

UNIVERSITY OF NAIROBI
DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK



**WOMEN ALCOHOLISM AND ITS EFFECTS
ON HOUSEHOLD WELFARE IN KOROGOCHO
SLUMS**

**A PROJECT REPORT SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE AWARD OF MASTERS OF ARTS DEGREE IN
SOCIOLOGY**

By

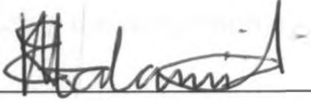
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DECLARATION

This is my original work and has not been presented for a degree in any other university.



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ABSTRACT

Historically, it is said that alcoholism has been seen as a male disorder. Its treatment methods have been mostly tailored to men. Previous research has shown that substance abuse affects men and women differently. Of interest to this study was to critically analyze how the woman's alcoholic state affects household welfare. The specific objectives of this study were to: establish the perception of women alcoholism in Korogocho slum, to assess the effect of women alcoholism on childcare and upbringing, to understand the nature and extent of women alcoholism in the slum, to investigate the effect of women alcoholism in the generation and management of household resources and finally to find out the strategies used in the community to deal with alcoholism in Korogocho.

The study was carried out in the slums of Korogocho. It combined aspects of both qualitative and quantitative designs. Key informant guides, Observation and Focus group discussions were used to supplement the data. Both alcoholic and non-alcoholic respondents were interviewed. A combination of content analysis and thematic approach was used to analyze qualitative data.

Research findings indicate that the perception of women alcoholism is not accepted by society and is instead viewed as a problem. Societal expectations of women are linked directly to already prescribed roles such as wives, mothers, caretakers, nurturers and sexual partners. Therefore when a woman deviates from this already prescribed roles and takes up alcohol abuse they are stigmatised. Other findings pointed out to the fact that women alcoholism does have direct drastic effects in the overall upbringing of children when it comes to their health, education, emotional well being as well as the generation of income and food security. The main conclusion is that women alcoholism has its effects on household welfare and as a result of this, the importance of treating the female alcoholic is paramount considering the prominent role she has in the home.

This study recommends that, communities take more action to control and eventually curb not only women alcoholism but alcoholism in totality. They must create more awareness campaigns, increase outreach and educational efforts that educate women on the hazards of alcohol. NGO's and development partners together with the government must put more concerted efforts in the general fight against alcoholism in Kenya. The local chiefs who are the eyes of the government on the ground must stop taking bribes from local brewers at the expense of the human life. Finally, recommendations for further research should include more attention to gender differences in the design, analysis and reporting of drinking practices. In addition to this, research on the relationships between women's drinking and that of their significant others can be considered.

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ACRONYMS

A.D: Anno Domini

COA's: Children of Alcoholics

B.C: Before Christ

FAS: Foetal Alcohol Syndrome

WHO: World Health Organisation

UNDOC: United Nations Office on Drugs and Crime

UNIFEM: United Nations: United Nations Development Fund for Women

UNHABITAT: United Nations Human Settlements Program

NIAAA: National Institute on Alcohol Abuse and Alcoholism

NACADA: National Agency for the Campaign Against Drug Abuse

CHAPTER 1: INTRODUCTION

1.1 Background to the study

1.1.1 A brief history of alcohol use

A number of historians believe that alcohol was discovered many thousands of years ago through natural processes in decayed fruit or fermenting bowls of grain. As time went by, human beings soon devised ways of producing and eventually enjoying it. As a result, alcoholic drinks soon became a way of life in many cultures and were used for various reasons such as medicinal, social celebrations, feasts, conflict resolutions and spiritual purposes (Gately, 2008).

There have been many myths regarding the first use of alcohol. According to Mc Cord, (1960) the Aboriginal Peoples in North America did not know alcohol before arrival of the Europeans. Others believe that alcoholic drinks were first produced by at least some tribes from South America to the plains. When these groups began using alcohol, it was primarily for rituals purposes and ceremonies.

French (1890) and Heath (1995) claim that all humans seem to have a need for occasional altered consciousness, in social gatherings or for spiritual purposes. Therefore, alcohol use is one form by which a person can change his/her consciousness to reach the higher powers. As a result, many cultures came up with rules about appropriate use of alcohol coupled with rules about acceptable and unacceptable levels of intoxication.

Apart from use of Alcohol for spiritual use, it has provided a variety of functions for people throughout all history. Alcoholic beverages have served as sources of needed nutrients and have been widely used for their medicinal and antiseptic properties. The role of such beverages as thirst quenchers is obvious and they play an important role in enhancing the enjoyment and quality of life, a fact which cannot be denied. The use of alcohol even in the past was used socially for many different purposes, such as calming feuds, giving courage in battle, sealing pacts, celebrating festivals, and seducing lovers. Other rituals have been recorded in histories of Egyptian burials whereby alcohol was part of the items buried with the deceased, supposedly for the journey to the afterlife. In addition to the above, it is seen as a social lubricant that can facilitate relaxation, provide pharmacological pleasure, and increase the pleasure of eating. Thus, while alcohol has always been misused by a minority of drinkers, it has proved to be beneficial to many (Gately, 2008).

It is said that many Africans did not have much exposure to alcohol until Europeans arrived. However, with the colonization of many African countries by the West, alcohol-drinking practice slowly became a norm that eventually led to the rediscovery of brewing alcohol using locally available resources. Many African countries began brewing their own local drinks and Kenya was not an exception.

1.1.2 Alcohol use in slums of Nairobi

Single et al (1999) has shown that substance abuse frequently occurs within a social context that is characterised by social and economic disadvantage. He explains that people tend to drink more often when confronted with problematic factors such as poverty, unemployment, low education level, unstable family conditions, unstable social environments, lack of resources and supports.

The connection between alcohol abuse and these other factors are complex; however, the resulting end to this equation is that that alcohol affects health. It is likely that lack of financial security rooted in family and social uncertainty can lead one to use alcohol as a coping mechanism to ease the problems. The progressive and gradual use of alcohol can sometimes change the mental and physical composition that may actually lead to dependency and addiction. Therefore, alcohol misuse arising from psychological factors such as learned social patterns and personal view of alcohol consumption as a form of reward can have a chronic psychological dependency on the individual.

Othieno et al (2000), in his study titled Substance Abuse in outpatients attending rural and urban health centers in Kenya, notes that abuse of substances both licit and illicit is a cause of concern not only because of the health of the individuals concerned but also due to the socio-economic consequences and the devastating impact on close family members and the community at large. They continue by adding that economic freedom that Kenya has undergone has allowed manufacturers of alcohol and tobacco to increase their market base by aggressively advertising their products through the mass media and various sale promotions. Moreover, due to the growth of the country as an economic hub in Eastern Africa, communication among other sectors pushing the economy have also improved making Nairobi a good transit point for drug traffickers of illicit substances. These illegal substances have found their way into the local market and into every niche of social-economic index. This is not particularly a major problem throughout the country; however, the problem has

been the ever-growing number of illegal drinking dens that have increased with the expansion of slums in urban areas.

Due to the economic nature of slums, not many of its dwellers can afford the highly taxed beers and spirits in the market today. Therefore, the alcohol that is usually consumed in the slums is brewed within the same environment and is sold at a fraction of the cost of regular alcohol. Alcohol addiction is rife and most Kenyan slums are synonymous with drunkenness and public disorder.

Alcohol abuse is a serious problem in Kenya's improvised settlements. Take for instance the number of hundreds of deaths that have resulted from chemically tainted home brews. These deaths are constantly reported throughout by the media, while those who are spared death are sometimes left blind. Despite the coverage of the loss of lives, this has done very little to deter many consumers from partaking in the consumption of the many locally brewed drinks especially the ever popular one called *chang'aa*. *Chang'aa* is easily brewed requiring simple understanding of fermentation, therefore anyone can brew it.

In slums, especially where household economic status is often below the poverty level, this cheap alcohol is usually the beverage of choice for many adults. Local brews cost as low as 10 Kenya shillings, which is equivalent to 0.1 of a dollar. Many drinking dens are usually operated by widows who rely on the revenue to live, and must compete with each other over who can offer the most powerful brew. These brewers for many instances add harmful chemicals such as formaldehyde and ethanol in an attempt to hasten the brewing process and to give it a 'kick.' As noted above, people who are blinded and deaths that occur are usually in multiple numbers. Others tend to suffer mental and other health related problems. These drastic consequences not only destroy families but also reverberate across communities and society.

Therefore, with little study done on this particular topic, we can say there is not much data out there that is available if we are to understand the effects of alcoholism among women and the effect the dependence has on household welfare in those families. The results that are expected to be obtained are policy specific in that they can be used for planning and implementing interventions in slums where consumption of cheap liquor is rampant. This is significantly important for Nairobi, quarter of whose population is distributed across several slums around the city.

1.2 Problem Statement

Over the years, there has been a growing interest in understanding gender differences in how alcohol is used. Research addressing the relationship between alcohol use among men has predominated the little research that has focused on alcohol use. First, compared to women throughout the world, men are more likely to drink, biologically are able to consume more alcohol, and perhaps suffer more problems by doing so. This gender gap is one of the few universal gender differences in human social behavior (Wilsnack and Wilsnack, 2005).

Stivers (2009), notes that often when consumption of alcohol by women is concerned it is usually considered only on special occasions such as weddings, birthdays or funerals. He goes on to add that sobriety is a sign of femininity; and that the women are often accompanied by their husbands and family, and they never became inebriated when they did drink because as a woman public inebriety is more a disgrace than a man's inebriation. Women were expected to drink milk, porridge, tea and warm water but never alcohol. Although this may be the common belief in many cultures where consumption of alcohol is shunned, somehow women today are drinking at a rate far greater than commonly believed.

The prevalence of alcoholism in most societies by either gender is an indication that an urgent intervention needs to be developed to cope with the problem. Research, for this matter, provides the best way forward into how this social problems can be addressed.

Given that studies on alcoholism have been based on male models, understanding the etiology of alcohol use among women is important if effective intervention programs tailored to specific needs of women can be developed. However, most developing countries experience difficulties of developing rehabilitation programs for alcoholic women due to the presence of social barriers such as attitudes and social stereotypes which creates obstacles to the detection and treatment of alcoholism. As a result, women are less likely to seek treatment (Wilsnack S.C. ,2005).

Other factors preventing women from seeking rehabilitation is stigmatisation, which is a major factor that leads to their denial of alcohol abuse. Thus women tend not to see the problem as a medical condition, and through this denial hide their drinking behaviors or hide their drinking in fear of being negatively labelled (Stivers, 2009). In addition, Julie Queler, CEO and founder of the The Orchid Recovery Center located in Florida, USA, an all women

drug and alcohol Rehabilitation center was once quoted saying that “alcoholism is a hidden disease and women become quite skillful at hiding it from their closest partners.” She goes on to add that alcohol addiction in women often goes undiagnosed and ultimately unrecognised by their partners. The main factors contributing to this problem is the stigmatization of women such that labels are applied to women drinkers i.e. “un-lady like” and or “un-cultured”. This results to a greater reluctance in women than men to seek help. Addiction to alcohol among women is therefore an endemic problem that remains hidden and buried.

Much of the research in alcohol addiction in the 1990s primarily focused on men, so too did all traditional addiction treatments; men were the drinkers, women prepared the drink. However, the little research available shows that women tend to progress more quickly from use to dependency and addiction, and to develop medical or social consequences from their addiction, as a result there is now a growing body of evidence that female addicts face challenges that male addicts do not .

In Africa, drinking and drunkenness are more tolerated in men than in women. While drinking is in most cases considered a sign of manhood by some groups, intoxicification in women on the other hand is invariably disapproved. Alcoholism in women is shocking because it is psychologically considered a taboo and it runs counter to the African ideal of acceptable female behaviour. Therefore, African societies are more prone to sit in judgement on the woman alcoholic than on the male alcoholic.

Researchers in the alcoholism field have not helped much either to alleviate negative views on women alcoholics. They have contributed to the negative perceptions attributed to this behavior by women by using an all-male or predominantly male samples in their investigations. Because most alcoholism research has been done on men, the result has been a male-as-norm bias in the definition and analysis of alcoholism. Thus, a more compelling reason why this study is important if such perceptions are to be disqualified and a new attitude developed towards this problem especially when it comes to the female drinker.

According to Knupfer (1982), this bias attributed to women suggests that alcoholic women are sicker and harder to treat than alcoholic men, thus defining women as a special population in the alcoholism field. Biologically, women are at a higher risk of suffering from medical conditions related to alcohol use than men. These problems include liver, brain, and heart damage. The difference in risk ratio is due to gender differences in metabolism and it also

related to gender differences in brain chemistry, genetic risk factors, and perhaps to entirely different factors that are currently unknown.

A perspective taken by Blume (1997), states that the availability of services specifically tailored to women are few if any in many countries. This is considering a country, but when thinking at the slum level it is obviously clear that lack of rehabilitation centers is expected. Therefore, in order for rehabilitation and treatment programs to be effectively implemented in many African communities, a change in a number of cultural attitudes regarding women and drinking is necessary.

