

ALCOHOL ABUSE AND IT'S IMPACT ON FAMILY LIFE: A CASE STUDY OF THE NANDI COMMUNITY OF KENYA.

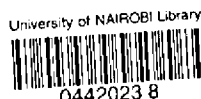
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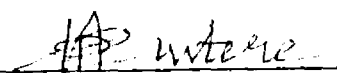


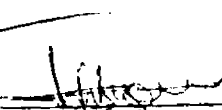
DECLARATION

This Research Paper is my original work and has not been submitted for examination in any other University.

Jeniffer Birech 

This Research Paper has been submitted for Examination for approval as University Supervisors.

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September 2004

DEDICATION

This dissertation is dedicated to my husband Samuel Birech and our daughter Winnie Jebet for their moral support, prayers, patience and understanding. I owe much of this work to you.

It's also dedicated to my late parents Paul Kipsongok Kosgey and Mary Cheptoo Kosgey who had a passion for education.

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I would also like to express my gratitude to Eliud Misoi my field assistant. He greatly assisted in moving from house to house and we were able to reach the respondents with ease.

UNIVERSITY OF NAIROBI
ENGINEERING DEPARTMENT

Thanks to all the respondents for their participation in this study. The information they gave has made the writing of this paper possible.

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ABSTRACT

The study is concerned with the investigation of factors that have led to alcohol abuse among the household heads and its contemporary socio-economic effects on family life.

The main objective was to find out the socio-economic impact of alcohol abuse on family life among the Nandi community.

Quantitative and qualitative data was collected from 124 respondents of Kaplamai location, Nandi district. They were systematically sampled and interviewed. Data was obtained through primary and secondary sources. The secondary data was collected through library research where various books and journals were reviewed. The deviance theory was also used which was put forward by Durkheim in 1952.

The tools for collecting data include the questionnaire, semi-structured interview guides and direct observations. The study also used five case studies who were purposively selected.

The study focused on three main broad questions:

1. What are the factors that have led to the overindulge of persons in alcohol among the Nandi community?
2. What are the contemporary socio-economic effects of alcohol abuse on family life?
3. How do the affected families cope with the problems of alcohol abuse?

The study found out that harsh economic conditions have contributed to alcohol abuse. It also found out that socio-cultural changes have played a role whereby the traditional and religious regulations that used to guard against the misuse of alcohol have broken down.

The study also established that marriage stability and emotional well-being of the children have been adversely affected. 57.3% of the spouses complained about their husbands drinking habits. The study also found out that the family has resorted into brewing changaa and busaa for sale in order to support itself. This enhances the problem.

The study concluded that alternative source of income should be introduced in order to curb the problem, a lot of awareness should be created on the impact of alcohol abuse on the family.

CHAPTER ONE

1.0 INTRODUCTION AND BACKGROUND

Alcoholism is a chronic disability manifested by persistent drinking. It is defined by the concise Columbia Encyclopedia as: "A chronic illness characterized by habitual drinking of alcohol to a degree that it interferes with physical or mental health or with normal social or occupational functioning."

The consumption of alcohol is not a new concept, it is a problem all over the world. For example in the united states of America alcohol industry statistics show that the US per capital consumption of alcohol in 1993 has been estimated at 1.9 gallons roughly equivalent to 2/3 of an ounce of alcohol per day. Palmer 1997:436. In other words the Americans are equally affected.

Muchanga [1988:140] gives a study conducted by Riley and Marden in the united kingdom and Scandinavia and it also showed that there was high rate of alcoholism for example it was found out that 75% of the males drunk whereas 56% females drunk. In 1975 the expenditure on alcoholics beverages for the United Kingdom was estimated at 13.1 million pounds per 100,000 of the population.

Current research suggests that over half a million women in the U.K live with alcohol dependent men [Meltizer et al 1995]. The American figure also suggest that up to 8 million women have experienced serious drinking problems in the context of the family [Alcohol Research Group, National Alcohol survey 1995].

In Kenya the consumption of alcohol dates back to prehistoric times but the abuse was not as pronounced as today. Alcohol was consumed during special occasions like weddings, initiation

ceremonies and meeting of elders (Acuta 1985). There were strict regulations as to who should drink, the age factor was also taken into consideration, for example, women, young men and children were not allowed to drink.

The trend today has changed, alcohol abuse in the country is increasing at such a high rate. There are three types of alcohol abuse given by Vatsyayah in his book *Criminology and penology*.

- **Daily Liquor Consumption** – With the exception of certain specific diseases this is invariably harmful. The liquor reduces tension, dilates arteries and produces euphoria. In some exceptional cases its moderate daily consumption relieves nervous tension and induces good sleep. However medical advice is necessary and in all these it must not be self-prescribed.
- **Escapist drinking** – Some persons take liquor because under its euphoric spell a sense of wellbeing supervenes and thus they become oblivious of their nagging problems and worries. Though liquor solves temporarily it makes the problem worse because forgetting a problem does not mean that it has been solved. As a matter of fact mans' capacity to cope with life situations become less and less due to the use of liquor, it leads to moral degeneration and financial bankruptcy.
- **Addictive drinking** – We begin consumption of liquor for any reason but gradually it enslaves the person and he cannot kick it inspite of his efforts. It is like a dangerous animal which as an infant looks so harmless, even charming; but as it grows it eats up the person. He drinks to live and starts to crave for a drink even early in the morning.

Alcoholism is widespread in Kenya. In a study of alcoholism in a crowded slum area of Nairobi (Wanjiru 1979) found out an astonishing prevalence of alcoholism. At least 46% of males and

24% of females could be classified as alcoholics according to the criteria WHO expert committee on mental health in 1972.

Among the Nandi community alcohol was brewed mainly at home for family consumption and occasionally for celebrations or ceremonies like wedding, initiation and even during naming of children. Beer had a symbolic function that of blessing.

It was drunk at home and only after work, apart from special occasions. It was most unusual for people to drink in the morning. When taken in the morning one's judgement is impaired and it slows productivity. This also interferes with efficiency because an alcoholic is whimsical and incapable of sustained attention and concentration. This leads to one being dismissed from work.

The women, young men and children were not allowed to consume alcohol. Today this has changed, the once valued abstinence among women and men has decreased dramatically. Beer that used to be taken in moderation is now taken in excess.

In the community there are three types of alcohol that is being consumed.

'Changaa' – distilled alcohol

'Busaa' – Fermented from maize and millet

'Beer' – Commercially produced and is sold at the bar;

The most commonly abused is 'Busaa' and 'Changaa'. The consumption is increasing and it is taken any time in the day or at night. The excessive taking of alcohol is affecting family life. This is especially so because the breadwinners are the ones who spend most of the time drinking hence neglecting family responsibilities and duties. For example money spend on alcohol

reduces one's resources and may not ^{leave} live one with sufficient funds to buy nutritious food. The money which can buy gallons of milk is wasted on litres of liquor.

The sudden increase in alcohol abuse is likely to be caused by change in social and cultural factors, whereby rules and regulations that guarded its abuse have broken down.

The other possible cause of abuse are the harsh economic conditions that face the community for example, inflation is on the increase, the prices of commodities are rising and income is not sufficient. The community highly depends on the agricultural produce for example maize, milk etc but these sources of livelihood have collapsed. Due to this harsh conditions there is a possibility that the affected are stressed. It is likely that this has forced community to indulge in alcohol so as to reduce stress and other anxieties. According to Chafetz (1962) alcohol is a ~~star~~ medicine for depression. Many people who suffer from depression may take alcohol to lift their spirits. There is also a possibility that they are not able to meet the basic needs for example health, clothing, shelter and these can easily trigger stress.

The overindulgence in alcohol has led to domestic violence, a number of studies have associated alcoholism with domestic violence especially wife beating (Finkelhor 1986 and Nation Newspaper 3.7.2001).

It has also affected the emotional development of children. It is estimated that almost a third of the children whose parents are alcoholics will show signs of emotional disturbances such as anxiety, feeling of insecurity and about a third will suffer disorder behaviours such as truancy. (Davis and Rastrick 1986). This is especially manifested during adolescence when they develop rejecting attitudes towards the parent and identify with the peer group leading to deviant behavior.

The Government and other civic bodies have tried to curb the problem. Apart from the laws that prohibit the sale of illicit liquor especially chang'aa and busaa. The government has appointed NACADA the National Agency for the Control of Drugs and Alcohol. The agency is coordinated by Mr. Joseph Kaguthi. It is an attempt by the government to fill a vacuum that exists on advocacy against alcohol abuse and other drugs among members of the public. Nacada is therefore charged with the responsibility of coordinating activities of individuals and organizations in the campaign against drug abuse. The agency seeks to sensitize parents, teachers and all in responsible positions the dangers of drug abuse, the attendant problems and their functions as role models. This awareness done through holding workshops, seminars all over the country.

The religious leaders on their part have also played a role in trying to curb, they preach to the flock, some churches have even put up rehabilitation centres to assist those recovering from alcoholism. A case in point is the Asumbi Rehabilitation Centre in Nyanza Province courtesy of the Catholic Church.

In spite of these attempts the problem is still there, there's therefore urgent need to heighten community awareness through educational programmes, establishing counseling centres to assist the victims and to look for alternative ways of recreational facilities.

1.1 Problem Statement

In Kenya the abuse of alcohol is increasing at such an alarming rate. For every person who has a problem with alcohol there are at least four on average who are directly affected per day to day basis (Daily Nation Newspaper 8.9.2001). In Kenya alcohol abuse includes excessive consumption of illicit brew.

Illicit liquor continues to pose great problems to the government and the Kenyan population and increased poverty levels have aggravated consumption levels of these brews.

With poverty rates close to 60 percent living on less than a dollar per day (E.A Standard 28.7.2003) the majority of Kenyans are locked out of the formal liquor market. This is confirmed by the findings that it is only about 12% of the liquor market that can be classified as formal. The country has paid a heavy price for this state of affairs socially and economically. Most illicit liquors are produced in unhygienic conditions in urban slums and in the rural areas.

The Kenya government through an act of Parliament has prohibited the manufacture, supply and possession of illicit brew such as 'Changaa' and 'busaa', in the Changaa prohibition 'Act, Cap 70 of the laws of Kenya. This statute bans the manufacture, sale, supply, consumption and possession of Changaa. It is reinforced by section 4 of the statute which prescribes a fine not exceeding Kshs. 10,000/= or imprisonment for a term not exceeding 2 years or both. The section further gives the police the power to search and arrest any person found manufacturing, storing, selling or consuming. The psychological implication here is that the ban is supposed to act as a deterrent measure. However, this has not been the case, on the contrary the abuse still continues.

Recently in Meru it was reported that several litres of changaa about 170 litres was seized and the consumers arrested (Nation Newspaper 28.1.03). Some appeared in court and were fined between one thousand and two thousand Kenya shillings. This clearly indicates that the problem of alcoholism is wide spread. Incidents of the harm that illicit liquor does have been widely covered in the local media with cases of deaths, maiming and ill health among the consumers featuring.

Illicit brew is often a great health hazard. Only in the last three years many people have died after consuming poisonous liquor in various parts of Kenya. For example in year 2001 the famous 'Kumi Kumi' claimed lives of people in one of Kenya's slums Mukuru wa Kayaba, some became permanently blind.

Sometimes in January 2003, in Thika a number of deaths were reported as a result of poisonous liquor. The women cried out in pain that most men have become impotent i.e. their reproductive systems have been interfered with as a result of too much alcohol that is being consumed.

The consumption is still high and the women's cry for help is increasingly boisterous. Groups of women from various parts of the country took a radical step to counter the manufacturing and selling of illicit liquor. They ganged up and raided brewing dens. The women claimed that the liquor had reduced their husbands and sons into vegetables and that the dens are harbouring criminals. The various leaders in the society also condemned illicit brew and the rate at which they are becoming accessible to the people.

This is even aggravated by the fact that alcohol is produced commercially and drinking places have appeared in all the villages and towns. Distilled alcohol with high concentration of ethyl is common. This study therefore will seek to establish the factors that have led to overindulgence → in alcohol causing the problem of alcohol abuse.

