER
ELGEYO MARAKWET.**

BOA/sjk