Since time immemorial women were seen as the pillar and gatekeepers of household food security through the allocation of; their time in food production, preparation, distribution and marketing roles; and income through sale of excess food or their involvement in formal or informal activities. Studies in developing countries have overwhelmingly shown that women spend more of their individual income than men on goods and time dedicated to activities that contribute to food security for children and other household members.

Therefore the health and life situation of any woman is critical to the health and life chances of her children, not only during pregnancy, childbirth and the early months of life but throughout the entire childhood and upbringing. A mother's capacity to care for her child, energy she can devote to her children, the conditions in the home, her material resources, her skills and knowledge, continue to govern a child's passage from childhood to maturity - socially, physically and emotionally. A mother's care can never be enough no matter the age of her child. Therefore a woman's early death or absence from the home due to alcoholism or any other reason will have a profound impact on her children and the management of the household resources (Beckman L.J. ,1994).

Going with the past given roles of women in society, how would the death of an adult female impact household health outcomes? Theory suggests that the health status of an individual household member depends on the individual's social, behavioural, genetic, cultural, political, climatic and geographic circumstances which determine the quantity and nutritional levels of food items consumed, income level, personal variables such as education and personal hygiene, and exogenous factors such as access to clean water, sanitary conditions, access to and quality of health services.

Suppose a woman is the household key provider of food, clothing and household utilities for all her children, this means that a mother's alcoholism has direct effects that are profound both socially and economically, and those most affected will be her children. In addition, absence of appropriate care takers in the community (for example in the case of orphaned children), means that adequate nutrition, access to education and health services will either be lacking or inconsistent. These children are likely to grow up relatively as inadequate adults with reduced potential to contribute meaningfully to social development.

In some households where either parent is an alcoholic, family members may have to sell any assets in order to raise money to buy food or pay school fees, thereby worsening the economic conditions of the household. When household income is low and or misused on alcohol by either the male or female head in the house, the remaining household members may not be able to support themselves, thus forcing household members to do what they have to do to survive.

1.3 Research Questions:

This study sought to answer the following questions:

1. What is the perception of Women Alcoholism?
2. What is the nature and extent of women alcoholism in Korogocho slum?
3. How is child care and upbringing affected by a woman's alcoholism?
4. How is the generation and management of household resources affected by a woman's alcoholism?
5. What strategies are used in Korogocho community to deal with women Alcoholism?

1.4 Objectives of the study

1.4.1 Main Objective

To assess the effects of women alcoholism on household welfare.

1.4.2 Specific Objectives

- i) To establish the perception of women alcoholism in Korogocho slum.
- ii) To find out the nature and extent of women alcoholism in Korogocho.

- iii) To investigate the effect of women alcoholism on child care and upbringing.
- iv) To assess the effect of women alcoholism in the generation and management of household resources.
- v) To find out the strategies used in the community to deal with alcoholism in Korogocho.

1.5 Scope and limitations

This study looked at how alcoholism among women in Korogocho slums affects child care right from conception to their upbringing. In addition to this, the study focused on the effects of a woman's alcoholism in the generation and management of household resources. The fact that the study did not focus on men and that the researcher relied on wider generalisations means that getting detailed information may not be possible.

1.6 Justification of the study

Women are at a greater risk for adverse effects and alcohol related diseases. Major physiological impairments, the diognistic distribution, the psychosocial consequenses and the implications on family and the community are adverse in women than they are in men.

There are very few studies that have explored the issue of women alcoholics in general. Therefore, it is important to gain a better understanding of how men and women drinking patterns differ if the question on the difference in drinking behavior is to be explained. A common hypothesis on drinking patterns is that increased opportunities for women to perform traditionally male roles (particularly in the workforce) have enabled and encouraged women to increase their drinking (Wilsnack S.C., 1994).

This hypothesis does not take into account women living in slums or informal settlements; therefore, there has been no systematic attempt to assess the effects of alcoholism among women on household welfare in slums. Therefore better cross-cultural research on gender and drinking over longer periods of time may be essential to avoid oversimplified conclusions about differences in gender drinking behaviors.

If heavy drinking is associated with displays of masculinity, this may in turn encourage male drinkers to deny or oversimplify their alcohol addiction and dependency problems. They may

regard drunken behavior as normal or even excuse the drunkenness if it results into violence or other destructive behaviors (Graham et al, 1998).

On the other hand, assumptions that women do not drink heavily may lead to women's drinking problems being overlooked. Women's alcohol abuse or dependence may become a hidden behavior as it often provokes social outrage and use of punishment or coercion to try to stop such behavior (Blume, 1997).

Better understanding of gender stereotypes about both men's and women's drinking is essential to reduce the negative effects such stereotypes may have on treatment and prevention of alcohol-related problems. This is important especially at the family level. The family as the basic unit must be preserved and nurtured. Unstable and indisciplined families are most likely to produce unstable and indisciplined members of the society.

In almost all cultures, mothers occupy a central position. She performs many duties in relation to the maintenance of the family unit, which in a whole acts as a cohesion factor for the community. They are bearers of the values that are imparted to children and they provide guidance to their children at the same time overseeing the morals that society cherishes and ensures that they are adhered to.

It is well known that drinking can severely impair individual's functioning in various social roles. Alcohol misuse is associated with many negative consequences both for the partner of the alcohol abuser as well as the children that the alcohol abuser is ultimately responsible for.

From a medical perspective, maternal alcohol consumption during pregnancy can result in fetal alcohol syndrome in children. Furthermore, parental drinking is correlated with child abuse and impacts a child's environment in social, psychological and economic ways. In addition, drinking can impair performance as a parent, as a spouse or partner, and as a contributor to household functioning.

In many societies, drinking may be carried out primarily outside the family and the home. In doing this time spent while drinking often competes with the time needed to carry on family life. Drinking also costs money and can impact upon resources particularly of a poor family, leaving other family members destitute and struggling to survive.

According to the World Health Organisation, diversion of household income on alcohol can have indirect consequences such as lack of finances to seek health care, which may lead to

selfcare or delay in seeking health care or compromising the caretakers' time for child care. This not only applies to the alcoholic, but to all those that the alcoholic is directly responsible for i.e all other members of the household. Morbidity associated with the drinking habit among the consuming individuals can increase the frequency by which the household losses income due to lost wages and sometimes resulting in the premature death of sole wage earners in a household.

This Study is particularly concerned with the problem of women alcoholism and its effect on household resource management and the family. It will take place in one of the major slums of Nairobi known as Korogocho.

1.7 Definition of key terms

Alcohol: A colourless volatile flammable liquid, synthesised or obtained by fermentation of sugars and starches and widely used, either pure or denatured, as a solvent and in drugs, cleaning solutions, explosives and intoxicating beverages.

Alcoholism: Coined by Magnus Huss in 1849, also known as alcohol dependence is a disabling addictive disorder characterized by compulsive and uncontrolled consumption of alcohol which leads to a breakdown in health. It is a disease. It is chronic, or lifelong, and it can be progressive and life threatening. Alcoholism is based in the brain. Alcohol's short term effects on the brain are what causes someone to feel high, relaxed or sleepy after drinking. Both a person's genetic makeup and his or her environment contribute to the risk of alcoholism.

Alcohol abuse: Is a pattern of drinking that result in harm to one's health, interpersonal relationships, or the ability to work. Certain manifestations of alcohol abuse include failure to fulfill responsibilities at work, school or home; drinking in dangerous situations such as while driving; legal problems associated with alcohol use; and continued drinking despite problems that are caused by drinking.

A Woman alcoholic: A woman who has a constant uncontrollable craving for alcoholic beverages and has a compulsive disposition to drink them or even buy them.

Household: The household is "the basic residential unit in which economic production, consumption, inheritance, child rearing and shelter are organized and carried out". The

household is the basic unit of analysis in many social, microeconomic and government models. The term refers to all individuals who live in the same dwelling.

Household welfare: It refers to the well-being of the residential unit in which economic production, consumption and child rearing are carried out. It comprises of elements such as the well-being of individuals in the household including safety and happiness, the availability of resources and presences of conditions required for reasonably comfortably and healthy living. Household indicators include factors such as food security, asset base, education/ accesibility to school for children and health. Maintaining a good household welfare is primary the responsibility of the cheif provider.

Informal settlement: Based on the UN HABITAT 2003, Program definition:

i) Informal settlement is defined as residential areas where a group of housing units has been constructed on land to which the occupants have no legal claim, or which they occupy illegally.

(ii) Informal settlement is unplanned settlements and areas where housing is not in compliance with current planning and building regulations. (unauthorised housing)

Slum: as defined by the United Nations agency UN-HABITAT 2003, is a run-down area of a city characterised by substandard housing and squaler and lacking in tenure security.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

2.1.1 Evolution of alcoholism

Alcoholism is a disease of great destructive power and dates back to more than 200 years ago. Understanding the concept of alcoholism is not easy since it is constantly changing and viewed from many perspectives. According to Vaillant,(1995) causes of alcoholism are many; he questions is alcoholism a result of heredity, environmental, is it a sin or a sickness?

Others view alcoholism as a hidden disease which makes itself known with the onset of the first drink. Vaillant,(1995) argues that hundreds of papers have been written on the genesis of alcoholism, but there has been no actual studies on the development in a normal population.

Khun, (1996) states the origin of the disease concept of alcoholism is credited to Benjamin Rush in the United States and Thomas Trotter in Great Britain. He adds that in the 18th century the two co-dependently offered the earliest clinical descriptions of alcoholism as a disease whereby the 'alcoholic' drinker suffered a gradual and progressive loss of control over the consumption of the alcoholic beverage.

Meyer, (1996) observes that through the first half of the 19th century, the disease concept of alcoholism was accepted in the medical community and by the end of the century, new emerging issues came up and the views of alcoholism as a disease began to then build factual support from the findings obtained in the fields of Pathology and Microbiology. As alcoholism brewed an interest in numerous fields, more concerns were raised as to the role of alcohol in instigating social problems such as crime, accidental injury, domestic violence, suicide, amongst others.

As a result of the above trend, there grew an interest to respond to the upcoming crisis that alcohol had brought. It was now seen as a new concept that was multi-dimensional (Khun, 1996).

The increase of industrialisation and the need for a reliable and punctual workforce meant that there had to be a change in attitude as regarding alcoholism.

Self discipline was needed in place of self-expression when it came to alcohol. Drunkenness, although was an individual choice now was seen as becoming a threat to industrial efficacy and growth. At this point in time many writers shared the same views with (Khun,1996) that more and more personal and social problems were as a result of alcohol.

2.1.1.2 Alcoholism in Africa

Not many African writers have researched on alcoholism within the region probably because it is presumed from history that the disease concept is foreign and only came around as a result of colonisation. Either way, there is an irony in the above statement because according to the world's largest beer brewers, South African Brewers Miller's 2009 annual report, Africa is the second highest beer consumer after Asia. Also the World Health Organisation (WHO) says that about half of all the alcohol consumed in Sub-Saharan Africa is produced illegally.

According to Karega (2010), 90% of alcohol consumption in Tanzania and 85% in Kenya comes from the unregistered market. Alcoholism is therefore very active in this continent just like many parts of the world. In most African societies, liquor plays various roles some which include inducing courage before going to war and also a major male-adult pastime. In addition to being used to pour libations to appease the gods and ancestors, it is also used to 'loosen the tongue' in verbal encounters such as dowry negotiations and romantic pronouncements. Consequently alcohol use was incorporated to celebrate child-birth events, victories in battles and generally for passing away time.

The WHO Global Status Report on Alcohol 2004 states that..." In many countries there are beverages which either fall outside the usual beer, wine and spirits categories, or which are traditionally produced at the local level i.e. in villages and in homes. This kind of production seems especially common in many African countries where a wide variety of different beverages can be found." (WHO, pg.18-21).

African drinks have acquired themselves drunken names such as in Kenya it is "Chang'aa" or "Kill me quick", whereas Botswana has its "Tho-Tho-Tho" and in Nigeria they call it "burukutu".

In Kenya "*chang'aa*" is a drink mostly consumed by men in rural Kenya and city slums. However, this is an understatement because it does not include women. The drink is brewed by a business minded individual who diverts his/her cultural belief on the drink to money. Therefore, common brewing of local alcoholic drinks has become a business driven by 'business-minded' and people of low economic status who are most likely to be uneducated women.

A study in the 1970s in Nairobi carried out in the slums of Mathare showed that four out of five women kept their families going through brewing *busaa*, a traditional brew popular in Western Kenya. However, from the 1980s onwards, *chang'aa* took over as the major illicit drink and source of income.

With time, brewers began to spike *chang'aa* with methanol to increase its potency. Methanol is an industrial alcohol used in products such as anti-freeze. When absorbed directly into the body is lethal and some known side effects include coma and blindness. Extreme cases result in death as was the case in Kenya in November 2000 where 140 people died, many went blind and hundreds were hospitalized after consuming illegally brewed and poisonous liquor called "kumi kumi" in the slum neighbourhoods of Mukuru Kwa Njenga and Mukuru Kaiyaba. This alcoholic drink is common among Kenyans living in the country's low income urban and rural areas who cannot afford the legal beer (Mureithi, 2002).