Apart from illicit brew the other types of alcohol that are licensed include beer, wines and spirits which are commercially and artificially made. This kind of alcohol is licensed through an act of parliament that makes the provision for regulating the sale and supply of liquor, and matters incidental thereto and connected therewith. This is spelled in the liquor licensing Act Cap 121, laws of Kenya.

The statute establishes the liquor licensing in court and sets out its procedures and the procedure for obtaining license. Most significantly, the statute at section 30 prohibits employment of persons less than 18 years of age to sell, control or supervise the sale of liquor or to have custody of liquor or licensed premises. Any person found contravening the law is punished. This is not sufficiently severe to deter licensees from selling large quantities of alcohol to the youth for maximum profits. Perhaps this explains why there is prevalent alcohol abuse among the youth.

The consumption of liquor leads to low standards of health. Liquor is narcotic and leads to nervous degeneration, liver cirrhosis, high blood pressure and host of other diseases (Gorakhpur 1968). This indeed leads to fall in efficiency. The alcoholic is whimsical and incapable of sustained attention, concentration and putting in long hours of work.

Besides, money spend on liquor reduces one's resources, and may not leave one with sufficient funds to buy nutritious food. The money which can buy gallons of milk is wasted on litres of liquor. The consumption of liquor is harmful for every progressive and growing individual and society. It leads to wastage of national wealth for example the money which would have been invested for productive purposes is spend on alcohol. This hinders community development in any country.

With regard to the relationship between the parent and the children, alcoholism affects it negatively for example in the homes where one of the parents is away most of the time, there's absence of emotional regard and this affects the children especially as they are growing up (Maritim 1992). In families where parents avoid alcohol abuse there's warm positive relationships among family members who usually have a commitment to the bringing up of children and share society's general values. For children without an intact family unit they are

psychologically affected and seek acceptance elsewhere especially among the peers (Brook. Book, Cohen 1990 and Hawkins et al 1992).

Abuse of alcohol in a family do not give a conducive environment to the bringing up of children, most mothers and fathers with chronic alcoholism have poor parenting skills including abuse and neglect of their children, harsh punishment and inconsistent practices which persist into adulthood (Shanzt et al 1995).

Alcoholism leads to aggressive behaviour among the parents and this affects the children. The children whose parents often engage in angry fights are more non compliant, that is, conflict prone and aggressive both at home and at school than the children whose parent are more peaceful (Makinon, 1989) The parents are less able to promote secure attachments (Howes and Markman, 1989). They are also less able to manage parent – child conflicts effectively (Patterson, 1982).

These parenting deficiencies may mediate the link between marital discord and child deviance. Studies have also shown that children can directly imitate parental conflict and aggression (Bandurra 1986 and stainwetz 1977).

Alcoholism in the family exposes children to chronic adult conflicts especially unresolved conflicts given the fact that the problem enhances irresponsibility on the part of the parents. This adversely affects the behaviour of children, they become emotionally dysregulated during their own conflicts (Cummings Vogel, 1989). Emotional dysregulation especially the inability to soothe ourself during heightened emotional responding may promote the escalation of conflict in the aggression. This will possibly interfere with cognitive processes that ordinary inhibit aggressive behaviour or deviant behaviour (Bandurra 1986). This kind of environment does not favour good upbringing of children.

As concerning the institution of marriage the community has been affected by the problem to the extent that it has threatened this highly valued institution. It has led to domestic violence especially wife beating. Many women have suffered in the hands of their alcoholic husbands. A number of studies have associated alcoholism with wife beating (Finkelhor, 1986 Al-Issa et al, 1998).

Women in the rural area have faith in traditional way of life, they are seen as nurtures within the family some do not have self confidence, patience and tolerance which are supposed to be inherent quality of a woman. The majority of the problem drinking men are far removed from the stereotype of a homeless and kept as an isolated drinker. Drinking problems are frequently unnoticed by those outside and even sometimes those within the family often because of the partners struggle to maintain an appearance of normality for the family. This puts a lot of pressure on the partner without a drinking problem and leads to depression (Maslin et al 1998:4).

The study will therefore seek to establish the socio-economic impact of alcoholism on family life among the Nandi. The past studies have only concentrated on the urban areas, others have done about the family in general in Kenya. They tend to overlook the fact that different families in Kenya have unique problems that need immediate attention especially those in the rural areas. Hence there is urgent need to highlight the problems the Nandi community is experiencing as a result of alcoholism. The study will address itself to the following questions.

- a. What are the factors that have led to the overindulgence of persons in alcohol among the community?
- b. What are the contemporary socio-economic effects of alcohol abuse on family life.
- c. How do the affected families cope with the problem of alcohol abuse?

1.2 The main objective of the study is: To find out the socio-economic impact of alcoholism on the family life among the Nandi community.

The Specific Objectives

- i) To study the socio-economic status of the households.
- ii) To identify the causes of alcohol abuse in the community.
- iii) To establish the level of alcohol abuse by the families involved.
- iv) To study the effects of alcoholism on the families involved.
- v) To analyse the coping mechanisms employed by the affected families.

1.3 Research Justification

The study as it stands focuses on an important area of an individual's life since the family is the most important unit. It is in the family that socialization takes place. The family plays an important role in laying a good foundation in the life of individual in terms of human behavior. It is therefore important that a family provides a good environment for both the spouse and their children.

The past studies have only concentrated on the effects of alcoholism in the families in the urban areas and have not paid the attention to the rural areas (Wanjiru, 1979). They have also made an attempt of generalizing the family problems forgetting the fact that different communities are unique with their own lifestyle and their various ways of perceiving life and its challenges (Obondo, 1996). This has prompted the need to study the particular community and to highlight what has really made them to indulge in alcohol and the effects of these overindulgence.

The study will also create awareness by identifying the problems the drinker and the family has and thereby set strategies for prevention and rehabilitation with prevention of alcoholism in the family members who may be at risk. This will indeed highlight the fact that rehabilitation services be extended to the rural areas, such facilities only exists in the urban areas for example.... Alcoholic Anonymous, the Chiromo lane medical centre for rehabilitating those involved in the drug addiction.

The study will also set grounds for further research in this area since very little has been done about individual communities especially those in the rural areas in Africa and in Kenya in particular.

The literature and the available data suggest that alcohol abuse is an increasing problem and hence this study is timely and needs urgent attention. In the Kenyan dailies we read of many bad happenings like road accidents, domestic violence mostly associated with alcoholism, hence the reduction of alcohol abuse is of great concern to the government of Kenya. The study will therefore be useful to planning since it will provide guidelines for formulating policies for treatment of alcoholism.

Family income is threatened as some men who are breadwinners have resorted into drinking in the community. Some women have shouldered family responsibilities which has forced them to brew "changaa" for sale in order to meet the needs of the family thereby increasing the problem of alcohol abuse. The study will try to look for alternative ways of income for the community and sensitize people on the evil implication of alcoholism.

1.4 Scope and limitations

The study will be carried out in Nandi District, Kilibwoni division, Kaplamai Location. It will cover the families in the location and only restricted to the nuclear family that is the father,

mother and the children. The study will try to establish the socio-economic status of the households involved, this will include the sources of income that the family has, for example, employment and income from agricultural produce. It will also include age, education and religion.

The study will try to find out the causes of alcoholism in the community, it will cover the possible harsh economic conditions that face the community. It will try to find out whether there is any breakdown in rules and regulations that used to guard against the abuse of alcohol by the people. The study will cover the level of abuse that is, the frequency for example how many times in a week.

The effects of alcohol will be studied, this will cover the extent to which it has affected child-parent relationship that is the emotional well being of the children and also how it has affected marital relationships, especially family conflicts.

Finally the study will try to analyse the coping mechanisms employed by the community in order to counteract with the problem of alcohol abuse.

1.5 Definition of key concepts

In this proposal the following concepts are common and they will be defined according to their relevance to the study.

Alcoholic: According to WHO alcoholics are those excessive drinkers whose dependence upon alcohol has attained such a degree that it shows a noticeable mental disturbance or an interference with their bodily and mental health, their interpersonal relations and their smooth social and economic functioning.

Alcoholism

It is a chronic disability, which interferes with the social life of a people. This will also apply to alcohol abuse or to alcoholic addition.

Family

This refers to a group of people related to one another through blood, marriage or adoption S.E.E. K.I.E pp 20. In this study the family will refer to the nuclear, the father, mother and children. This definition is used in the study because these are the people who are directly affected by the problem of alcoholism.

Marital Problems

This refers to conflicts in the home which could include quarrels, Fights, separation and even divorce.

Illicit brew

This is alcohol made at home without any professional background. It is illegal, this include 'changaa', 'Busaa' commonly taken by the community.

Socio-cultural factors

These include traditional and current beliefs and practices related to way of life, religion and socially instituted values.

CHAPTER TWO

2.0 LITERATURE REVIEW, THEORETICAL FRAMEWORK AND DEVELOPMENT OF HYPOTHESIS REVIEW OF LITERATURE

2.1 Introduction

This chapter presents a review of literature and theoretical framework. The literature reviewed shows how abuse of alcohol may affect family life. The literature reviewed is derived mainly from studies conducted by different scholars.

The deviance theory is used in this study. It was put forward by Durkheim in 1952. He used to explain certain conditions that produce a breakdown in regulatory norms. According to him certain economic crisis and rapid social change disrupts the normal running of the society. In the study harsh economic conditions coupled with other factors leads to frustrations and stress among the people and they resort into abusing alcohol so as to forget their problems.

2.2 Historical perspective on alcohol

Research indicates that alcohol has been with civilization since earliest recorded history. The fermentation of sugar occurs spontaneously. The earliest forms of alcohol were not particularly potent. Fermented honey, fruit or grain has a maximum alcoholic content of 15% (Campbell 1988).

As far back as ancient Babylon and the code of Hammurabi, there's evidence that even this mild brew caused some disruption in society. The ancient Egyptians used alcohol as a recreational drug, but there were rules mandating who could drink, when and why.

Drink was resorted to in time of war, recreation and festive occasions and also where medical practitioners prescribed to the patients. The purpose of drink was to make soldiers more militant and zealous, kings, nobles and delightful and active and to regain lost energy as a result of continued long illness (Mamoria 1981).

Between AD 800 and 1000 crusaders brought back from Arabia the secret of distillation hence the word alcoholic which comes from an Arabic word meaning 'essence'. Distillation is a simple process whereby alcoholic content is increased by heating liquid to vapourization and then returning it to liquid state produced brandy that was 50% alcohol from wine. The heady effects of the discovery, however, were not experienced by the bulk of the population. Distilled liquor was expensive and so most people remained content with low potency fermented beer, wine and mead.

About 1600 gin was invented. With the discovery that spiritous liquors could be made available virtually from any liquid, strong drink became available to the masses.

In England, the democratization of drinking brought immense problems because it coincided with the industrial revolution, a period of great social upheaval and disconnection when many people were forced by economic pressures to abandon their rural homes and enter the cities for employment. Writers of the time described London as a hell hole of poverty, vice and despair.

Crowded together in slums, working in factories under deplorable conditions, hungry diseased and without any hope of bettering their situation the people escaped from reality through alcohol – specifically gin, when sold specifically less than five cents a quart.

It is estimated that in 1750 one third of London population were alcoholics, while the other two thirds abused alcohol. Public drunkenness was widespread. Eventually members of the government and Church of England recognized the problem and passed laws regulating the distribution and sale of alcoholic drinks. Unfortunately it was late for a cultural attitude, one that accepts the use of alcohol as a means of coping with life's problems had developed by that time.

Colonial America was a hard drinking society. Both men and women used alcohol because it seemed to make life easier. It was generally held that alcohol was good for the health and strengthened the blood. In the military of the time alcohol was considered an absolute necessity. It was also used during school functions.

In the late 19th century the temperance movement (abstinence movement) taught that alcohol was evil, its power was felt in the enactment of the Eighteenth Amendment, prohibiting the manufacture and sale of alcoholic beverages within the United States of America.