It is with disbelief that the common Kenyan stares at the television news and reads in the daily newspapers how the concoction blinds and kills scores of people at a time. Last year in April 2010, twelve people died after consuming *chang'aa* laced with methanol in Nairobi's Shauri Moyo Estate. In June 2005, illegal brew - laced with industrial alcohol - caused the deaths of 49 people and more than 174 people were hospitalized after drinking the homemade 'kwona mbee' (literally: "see the way ahead") brew containing methanol - a toxic wood alcohol added to the concoction to give it more punch.

In July 2010, five people lost their lives in Kiambu while four others lost their sight after a drinking spree at a Government licensed bar. Six others also died in Nairobi's Kibera Slum from the same illicit brew (*Daily Nation, August 27 2010*).

Similar incidents were reported in Murang'a (Muthithi and Kabati areas), Naivasha and Machakos. This shows an urgent need to prevent and control alcohol abuse in Kenya, which however would only be possible if such efforts were backed by scientific evidence.

According to Mr. Simiyu Barasa in his article titled "Kenya- The drinking Country" presented at the G21 Summit, he says; "in reality, however, Kenya's drinking has always been a problem to all other parties except the drunkards themselves and the brewers." According to research by the Kenya Medical Research Institute, alcohol abuse affects 70 percent of families

in Kenya. Alcohol related deaths are common in Kenya with hundreds of people dying every year from poisoned liquor.

2.2 The female drinker in Kenya

“More and More Kenyan women are joining the ‘alcohol drinkers’ club but not all of them can hold their drinks” (Billy Muiruri Daily Nation writer, August 2010)

As stated in an article published in the *Daily Nation* on the 28th of August 2010, one in every three beer drinkers in Britain is a woman, this is according to a study done by a London-based research firm Data Monitor. In Kenya, the percentage of women drinkers is yet to be officially documented but it is almost a fact that more and more women are pulling seats and ordering their favourite drinks.

Women are more at risk of being affected health wise by alcohol than men, according to health publications.

Dr Nelly Kitazi, the Mathari Mental Hospital Superintendent in an article published in the *(Daily Nation* on June 19 2010) said that Kenya’s only referral and training mental health facility has recently been receiving a trickle of female patients after many months of dormancy. Eight women have been treated at Mathari Mental Hospital in the past eight months. Five of them had abused alcohol while the other three had used multiple drugs, including alcohol, bhang, miraa and Valium. “The admission of the female patients in the rehabilitation centre is encouraging to us after going for many months without them,” said Dr Nelly Kitazi. Last year the hospital contemplated closing down the female wing after a long period of inaction. By then, the 15-bed centre was operating below capacity, sometimes with none or only one female client in a month. The hospital administration had built the wing following complaints that it lacked a female centre to rehabilitate female substance abusers.

Medics blame societal attitudes for the situation where more men than women are coming out to seek help for drug abuse and mental disorders. They argue that the high number of men admitted in rehabilitation centers is a reflection of how the society makes it easier for a man to come out and seek help for drug abuse while at the same time making it difficult for female drug abusers, who are often branded as women of loose morals.

This is disturbing because studies show that female drug and alcohol abusers suffer greater social and health problems than their male counterparts do, which indicates they need more

help to resolve the problem. The Centers for Disease control and Prevention (CDC) also links excessive alcohol use, such as heavy drinking and binge drinking, to numerous immediate health risks that pose a menace not only to those consuming alcohol, but also to those around them. This includes traffic fatalities, unintentional firearm injuries, domestic violence and child maltreatment, risky sexual behaviors, sexual assault, miscarriage and stillbirth, and a combination of physical and mental birth defects that last a lifetime.

2.2 Social problems associated with alcohol

Alcohol consumption is linked to many harmful consequences to the individual drinker. Nevertheless, it is not only the individual drinker who is affected by its adverse effects but also those who the drinker is close to or comes into close contact with. In the end, these consequences have an impact on the society as a whole. The emerging social problems that this literature review will focus on include Alcoholism and family problems, Alcoholism and its effect in the workplace as well as the burden alcoholism can have on household resources.

2.2.1 Alcoholism and family problems.

Alcoholism is known as a family disease. An alcoholic can totally disrupt the normal functioning of a family (Silverstine, 1990).

Each individual has a specific role to play in society. Therefore, if that individual is an abuser of alcohol, then their functions and roles in the family and society become impaired. A mother who drinks during pregnancy can result in Fetal Alcohol Syndrome in children. Drinking can affect the performance as a parent, as a spouse or partner and as a contributor to household functioning. The amount of time the drinker spends outside the home drinking impairs the social functioning of the family in that the children are neglected as there is no one to cook for them, these children are more like to get malnourished and are likely to perform poorly in school due to the stressful environment at home and some end up engaging in delinquent activities like stealing just to survive, (*WHO, Global Status Report on Alcohol 2004*).

COA's exhibit symptoms of low-self esteem, loneliness, guilt, anger, helplessness, fears of abandonment and chronic depression. This is because they feel responsible for the problem within the family. Young children often cry, wet the bed and have few if any friends and are most likely to harbor the vice themselves (Berger,1993). Silverstein, (1990) notes that children of alcoholics are people who have been robbed off their childhood. One cannot

forget the aspect of Domestic Violence where studies have found that excessive alcohol use is seen to trigger marital violence.

2.2.2 Alcoholism and its effect in the work place

Heavy drinking at the workplace directly affects productivity. Alcoholics often excuse themselves from work to nurse their hangovers or fuel their habit the following day. Excessive drinking may mean unemployment of the individual as no employer would want to be associated with such an individual in their company. In accordance with Gemel (2003), the major concern of alcoholism in the workplace is loss of productivity, absenteeism, safety, employee relations, poor behavior and impact on company image.

2.2.3 The burden of women alcoholism on household resources.

The household is considered to be the basic social and or economic unit of society. Women have primary responsibility for rearing children, and ensuring sufficient resources to meet children's needs for nutrition, healthcare and schooling. The above factors all require some form of finances to secure. This primary responsibility can easily be affected if women are habituated to alcohol.

According to a journal, *Alcohol Health and Research World*, "One of the harms related to alcohol use is the adverse impact on the financial status of the family of a person with alcohol use disorder. There is an increasing level of expenditure by the person with alcohol use disorder to sustain her habit. Gradually, due to the restrictions that the family income imposes, the person dependent on alcohol begins to borrow money, steal and/or sell household objects in order to sustain his/her habit which adversely affects the financial status of the family,"(Wilsnack Vol.9, pg.10-11). The economic consequences of alcohol can be severe, particularly for the poor majority of whom live in the slums. The article continues to state that apart from money spent on alcohol, women drinkers may suffer other economic problems such as lower wages and lost employment opportunities, increased medical expenses as a result of injuries sustained from their drinking behaviour amongst others. Household decision-making is mainly attributed to the woman in most African communities today; it is the woman who guides her family into deeds which are righteous and of benefit to her family. In the case where the woman is an alcoholic in her family, then all the above attributed roles are put in jeopardy.

2.3 Theoretical framework

2.3.1 Biological theory of alcoholism

This is one of the traditional schools of thought on the causal theories of alcoholism. According to Korhonen (2004), plenty of research has been done indicating that alcohol dependence is caused by genetics and other biological factors. For instance some evidence has shown the Father-Son relationship with alcohol whereby a Father who is presumed an alcoholic automatically “passes those genes of alcoholism” to his son (WHO, 2004). This theory however can be criticised because one cannot assume that genetics of alcohol abuse will always determine alcoholism to a close family member.

2.3.2 Social learning theory of alcoholism

Alcoholism can also be explained by the Social Learning theory. It states that human behaviour is determined by the external environment. The proponent of this theory (Bandura, 1969) argues that people can learn new information and behaviours by watching other people. This he says is called observational learning or modeling and it explains a variety of human behaviour. He goes on to add that drinking is related to the norms and behaviours of one’s primary groups, one’s own attitudes towards alcohol. Bandura adds that alcohol is consumed by a social drinker or a problem drinker with the expectation that a pleasant consequence will follow or an unpleasant consequence will be avoided. Through observational learning and communications, we learn about drinking from parents, peers, books, films and media. Therefore if an alcoholic mother openly exhibits her drinking habits in front of her children daily, then this theory states that her children will be curious to know what is making their mother behave in such a manner and eventually experiment and take up the habit.

2.3.5 Feminist theories

Feminism is a movement for social, cultural, political and economic equality of men and women. It is a campaign against gender inequalities and it strives for equal rights for women. It can also be defined as the right to enough information available to every single woman so that she can make a choice to live a life which is not discriminatory and which works within the principles of social, cultural, political and economic equality and independence.

The feminist theorists aim to understand the nature of gender inequality in society. It examines women’s social roles, lived experiences, and feminist politics in a variety of fields

such as anthropology, sociology, social work, psychoanalysis, economics etc. Much of feminist theory also focuses on analyzing gender inequality and the promotion of women's rights, interests and issues. It is seen as a voice for women's continued oppression.

The field of addiction treatment, like medicine and like family therapy, has recently come under attack for basing much of its thinking about intervention on research focused on men. Little is known about the physiological and psychological effects of drugs and alcohol on women and we know little about differential approaches that might address women's needs more effectively. Addiction amongst women seem to pose such demanding and complex treatment problems that we often overlook the gender issues that are so deeply embedded at its core. Feminists concern on alcoholism include questions such as: What is known about women's addictions? Can research, knowledge and treatment be integrated? What social forces impact women's drug and alcohol use and what kind of programmatic changes can make treatment more accessible and effective for women and their families? Can cultural differences be integrated into treatment models? Feminists argue that there are patriachal biases towards the woman alcoholic. For instance addiction methods that have been developed are primary based on research with men i.e. the applicability of the twelve step programs on women (Bepko, 1991).

This study considered how alcoholism among women impacts on household welfare indicators. See conceptual framework below:

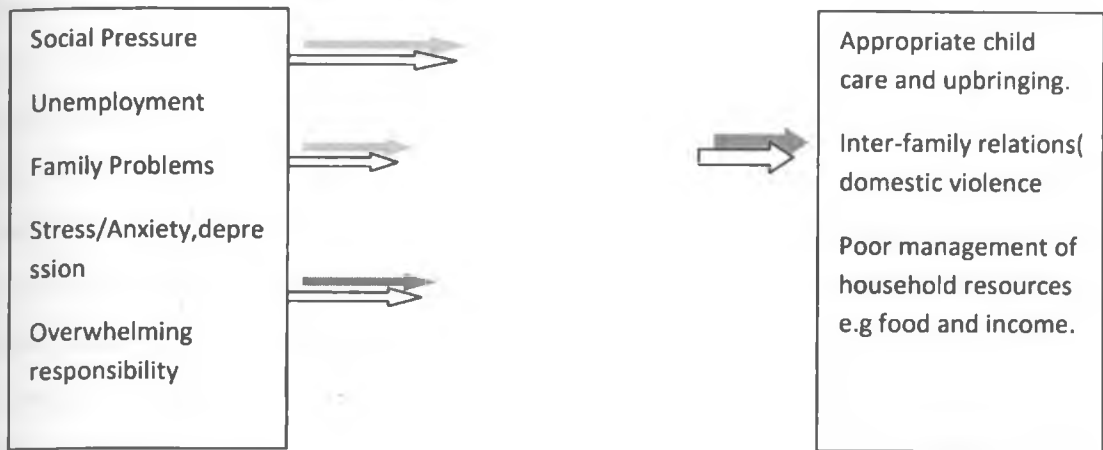
2.3.6 Conceptual framework

It is defined as a group of concepts that are broadly defined and systematically organised to provide a focus, a rationale, and a tool for the integration and interpretation of information. It is usually expressed abstractly through word models and it is the basis for many theories.

Figure 4.1: Conceptual framework

Causal factors to women

Alcoholism



This study adopts the above conceptual framework and tries to find out the impact of adult female alcoholism on key household welfare indicators such as; child care and upbringing i.e. their health, food security, educational needs, inter-family relations and asset base. When a household experiences an adult female death as a result of alcoholism and other factors, a child might be withdrawn from school to make up for the loss in income experienced by the adult or stop school because of lack of funds for school fees. Thus adult fatal illness is likely to affect two important school variables, enrollment and attendances (Berger,1993). There may be inter-family conflicts which may breed vices such as child abuse, domestic violence, isolation from the society, loss of employment amongst others. It will also attempt to find out the factors that cause Women Alcoholism in the area so as to understand the nature of alcohol abuse among women in the Korogocho slums.

CHAPTER 3: METHODOLOGY

3.1 Site selection and description

Nairobi is the capital and the largest city of Kenya. It is also the most populous city in East Africa with a current estimated population of 3 million. A UN report: *The Challenge of slums: Global Report on Human Settlements 2003*, which was published on World Habitat Day, (6 October 2003), stated that at least 40 per cent of settlements in the world were classified as slums. The report went on to state that in most African cities between 40 per cent and 70 per cent of the population lives in slums or squatter settlements adding that many African cities will be doubling their population within two decades. In a city like Nairobi, 60 per cent of the population live in slums which occupy about five per cent of the land (*UN-Habitat (2003) Global Report on Human Settlements 2003, The Challenge of Slums, Earthscan, London; Part IV: 'Summary of City Case Studies', pp195-228.*)

3.1.1 Korogocho slum:

The Korogocho slum is the fourth largest informal settlement in Nairobi. The slum is divided into seven villages and it is located approximately 11 kilometers from the central business district (CBD). It is estimated that 100,000 and 120,000 people live there, but this figure changes depending on who is reporting. The slum is situated on 1.5 square kilometers of government and partly private-owned land. This is what makes it unique because it is partly an illegal and an informal settlement. The private land used to be owned by one individual who later sold in pieces. Some other parts of the land used to belong to the county council and later divided to individuals. The slum borders the Dandora dumping site, the largest in Nairobi.