2.3 Current attitudes toward the use of alcohol

Our society today is still confused over whether alcohol abuse is a disease or a reprehensible failure of our will (Campbell 1988: 28). This is clearly demonstrated by the way our laws treat public drunkenness. Most city jails have drunk tanks for alcohol abusers. If this were the normal way we treat men and women suffering from disease, we would not only have drunk tanks but also diabetic tanks for those in insulin shock and epileptic tanks for sufferers from seizures.

Many of the courts take remarkably mild position toward drunk driving, which has been compared to a mental incompetent running amok with a loaded shotgun. In some jurisdictions the punishment is a scolding from the judge and a warning. In Kenya a convicted drunken driver is deprived of his driving licence or sentenced to time in jail.

It is clear the society does not know how to handle those who abuse alcohol. They live among us and should be recognized.

2.4 Definition of alcoholism

The term alcoholism was coined by Magnus Huss as he defined it as those disease manifestations which without any direct connection with organic changes of the nervous system take on a chronic form in persons who over long periods have partaken large quantities of brandy. (Institute of medicine 1990)

Despite the fact that this term is widely used by professionals and the public, there's little agreement as to its precise meaning. This is due to various presentations of alcohol abuse, for example, acute and chronic intoxication may be associated with psychological symptoms such as anxiety and depression. Trauma, accidents are among the physical difficulties encountered whereas productivity, assault and homicide are related social problems.

According to Jellinek (1952 and 1960) alcoholism is a disease. He proposed that alcoholism was a phasic condition and he describes various patterns of alcoholism, beta, gamma or loss of control delta or inability to obtain. He considered only gamma and delta to be diseases. According to paltison et al (1977) alcoholism is a unitary phenomenon where alcoholics differ from the rest of the population, where alcoholism is a reversible condition with a progressive downward path manifest by loss of control and craving. Compulsion to drink and inability to stop drinking.

But this is not always true loss of control need not necessarily be associated with alcoholism. It is not always that an alcoholic is not able to stop drinking. Through counseling which is a helping relationship one is able to stop. Besides there are organizations that have helped many alcoholics to stop drinking like Alcoholic Anonymous (Garry, 1990).

The Diagnostic and Statistical Manual II, habitual drinker is a person who is under the influence of alcohol more than once a week. The same manual goes on to define alcoholism as the addiction which means depending on alcohol for normal functioning. If one is denied alcohol withdrawal symptoms will occur.

According to Keller and Effron 1979 alcoholism is a chronic illness psychic or somatic or psychosomatic which manifests itself as disorder behaviour and is characterized by repeated drinking. Alcoholics by definition have in common the behaviour of excess alcohol consumption over a period of time. The definitions are not quite clear and specific. For example the "excessive drinker" which raises the question compared to whom? The term is quite relative for it means anyone whose drinking goes beyond the traditional customary limits

According to Keller, "Alcoholism is a chronic behavioral disorder manifested by repeated drinking of alcoholic beverages in excess of dietary and social uses of the community to an extent that it interferes with the drinkers health and of his social and economic functioning.

According to Diagnostic Statistical Manual (DSM) 4th Edition, alcohol abuse is manifested by recurrent alcohol use despite significant adverse consequences of drinking such problems with work, law, health or family life.

DSM – IV Criteria for alcohol abuse

A maladaptive pattern of alcohol use leading to clinically significant impairment or distress as manifested by one (or more) of the following, occurring within a 12-month period:

1. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school or home. Examples are repeated absence or poor work performance related to alcohol use, alcohol related absences, suspensions or expulsion from school, neglect of children or household.
2. Recurrent alcohol use in situations in which it is physically hazardous, Examples are driving an auto mobile or operating a machine when impaired by alcohol use.
3. Recurrent alcohol – related legal problems (e.g. arrests for alcohol related disorderly conduct)
4. Continued alcohol use despite having persistent or recurrent social or interpersonal problem caused or exacerbated by the effects of the alcohol (e.g. argument with spouse about consequences of intoxication, physical fights). Source: American Psychiatric Association 1994:182-3 Copyright 1994.

2.5 Change in social and cultural factors

In the traditional African society drinking was a social life of the people especially during the wedding and initiation ceremonies, settling of disputes (Acuta 1985 and Ambler, 1987).

Acuta (1985) in his anthropological studies in E. Africa reported the importance of home brewed beer drinking in social life. In central Africa the Ndebele of Bulawayo, Zimbabwe used beer during rituals such as washing of burial implements, birth of the first child. This is because it was seen as a form of blessing.

Among the Lopir of Ghana as reported by Hagaman (1980), beer drinking was necessary and sacred, it accompanied almost all rituals and ceremonial occasions and also served people together and acted as a source of unity. Beer was also important in terms of nutritional value. (Hagaman, 1980).

Most authors who have written about beer drinking in West Africa, observed that most households brewed at least during harvest season to obtain labour to work on the farms. The beer parties also brought people together and it acted as a source of social unity in the community.

Among the Nandi community beer was used during initiation ceremonies, wedding ceremonies. During a wedding ceremony, beer was sprinkled on the couple as a sign of blessing and grass was tied to symbolize permanence in marriage. In most cases beer drinking was done communally. It was accompanied by dancing and singing. It was time for coming together for example after a good harvest to give thanksgiving to God.

Alcohol abuse has come about due to breakdown in religious and traditional regulations, (Edwards, 1980:30.). In the developing countries rapid changes in the structure of society and in particular urbanization have meant that old social and religious controls over drinking have broken down at exactly the same moment as economic forces have led to breweries being established within the borders.

A person in the traditional society had few choices to make. His mode of living, code of conduct and role in that society were well defined by society. In the traditional African society

the family was intact and no one dared to move out of the family due to fear of curses. This is no longer the case, family ties have broken down.

Also with the spread of Christianity and increase in knowledge about medical treatment, the influence of superstition and fear of witchcraft and curses are disappearing. People no longer believe they will be punished (Finish Foundation for Alcohol Abuse, 1977)

Whereas people drank communally or as a family, this is no longer the case. Today they drink alone and this means one can drink as much as he can afford.

Social attitudes towards drinking have changed where women and children were not allowed, today it is free for all. This has enhanced the problem of alcoholism.

In essence, this breakdown in cultural rules has left a gap because we have not developed a substitute that regulates our behaviour in society. It has even worsened by the adoption of the western cultures or influence.

2.6 Stress and other factors like anxiety

According to (Chafetz 1962) alcohol is a medicine for depression. Many individuals who suffer from reactive depression or depression may take alcohol to lift their spirits. Alcohol is able to wash away ugliness if only for a moment. The image of a rejected or disappointed individual heading to a bar is familiar. This however may not be true. Alcohol for some actually deepens depression.

According to Mamoria (1981) alcohol cannot remove depression. It only puts up a smoke screen of alcoholic vapours and causes temporary amnesia. The moment the fog is lifted, worries and tension come back to the victim with redoubled fury. Alcohol is not an escape door: it is a trap door.

Some authors have also put forward loss of job and unemployment as contributing to alcoholism (Edwards, 1989 and Amayo, 1994), whereby an individual who depended on his job for financial support finds it difficult to cope.

Evidence also show that this may or may not be true for instance some professionals with high paying jobs like doctors and others are alcoholics (WHO 1977), this may be due to availability of funds.

Research has also demonstrated that particular occupations predispose people to alcohol abuse (Plant, 1979 and Murray, 1980). This is where alcohol is freely and cheaply available, where social pressure facilitates drinking, where people are separated from normal social relationships, where there is little relationships of drinking and colleagues collude in ignoring alcohol related problems. Thus the alcohol industry, the armed forces, entertainment industry are prime examples.

Death of a spouse could also be a cause, this is where one depending on the kind of support system given is likely to go into a depression (Levinger, 1965).

Evidence also shows that loneliness leads to alcoholism. (Yambo, 1980 and Wanjiru, 1979) have also attributed loneliness as the cause of alcoholism. In the rural areas the availability of illicit brews at low prices for example 'Busaa' and 'Changaa' in the Nandi community has resulted in heavy drinking.

The availability of the drug is a factor that has been found by other scholars such as Owino (1982) and Haji (1985). They found out those drugs that are locally produced and affordable especially the local brew. Alcohol falls in this category.

2.7 Impact on marriage

The impact of excessive drinking on marriage is adverse a survey conducted by the Alcoholic Anonymous shows that drinking has broken up marriages in over 3% of the members (Roth 1979). As for violence, in one study of 100 battered wives, fifty two of the victims reported that their partners engaged in frequent heavy drinking (Roth, 1979).

In 1995 a survey was done by the Research Group, National Alcohol survey in the U.S.A. A number of women were interviewed on what they go through with their alcoholic husbands. One of them reported this....“She said her partner was fine when he was sober, whenever he was drunk he was very violent ‘he hit me a lot of times’ I had to wear a cardigan all the time to hide where he had poked and prodded me’ (Meltzer, 1998.97).

Alcohol is a factor in domestic violence and incidences often go unreported. Most research indicates a 60 to 70 percent alcohol abuse rate amongst batterers (Connecticut clearing house 2002) and every year there are approximately 1 million incidents of violence involving alcohol abuse between spouses and couples (Greenfeld, 1998).

This clearly shows that alcoholism aggravates violence in a home. In the Daily Nation Newspapers (25.12.2000) a Nyahururu housewife was battered by her husband when he was drunk. He used a whip and a panga to beat her and she was seriously injured.

Many marriages have been dissolved as a result of alcoholism, this is due to the fact that one partner cannot endure battering forever. It has caused death of partner for example the story of 'Kavata' (1998), who was killed by her husband who was drunk. It was reported in the daily Nation Newspaper.

In the traditional rural Africa for example among the Nandi community, women are supposed to be patient and tolerant in their marriage. The community believes that at times the wife has to be disciplined by her husband. This also enhances wife beating.

It is also important to point out that social attitudes towards drinking have changed, this is where women have engaged in excessive drinking and this also has a great impact on marriage. Unfortunately the society is particularly punitive and moralistic towards the woman with a drinking problem. The children are really affected; they have to endure the perpetual rowing between the parents (Thomas, 1979) and witness parents fighting. The drunken parent may repeatedly pick on one particular child as a target for nagging and demeaning verbal attack (Stanriet, 1977). This really demoralizes the child and shatters his self-esteem.

2.8 Influence on children

A number of studies have suggested that there is a correlation between parents drinking and drinking by their children (Khage and stress, 1985). Skip (1977) concluded that families were the most important transmitters of drinking behaviour because they acted as role models. Strimmer (1979) and Jenner (1978) in their articles express concern about the role of the family in the origin of excessive drinking by children.

Positive parental attitudes to alcohol abuse has an influence in shaping the children. Where one or both parents abuse alcohol families manifest higher levels of conflict, disruption, economic difficulties, breakdown and impaired mother child attachment (Homes and Robins, 1987, Zeithin, 1994, and Gorman, 1994)

Inconsistent discipline and disharmony as well as impoverished bonding increases risks of misuse of drugs and other psychological and behavioural dysfunction. It is possible to find that such children engage in abuse of other substances early in life.

A study was carried out in Nigeria in 1984 to find out the role parents played in encouraging drinking among young people. 60% of 500 secondary school children in Benin city had their first experience of alcohol at home. Many had it during traditional festivities. It was concluded that parents in Nigeria were the main contributors to the early stages of alcohol abuse amongst teenagers.

This may or may not be true, this is because some children get the habit later in life especially during adolescence when there is a lot of influence from the peer group (Amayo, 1994).

2.9 Theoretical framework

In this section two theories were used to explain alcoholism and the family.

2.90 The social problem theory

The theory was put forward by Mowrer in the book *Social Problems and Social Disorganization* in India by Mamoria.

The theory assumes that society could progress if it would attack the maladjustment which were delaying human advancement. Social problems are regarded as diseases of society which threaten the welfare of the groups. The problems come as a result of either an individual or group deviating from what is considered desirable and that treatment calls for collective action. This approach seeks to explain a social problem in terms of the weakening social ties between the individual and his group (family). The individual's inability to cope with the institutional framework of his group may create disorganization.