Part of the land on which Korogocho slum sits on was originally on government owned land which was a vacant outskirts when it was founded by rural migrants to the city in the 1960s.

Another unique aspect to the slum was that there are those who live in Korogocho because they have invested there. Others own the butcheries, wholesale shops and bars, thereby living there to carry out their business activities. This in turn forms a hierarchy that has been maintained based on socio-economic status of households in the slum.

Korogocho's poor make up the majority of its population. They do not have access to basic public services such as sanitation and waste management. These people live in temporary

structures made from recycled materials such as sacks, carton paper and polythene and are most at risk of being marginalized whenever any services are rendered to the dwellers.

Lack of water and sanitation leads to poor hygiene, which is prevalent in the slum. This results in easy spread of waterborne and water related diseases such as cholera, malaria, typhoid, and dysentery.

Given the poverty that looms over the slum, prostitution and drug use is prevalent. Thus, sexually transmitted diseases and HIV/AIDS are also widespread. Violence and crime is endemic which create insecurity, reinforcing social and ethnic tensions and undermine social cohesion in the slum. Such was witnessed in 2007 after the contested presidential elections that resulted in ethnic clashes which left more than a thousand people dead.

Most of the residents in Korogocho have had no formal education. This includes a majority of the unemployed youth who lack the necessary skills and education to contribute to overall development of the community. The employment opportunity that is available to a few people is mostly in construction where people are casual or physical laborers. The rest of the population is employed in the informal businesses, with most women operating road-side business units offering goods at cheaper rates.

Alcoholism is one of the major and prevalent public health problem in Korogocho. This behaviour is a result of many intertwined factors such as; lack of public services, prostitution, unemployment, drug addiction, alcoholism, rapes, criminality and domestic violence. The most commonly used drugs are marijuana, glue, *miraa* (khat), *chang'aa* and psychotropic drugs.

Use of *chang'aa* among people in many poor settlements, specifically in Kenya, is not only due to the above mentioned factors but also includes; influence by peers; social and economic problems; homelessness; and hostilities within family and environment. In Korogocho, *chang'aa* is easily available and highly accessible because its both cheap and locally brewed – meaning the drinking dens are within reach of the households. This means that anyone, street children to women, who has money can get hold of the brew.

Finally, the researcher felt that the slums of Korogocho have not really been exposed in terms of the social problems that affect it as much as the other slums such as Kibera, Mathare or even Mukuru yet they all face similar problems.

3.2 Research design

This section describes research design and methodology in terms of population, sampling, and administration of research instruments, data collection procedures, and the description of techniques used in data analysis all of which were in order to answer the research questions and achieve the set objectives. The conceptual framework of this study was based on the qualitative research that includes design, techniques and measures that do not produce discrete numerical data. The data produced by the qualitative research was more often from open-ended questions in form of words rather than numbers. This is because the best way to study the behavior of the respondents was better explained using qualitative research. The type of behaviour that this study sought to investigate was primarily attitudes and perspectives that could not be directly observed. In order to achieve the set objectives, the research design will be more descriptive. According to Mugenda and Mugenda (1999), emerging issues relating to political, social, and economic development in poor countries have enhanced the use of qualitative approaches in search of substantial solutions to numerous problems facing these countries.

3.3 Unit of analysis

Mugenda and Mugenda (1999) notes that the unit of analysis refers to those units that researchers initially describe for the purpose of aggregating their characteristics in order to describe some larger group. In this study the main units of analysis were alcoholic and non-alcoholic women in Korogocho slum.

3.4 Methods and tools of data collection

This study utilized interviews, key informant interviews, focus group discussions, desk review and observations.

3.4.1 Interview method

Oral interviews were used to collect data. Individual interviews were guided using structured questionnaires which were primarily open ended; probing was also used to allow the respondents to provide deeper information pertaining to the objectives.

3.4.2 Key informant interviews

Under this method, a key informant guide was used to collect data from respondents whom the researcher understands hold crucial and relevant information relating to the research questions and objectives. For this study, while the local chief was not available for interview, a community worker/social worker, NGO staff, parish priest health officers, including men and women who are familiar with the problem of women alcoholism were interviewed. The community health worker, social worker and the drug and alcohol rehabilitation center staff were identified by the parish priest to assist in providing data for the research.

Others who were interviewed were the local bar and business owners whose relationship with women alcoholics is closely linked to those women's daily expenditures. The selection of the local brewers was done purposively where a brewer was approached for the interview and where they declined the next one was approached until two brewers were identified.

The key informant guide had open-ended questions. By leaving the questions open-ended, the respondents had the freedom to express their opinions and perspectives such as one would while having a conversation. Therefore the style of interview was conversational in nature and interactive. The questions in the schedule supplemented the information that was given by the individual interviews.

3.4.3 Focus group discussions

According to Litosseliti (2003 pg.15), "Focus group methodology was developed as a result of broader shift from quantitative to qualitative research methods. It is important for qualitative research and can combine flexibility and adaptability with vigour and theoretical grounding."

This study utilized a focus group guide to gather views, perspectives and opinions by providing participants a topic or a series of questions to discuss. The researcher's main role was to facilitate the discussions. The researcher listened and moderated the discussion by probing views from the participants. The researcher made sure that everyone in the group participated equally – that not one person dominated the discussion. The participants were randomly selected from the community and did not include those that had been interviewed using the oral interview schedule. The groups were both homogeneous in regards to gender and also mixed (both men and women). A total of four focus group discussions were conducted that included one male group and two women groups and a group of COA's.

3.4.4 Observation

The observation method was used to develop an insider's view of the setting of women alcoholics. The observation method studied behaviour of the women alcoholics in bars and drinking dens in Korogocho Slum. This method yielded factual information rather than explanations of behaviour characteristic of women alcoholics. It entailed that the researcher detach from the scene and the happenings of the surrounding and concentrate merely on recording the events that occurred.

3.4.5 Desk review

This research technique involved a detailed study of documents relevant to the study. Such documents included books, existing data, journals, and articles on alcoholism among women.

3.5 Sampling

Sampling is the process of selecting units (e.g. people, organizations) from a population of interest so that by studying the sample we may fairly generalize our results back to the population from which they were chosen. This study used random sampling technique while selecting households.

3.5.1 Random sampling

The researcher utilized simple random sampling in the selection of households of the non-women alcoholics. With the assistance of the assistant chief, a social worker and some of the women alcoholics, the researcher came up with a list of 200 households whose members were known to be non-alcoholic. Out of this list, I selected 50 households randomly but only managed to interview 36. This technique allowed the researcher to get a sample of households within the area of study where the prevalence of alcoholism among the community members was perceived to be high given the nature of the social living conditions. This study randomly sampled 36 households.

3.5.2 Snowball sampling

Due to the nature of the respondents needed for this research, the researcher used snowballing sampling to identify the alcoholic women. These individuals were 69 in total. The rehabilitation staff identified one alcoholic woman and informed her about the study. Through this woman, the researcher was able to identify other alcoholic women who wished to participate in the study and interviewed them after attaining their consent.

3.5.3 Purposive sampling

Mugenda and Mugenda (1999, Pg. 50) observes that purposive sampling is a sampling technique that allows a researcher to use cases that have the required information with respect to the objectives of his or her study. Therefore, some subjects were handpicked because they were informative.

3.6 Selection of interviewees

The slum was divided into four quadrants whereby fifteen households were selected at random from the seven villages in Korogocho.

In-Depth Interviews and FGDs to be conducted in Korogocho Slum		
Households		
Women (69 alcoholic and 36 non-alcoholic)		105
Key Informants		
Health Officer/ Formal health provider		1
Community worker/Social Worker		2
Partnering NGO's in the area		1
Parish priest		1
Chang'aa/ bar dealers		2
Drug and alcohol rehabilitation centre staff		1
Total		8
Focus Group Discussions		
Women Alcoholics and Men Alcoholics		2
Non-alcoholic women group and Children of Alcoholics group		2
Total		4

3.7 Data analysis methods

3.7.1 Quantitative analysis

The quantitative component of the study was based on socio demographic data collected and SPSS was used. Data was presented using descriptive statistics such as percentages and frequencies.

3.7.2 Qualitative analysis

The research was largely descriptive in nature therefore qualitative data consisting of text was analyzed logically and systematically. The researcher used Maxwells(2005), proposal on how to analyse qualitative data. According to him, there are four basic steps to analyzing qualitative data. These include: First would be to organize the data: This involved getting the data into a format that is easy to work with. The notes in writing had to be categorized and typed up. This enabled the researcher to organize the data and have an overall picture of the complete set of data. Secondly, the researcher shaped the data into information: After looking at the data, the researcher noted the type of themes that were coming through. This analysis was done by sorting and the different categories or types of responses found were noted. Data were separated into groups that share similar characteristics. Starting with a large number of categories that made it easier to allocate all the data. After becoming more familiar with the data and thinking about the relationships between the groups, it was possible to reduce the number of categories. Thirdly, the researcher interpreted and summarised the information carefully avoiding to quantify the responses but instead looking for the range of views expressed. The researcher ensured that all opinions or views were represented in the summary.

3.8 Problems experienced in the field

It was difficult at first to find a sufficient sample of alcoholic interviewees since most were always engaged in their drinking habits at all times of the day, while others were reluctant to answer questions. The researcher had to on several occasions keep reassuring them that the data collected was not going to be used against them. The above problem also meant that, the researcher had to make several trips to the slum to collect the data as this was dependent on the availability of the interviewees. This proved to be quite a tedious process.

The researcher at one point faced a few threats from the interviewees who demanded to be paid for giving information.

CHAPTER 4: DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter presents the findings from research done to assess the effects of women alcoholism on household welfare in Korogocho slums situated in Nairobi.

The data was collected from 69 alcoholic respondents and 36 non-alcoholics respondents of various age groups through interviews. The respondents were interviewed from the five out of the seven villages of Korogocho slums. Key informants and focused group discussions were used to support the findings of this study. The key informants comprised of a Program Officer, 2 community social workers, a Parish Priest, Chang'aa and bar dealers, a police officer, rehabilitation staff co-coordinator and 1 male patient undergoing rehabilitation. The focused groups were made up of Children of Alcoholic Parents, a Women Alcoholic's group, a women non-alcoholics group and a male alcoholic group.

4.2 Demographic characteristics of respondents

The socio-demographic data of the respondents were categorized from age, income, number of children and marital status, religious affiliation, employment status and level of education.

4.2.1 Age distribution

From Table 4.1, the largest proportion of respondents amongst the alcoholics (24.6%) fell between the ages 20 and 25 years. The second and third largest proportions were those of respondents aged between 31 and 35 years and between 26 and 30 years at (20.3%) and (21.7%) respectively. The age bracket with least respondents was that of respondents between 46 and 50 years (2.9%). Majority of the alcoholic respondents interviewed were the youth between ages 20-35 years this can be explained by the vulnerability this age group has to the abuse of alcohol.

Table 4.1: Alcoholic respondents ages

Age	Frequency	Percent
20-25 years	17	24.6
26-30 years	14	20.3
31-35 years	15	21.7
36-40 years	9	13.0
41-45 years	6	8.7
46-50 years	2	2.9
51 years & above	6	8.7
Total	69	100

Majority of the alcoholic respondents interviewed were the youth between ages 20-35 years this can be explained by the vulnerability this age group has to the abuse of alcohol. This was emphasized by the parish priest and the rehabilitation centre coordinator who claimed that many youth were drinking due to family problems, unemployment and poor communication in the homes. According to a study done by the National Institute on Alcohol Abuse and Alcoholism, researchers found the younger the age of drinking onset, the greater the chance of the individual developing an alcoholic disorder. The non-alcoholic respondents especially, parents of the youth lamented that their children began drinking at an early age confirmed this fact.

Table 4.2 Non-alcoholic respondents ages

Age	Frequency	Percent
20-25 years	9	25.0
26-30 years	7	19.4
31-35 years	8	22.2
36-40 years	4	11.1
41-45 years	4	11.1
46-50 years	3	8.3
51 years & above	1	2.8
Total	36	100

Table 4.2 shows that majority of the respondents were between the ages of 20-35 years.

4.2.2 Respondents income

Most of the alcoholic respondents were earning an income of between 0 and Ksh 500 and Ksh 501-1000. A good number had no source of income yet they still maintained their alcohol drinking habits one way or another. Majority of the non-alcoholic respondents were earning between Ksh501-1000 with a few who had an income of Ksh 1000-5000 monthly. This was significantly higher than the alcoholics income.

4.2.3 Respondents' marital status

Married respondents were the majority amongst the non-alcoholic respondents with few being single and divorced. However, most of the alcoholic respondents reported being single. The researcher concluded that most non-alcoholic respondents could maintain their marriages or atleast had amicable relations with their spouses. This can be compared to the alcoholic couples who confessed to constantly having regular domestic fights leading to separation and their single status.

4.2.6 Respondents' jobs

From the findings, the largest proportion of respondents both alcoholic and non-alcoholic were self employed with partime jobs. In addition to this, both groups had a small percentage of women who were unemployed, but this was evident more with the alcoholic respondents. It was also interesting to note that very few respondents from both groups had full time jobs. There was no alcoholic respondent who had a full time job, showing that they could not keep a job full time since they had to feed their drinking habit at anytime of the day.

4.2.7 Respondents' level of education

The study was interested in finding out the education levels of the respondents so as to understand the social stratification. The largest proportion of respondents from the alcoholic respondents had only attained primary level of education. This was also the case with the non-alcoholic respondents

The low level of education amongst a majority of the respondents from both groups of respondents contributed to their inability to further enhance their personal development. The rehabilitation center coordinator who was interviewed as a key informant stated that "majority

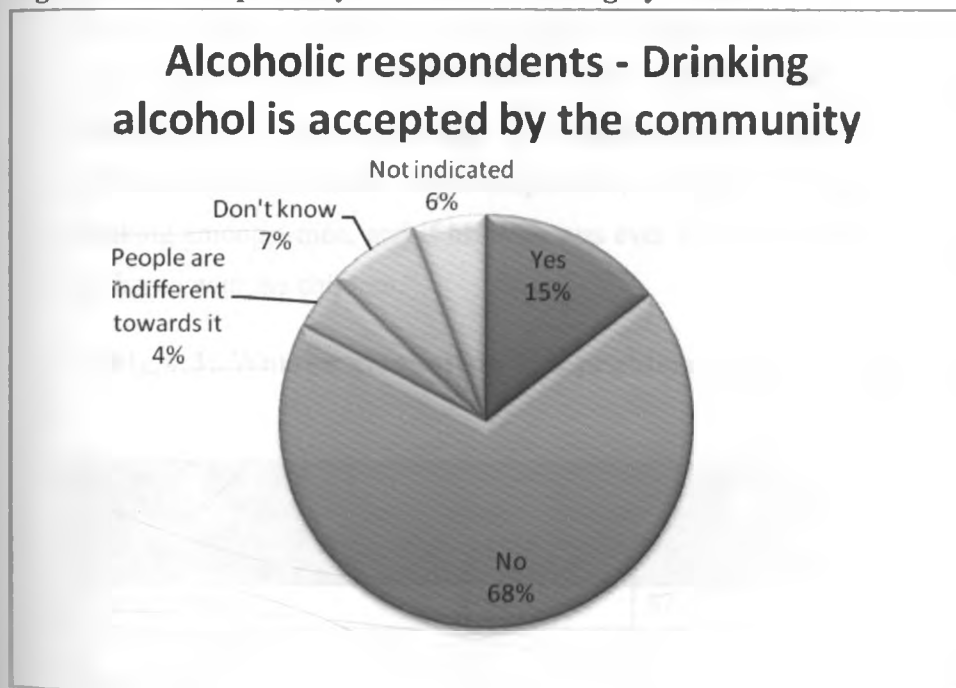
of the women alcoholics in the center dropped out of school in primary level due to early pregnancies and peer influence to experiment with alcohol and drugs.”

4.3 Main findings

4.3.1 Perception of women alcoholism

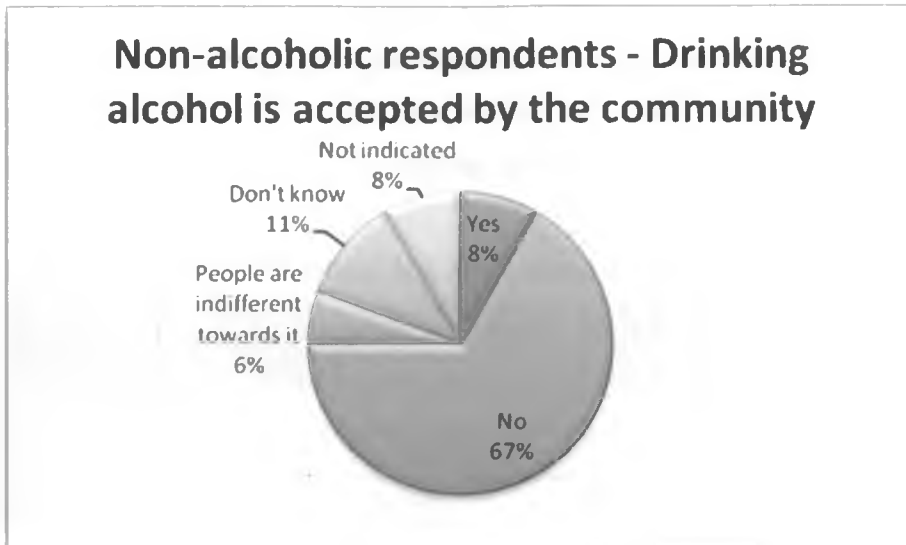
The first research question sought to establish what both alcoholic and non alcoholic women thought about women alcoholism in general. Factors such as the acceptability of women alcoholics, women alcoholism being viewed as a problem in the community, increase in the number of alcoholic women compared to non-alcoholic women, types of women who drink a lot, source of money for the alcoholic women, the behavior of women when drunk, and why women abuse alcohol, were useful in providing insight into the research question posed above.

Figure 4.2: Acceptability of alcohol drinking by women



On inquiring whether drinking of alcohol by women is acceptable, 68% of the alcoholic respondents were of the opinion that it is not acceptable. This was interesting to note since despite the alcoholics knowing this fact, they still continued to abuse alcohol. This is shown in the figure 4.2 above.

Figure 4.3 Acceptability of alcohol drinking by women



From Figure 4.3, most non-alcoholic respondents also stated that women alcoholism was not tolerated in the community.

From the above piecharts it is evident that alcoholism amongst women is not accepted in the community. The male alcoholics and women non-alcoholics focus groups when interviewed highlighted the same saying that “it is disgraceful for women to leave their husbands and children and go to drink.” One respondent, said that “it is taboo for a woman to be seen drinking amongst men, and if his wife was ever in a bar drinking he would chase her out of the home with the children.”

Table 4.3: Women alcoholism is a problem-Alcoholic respondents

Opinion	Frequency	Percentage
It is a problem	57	82.6
It is not a problem	3	4.3
Dont know	9	13
Total	69	100

Women alcoholism was viewed as a problem in the community by a majority of the respondents from both groups as is seen in tables 4.3 and 4.4 respectively. From the tables thirty five out of thirty six non-alcoholics were in agreement that women alcoholism was a major problem. In addition to this, it was interesting to note that 82.6% of the alcoholic respondents admitted that their drinking habits were also a problem in the slum.

Table 4.4 Women alcoholism is a problem-Non-Alcoholic respondents

Opinion	Frequency	Percentage
It is a problem	35	97.2
It is not a problem	1	2.8
Total	36	100

The kind of women who were found to be heavy drinkers were the divorced, separated, and never married respondents who reported higher rates of drinking problems, symptoms and intoxication than the married respondents. Widows who drank were the lowest of all female groups on adverse drinking consequences.

A majority of the alcoholic respondents, said that they carried out odd jobs so that they get money for drinking; such odd jobs included selling plastics and working in the dumpsite. Another opinion given by the non-alcoholic respondents was that those women who drink use household expenses money to buy alcohol. None of the Alcoholic women provided an answer to this question, showing that they may have been using the household income to buy alcohol but were reluctant to admit it in front of the interviewer perhaps to show that irrespective of their drinking they were still in control and able to provide for their families . A significant number of alcoholic respondents said that they get money from men in the bars. It was also noted that thirteen respondents (12.4%) who were all alcoholic women did not indicate their opinion on where alcoholic women get their money from. This could also be used to explain their reluctance in disclosing their source of money for alcohol drinking.

Regarding the behaviour of women when drunk, the largest propotion from both the alcoholic and non-alcoholic groups noted that alcoholic women slept by the road side and were likely to be raped. Some alcoholic respondents reported being a victim of the above acts. Other responses included physical injuries from falls, engaging in casual sexual affairs. From the

researcher's observations made in the bar dens and during interviews, many had physical scars on their faces, arms and legs. In conclusion, women alcoholics expose themselves to extensive physical harm. In addition to this, it was worthwhile to note that many of them did not have any recollection of when they got bruised or raped.

Various reasons were given for the abuse of alcohol. The majority of respondents from both sets of respondents were of the opinion that women drink to manage stress. A relatively small proportion thought that women abuse alcohol for leisure and due to idleness.

When probed further as to what the causes of stress were, many of the alcoholic respondents said, loneliness, lack of jobs, influence from peers, marital and family problems at home. These reasons were further explained by some of the children interviewed during the focus group discussions; they said that their mothers drank alcohol because "they are angry at the men who had left them" adding that their mothers, were jobless and had no means to look after them, so they drunk to forget these problems while two respondents said that their mothers were actual brewers and had to drink to entice customers in the bar dens. The Alcoholic Women's focused group added that they felt "stress free" when they drank alcohol.

4.3.1.1 Physical effects of alcohol on women alcoholics

The study established that that women alcoholics tend to be weak and looked malnourished. The interviewer noted the same when conducting interviews with the respondents. It was also noted that the alcoholic women women fall sick quite often. These observations can be explained by the fact that the alcoholic women do not eat balanced diet but instead use the money they get to sustain their alcohol drinking. Many of the alcoholic women interviewed said they would eat one meal a day, mostly in the mornings so that they could head out to drink for the rest of the day. They confessed to not having the energy or time to cook for themselves or their children. One alcoholic respondent said "nawapatia watoto shilingi tano kununua githeri hapo nje, kama wananunua ama hawanunui sijui." (I give the children 5 shillings to buy maize and beans outside, whether they buy or not I really don't know). The above observations were confirmed by the community health worker who operates a local clinic in the slum.

4.3.1.2 Emotional side effects of alcohol on women alcoholics

It was interesting to note that the largest proportion of alcoholic respondents did not respond to the above question. This large percentage helps to explain that the respondents may

actually have emotional issues but were not aware of them at the time. A small percentage of the non-alcoholic respondents were of the opinion that the women alcoholics get depressed whenever they are sober, so to avoid feelings of depression, they must drink. This findings can be seen from the table 4.6 below.

Table 4.5 Emotional side effects of alcohol on women alcoholics (Alcoholic respondents)

Effect	Frequency	Percentage
Are stressed when sober	6	8.7
Are depressed when sober	6	8.7
They cannot control their emotions	22	32
It relaxes me	1	1.4
Don't know	34	49.2
Total	69	100

No alcoholic respondent accepted to being detached from their children at any point during their drinking. They still felt that they were in control of their children despite their drinking. It is worthy to note that depression was the most common effect of long-term alcohol use by the respondents. Another major emotional problem as reported by the rehabilitation co-ordinator and the community health worker was irritability and anger management as well as anxiety.

Table 4.6 Emotional side effects of alcohol on women Alcoholics (Non-alcoholic respondents)

Effect	Frequency	Percentage
Are stressed when sober	3	8
Are depressed when sober	10	28
Are detached from their children	3	8
Don't know	20	56
Total	36	100

From observations made by the researcher, it was evident that many alcoholic respondents had to be probed more than twice to answer a question; some stared into space or began laughing hysterically during interviews. The Community social worker during her interview noted with concern that “a few of the women who attend the Alcoholic Anonymous meetings are not of sound mind.” She added that they have received reports of some women running around the slums shouting abusive words and screaming aimlessly on many occasions. She added that some women at the center experienced anxiety and behaved hysterically usually during the night.

4.3.1.3 Changes in the number of women taking alcohol

Table 4.7 Changes in the number of women taking alcohol –Alcoholic respondents

Change	Frequency	Percentage
They are increasing	59	85.5
They are decreasing	7	10.14
Did not know	3	4.4
Total	69	100

From tables 4.7 and 4.8 , it was noted that majority of respondents from both groups were of the opinion that the number of alcoholic women was on the increase. Very few respondents thought they were decreasing.

Table 4.8 Changes in the number of women taking alcohol-Non-alcoholic respondents

Change	Frequency	Percentage
None	3	8.3
They are increasing	29	80.6
They are decreasing	4	11.1
Total	36	100

The reasons given by the rehabilitation center coordinator was that “*in the slum there are many rich women who drink a lot but hide their drinking until a point it cannot be hidden and it becomes a problem.*” These are the women they deal with from time to time she explained. She went on further to explain the lack of education, and the ills of the slum life as having contributed to the rise of female alcoholism in the area. To add on to this, when the brewers who were interviewed as key informants, agreed that female drinking had increased rapidly, when asked why they thought this happened they said “ *ni lazima wamama wasaidiane*

kujijenga, kwa hivyo ni lazima wamama wapike kinywaji na ikunyiwe na hao hao wanawake (It is important for women to help each other, therefore women are the brewers and must make the drink to be drunk by fellow women to show support and solidarity.)” Both the brewers’ interviewed added that the men who are supposed to look after them have become promiscuous and therefore they needed to find ways to fend for their families, hence the need to brew the drink. Furthermore, the brewers’ confirmed that majority of their customers in the bar dens are women who come to drink. The community social worker and parish priest stated that women drinkers were on the rise adding that *“they do not see it a big deal for a woman to drink since most brewers’ are women anyway.”* The above findings seemed to go against the norm in most societies where it is men who are constant alcohol abusers.