The theory is useful in explaining alcohol abuse and its impact on the family because alcohol abuse is seen as a maladjustment that derails the advancement of the family. Alcohol abuse embitters domestic relations, causes domestic unhappiness, moral degradation, family disorganization and juvenile delinquency and inflicts great harm on family life. The instability that arise due to the abuse cannot enable the family to achieve their goals.

The theory is useful because it suggests that for the family to succeed there has to be collective action. This indeed calls for every member in the family to live according to the ideals laid down by the society and to ensure that the society is progressing towards the goals set by it.

2.91 The deviance theory

It was advanced by Durkheim in 1952 who first used the concept of anomie to explain deviant behaviour. He focused on various conditions that ultimately produce a breakdown in regulatory norms. According to him some of the conditions that led to normlessness included rapid social change and sudden economic crisis that disrupts the normal running of the society and without bringing an alternative and effective means of regulating the society. These may lead to loss of moral certainty and customary expectations.

Durkheim reviewed society as vital in maintaining order where they engage in alcoholism, it means societal regulation has broken down this results into a condition of normlessness.

Although he used to explain different kinds of suicide it useful in analyzing other kinds of behaviour. An alcoholic is considered a deviant when drinking takes the form which deviates from society controlled traditions and customs, which may be considered as progressing alcohol addiction and the individual engages in the practice falls out of established culture of drinking.

There's sudden economic crisis that has disrupted the normal running of the society e.g. the community used to rely on agricultural produce to meet their needs. Unfortunately these sources of livelihood collapsed and they hardly meet their needs. This has led to frustrations and stress and as a result of this many have resorted to take alcohol so as to forget their problems.

In the traditional society there were set limits for drinking which controlled drinking in society. Today the pattern has changed due to social cultural changes. The religious and traditional regulations that used to guard against the misuse of alcohol are no longer there. In the Nandi community beers was drank communally during special occasions and after work. It was only drank by elders while discussing matters affecting the society or during leisure time.

Today this has changed, alcohol is drank individually. One can drink as much as he can so long as one can afford and this has promoted drunkenness among the the people. Young men and women were not allowed to drink, this is no longer the case. It is free for all and it is taken any time.

The breakdown in rules and regulations, coupled with harsh economic conditions have devastated the family. It has affected the marriage stability, where many families experience frequent quarrels and fights due to drunkenness. The emotional well-being is also adversely affected where children are not nurtured in an acceptable way due to drunkenness on the part of the parents. Children are likely to abuse alcohol due to frustrations, others to drop out of school due to pregnancy or indiscipline since they lack parental guidance.

The theory is useful because it suggests the importance of moral guidance, that the family is the basic institution that should impart discipline and inform its members on acceptable behaviour. That the family should provide adequate socialization to the individual.

2.92 Hypothesis

Kerlinger (1964) defines hypothesis as a conjectural statement of the relationship between two or more variables. He says that hypothesis are always in declarative form and relate either generally or specifically. The role of hypothesis is to study explanations for certain facts and guide in investigation of others.

The study will be based on the following hypothesis:

- i. There is relationship between marital problems and alcohol abuse.
- ii. There is an impact of alcohol abuse on the emotional wellbeing of the children.
- iii. There is a relationship between the individuals personal characteristics and alcohol abuse.

The personal characteristics in this hypothesis include sex, age, level of education, occupation, income, marital status, type of family, religious affiliations among others.

- iv. There is a relationship between the prevailing harsh economic conditions in the community and alcohol abuse.
- v. There is a relationship between the socio-cultural changes and alcohol abuse in the community.

Due to socio-cultural changes there is a possibility of break down in rules that used to guard against misuse of alcohol.

2.93 Operational Definitions of variables

Singleton (1988:72) describes variables as characteristics of units that vary, taking on different values, categories or attributes for different observation.

Dependent variable

These are variables that are being explained in the relationship. The dependent variable is seen as the subject of the study.

In this study alcohol abuse is a dependent variable and ask as the focus / subject of the study.

Independent variable

The independent variable act as the cause / determinants of the subject of the study.

Study variables and measurement of indicators

Type of variables	Study Variables	Measurement indicator
Dependent variable	Alcohol abuse	- Use of alcohol in a way that is wrong or harmful - When alcohol is taken excessively to an extent that it interferes with normal social, physical and occupational functioning.
Independent	Marital instability	- Marital conflicts, quarrels, fights, separations and even divorce.
	Harsh economic conditions	Income position of the family - Relying on maize, milk and tea - Conditions for selling not favourable - Inflation and unemployment.
	Socio-cultural changes	- Changes in the customs, beliefs, attitudes and values, for example Rules that use to guard against misuse of alcohol, like age, sex, time, occasion, amount and frequency.
	Emotional wellbeing of the children	Children who abuse alcohol - School drop out - Unwanted pregnancy - Behavioural changes like aggressive, violent, irritable, hostile
	Coping Mechanisms	- Other ways of survival to counteract the effects of alcohol abuse For example selling illicit brew to meet the basic needs.
	Gender/Sex	- Female or male.
	Level of education	- Number of years spent in school.
	Religious affiliation	- Denomination one belongs to
	Marital status	- Single, married, widowed or separated.
	Type of family	- Polygamy, Monogamy, surrogate.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

This chapter deals with methodological aspects of the study. It shows the area where research was conducted, how data was collected. The study sought to ascertain the socio-economic impact of alcohol abuse on family life among the community in Nandi District.

3.1 Background of the area

Nandi District is situated in the western part of Rift Valley Province. It borders Kakamega District to the North West, Uasin Gishu District to the North East, Kericho District to the South East, Kisumu District to the South West and Vihiga District to the West.

The district lies within latitudes 0° and $0^{\circ} 34''$ North and longitudes $34^{\circ} 44''$ and $35^{\circ} 25''$ and covers an area of 2873 Km^2 . The maximum distance from North to South is 90 Km^2 while from East to West is 75 Km^2 .

Administrative Units and Area (Km^2)

The table below shows administrative units and area in Km^2 . The district has nine divisions and a total area of 2873 Km^2 . However the study will be done in Kilibwoni division, Kaplamai location. The location has four sub-locations.

Division	Area (Km^2)	No. of Locations	No. Of Sub-Locations
Aldai	385.3	12	38
Kabiyet	268	6	18
Kapsabet	493.7	8	24
Kaptumo	137.4	4	14
Kilibwoni	273.1	15	52
Kipkaren	315.5	10	28
Kosirai	195	9	24
Nandi Hills	390.3	14	46
Tinderet	414.7	13	39
TOTAL	2873		

Source: District statistics office Kapsabet 2001

The district is politically divided into four constituencies namely Aldai, Mosop, Tinderet and Emgwen. Emgwen is the most recently formed constituency. Tinderet comprises of Tinderet division, Nandi hills and Kilibwoni.

Nandi has a cool and wet climate, on average the district receives between 1200mm and 2000mm of rainfall per annum. The long rains start in March and continue up to the end of June. The short rains start from September to December. The whole district is ideal for dairy farming. The district also plants crops such as maize, tea, horticulture, pyrethrum, cereal and fruit trees owing to adequate and reliable rainfall. The community practices mixed farming.

3.2 Research site and justification

The study was carried out in Kaplamai location Kilibwoni division in Nandi district. Out of the eight divisions Kaplamai is the largest as shown on the table. However, due to limited resources the study did not cover the whole division. It was also expensive to cover the whole district.

In Kaplamai location, alcohol abuse is prevalent. No study has been done hence no statistics.

This is from the experiences of the researcher who comes from the same area.

It was also not expensive in terms of costs because accommodation was available.

The information that was gathered is assumed to be representative

3.3 Sampling Design

In any scientific study, there is always a need to come up with an acceptable sampling design.

According to Singleton 1988:137 Sampling design refers to that part of the research that indicates how cases are to be selected for observation.

Non-probability and probability sampling methods were used. Probability sampling involves random selection. This method enabled the study to give equal chances to the respondents. For each sampling unit of the population you can specify the probability that the unit will be included in the sample. In the simplest case all units have the same probability of being included in the sample (Nachmias 1996: 183). Non-probability sampling refers to the processes of case selection other than random selection. When selecting the province, district and the location for the study, purposive sampling was adopted. This relies on the expert judgement of the researcher to select units that are representative or typical of the population. The researcher comes from the same locality and therefore understands the challenges that face the families as a result of alcohol abuse.

In Kaplamai location the households were randomly selected. The location has four sub-locations namely:

i)	<i>Kaplamai sub-location</i>	<i>- 92 households</i>
ii)	Kapsumbaywo sub-location	- 68 households
iii)	Kapchemoiywo	- 108 households
iv)	Kaptagunyo	- 64 households
	Total number of households	- 332

A total of 125 households were randomly selected out of 332 households. The households were proportionately distributed to ensure that a sample of households proportionate to those in the location (332 households) was selected. Therefore distribution of households in the sub-locations was as follows

Sample Size

$$\text{Kaplamai sublocation} = \frac{92}{332} \times 125 = 35$$

$$\text{Kapsumbeiywo Sublocation} = \frac{68}{332} \times 125 = 26$$

$$\text{Kapchemoiywo Sublocation} = \frac{108}{332} \times 125 = 40$$

$$\text{Kaptagunyo Sublocation} = \frac{64}{332} \times 125 = 24$$

$$\text{Total} = 125$$

After distributing the households proportionately systematic random sampling was used to select households from every sub-location. This method consists selecting every Kth case from a complete list of population starting with a randomly chosen case.

For example in Kamplamai Sublocation

$$\frac{\text{Population}}{\text{Sample size}} = \frac{92}{35} = 3. \text{ That is Kth number is 3.}$$

Thereafter a number between 1 and 3 was selected randomly to determine the starting point in the selection process. For example if 2 is selected it will be 2, 5, 8, 11, 14 etc.

This therefore meant that after every third household in the location a household head was interviewed.

Reasons for choosing the method.

- i) Travel costs were taken into consideration. Where it was expensive to travel around the district.
- ii) Time was limited.

- iii) The method was easy to understand, it does not need high level training to identify the K^{th} number.

3.4 Methods of data collection

The data was obtained through primary and secondary sources.

Secondary sources

Secondary data was collected through library research. A number of literature was reviewed which included journals, books, newspapers, government publications and research reports and records. Secondary data is important because it shows the nature and the extent of the problem. It also complements the primary data.

Primary sources

Primary data was collected in the field from household heads (male) and where the family is single or surrogate the female was interviewed. The head of the household was targeted because they are the breadwinners and where they over-indulge in alcohol the family suffers. This was done through structured interviews. Key informants were also interviewed.

3.5 Tools for collecting data

The study used both quantitative and qualitative methods in data collection. The research relied on qualitative methods mainly. Filstead 1970:6 defines qualitative methodology as those research strategies which allow the researcher to obtain first hand knowledge about the empirical social world in question. The following tools were used:

1. Questionnaire

Face to face interviews were conducted using closed and open ended questions in order to obtain quantitative data. This information captured variation which were useful in making generalizations. This also gave the desired statistics. The household heads were interviewed at home. Only men except families where they are single or surrogate. The head of household were targeted because they are the breadwinners where they over indulge in alcohol it affects the family.

2. Semi-structured interview guides

Key informants were also used to gather information. Probing was done to gain complete responses and deep insight into the topic under study. This instrument helped to capture a lot of information which was detailed. Five key informants were interviewed. This included the chief, an elder, a teacher, sub chief, and a church minister. These are people who are well informed about the topic under investigation and they were in a position to give adequate information concerning the study.

3. Direct Observations

This entails observing phenomena as it unfolds in its natural environment. The study used direct observation as interviews were going on. This method enabled the researcher to identify certain behaviours displayed by family members. It helped to draw conclusions.

4. Case studies

Five case studies were selected. These are families who have been adversely affected by alcohol. They were purposively selected with the help of the chief of the location.

3.6 Data Analysis

Raw data was categorized into quantitative and qualitative data. It was then cleansed to determine the level of significance of information and also to identify errors of measurement. Coding was done to translate answers into numbered categories to facilitate computerized statistical data analysis. Both descriptive and inferential statistical procedures were used to analyze and present data. This was done using SPSS – Statistical package for social sciences.

Descriptive Statistics

The study used descriptive statistics to analyze and present data. According to Singleton (1988) descriptive statistics are simple methods concerned with organizing and summarizing data to make it more intelligible.

The variables were categorized through summary and this helps to reduce the huge mould of data. The researcher was able to identify the existing relations and variations between dependent and independent variables of the study. Data reduction helped to sharpen, sort out, discard and organize the huge amounts into a manageable number that will make it easy to come up with conclusions.

Inferential Statistics

The inferential statistics are more concerned with establishing whether relationships exist or not within the variables of interest. The study used cross tabulations, measures of associations (chi-square). This was used to hypothesize relationships between variables and either accept or reject the hypothesis.

CHAPTER FOUR

4.0 Data Presentation

4.1 Introduction

In this chapter the researcher has given a simple description of the respondents personal characteristics through the use of descriptive statistics. The findings will be presented and discussed through the measures of central tendency. Simple tables and percentages are used to make discussions more elaborate.

4.2 Background characteristics of the respondents

The respondents had different personal characteristics such as age, sex, marital status, level of education, income, occupation among others.

4.3 Frequency distribution of respondents by age

Table 4.1 below shows the distribution of respondents by age. Most respondents were in the category of (36-45) that is 46%, 38.7% were in the category of 46 and above, while 15.3% were in the category of (25-35). The study targeted household heads who are married and having a family. This shows that age has an influence in the taking of alcohol because the study found out that most heads of families who are above 26 years over indulge in alcohol to the disadvantage of the family.

Table 4.1: Frequency distribution of respondents by age

Age group	Frequency	Percent
25-35	19	15.3
36-45	57	46.5
46 + above	48	38.7
Total	124	100

4.4 Frequency distribution of respondents by sex

The majority of the respondents were male 82.3% while the females were 17.7%. The study targeted the head of the household who in most cases are male where the family is single or surrogate the female was interviewed. The reason why the head of the household was targeted is because they are the breadwinners and where they overindulge in alcohol the family suffers. From the study it was established that most men abuse alcohol.

Table 4.2: Frequency distribution of respondents by sex

Sex	Frequency	Percent
Female	22	17.7
Male	102	82.3
Total	124	100

4.5 Frequency distribution of respondents by religious affiliation

Frequency distribution of respondents by religious affiliation indicated that the respondents belonged to five religious groups. These were Catholics, Anglican, Pentecostal, AIC and other groups. The area was dominated by the Catholics who were 45.2% while the protestants and others accounted for over a half. Table 4.3 below shows that.

Table 4.3: Frequency distribution of respondents by religious affiliation

Religious affiliation	Frequency	Percent
Catholic	56	45.2
Anglican	23	18.5
Pentecostal	6	4.8
AIC	22	17.7
Others	17	13.7
Total	124	100

4.6 Frequency distribution of respondents by education level

Table 4.4 below shows the education level of respondents. It shows that the majority belonged to the category of upper primary 41.9%, the lower primary stand at 12.9%, the secondary group is 29.8%, tertiary 9.7% while those who did not receive any formal education are 5.6%. This shows it is a fairly educated community with many having primary and secondary education.

Table 4.4: Frequency distribution of respondents by education level

Education level	Frequency	Percent
Informal level	7	5.6
Lower primary	16	12.9
Upper primary	52	41.9
Secondary	37	29.8
Tertiary 713	12	9.7
Total	124	100

4.7 Frequency distribution of respondents by marital status

Table 4.5 indicates that 76.7% of respondents were married. About 9.7% were single, 9.7% widowed, 2.4 divorced and 1.6% separated. Generally the respondents were married and most of them were monogamous families. The study targeted families, it aimed at establishing the impact of alcohol abuse on the family unit.

Table 4.5: Frequency distribution of respondents by marital status

Marital status	Frequency	Percent
Married	95	76.6
Widowed	12	9.7
Divorced	3	2.4
Separated	2	1.6
Total	124	100

4.8 Frequency distribution of respondents by occupations

The respondents were supposed to identify the occupation of self and that of spouse in order to establish the main occupation of the household. Table 4.6 indicates that 48.4% are farmers on the part of self, 37.9% are employed, from the study it was established that those employed are drivers, primary teachers, few police officers and others are technicians in the nearby schools. The self-employed were 12.1% and these are those who have shops. Those not applicable are 0.8%.

On the part of the spouse, the trend seem to be the same, 53.2% are farmers, 7.3% are employed, 8.9% are self-employed, 2.4% are others while not applicable is 28.2%. The table shows in general that the main occupation is farming. The community practice mixed farming, they keep livestock and grow crops. This is their main occupation and source of income.

Table 4.6: Frequency distribution of respondents by occupation

Occupation	SELF		SPOUSE	
	Frequency	Percent	Frequency	Percent
Farmer	60	48.4	66	53.2
Employed	47	37.9	9	7.3
Self-employed	15	12.1	11	8.9
Other	1	.8	3	2.4
Not applicable	1	.8	35	28.2
Total	124	100	124	100

4.9 Frequency distribution of respondents by monthly income

The monthly income for the respondents is summarized in the table below. The majority of the respondents earned below Kshs.3,500 a month, this is where we have 58% earning between 100-3500 whereas 41.9% earn 3500 and above. It is possible that the majority in this group

earns less than 4000 a month, this was established through observation methods whereby most families have many children, the shambas so small and children look unkempt. It shows the income is not sufficient to meet the needs of the family.

As mentioned earlier, the community relies mainly on agricultural products and it follows that income is derived from the same source. Given the stresses they go through there's a possibility that those who do not get sufficient income tend to abuse alcohol more than those whose income is relatively sufficient.

Table 4.7: Frequency distribution of respondents by monthly income

Monthly income Kshs.	Frequency	Percent
100-1500	24	19.4
1501 – 3500	47	37.9
3501 and above	52	41.9
Not applicable	1	.8
Total	124	100

4.10 Distribution of respondents according to reasons for taking alcohol

As mentioned earlier when discussing personal characteristics of the respondents it is clear that the community is an agricultural society where they keep livestock and plant food crops. Unfortunately from the study, it was established that these sources of livelihood are no longer sufficient to meet the family needs. One of the key informants expressed concern that the community is living under hard times because the milk that is available is sold to middlemen who buy very cheaply from the farmers. This has caused stress among the people because they are not able to pay school fees for children, buy food and other necessities. As a result of these frustrations most household heads have resorted into alcohol abuse in order to drown their problems.

According to (Chafetz 1962) alcohol is medicine for depression. Many individuals who suffer stress may take alcohol to lift their spirits and to forget their problems for a moment.

It was also established that the most popular drink that is consumed by the people is 'chang'aa and busaa'. This is because it is affordable given the income level, and it is accessible or available. According to (Owino, 1982 and Haji, 1985) availability and affordability of the drug contribute to alcohol abuse. Changaa makes them feel high or get drunk fast. One of the respondents said, *"I take changaa because the little money in my pocket from casual labour will enable me to get drunk very quickly"*. The table shows that the respondents over-indulge due to stress and economic hardship. Those who consume busaa and changaa stand at 33% while those who consume changaa stand at 43.5%. Both groups stand at 76.5%. This is a higher percentage and it illustrates that the community is stressed due to economic hardship.

From the study it was also established that there is high rate of unemployment in the community. This is a phenomenon that is affecting the whole of Kenya. Whereas the parents were looking forward to be relieved by their older children who have completed school, they turn out to be an additional burden to the family and this adds more stress to the parents.

It is also important to note that a higher percentage take alcohol due to leisure and company. Those who take busaa due to leisure stand at 22.2% while those who take changaa stand at 15.3% while on both drinks those who take due to company stand at 32.2%.

Table 4.8 Distribution of respondents according to reasons for taking alcohol

Reasons for taking alcohol	Busaa		Changaa	
	Frequency	Percent	Frequency	Percent
Leisure/pleasure	28	22.6	19	15.3
Stress/economic hardship	41	33	54	43.5
Company/influence	17	13.7	23	18.5
Do not know	1	.8	2	1.6
Not applicable	37	29.8	26	21
Total	124	100	124	100

4.11 Distribution of respondents according to alcohol abuse and marital instability

From the interviews conducted it was established that 57.3% of the spouses complain about their husbands drinking. The respondents gave various reasons as to why their spouses complain such as quarrels, fights, lack of basic needs and fear of getting HIV/AIDS. The most prominent reasons that featured were the fights and quarrels among the couples.

One of the respondents said the following: *"As we are talking now, my wife and children are not there; she has gone back to her parents. This is because of my drinking habits, which make us fight everyday"*.

It was established, however, that separations and divorce are not common in the community due to cultural beliefs. It is believed that women need to be disciplined by men and beating is part of discipline. It is common therefore to find women persevere under their battering husbands. Women are supposed to be patient and tolerant in their marriages.

It was also established from the study that those husbands, who drink, some end up selling their shambas and thus become another source of fighting. Unfortunately male dominance prevails the structural framework of the society. Men are the acknowledge heads of the households and residence is patriarchal. Women do not have the authority which would otherwise place them in a better position to make decisions concerning family issues like that of not selling land. Furthermore where patriarchal family structures prevail men dominate in most decisions made.

In situations where women are highly dependent on men, they involve structural inequality on women. In such a case women are quite disadvantaged and they sit and watch their husbands as they sell upto the last piece of the shamba in order to buy alcohol. It was also noted that in domestic violence men are the aggressors and women are the victims.

Table 4.9: Distribution of respondents according to alcohol abuse and marital instability

Spouse complain	Frequency	Percent
Yes	71	57.3
No	35	28.2
Not applicable	18	14.5
Total	124	100

4.12 Distribution of respondents according to alcohol abuse and emotional well-being of the children

The measurement of the emotional well being of the children include school drop out, abuse of alcohol, unwanted pregnancy and certain behavioural changes like withdrawal, anxiety.

From the study it was established that the children complain due to drinking habits of their parents which has led to negligence. Table 4.10 summarizes the various reasons for the children who have dropped out of school. One of the key informants who is a teacher in one of

the schools in the location lamented that there are many absentees, the academic performance has dropped, homework given is hardly done. The teacher also noted the children whose parents abuse alcohol are psychologically and emotionally unstable and this is observed through certain behaviours displayed like withdrawal, anxiety, shy, hostility, unkempt and other peculiar behaviours.

It was noted that young children are able to express verbally to other children how their parents fight at night, how they abuse each other and even how they did not have breakfast.

Unfortunately older children are so embarrassed and they shy away from expressing verbally. Instead they are withdrawn, aggressive, unkempt, their academic performances go down and some are rude and hostile. This kind of environment is not conducive for the children's wellbeing and they end up getting out of school.

Table 4.10: Reasons for school drop out

Reasons for school drop out	Frequency	Percent
Early marriages/pregnancy	22	17.7
Lack of school fees	34	27.4
Indiscipline	6	4.8
Marital problems	2	1.6
Not applicable	60	48.4
Total	124	100

May drop out of school due to school fees, 27.4% are affected by lack of fees. It is possible the little income available given the economic status of most households is spent on alcohol. The other reason is attributed to early marriages, it accounts for 17.7%. When the parents are

preoccupied with drinking alcohol the children lack parental guidance. They lack attention and love from their parents. The means that young people have devised their own ways of understanding what is happening in their bodies and life in general. Some of these ways have led them to some misleading or some distorted information about sexuality.

The girls end up getting married quite early and starting a family that is likely to push them into the abuse of alcohol due to problems they encounter and they are not old enough to tackle them.

It was established from the study that young girls are affected mostly, many get pregnant, and there are economic and social consequences of early child bearing. According to population reports (1995), the risk of child bearing for young women who are just beginning their adult life do not end with delivery, compared with a woman who delays child bearing until her 20's the woman who has her first child before 20 years of age is most likely to obtain less education, have fewer opportunity and lower income and live in poverty. Their socio-economic prospects are significantly reduced.

The Nandi community condemns unmarried young woman who bears children out of wedlock. The young woman is forced to marry any man who is willing whether young or old. This also explains why surrogate marriages are popular in the community. Additionally, this is a community that does not encourage divorce, it follows therefore the women are expected to endure violence or neglect without recourse.