With regard to objective one, which was to establish the perception of Women alcoholism in Korogocho slum, it may be deduced that the concept of women drinking in the slum is not accepted but is tolerated. This trend seemed to have increased with time, since a majority of the brewers’ are women themselves, therefore women alcohol abusers feel ‘safe’ to drink in these bar dens. In addition to this, the alcoholic male focused group interviewed stated that many men frequent these bars so as to find women and they are more than willing to buy these women drinks so as to take advantage of them.

The non-alcoholics from the various data obtained above seem to be more aware of the behaviors’ of Alcoholic women which would make sense since the alcoholic respondents were completely oblivious of their own situations at the time of the interview. The male Alcoholic focused group interviewed stated that women drinkers are mostly influenced by the men to drink and as a result they are bought alcohol to entice them to drink adding that they tend to be disrespected as compared to male drinkers.

4.3.2 Nature and extent of women alcoholism

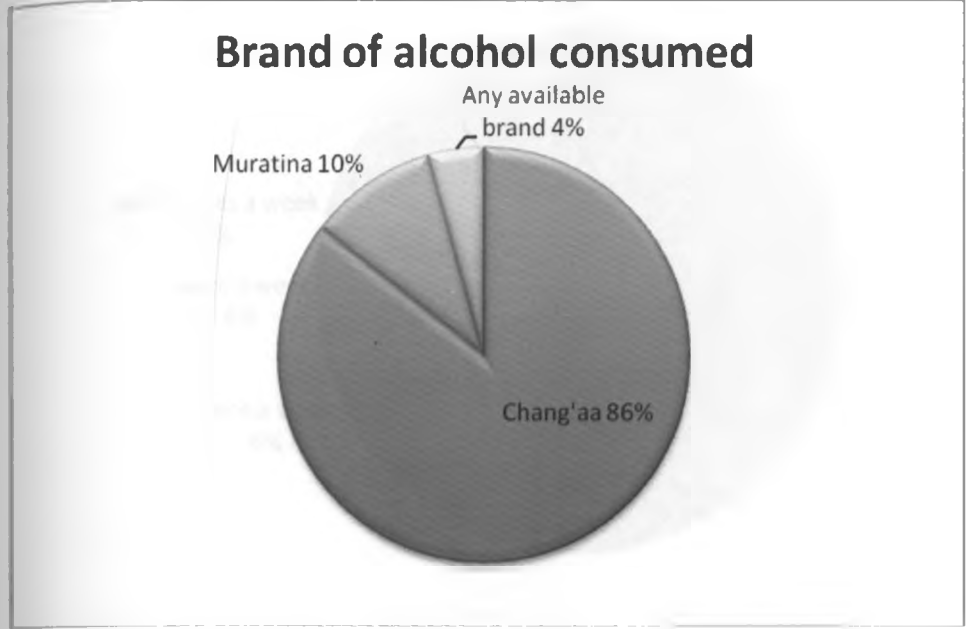
The second research question sought to find out the nature and extent of women alcoholism in Korogocho slum. The following factors were studied:

4.3.2.1 Brand of alcohol consumed

The brand consumed by majority of the alcoholics (85.5%) was chang’aa. This was followed by muratina (10.1%), while those taking any available brew constituted only 4.4% of the respondents’ proportion. This information is summarized in the pie chart below. Most respondents attested to partake chang’aa because it was cheap, readily available and had a

great impact even when a small amount is consumed and that was what they were looking for; a quick high..

Figure 4.4 Brand of alcohol consumed



4.3.2.2 Source of alcohol

An inquiry into the source of alcohol among alcoholic women resulted to fifty nine respondents (85.5%) of the sixty nine alcoholic women answered local breweries as their source of alcohol. This is not unusual because of the prominence of the breweries in the slum.

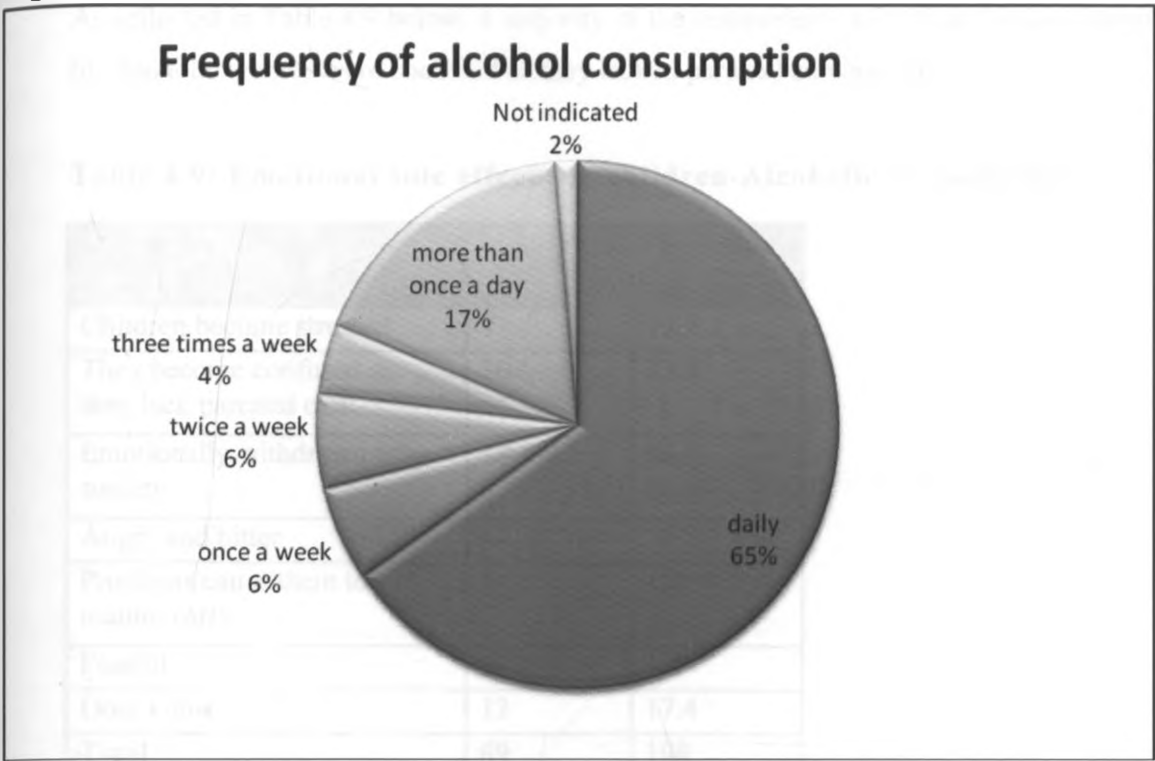
4.3.2.3 Price range

The largest proportion of women alcoholics consumed alcohol whose price ranges is between 0 and ksh.20. A few respondents consumed alcohol worth between ksh.21 and ksh.40. The above information simply describes the affordability of the local brand; chang'aa to the alcoholic women. According to the women alcoholic group interviewed, they explained that one could get a drink for as little as five shilling.

4.3.2.3 Frequency of consumption

According to figure 4.12, of the sixty nine alcoholic respondents forty five (65.3%) were daily drinkers showing that the majority of alcoholics have to sustain their drinking habit every day a fact common with alcoholics. The second largest proportions of respondents (17.4%) drink more than once a day.

Figure 4.5: Frequency of consumption



From research and readings, alcoholics have to maintain their high and this explains the desire to always want to drink irregardless of the time of day or whether they have the money.

4.3.2.4 Effect of alcohol on inter family relationship

Mostly, family relationships tended to be strained as a result of physical confrontations. From observations made, many of the respondents had physical marks to show as effects of fighting with their spouses and relatives. One lady was on crutches at the time of interview; she had broken her leg and arm during a confrontation with her husband. A good number of the alcoholic respondents openly admitted to having no cordial relations with their partner or spouses adding not a single day would pass without a fight, whether physical or oral.

In conclusion, the nature and extent of women alcoholism is high in the slums of Korogocho and it is becoming a common trend. The researcher observed numerous drunken women intoxicated around the slum during data collection many of whom were lying aimlessly on the streets.

4.3.3 Effect of women alcoholism on child care and upbringing

To give insight to this objective, the following factors were considered: emotional side effects on children, physical side effects on children, health related side effects on children and effects on children's education.

4.3.3.1 Emotional side effects on children

As reflected in Table 4.9 below, a majority of the respondents said that children brought up by alcoholic women were confused as they lacked parental care and love.

Table 4.9: Emotional side effects on children-Alcoholic respondents

Effect	Frequency	Percentage
Children become stressed	7	10.2
They become confused as they lack parental care	16	23.2
Emotionally withdrawn from society	18	26.1
Angry and bitter	14	20.3
Problems cause them to mature early	1	1.4
Fearful	1	1.4
Dont know	12	17.4
Total	69	100

This was emphasized during the children’s focused group discussion; most children from observation looked perturbed, timid, lost and bitter when asked how they felt regarding their mother’s drinking habits. One respondent stated that “I cry every day when I remember what my mother used to say and do to me and my siblings, by now we would have finished primary school.”

Table 4.10: Emotional side effects on children-Non-alcoholic respondents

Effect	Frequency	Percentage
Children become stressed	7	19.5
They become confused as they lack parental care	12	33.3
Emotionally withdrawn from society	1	2.8
Angry and bitter	6	16.7
Fearful	7	19.4
Not indicated	3	8.3
Total	36	100

From Table 4.10, it was evident that majority of the respondents were in agreement that COA's were emotionally disturbed, exhibiting feelings of anger, remorse and confusion.

The community social worker reported that children become emotionally withdrawn from the society. Consequently, the peer educator stated that he has dealt with cases of two children who are mentally challenged as a result of the abuse of alcohol from conception by their mothers.

4.3.3.2 Physical side effects on children

Findings on the physical side effects of alcoholic mothers towards their children were alarming. The social worker confirmed that a number of children born by these alcoholic women are sickly, abnormal and retarded. It was evident during some of the interviews that children looked weak, malnourished and some had impaired growth. This can be attributed to the fact that they lacked the basic needs especially a balanced diet. children get injuries from abuse by such alcoholic parents. A Three respondents from the children's focus group had marks on their bodies where their mothers had beaten them with an electric wire and wooden stick respectively. Many alcoholic respondents were reluctant to answer the above question. From this it may be assumed that they actually do cause physical harm to their children but would not admit it due to feelings of guilt.

4.3.3.3 Health related side effects on children

The study noted that many children who were cared for by alcoholics were malnourished. The Parish Priest and community health worker confirmed the same adding that children of alcoholic parents did not eat well since their mothers had little or no time to cook for them, there was delayed onset of speech and language problems. She added that they dealt with many cases of malnourished children who came to the local clinic to seek treatment. The study also established that children easily fell sick since their mothers had no knowledge of prevention methods for disease.

4.3.3.4 Side effects on children education

The study findings indicated that children cared for and brought up by alcoholic women do not go to school. The children respondents reported the same adding that they dropped out of school to look after their siblings since their mothers were constantly drunk. Quite a number were bitter and sad that they were not in school because of their parents drinking habits. Both Community social worker and Councilor lamented that children of the alcoholics dropped out

of school in large numbers while some had even picked up the drinking habit adding that most of these children exhibit learning disabilities in school.

It is said that a parents involvement in their child's education is directly propotional to the childs ultimate success. In the case where parents are not involved this results in the above findings.

Therefore, it can be concluded that, children suffered the largest brunt of their mothers' alcoholic habits.

4.3.4 Women's alcoholism and its effect on the generation and management of household resources

The research also focused on finding out the effects of alcoholic women on household management. Considered here were home ownership, decision making on spending household income, amount of money spent on food and emergency money set side.

4.3.4.1 Home ownership

The study established that most respondents did not own their houses. Housing is an essential asset for ensuring women's independence and economic security. Lack of housing undermines women's potential to secure health, education and employment and increases the risk of violence. (The 2009 World Survey on the Role of Women in Development. page 8).

Alcoholic respondents tended to stay in very cheap rental houses if any. This was compared to the non-alcoholic respondents many of who stayed in descent housing. It was interesting to note that both categories of respondents did not own their own houses. A few alcoholics reported that the houses they lived in belonged to their male partners and that they were just "providing company." This results show that alcoholic women cannot sustain their livelihoods let alone pay a higher amount of rent. This can be assumed because they have no money or if they do, they spend it on sustaining their drinking culture. One female respondent on a home visit, said that she earns enough to move her and her two children to a more descent house but she "dint want to waste her money" on a better house.

4.3.4.2 Decision maker on spending of household income

Table 4.11: Decision maker on spending of household income- Alcoholic respondents

Decision Maker	Frequency	Percentage
Male/Husband/Father	13	18.8
Female/Wife/Mother	51	74
Dont Know	5	7.2
Total	69	100

On seeking to establish who decides how household income is spent, 74% of the alcoholic respondents said it was the woman(wife, mother) who decided how household income was spent. This can be seen from Table 4.11 above.