It was expressed by one of the key informants that most fathers nowadays want to marry off their daughters in order to get dowry. He attributed this to irresponsibility on the part of parents. He had this to say; *"These days most parents do not think about the future of their children, they have become very irresponsible, they forget that this will affect the next generation"*. This illustrate that the irresponsibility on the part of the parent as a result of alcohol abuse has made

them fail to provide the basic needs for their children, and to provide them with necessary information concerning their sexuality.

Victor (1988) in the booklet "Do Something About Teenage pregnancy" suggests that both male and female be given sex education that will provide them with the following information.

- Correct information relating to growing up and their sexuality.
- Opportunities to build and refine their system of values, particularly as it relates to sexual matters.
- Experiences, which help them, develop positive self-image.
- Guidance on how to relate to others especially peers and members of the opposite sex.

Lack of proper parental guidance has exposed young boys and girls into premarital sex. Indiscipline and marital problems account for 5.6%. The teacher noted that indiscipline could be attributed to lack of basic needs and instability at home. When homes are not stable the children are likely to manifest certain behaviours such as fighting among the students to vent out anger as a way of releasing stress.

According to (Bandurra 1986 and Stainwetz 1977) parenting deficiencies may mediate the link between marital discord and child deviance. Children can directly imitate parental conflict and aggression. Studies have shown that alcoholism in the family exposes children to chronic adult conflicts given the fact that the problem enhances irresponsibility on the part of the parents.

From the discussion with the key informant (teacher) another form of indiscipline that featured is theft where the affected children steal from others item such as pens, books and even erasers.

It was noted however, that the teachers handle most of the indiscipline cases at school level through punishment and guidance and counseling. This explains why the indiscipline cases are few. It was also established from the same source that the teachers are encouraged to identify the children from unstable homes early so as to help them cope or adjust. From the study, it was also established that most of the teachers do not have counseling skills, which would enable them to handle the children adequately.

4.13 Conclusion

In this chapter the personal characteristics of the respondents have been presented. This includes age, sex, marital status, level of education, religious education, income and occupation. Also presented are reasons for taking alcohol, marital instability and also reasons for school drop out. Descriptive statistics have been used to analyze data.

The study found out that most respondents were in the age category of (36-45), 46 and above years. The majority are married, furthermore most of the respondents are Catholics and most of them take alcohol. This is due to their liberal religious beliefs whereby the consumption of alcohol is allowed.

The majority of the respondents are farmers. The community highly relies on agricultural produce mainly maize and milk. 60% of the respondents get a monthly income of between Kshs.100 –3,500. There is a possibility that this income is not sufficient to meet the family needs.

The study also found out that most of respondents take alcohol due to stress and harsh economic conditions. This has affected the marital stability and the emotional well being of the children. 57.3% of the spouses complain about their husbands drinking. On one hand, 50% of the children have dropped out of school due to early marriages/pregnancy and lack of school fees.

CHAPTER FIVE

5.0 DATA ANALYSIS

5.1 Introduction

This study sought to find out the impact of alcohol abuse on family life among the Nandi community. In this chapter we tried to establish whether there was a relationship between the dependent and the independent variables.

The following hypotheses guided this study:

- (i) There is a relationship between the individuals personal characteristics and alcohol abuse. The personal characteristics in this hypothesis include sex, age, level of education, occupation, income, marital status and religious affiliation.
- (ii) There is a relationship between the prevailing harsh economic conditions and alcohol abuse.
- (iii) There is a relationship between marital problems and alcohol abuse.
- (iv) There is an impact of alcohol abuse on the emotional wellbeing of the children.
- (v) There is a relationship between the socio-cultural changes and alcohol abuse. Due to socio-cultural changes, there is a possibility of breakdown in rules that used to guard against misuse of alcohol.

5.2 Personal characteristics of the respondents and alcohol abuse

The personal characteristics here include age, sex, religious affiliation, education level, marital status, occupations and monthly income.

(a) Age

Most respondents were in the category of (36-45) that is 46%, 38.7% were in the category of 46 and above. From the table 5.1 below it shows that the majority of those who take alcohol are in the age group of (36-45) and also from 46 and above.

The table below shows that there is a relationship between age and taking of alcohol. This relationship could be attributed to the fact that most people in the two age groups were married, and faced with the challenges of family life they are pushed into taking alcohol. For example at this age the children are in school and they need school fees, some are in college. During this time most children are likely to be at the stage of adolescent and quite demanding from the parents. They are faced with economic hardships yet they have responsibilities and obligations to carry out i.e. family demands. It is true that the age of the respondents has an influence in the abuse of alcohol. The hypothesis is accepted.

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Table 5.1 Age of the respondents and alcohol abuse

Age of respondents	Still taking alcohol		
	Yes	No	Total
25-35	19 (15.3)	0	19 (15.3)
36-45	48 (38.7)	9 (7.3)	57 (46)
46 and above	44 (35.5)	4 (3.2)	48 (38.7)
Total	111 (89.5)	13 (10.5)	124 (100)

Note: The figures in brackets are the percentages

(b) Sex

The majority of the respondents were male 82.3% while the females were 17.7%. The study targeted the head of the household who in most cases are male. Where the family is single or surrogate the female was interviewed. The reason the head of the household was targeted is because they are the breadwinners and where they overindulge in alcohol the family suffers.

Looking at the cross tabulation, 91 men take alcohol while 21 women take alcohol. This kind of analysis is not strong enough to establish any relationship since the study targeted the male. A female was only interviewed where the family is single or surrogate. In my view, it is not fair to use it for analysis because there was a variation.

Table 5.2: Sex of respondents and alcohol abuse

Sex of respondents	Still taking alcohol		Total
	Yes	No	
Female	20 (16.1)	2 (1.6)	22 (17.7)
Male	91 (73.4)	11 (8.9)	102 (82.3)
Total	111 (89.5)	13 (10.5)	124 (100)

(c) Religious affiliation

Information concerning the respondents’ religious affiliation indicated that the respondents belonged to five groups. These were the Catholic, Anglican, Pentecostal, AIC and others. The area was dominated by the Catholics. From the study it was established that almost half of the respondents are Catholics and they all take alcohol. Due to their liberal religious beliefs they do not condemn the use of alcohol. This also explains why the use of alcohol is prevalent in the area. From other denominations, the majority do take alcohol (table 5.3). The table shows that there is a relationship.

Table 5.3: Religious affiliation and alcohol abuse

Religious affiliation	Still taking alcohol		Total
	Yes	No	
Catholic	56 (45.2)	0	56 (45.2)
Anglican	21 (16.9)	2 (0.8)	23 (18.5)
Pentecostal	5 (4.0)	1 (0.8)	6 (4.8)
AIC	12 (9.7)	10 (8.1)	22 (17.7)
Others	17 (13.7)	0	17 (13.7)
Total	111 (89.5)	13 (10.5)	124 (100)

(d) Education level

The information concerning the education level of the respondents (table 5.4) shows that the majority are in the upper primary and the secondary group. It also shows those in these two categories take alcohol most. Unfortunately this is supposed to be a group that is exposed and in a position to know the consequences of alcohol on family.

This being a fairly educated group of people, the over-indulgence in alcohol should be minimal but this does not reflect that. It shows there is a relationship.

Table 5.4: Education level and alcohol abuse

Education level	Still taking alcohol		Total
	Yes	No	
Informal level	7 (5.6)	0	7 (5.6)
Lower primary	16 (12.9)	0	16 (12.9)
Upper primary	47 (37.9)	5 (4.0)	52 (41.9)
Secondary level	30 (24.2)	7 (5.6)	37 (29.8)
Tertiary level	11 (8.9)	1 (0.8)	12 (9.7)
Total	111 (89.5)	13 (10.5)	124 (100)

(c) Marital status

The study showed that the married group takes alcohol the most (table 5.5). The relationship between the taking of alcohol and marital status is there. From the study, it was attributed to challenges that face the married. For example, during the interviews the respondents confessed that they drink so as to forget problems. One of the male respondents had this to say *"when you wake up in the morning, you are told there's no sugar, the child wants a pencil yet I don't have the money. These are hard times when it is hard to get money... by the time I come back in the evening; I am already drunk and go to sleep"*.

From the study it was also established that majority of single parents (female) take alcohol so as to forget their problems. One of them had this to say *"life is full of frustrations and unfair to single parents. I have seven children and they all rely on me yet the shamba is only one acre. I*

am not able to provide for them and this really frustrates me. I take changaa so as to give me sleep".

The kind of frustration some of them go through was enhanced through observation methods. In this particular home, the house is so small and thatched with grass, the children were quite hostile and unkempt. This showed a lot of hopelessness in the home.

Out of the four respondents who are separated and divorced, three out of these was as a result of alcohol abuse. It was also established that due to traditional beliefs and customs the community does not approve of divorce. In most cases the wives endure physical violence and psychological abuse. Besides wife battering is an acceptable form of instilling discipline according to the community. Women are supposed to be tolerant and patient in their marriages. Table 5.5 shows that there is a relationship between alcohol and marital status. The hypothesis is accepted.

Table 5.5: Alcohol abuse and marital status

Marital status	Still taking alcohol		Total
	Yes	No	
Married	85 (68.5)	10 (8.1)	95 (76.6)
Single	12 (9.7)	0	12(9.7)
Widowed	10 (8.1)	2 (1.6)	12 (9.7)
Divorced	2 (1.6)	1 (0.8)	3 (.4)
Separated	2 (1.6)	0	2 (1.6)
Total	111 (89.5)	13 (10.5)	124 (100.0)

(f) Occupation

The respondents were supposed to identify the occupation of self and that of spouse in order to establish the main occupation of the household. From the study about half are farmers this applies to both the spouse and the self.

From the cross tabulations it shows that there's a relationship between the occupation of self and spouse and abuse of alcohol. The study established that the sources of livelihood that they rely on, that is income from dairy products and maize is not sufficient to meet the demands of the family. This has pushed them into taking alcohol. One of the respondents was particularly unhappy about the prices of maize last year. He had this to say; *"last year, I sold one bag of maize at Kshs.500 to middlemen, this could not fetch me any profit instead it was a loss. This year I was not able to cultivate the shamba and I do not know what the children are going to eat"*. This kind of lamentation was enhanced through observation methods where I could see only half an acre of land has been cultivated. This is not enough for consumption given the size of the family.

Given these frustrations from the occupations the couple is pushed into abusing alcohol so as to forget the problems facing the family.

Table 5.6 shows that the relationship between the abuse of alcohol and the occupation is not statistically significant. But from observation methods the relationship was seen. Farming is the main occupation, the community practices mixed farming. The majority of the farmers take alcohol.

Table 5.6: Alcohol abuse and occupation for self and spouse

Occupation	SELF		SPOUSE			Total
	Still taking alcohol		Total	Still taking alcohol		
	Yes	No		Yes	No	
Farmer	52 (41.9)	8 (6.5)	60 (48.4)	60 (46.8)	6 (6.5)	66 (53.2)
Employed	44 (35.5)	3 (2.4)	47 (37.9)	5 (6.5)	4 (0.8)	9 (7.3)
Self-employed	13 (10.5)	2 (1.6)	15 (12.1)	10 (8.1)	1 (0.8)	11 (8.9)
Others	2 (0.8)	0	2 (0.8)	30 (25.8)	8 (2.4)	38 (28.2)
Total	111 (89.5)	13 (10.5)	124 (100)	105 (89.5)	19 (10.5)	124 (100)

(g) Monthly income

The majority of the respondents earned below Kshs.3,500 a month. This income is not sufficient to meet the family demands given the fact that most families are quite large. As explained earlier, the community relies mainly on agricultural products and it follows that income is derived from the same source. Given the stresses they go through there's a possibility that those who do not get sufficient income tend to abuse alcohol more than those whose income is relatively sufficient.

Table 5.7 shows that there's a relationship between the abuse of alcohol and monthly income. It shows that those who earn below Kshs.1,500 a month, they all take alcohol and those who earn between 1501 and 3500 over half do take alcohol. These can be attributed to the fact they are not able to meet the basic needs sufficiently hence forced to take alcohol to relieve stress.