Table 4.12: Decision maker on spending of household income-Non-alcoholic respondents

Decision Maker	Frequency	Percentage
Male/Husband/Father	10	27.8
Female/Wife/Mother	26	72.2
Total	36	100

From Table 4.12 above, the findings were similar to those of table 4.11 showing that women were the ultimate decision makers when it came to household income.

Therefore, findings from the tables above, can be used to explain that the food security is then at risk in the home of an Alcoholic woman as majority stated they determine how income is spent. The likelihood would be that they would spend most of the income on Alcohol and the rest to cater for the needs of the children and household provisions.

4.3.4.2 Amount of money spent on food

The largest proportion of alcoholic respondents reported that they did not spend much on food as compared to the non-alcoholic respondents who said that a large percentage of their income was spent on food for their families. This can explain that alcoholics strive to sustain their drinking culture and they would rather not eat, but have the last shilling saved for that one drink.

4.3.4.3 Emergency money set aside

Although a high percentage of both respondents indicated that they did not set aside any money for emergencies. It was worthy to note that at least a good number of non-alcoholics thought about the future kept some money for emergencies with some even having bank accounts. However, one female alcoholic respondent stated “*naishi siku moja kwa siku, hakuna haja ya kuweka hakiba ya pesa*” (I live a day at a time, there is no point to save money).

With regard to Objective four, which was to assess the effect of women alcoholism in the generation and management of household resources. It is also worthwhile to note that Majority of the respondents who decided how household income is spent were women. This would imply that the management of household resources such as food security would be compromised; showing that alcohol use which was mainly for fun and relaxation was taking a significant portion of the woman’s resources from basic necessities such as food, savings, health and children’s education.

From the above data, it can be concluded that non-alcoholics respondents though few were more responsible in the management of household resources.

4.3.5 Strategies used to deal with women alcoholism

The study found out that a number of strategies were used. These included what was done at the community level, government level churches and NGO’s.

4.3.5.1 Role of community in rehabilitating women alcoholics

Almost half of the respondents indicated that the community had not done much to rehabilitate the women alcoholics. The male and female alcoholic focused groups both agreed that more women rehabilitation centers needed to be opened as more women were drinking. To add on to this, the women’s focused group reported that there was so much stigma, when women drunk as opposed to the men, yet it was happening. The researcher concludes that in as much as society has its role expectations for women in the community, it cannot turn a blind eye to the fact that alcoholism had now found a new friend; the woman.

4.3.5.2 Role of government in rehabilitating women alcoholics

The government used a number of strategies. Arresting drunkards was the most opted for response by both categories of interviewees i.e the alcoholics and non-alcoholics. Findings

from both groups, show that majority of respondents did not indicate their opinion when asked the role the government can play in rehabilitating women alcoholics. This can explain the lack of trust they have in the government to control alcoholism in the slum.

**Table 4.13: Role of government in rehabilitating women alcoholics-
Alcoholic respondents**

Role of Government in rehabilitating women alcoholics	Frequency	Percentage
Arresting drunkards	19	27.5
Creating public awareness against alcoholism	4	5.8
Arresting brewers	1	1.5
Funding women's self help groups	3	4.3
Dont know	42	60.9
Total	69	100

It was noteworthy that the alcoholics complained that the police would harass them and arrest them only to release them after they had been bribed by the owners of the local breweries.

**Table 4.14 Role of government in rehabilitating women alcoholics- Non-
alcoholic respondents**

Role of Government in rehabilitating women alcoholics	Frequency	Percentage (%)
Arresting drunkards	13	36.1
Creating public awareness against alcoholism	3	8.3
Dont know	20	55.6
Total	36	100

It was evident that most respondents were not happy with the government's current efforts of dealing with alcoholism through arresting of alcoholics. Most alcoholics were victims of this method, reported that they would be freed after a bribe was paid to the police by the local brewer. It was also interesting to note that many alcoholics were against the shutting down of local brew dens. The local chief was unavailable to meet the research team to give further insight.

4.3.5.3 Role of the church in rehabilitating women alcoholics

The Church was seen as playing the biggest and better role in trying to deal with women alcoholism. This was because The Catholic Church; (St John's) had an AA centre at the heart of the slum where alcoholics come in twice a week to share on their experiences and see how best to control and eventually stop their drinking habit. On a positive note, the Catholic Church had built an only women's rehabilitation centre based in Ngong where the women received spiritual guidance and counselling for a period of three months.

4.3.5.4 Role of NGOs/CSOs and women groups in rehabilitating women alcoholics

Despite there being a good number of NGO's and CSO's in the community, they were considered as not playing an important role in the rehabilitating of women alcoholics. Many of these organisations in the slum were focused mainly on developmental activities such as building schools, clinics etc. This was confirmed by the NGO staff member who added that, not many NGO's were focusing on fighting the rampant drug and alcohol abuse that is in within the slum area. The respondents noted that they did not have community awareness drives on substance abuse and alcohol. The same applied to the women groups in the slum. Most of the responses by the alcoholics said that the women groups condemned alcoholism amongst women but not men. They openly shunned women alcoholics in front of the community during gatherings. From these statements, it is quite clear that a woman drinker is not accepted or tolerated in the community hence minimal efforts to support any activities to curb the increase in the vice.

4.3.5.5 Suggestions to overcome women alcoholism in the area

Several suggestions to curb women alcoholism were brought on board and the most preferred was provision of employment. Many said that if they had a decent job, they would not partake of the drink as much as they do now. A good number of the alcoholic respondents thought easing the load of caring for children to relieve stress on alcoholic women was good enough. This was not clear but perhaps it can be assumed that this is so that they can continue to feed their habits without any responsibilities. Although a few alcoholic respondents stated that they would go for treatment if they found alternative ways to look after their children while they were recovering. Historically, a woman's role has been to nurture and be the primary care giver for her children, it would then be right to say that these very same responsibility bestowed on the woman can interfere with treatment. In addition to this, some would fear to admit their problem seeing as they would be considered unfit parents if their children were taken away from them. Only a few respondents were on the opinion that shutting down

breweries was the way forward similar to the proportion who thought providing rehabilitation was the ideal way. From the data very few had utilized professional counseling or rehabilitation services. With respect to gender, males were more of the users of the interventions except for “taken to hospital” and “professional counseling” which were more common amongst women. An important emphasis is on the women who were put under police custody as an intervention against alcohol use.

In conclusion, it seemed that very few measures were in place to deal with women alcoholism in the slum.

5.0 CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The purpose of this study was to find out the effects of women alcoholism on household welfare.

This chapter therefore brings a link between the various chapters by outlining the major conclusions that resulted from data analysis and interpretations in chapter four. In addition to this, it discusses the summary of the research findings, conclusions and recommendations that will be useful in policy implementation and areas of further research.

5.2 Summary of research findings

The 2007 Global Monitoring report discusses the impact of women's economic empowerment and concludes that "the higher the share of household income that the mother controls, the higher the share of expenditure on health, nutrition and education, the lower the share spent on for instance cigarettes and alcohol." (Source Global Monitoring Report 2007) however, while science has long focused on the effects of alcohol and men, what if the woman is the labelled alcoholic in the family, then how does that situation affect the statement presented above? The findings of this research sought to answer the question above.

The study established that majority of the alcoholic respondents interviewed were the youth between 20-35 years showing that young women were more likely than older respondents to report episodes of alcoholism. Alcoholic respondents had some source of income though a significant percentage was unemployed. The non-alcoholic respondents, however seemed to have a higher income than the alcoholic respondents. In addition, most respondents from the alcoholic group were single but had at least one child while a majority of the non-alcoholics were married. The highest level of education attained by both groups of respondents was the primary level.

The study findings revealed that the perceptions of women alcoholism in Korogocho slums were not acceptable by a majority of the respondents from both the alcoholic and non-alcoholic respondents and instead was viewed as a major social problem.

Most respondents stated that the societal attitudes are more negative towards female intoxication and drinking problems than towards male intoxication and their drinking problems. From the researcher's observations and comments received during the interviews, it

was evident to conclude that social reactions are more severe towards heavy drinking in women than in men, resulting in a variety of problem consequences. The community social worker and rehabilitation coordinator both attested to the fact that more women were falling into the trap of alcoholism. This they attributed to reasons such as alcohol (more so Chang'aa) becoming cheaper and more readily available than before.

The Parish priest stated that, "historically, women have been the informal social controllers of men's drinking, but women now, especially young women, are no longer playing that role and are becoming as outrageous as young men in terms of their drunken behavior and this is happening right here in front of our very own eyes."

Another interesting finding was the fact that, in the focused group of male alcoholics who were interviewed and claimed to be married, denied that their wives or living companions had a drinking problem. From this, one can conclude that it is possible that relatively heavy drinking men may not see anything very unusual or dismaying about their 'wives or partners' in comparison to their own. This then can be seen as a major pitfall in curbing the vice when it comes to women, simply because the problem is hidden.

In another finding consistent with the above, the researcher noted that women's drinking was strongly related to the drinking behaviour of the partners or husbands. Women alcoholics with frequent-drinking husbands or partners reported that, that was a recipe to sustain their drinking habits and alcohol dependence. One respondent lamented, "if he is the man and he drinks then it is okay for both of us to drink, but if I drink alone, then I am in trouble." On the contrary, there were a few women alcoholics whose husbands or partners were not drinkers and they claimed that it was often impossible to drink at home because their husbands would not tolerate it.

The study further established that women who were employed part-time were more likely than full time employed women to engage in partaking of alcohol at a given time in the day. Unemployed women especially among the alcoholic respondents exceeded other groups in rates of heavy drinking episodes and intoxicification. They reported as to having nothing to do, feeling helpless due to the stresses of unemployment or the fact that they are unable to find or hold jobs because of their already established patterns of heavy drinking. From the focus group discussions, the researcher noted that female alcoholics tend to have a poorer self concept and lower self esteem than do male alcoholics. Many evidenced a primary defective

disorder; a serious depression that precedes alcohol abuse that was confirmed by the Rehabilitation Coordinator.

Alcoholism among women has brought severe negative effects when it comes to child care and upbringing. Not all children of alcoholic mothers have fetal alcohol syndrome (FAS) and not all have developmental or behavioural problems (Gemel, 2003). However, findings from the study showed some emotional, behavioural and developmental problems of children with alcoholic mothers. Discussions and observations made from the focus group of children with alcoholic mothers revealed that some of the children seemed so distant, angry and bitter with their mothers for the situation they faced. Upon further observations, the community health worker admitted that quite a number of children do actually suffer from fetal alcohol syndrome (FAS). The researcher was able to observe some of these physical malformations in some of the children who accompanied their mothers for the interviews. According to Berger (1993), COA's often have more problems in school. He adds that the stressful environment at home prevents them from studying and their performance is also affected by inability to express themselves. They often have difficulty in establishing relationships with teachers and classmates. It was clear from the data findings that a high number of COA's tend to drop out of school.

The importance of the woman in the home cannot be under estimated as was presented in the findings from this research whereby, a majority of the respondents admitted that it is women who decide how the income is spent in the home. Housework, chores and raising children are generally considered to be to a woman's domain. Many alcoholic women were unemployed at the time of interviewing but had children. They were not in any position to work and generate income since most were habitually drunk. It then would be right to conclude that, a woman alcoholic will most likely sustain her drinking habit with the household income she has and compromise food security of her family thus consequently affecting the health of her children. For those who are employed but alcoholics, the habit reduces productivity, impairs job performance, increases healthcare costs and can threaten public safety. It would then seem from the findings that female employment or unemployment does affect the socio-economic status of the family positively or negatively.

The treatment of alcoholism is not a new concept; nonetheless the current measures put in place to deal with alcoholism seemed to be wanting at all levels. The community response was non-existent, there seemed to be a blame-game going on between the local NGO's and

the government bodies represented. Arresting drunkards, demanding for bribes, and also shutting down local brew stations then they are re-opened after bribing the authorities will most certainly not help to curb this vice. There were a few concerted efforts by the churches and a few NGO's in the area who reported to having at least one program/strategy to deal with the increasing vice; then again, they cannot fight this battle alone.

5.3 Conclusion

Evidently from this research, one need not wonder on the importance of women in the workplace, the family, the management of household welfare and ultimately the society at large. She is the architect of society and she establishes the institution of family life, builds the home, brings up the children and makes them good citizens. Her strength in totality directly contributes to the making of an ideal family, ideal society and ultimately an ideal state, and their engagement in negative vices such as alcoholism is seen to have a great negative impact on all the factors mentioned above.

From objective one and two, we can conclude that women's alcoholism is not a practice that is accepted or tolerated in society. It is however important to note that in light of the evidence this study has brought out, showing that alcoholism has a devastating effect on women, it is disheartening that the current societal attitudes do nothing to address the situation and instead continue to stigmatize and punish alcoholic women. It is my view that, until the perception of alcoholism in women seizes to be biased and the much stereotyped views and expectations of women are reduced and eventually eradicated, women will continue to suffer and will fail to present themselves for treatment, let alone accept that they have a problem. In retrospect, from my observations in this study, women who abuse alcohol must also be ready to deal with a significant social stigma.