Table 5.7: Monthly income and alcohol abuse

Monthly income (Kshs)	Still taking alcohol		Total
	Yes	No	
100-1500	24 (19.4)	0	24 (19.4)
1501-3500	44 (35.5)	3 (2.3)	47 (37.9)
3501 and above	42 (33.9)	10 (8.1)	52 (41.9)
Total	102 (80.5)	22 (19.5)	124 (100)

5.3 Harsh economic conditions and alcohol abuse

As mentioned earlier when discussing personal characteristics of the respondents, it is clear that the community is an agricultural society where they keep livestock and plant food crops. The main source of income is the dairy products and maize.

The two main common sources of income (maize and milk) are used to analyze in order to establish whether this has pushed the community into abusing alcohol. From the analysis table 5.8 these two show that there's a relationship. It was established from the study that these sources of livelihood are no longer sufficient to meet the family needs. One of the key informants expressed concern that the community is living under hard circumstances because the little milk that is available is sold to middlemen who buy very cheaply from the farmers. This has caused stress among the people because they are not able to pay the fees for children, buy food and other necessities. As a result of these frustrations most household heads have resorted into alcohol abuse in order to drown their problems.

One of the respondents had this to say: *"A father is supposed to provide for the family. Where one is not able he gets so frustrated"*. Lack of sufficient income put men in a very awkward position. It is in line with society's expectation where men are supposed to provide.

According to (Chafetz 1962) alcohol is medicine for depression. Many individuals who suffer may take alcohol to lift their spirits and forget their problems for a moment.

It was also established that the most popular drink that is consumed by people is changaa and busaa. It is affordable and available. According to (Owino 1982 and Haji 1985) availability and affordability of the drug contribute to drug abuse. Changaa makes them feel high or get drunk fast. One of the respondents said; *"I take changaa because the little money in my pocket from casual labour will enable me to get drunk fast. This therefore means the fast one gets drunk the fast he forgets his problems"*.

The relationship is quite close, those who earn Kshs.30,000 per year from both sources take alcohol the most.

Table 5.8: Harsh economic conditions and alcohol abuse

Table 3.8: Harsh economic conditions and

Income Source			Income Source Milk (per annum)			Total
	Still taking alcohol		Total	Still taking alcohol		
Maize (per annum)	Yes	No		Yes	No	
Below 30,000	49 (39.5)	8 (6.5)	57 (46.0)	60 (48.4)	8 (6.5)	68 (54.8)
31000-60000	9 (7.3)	3 (2.4)	12 (9.7)	2 (1.6)	2 (1.6)	4 (3.2)
61000-90000	1 (0.8)	1 (0.8)	2 (1.6)	1 (0.8)	1 (0.8)	2 (1.6)
Above 91000	1 (0.8)	1 (0.8)	2 (1.6)	0	0	0
Not applicable	51 (41.1)	1 (0.8)	52 (41.9)	48 (38.7)	2 (1.6)	50 (40.3)
Total	111 (89.5)	13 (10.5)	124 (100)	111 (89.5)	13 (10.5)	124 (100)

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5.4 Alcohol abuse and marital instability

It was established that alcohol abuse has negatively affected marriage. Most respondents agreed that their spouses complain about their drinking habits. The respondents who were interviewed gave various reasons as to why their spouses complain such as quarrels, fights, lack of basic needs and fear of getting HIV/AIDS. The most prominent reasons that featured were the fights and quarrels among couples.

One of the respondents said the following: "As we are talking now, my wife and children are not there. She has gone back to her parents. This is because of my drinking habits which make us fight everyday".

From table 5.9 it shows that there is a strong relationship between marital instability and alcohol abuse given the fact that the spouses complain about their drinking habits of their husbands. The analysis shows that there is a very close relationship.

Table 5.9: Alcohol abuse and marital instability

Spouse complains	Still taking alcohol		Total
	Yes	No	
Yes	71 (57.3)	0	71
No	35 (28.2)	0	35
Not applicable	5 (4.0)	13 (10.5)	18 (14.5)
Total	111 (89.5)	13 (10.5)	124 (100)

5.5 Alcohol abuse and emotional well being of the children

From the cross tabulations it shows that there is a strong relationship between the emotional well-being of children and alcohol abuse. About 89.5% of children dropped out of school due to reasons that are related to alcohol taking as shown on the table below (table 5.10).

Table 5.10: Reasons for school drop out and still taking alcohol

Reasons for school drop out	Still taking alcohol		Total
	Yes	No	
Early marriage/pregnancy	21 (16.9)	1 (0.8)	22 (17.7)
Lack of school fees	33 (26.6)	1 (0.8)	34 (27.4)
Indiscipline	6 (4.8)	0	6 (4.8)
Marital problems	2 (1.6)	0	2 (1.6)
Not applicable	49 (39.5)	11 (8.9)	60 (48.4)
Total	111 (89.5)	11 (8.9)	60 (48.4)

5.6 Socio-cultural changes and alcohol abuse

The measurement indicators for the above variable include customs, beliefs, attitudes and values for example rules that are used to guard against the use and misuse of alcohol like age, sex, time, occasion amount and frequency.

Most of the information from the above variable was obtained from key informants. All of them agreed that the breakdown in religious and traditional regulations has led the community to abuse alcohol

According to an elder (key informant) beer was brewed during harvest seasons so as to obtain labor to work on the farms. Beer was also used during initiation and wedding ceremonies; it was seen as a sign of blessing when it was sprinkled, on the couple while grass was tied to symbolize permanence in marriage.

In most cases beer drinking was done communally, it acted as a source of social unity in the community. Home brewed beer was also used during meetings of elders. This was the time

when community elders came together to discuss matters that affect the community for instance, if there was theft of livestock by the neighboring tribe, they would meet to discuss how to recover their animals. The community highly values livestock and they would do anything within their means to recover them.

According to key informant it was established elders meet to discuss the behavior of errant members and come up with a way of rectifying such behavior since it was their responsibility to instill discipline on those who misbehave in the community.

It was also established that beer was taken whenever there was election of elders as a sign of sharing together. It was also noted that the community was close unit and whenever a member had problem there other member would assist. For example it was noted from a key informant that beer was taken whenever one was requesting to be given cows for the payment of dowry.

The elders expressed in Nandi language, "*Aiywet ne kibete metib chi*" It was emphasized, however, that during all these occasions women, young men and children were not allowed to drink. It was strictly meant for elders.

The elder observed that after sometime beer was sold, everybody started taking part the community has moved from communalism to individualism. Rapid changes in the structure of the society and in particular urbanization have meant that old social and religious controls over drinking have broken down at exactly the same moment as economic forces have led to breweries being established within the borders.

Edwards, (1980: 30) has attributed alcohol abuse to breakdown in religious and traditional regulations.

The rules that used to regulate behavior no longer do so, it was established that women and young men who were not allowed to drink today drink as much as they can so long as they can afford. This is because today alcohol is for commercial purposes, besides drinking places have

appeared in all villages and towns. Distilled alcohol with high concentration of ethyl is common it is no longer the home brewed beer that was seen as food in the traditional society.

In the traditional society people drank communally or as a family, but today this is no longer the case. Today they drink alone. This has enhanced drunkenness as observed by an elder.

It was also noted that when people drink communally it shows a sign of unity which also meant they carried one another's burden, today this is no longer the case, when one has problem its up to him to come up with solution. This is also one of the reasons that contribute to stress in the society that sharing and mutual concern for one another is no longer there. This is a major cause of alcohol abuse according to an informant.

It was also observed that most young men in the community today take alcohol something that was rare. One informant attributed this to lack of parental guidance, it was noted that parents have abdicated their responsibility of guiding and counseling their children instead they are poor role models. In fact it was observed most parents abuse alcohol.

It was also observed that boys are circumcised quite early this was something not acceptable in traditional society. Once they are initiated, they change their attitude and want to feel like men. The majority drops out of school and gets married. This makes them feel as part of decision-makers and start indulging in alcohol abuse. It was also established that men are mostly affected, they take more alcohol. It was noted however that women are also allowed.

It was also established that alcohol is taken at any time of the day or night. Initially it was taken during special occasion as mentioned earlier and only after work. Today this has changed it was expressed by an informant that alcohol consumption has retarded development in the area

young strong men start taking alcohol early in the morning. Instead of going to the shamba they start looking for alcohol as early as seven in the morning. This has brought about poverty.

The amount and frequency is not regulated. One can take as much as he can so long as he can afford. This has brought about drunkenness, which is a social disease and has affected the family negatively; traditionally the elders would sit together and discipline such a member but today it is no longer the case. From the discussion with the key informants it shows that the socio cultural changes in the country have brought about the misuse of alcohol, which has affected the family negatively. This is because the breakdown in cultural rules has left a gap and we have not developed a substitute that regulates our behavior in society. The adoption of western culture has even worsened.

One of the key informants who is an elder remembers the days when the community was close knit with nostalgia. He agrees that if those rules were brought back the society would be better. He was, however, quick to emphasize the need of self-discipline and responsibility on the part of the adults.

5.7 Case studies of alcoholic families

The study used case studies of those families who have been affected adversely by alcohol abuse. These people were identified with the help of the chief of the location and they were purposively selected, five families were interviewed and the study revealed that alcohol has had a serious impact.

CASE ONE

from one of the family interviewed it was established that the seven children dropped out of school at primary level, some are married while some are still at home unmarried and having children.

The study found out that the seven children only two are not taking alcohol. It is possible that the five taking alcohol imitate their parents and could have also been pushed by the harsh environment at home. It was also established that the two who are not taking alcohol moved away from home and stayed with the aunt who lives in another ridge.

The study also found out that there are frequent quarrels and fights among the couples. The head of the household confessed that there is no peace at home they disagree over lack of basic needs. The wife has also started drinking. He said that whenever they get money from the dairy products (milk) the money is shared between the two and its spent on alcohol. When asked what the children eat, he says...*"They are not young they have to look for money to buy food."*

This particular interviewee feels that there is nothing wrong in taking beer and says that beer has been there since time immemorial. When asked whether he sees the need for creating awareness, he says it is important to let young people know about the impact of alcohol and laments that he himself is too old and is of no use to the community.

From observation methods, it was established that the husband, wife and children need help especially the counseling services. The home is so unkempt, the house is too old and is about to collapse, roof leaking and quite cold especially now when it is raining. The children are quite hostile, after the interview the interviewee demanded that I give him money to buy chang'aa.

as interviewed who has been dismissed from employment as a result of
fesses that economic hardship and influence from friends pushed him into
found quite hard to come out of it. The respondent has a large family and
dependent on by his immediate family of eight children and extended
into taking alcohol due to frustrations.

work has triggered many other problems; he was particularly concerned
had stopped talking to him accusing him as the cause of the problem in the
ol fees for the children, lack of food and fear of being laughed at by the
es the wife. She has started brewing alcohol in order to support the family
ldren. Apparently the first born child is in form two and the rest are still in
rved that this is still a young family.

ies that if the man is not helped at this stage he might become worse. It was
ealth is not good, his hands shake and even the legs. The home is unkempt,
riendly and hostile. The shamba was not cultivated and the few cows were
althy. This means that agricultural produce is quite insufficient.

arrates himself. I started taking alcohol when I was in standard six. My
w and sell changaa and busaa. Whenever I go home for lunch, I would find the
y mother used to give me Busaa to take as I wait for the food to be prepared.
nment was not conducive my parents used to fight and quarrel every day, I
home for fees in secondary school. I would take along time to be given fees,

even up to three weeks staying at home; I dropped out of school in form two. I got married and started a family.

Unfortunately I have not stopped drinking. My wife complains about my drinking habits. She says I spend all the family income on alcohol. I'm a farmer I grow maize and keep cows. When I'm sober I am very good but when I get drunk I am a very violent man like my father. My wife is a Christian and she prays for me to stop drinking. My children are still young; the first born is in standard four.

From observation methods, there's poverty in the house. They live in two small houses semi-permanent the shamba is too small only two acres, they have three cows and the husband looks unhealthy.

The other case studies are similar the problems are common. The study established that family unit is threatened by the alcohol abuse. Young families are equally affected. It was observed that early initiation leads to early marriages and contributes to alcohol consumption early in ones life.

5.8 Coping mechanisms

These are other ways of survival to counteract the effects of alcohol abuse, for example selling of illicit brew to meet the basic needs. From the study it was established that about 50% of wives whose husbands drink have resorted to selling illicit brew like changaa and busaa in order to meet the basic needs.

They use money accrued from selling illicit brew to pay school fees, buy food and other necessities. As much as this saves the day it increases the problem of alcohol abuse.

It was also noted that majority of those who brew also take alcohol. It was also established from the study that children whose parents drink, some have resorted into drinking alcohol so as to

relieve stress. One key informant expressed that parents are transmitters of alcohol abuse to their children.

From those interviewed most responses included are accepted, others say they decide to keep quiet; this shows they have devised various ways of coping with the habit. It was also established out of 124 respondents only five have had medical problems as a result of drinking and three out of five say they have ulcers and high blood pressure, when asked whether they have sought medical attention only one has seen a doctor. But unfortunately when given medicine does not finish the dose. It is possible that a number have had medical problems but they are either not aware or they ignore. This was seen from the observation methods, most of the respondents who take alcohol have poor health they look haggard and thin, it was worse during this season there was shortage of food, maize is out of stock and most families suffer from hunger. The most popular drink is changaa because it does not require maize as an ingredient. This drink is quite harsh as compared to busaa. When it is taken on an empty stomach it worsens one's health condition

5.9 Summary findings

In this section we have looked at various issues associated with alcohol abuse and its impact on the family life among the Nandi community. We have looked at the causes of abuse, the socio-economic status of the families and the emotional wellbeing of children. We have also looked at coping mechanisms employed by the affected.

The study found out that harsh economic conditions have pushed the household heads into overindulging in alcohol. The occupation and the income position of the families interviewed are not sufficient to meet their needs. The study found out that the community practices mixed farming; they keep livestock and plant crops. Their income mainly comes from milk and maize.

It was noted that these sources of livelihood are no longer steady; the products are sold to middlemen who buy cheaply from the farmers. The study found out that this has stressed the respondents and many have resorted into taking of alcohol so as to forget the problems.

From the study it was found out that the popular drinks consumed by the affected is 'changaa and busaa'. This type of alcohol is cheap and available. The study attributed this to the income position of most respondents.

The study also found out the socio-cultural changes has contributed to misuse of alcohol. Beer used to be taken during special occasions and after work. This is no longer the case. The study found out that alcohol is taken any time of the day or night. Alcohol used to be taken communally and only by the elders. This is no longer the case, it is taken individually and one can take as much as he can so long as he can afford. The study also found out that young men and women do take alcohol, age and sex do not matter any more. It was noted that the community used to be close knit where there was unity and mutual concern, this is no longer the case, individualism is the norm and this has enhanced drunkenness.

It was also noted that the elders used to come together to discipline errant members, drunkenness was part of it. This is no longer happening. The community is living on the slogan *"Every man for himself and God for us all"*

The study also found out that alcohol abuse has had an impact on the stability of marriage. The respondents reported frequent fights and quarrels. 57.7% of the spouses complain about their husbands drinking habits. The study found out that separations and divorce are not common due to cultural beliefs. Wife beating is part of discipline. Women are seen as nurturers of the society and they are supposed to be tolerant and patient in their marriages.

The study also found out that men are affected mostly. It also found out that alcohol abuse has had a negative impact on the emotional well being of the children. It was established that 56% of the children complain about their fathers drinking habits. The reasons for their complains include lack of school fees, food, lack of peace at home and other requirements. The study also found out that 17.7% of the children have dropped out of school due early marriages/pregnancy, 27% have dropped as a result of lack fees. These reasons are closely related to alcohol abuse, which enhances irresponsibility on the part of the parent.

The study also found out that the affected families have devised ways of counteracting the effects. 50% of the spouses have resorted into brewing changaa and busaa for sale so as to meet the needs of the family. Others have resorted into prayer and waiting for a divine intervention.

The study also found out that it has been hard for the children to cope and some have resorted into drinking alcohol.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The study aimed at finding out the impact of alcohol abuse on the family. A case study of the Nandi community of Kenya.

The study focused on the reasons that make people abuse alcohol, the consequences of alcohol abuse on marital stability and the emotional well being of the children. It also aimed at establishing the coping mechanisms employed by the affected. The hypotheses of the study were: -

- ◆ There is a relationship between the respondent's personal characteristics and alcohol abuse.
- ◆ There is a relationship between harsh economic conditions and alcohol abuse.
- ◆ There is a relationship between the social-cultural changes and alcohol abuse.
- ◆ There is a relationship between the marital instability and alcohol abuse.
- ◆ There is a relationship between the emotional wellbeing of the children and alcohol abuse.

These hypotheses were confirmed in the study. From the responses given the study concluded that alcohol abuse has affected the family life. It is clear that the respondents have been forced by harsh economic conditions to indulge in alcohol.

It is also clear that the respondents have attributed to the marriage instability. They expressed concern that young families should be made aware of the negative consequences of alcohol. They also recommended that the government put in place strict measures so as to reduce the abuse.

The emotional well being of the children has been affected. It was noted however that the teachers are encouraged to identify the children with problems so that they are given counseling

services. It was emphasized that they should be trained with proper skills of counseling so as to handle them adequately.

It is also clear that most wives are concerned about their husbands. Some pray for them to stop drinking, others brew illicit liquor to support the family. It is quite true that this is not their wish and they wished they had another alternative source of income other than the brew. This was established from the key informants responses that most women do not enjoy the brewing they simply have no choice.

However all is not lost because their situation can be alleviated if the household heads and policy makers pursued the following recommendations. Those who are already in it can be helped to come out of through establishing of counseling and rehabilitation services. Other ways of getting income to be encouraged to assist mothers who brew alcohol so as to assist the family. The right education to be given on the impact of alcohol through creating awareness.

6.2 Recommendations

The study recommends the following;

- (a) A lot of awareness should be created on the impact of alcohol abuse on the family. This can be done through holding barasas, workshops and seminars. This should be a joint effort between the church, administrators, and youth groups together with women groups.
- (b) Rehabilitation and counseling centers need to be created in the location. Those who abuse alcohol need professional help; they need to be counseled and to be treated. As it is now, we do not have any rehabilitation centers in the district.

- (c) The existing laws on illicit liquor have not deterred people from abusing alcohol. The laws should be revised and the penalties on those who abuse alcohol to be more harsh. It was also expressed that some politicians use alcohol as a campaign tool to win the votes. They caution the chiefs against harassing the people. This should also be taken into consideration.
- (d) The country's economy needs to be improved so that farmers have a place to sell their produce at reasonable prices. This would stop unscrupulous middlemen from exploiting the farmers. The Kenya cooperative creameries and national cereals and produce board should be strengthened to alleviate the farmers' problems.
- (e) Other alternative way of earning income should be sought. This would assist the families to stop from brewing illicit liquor to meet the needs. The women should be encouraged to keep chicken, keep bees and other sources. This can be enhanced through forming of women groups in the area. They meet to encourage each other and share ideas.
- (f) Those who abuse their wives should be punished by law, this will discourage domestic violence. The society should also appreciate that women have feelings like any other human being and therefore, respect their dignity.
- (g) The parents should be taught to be responsible. They should take the responsibility of giving their children education on sexuality. Often we find that parents are too embarrassed or have inhibitions to speak to their children on these matters. It would be essential for the parents to discuss freely with the children about sex. This would reduce the unwanted pregnancy. They should show love and give attention to their children. This would help the children get a good self-image. More importantly, the parents should be good role models to their children. The children are known to be imitators. They copy what the parents do.

(h) The work of the teacher is indeed appreciated. They are encouraged to identify children from unstable families so that early intervention takes place. However it was established that there's lack of skills in this area. The study recommends that the counseling services be strengthened in schools. The teachers need to be trained in this field. This would enable them to confidently and professionally help the affected

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Greetings friends,

My name is Mrs. Jeniffer Birech from the University of Nairobi Sociology Department. I am doing a study on alcoholic consumption and it's impact on family life among the Nandi community.

I am kindly requesting you to work with me in this important study. The information you give will be treated with utmost confidence. There are no wrong or right answers, feel free to answer according to your understanding of the question.

Thank you in advance for your cooperation.

Instructions: Please tick the appropriate answer

Q1. What is your age bracket?

- (a) 15-25 ☐
- (b) 26-35 ☐
- (c) 46-55 ☐
- (d) 56 and above ☐

Q2. What is your sex?

- (a) Female ☐
- (b) Male ☐

Q3. Which one of the following denominations do you belong to?

- (a) Catholic ☐
 - (b) Anglican ☐
 - (c) Pentecostal ☐
 - (d) African Inland Church ☐
 - (e) Any other - Specify ☐
-

Q4. What is your education level?

- (a) Informal level ☐
- (b) Lower Primary (1-4) ☐
- (c) Upper Primary (5-8) ☐
- (d) Secondary (9-12) ☐
- (e) Tertiary (> 13) ☐

Q5. What is your Marital Status?

- (a) Married ☐
- (b) Single ☐
- (c) Widowed ☐
- (d) Divorced ☐
- (e) Separated ☐

Q6. If married, show the type of family that you have.

- (a) Polygamy ☐
- (b) Monogamy ☐
- (c) Surrogate ☐
- (d) Not applicable ☐

Q7. What is your occupation?

- (a) Farmer ☐
- (b) Employed ☐
- (d) Self-employed ☐
- (e) Any other specify.

Q8. If you are a farmer, specify the activities that you do

.....

.....

Q9. If you are employed, kindly specify what you do

.....

.....

Q10. What is your monthly income? Please tick where appropriate.

- (a) Kshs. 100 - 1500 ☐
- (b) Kshs. 1500 - 3500 ☐
- (c) Kshs. 3500 and above ☐
- (d) None of the above ☐

Q11. Please tell us whether you have ever taken alcohol

- (a) Yes ☐
- (b) No ☐
- (c) Do not know ☐

Q12. Are you still taking now?

- (a) Yes ☐ (b) No ☐ (c) Not Sure ☐

Q13. From the table below, please show the type(s) of alcohol that you take, rate/frequency for example do you take daily, occasionally. Also indicate the time of the day and also identify the reasons for taking the said drink.

Type of alcohol	Rate / Frequency	Time of the Day	Reasons for taking
Tusker (Beer)			
Busaa			
Chang'aa			
Any other specify			
.....			

Q. 14 How do the family put up with the habit of taking alcohol.
Explain _____

Q.15 Have you had any medical problems as a result of taking alcohol.

- (a) No ☐
- (b) Yes ☐
- (c) Not sure ☐

Q.16 If 15 is 'Yes' how do you cope with the problem.

- (a) Go to hospital ☐
- (b) Take more alcohol ☐
- (c) Stop taking alcohol ☐
- (d) Not applicable ☐

Q.17 Give any negative experiences in your life as a result of taking alcohol.

Q.18 In your opinion, has the taking of alcohol affected the family in anyway? If it has, explain.

Q.19 In your view, do you think there is need to create awareness on the impact. If so, how can this be done.

KEY INFORMANTS

1. As the chief of the location, is alcohol abuse a problem in the community? Give some indicators.
2. Which sex is affected mostly. Is it women or men?
3. Which age group is affected mostly?

4. In your opinion, what do you think are some reasons that make people take alcohol.
b) Do you think socio-cultural changes in society has contributed? Give some indicators.

5. Which alcoholic drink is popularly consumed. Give examples e.g. Busaa, Changaa.

6. What could be the possible reasons for consuming the said drink above.

7. How many cases do you handle as regard to alcoholic consumption. Probe to establish whether it is on daily basis, weekly basis, monthly basis. Also establish the nature of the cases.

8. State common problems that face the family as a result of alcohol consumption.

9. In cases where there are marital conflicts, who is the aggressor and who is the victim?

10. How are the affected families coping.

11. In your view, what do you think should be done about this problem.

Establish whether there is need to create awareness on the impact, whether those affected need any rehabilitation services.

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