The barriers to treatment faced by women are many. From this study issues such as the need for child care, familial opposition, denial of alcoholism must be overcome so as to create successful treatment approaches for the female alcoholic. Furthermore to that, these findings make valid objective three since it was clear that child care and upbringing is an essential element for women to enter and maintain treatment. The gaps left by the alcoholic mothers and guardians are wide. In addition to this children are the single most largest sufferers of their mothers alcoholism habits. There needs to be safe, gender sensitive and specific programs for women alcoholics.

Many women discussed the importance of earning their own money as a key for greater empowerment and independence from men. Typically men are responsible for decisions on how household resources are allocated, but from this study and drawing from objective four, it was evident that women took over this role and the fact that they were alcoholics highly compromised the management of the families income and household resources.

5.4 Recommendations of the study

In light of the conclusions drawn, there is need to point out some policy recommendations to communities, NGO's, Development Partners, policy makers and researchers in the area of Women Alcoholism.

5.4.1 Community

- i. Community based organisations have concentrated their efforts in development activities putting aside that a society cannot fully thrive successfully without the sound mind and health of those that live in it. It is these same individuals who will ultimately build or break those activities they are putting up. Therefore, the absence of comprehensive efforts to actually have treatment facilities that are specifically tailored to women is a big gap in the efforts to control and curb women alcoholism. Ultimately more of these facilities MUST be put in place.
- ii. Involvement in community decision-making was an aspect that women brought from the study. They expressed a strong desire to be given equal opportunities and greater responsibilities at the community level. This involves both taking part in conflict resolution as well as community development committees that would allow women greater access to justice and productive resources.

5.4.2 NGO's and Development Partners

- iii. Secondly, non-governmental organizations and development partners can have family therapy sessions within their community projects to help, deal with the impact that a woman is drinking has on family systems. By involving the family, this can enhance women's recovery. The spouse and children of clients can also be referred to self-help groups specialized in children and youth. There needs to be awareness campaigns, increased outreach and educational efforts in the communities that educate women on the hazards of alcohol and the distinct challenges facing women who abuse alcohol. Women undergoing treatment can

attend classes and receive personal explanations from trained counselors about the dangers of alcohol ingestion. It was evident that a majority of the alcoholic respondents had histories of sexual and physical abuse, perhaps specific programs that are culturally sensitive and focus on interpersonal relationships and empowerment to help address these issues should be designed.

5.4.3 Government

One cannot tire from emphasizing that there should be more concerted efforts in the general fight against alcoholism in Kenya. The situation seems to be getting worse and the few efforts being shown to curb the vice are counterattacked. The local chiefs in the informal settlement areas who are supposed to serve as the governments watchdogs need to stop engaging in corrupt actions and accepting of bribes from the brewers so as to feed their own selfish urges and instead take more action to stop the practice of purtaking of illicit brew. The youth need to be positively engaged in productive activities, the police department should be re-trained on how best to provide effective help to alcoholics. The notion is the same and still remains the same; The “alcoholism war” cannot be won singlehandedly; it must be through concerted efforts by all stakeholders.

5.3.3 Recommendations for further research

While the high rates of use and abuse of alcohol are devastating problems of national importance, the encouraging news is that there is now more research being done on the intricacies of alcoholism. However, in the view of the study findings, the following recommendations and possible areas of further research can be done on:

- i. There should be continued attention to gender differences in the design, analysis and reporting of drinking practices. This may include ongoing monitoring of time trends in drinking and drinking problems among women and men. Not much has been done on this area and methodological considerations should include ensuring that there are adequate numbers of heavy drinking women for reliable comparisons. This should also include drinking behaviours, contexts and problems that may be particularly relevant to women.
- ii. Relationships between women’s drinking and that of their significant others is another interesting area of further research. Perhaps observational studies can help

to determine whether women's drinking is more dependent than men's on support, modeling and encouragement from spouses, friends and family, and to what extent women are influenced by the drinking behaviour of their significant others. In addition how do they themselves influence the drinking of their significant others, or choose as friends and drinking companions persons with drinking patterns similar to their own.

- iii. Finally, the stigmatizations and the unwillingness to identify women as "alcoholic" are detrimental to any efforts towards early intervention. The variables influencing women's recognition of their own drinking problems, the determinants of alcoholic women's help-seeking behavior, and others' reactions to this help-seeking behavior are research issues that, despite the growing literature regarding alcoholic women, have largely been ignored. Samples of women alcoholics are composed almost entirely of women already in treatment for alcohol-related problems. What about the problem drinking women who are not in treatment programs and seem to be the majority? This can limit researchers from actually identifying personal and structural factors that differentiate women who enter treatment and those who do not enter treatment.

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APPENDIXES

APPENDIX 1

Women Alcoholism and its effects on household Welfare: A case study of Korogocho slums.

HOUSEHOLD INTERVIEW SCHEDULE

Location Name	
Name of Village	
<u>Date</u>	
Commencing time	Hrs : min
Concluding time	Hrs : min

Consent request:

Habari (Hello), I am EVA NTALAMI from the University of Nairobi.

I am here to learn your views on the effects of women alcoholism on household welfare. Your views are to this study and therefore we would appreciate if you could spare your valuable time to respond to some of our questions pertaining to women alcoholism. Your responses will be treated as confidential and you may choose to stop your participation at any time.

Shall we continue?

Yes: Signature _____
No

Reason for decline: _____

SOCIO-DEMOGRAPHICS

1. Respondents <i>CODE</i>	Code Number: _____
2. Gender	M ____ / F ____
3. How old are you? When were you born?	_____ years old _____
4. How many people are living in this HH?	_____
5. How many children do you have? What are their ages?	<ol style="list-style-type: none"> 1. 0-5 2. 6-10 3. 10-15 4. 16-20 5. 21-25 6. 26-30 7. 30 and over
6. What is your Marital Status:	<ol style="list-style-type: none"> 1. Married 2. Widowed 3. Single 4. Separated 5. Divorced
7. What is your religious affiliation?	<ol style="list-style-type: none"> 1. Protestant 2. Seventh Day Adventist 3. Anglican 4. Catholic 5. Jehovah Witness 6. Muslim 7. Other(Specify)
8. What is your employment status?	<ol style="list-style-type: none"> 1. Full time employed 2. Part time employed 3. Self-employed 4. Housewife/husband 5. Unemployed 6. Retired 7. Other(Specify)

<p>9. What is your highest level of education?</p>	<p>a. Primary school b. Secondary school c. College d. None e. Others</p>
<p>10. What is the HH average monthly income?</p>	<p>KSH</p> <p>8. <500 9. 501 – 1000 10. 1001 – 5000 11. 5001 – 15000 12. 15001 – 30000 13. >30000 77. Skip</p> <p>88. Other (specify) _____</p>

11. What type of house does the family of the household live in? (By Observation)

1. Thatched mud house
2. Corrugated tin roof mud house
3. Wooden
4. Brick/stone
5. Other (specify)

12a. Do you own this house that you live in?

1. Yes----
2. No-----

b. If No, How much is the rent per month?

I. Perception of Women Alcoholism

13a. Do you drink alcohol?

1. Yes----
2. No-----

If no got to Question 14.

b. If yes, which brand?

c. Why do you drink?

d. How often do you drink?

e. Where does the alcohol come from?

f. What is the price of the drink?

14. In your opinion, are those who drink alcohol the majority or minority?

15. Is women alcoholism a problem here?

1. Yes----

2. No-----

b. If yes, how?

c. If No got to question 17

16. Is drinking alcohol by women accepted in this community?

17. How do you/women behave when they are drunk in this area?

18. In your opinion, what kind of women drink a lot?

19. Why do you think they abuse alcohol?

20. What are the effects of alcohol on you/ these women?

a. Physical

b. Mental

c. Emotional

21. What changes have you noted in the last one year regarding number of women who drink alcohol in this area?

II. Effect of women alcoholism on child care and upbringing

22. How does women alcoholism within a household affect children

a. Emotionally?

b. Physically?

c. Mentally?

d. Education?

e. Health?

23. How does alcoholism in women affect inter-family relationship?

III. Generation and management of household resources

24. Where do you/women get money to drink?

25. Who decides how household income is spent?

26. Of the money that you/women make per month, about how much of it is spent on food?

27. Is any money kept aside for emergencies?

1. Yes----

2. No-----

30. How do you/women alcoholics manage thier households as compared to male alcohol

VI. Strategies used in the community to deal with alcoholism among women

31. What alcohol rehabilitation institutions do you know of in this area?

32. What is the role of the following in rehabilitation of women alcoholics in this area?

a) Community

b) NGO's/CSO's

c) Government

d) Churches

e) Women's groups

33. What suggestions do you have to overcome women alcoholism in this area?

APPENDIX 2

FOCUS GROUP DISCUSSION TOOL

Women alcoholism and its effects on household welfare: A case study of Korogocho slums.

Consent to participate in focus Group Study as part of the Korogocho Community

The purpose of the group discussion and the nature of the questions have been explained to me.

I consent to take part in a focus group about my experiences, including some ways to curb the increase of alcoholic women in Korogocho community.

My participation is voluntary. I understand that I am free to leave the group at any time. If I decide not to participate at any time during the discussion, my decision will in no way affect the services that I receive in Korogocho Community.

None of my experiences or thoughts will be shared with anyone apart from myself and the sole intended purpose of my research. The information that I provide during the focus group will be grouped with answers from other people so that I cannot be identified.

_____ 2010
Name Date

_____ 2010
Signature Date

APPENDIX 3

FOCUS GROUP NOTE TAKING FORM

Please use this form to record the proceedings of the focus group. Notes should be extensive and accurately reflect the content of the discussion, as well as any salient observations of nonverbal behaviour, such as facial expressions, hand movements, group dynamics, etc.

FGD guide for women and men

Date of discussion:		Moderator:
Venue :		Note-taker:
Time start:		No. Participants at start:
Time stop:		No. Participants at stop :
Sub Location/ School Name		
Parti cipa nt	Gender (M/F)	Age(years)
1		
2		
3		
4		
5		
6		
7		

I. Perception of women alcoholism

1. Comment on alcohol abuse in this area among women
2. What kinds of women drink alcohol in this area?
3. What are the reasons why women drink alcohol in this area?
4. Where do these women drink?

5. Where do they get the money to drink? How much?

6. How much do they drink in a day to get them drunk?

7. What is the extent and nature of alcoholism among these women? (How do they behave? What do they do when drunk? Etc...)

8. How many alcohol related deaths do you know from this year?

9. How many of them were women?

II. Effect of women alcoholism on the family

10. What Impact does women alcoholism have on?

a) Marriage

b) Children

a) Parents

III. Generation and management of household resources

11. Where do you/women get money to drink?

12. Who decides how household income is spent?

13. Of the money that you/women make per month, about how much of it is spent on food?

14. Is any money kept aside for emergencies?

1. Yes----

2. No-----

15. How do you/women alcoholics manage their households as compared to male alcoholics?

16. Comment on the management of household resources in an alcoholic woman's house and a non-alcoholic woman's house.

IV. Strategies used in the community to deal with alcoholism among women

17. What alcohol rehabilitation institutions do you know of in this area?

18. What is the role of the following in rehabilitation of women alcoholics in this area?

a) Community

b) NGO's/CSO's

c) Government

d) Churches

e) Women's groups

19. What suggestions do you have to overcome women alcoholism in this area?

APPENDIX 4

Women alcoholism in Korogocho slums and its effects on the household welfare

KEY INFORMANT GUIDE

Location Name	
<u>Date</u>	
Commencing time	Hrs : min
Concluding time	Hrs : min

Consent request:

Habari (Hello), I am EVA NTALAMI from the University of Nairobi.

I am here to learn your views on the effects of women alcoholism on community development. You are an important stakeholder involved with community development and therefore we would appreciate if you could spare your valuable time to respond to some of our questions pertaining to women alcoholism. Your responses will be treated as confidential and you may choose to stop your participation at any time.

Shall we continue?

Yes: Signature _____
No

Reason for decline:

--

1. What is the Title of the Position you hold?
2. For how long have you held this position?
3. Comment on the extent of Alcohol Abuse by women in Korogocho area.
4. What are communities' perceptions towards a female alcoholic?
5. What kinds of women drink in the area?
6. Kindly comment on the extent of women alcoholism in the area? Is it accepted?
7. Why do they abuse alcohol?
8. What are the effects of alcohol on these women? Physically, emotionally, mentally, etc.
9. What changes have you noted in the last one year regarding number of women who drink alcohol?
10. How many alcohol related deaths do you know in the last one year?
11. How many of them were women?
12. 13. Do you think there is any difference between a female alcoholic and a male alcoholic in a community setting? Yes/No
14. If yes or No kindly elaborate your reasons why.
15. Elaborate on how women alcoholism affect the family.
16. How does women alcoholism affect the care and upbringing of children?
17. Tell us on what you think about the management of household resources by women alcoholics as opposed to non-alcoholic women?
18. What strategies are used in the community to deal with alcoholism among women?
19. What is the role of the Community, NGO/CSO's, Government, Churches, and Women's groups in rehabilitation of women alcoholics in the area?
20. What suggestions do you have to overcome women alcoholism in the area?