EFFECTS OF ALCOHOL ABUSE ON THE WELLBEING OF URBAN HOUSEHOLDS IN KENYA: A CASE OF MLOLONGO TOWNSHIP IN ATHI-RIVER DIVISION IN MACHAKOS COUNTY, KENYA

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Reg. 1026484

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MARIETTA MUTINDI MUSYOKA

A Thesis submitted to Faculty of Arts and Social Sciences in Fulfilment of the Requirements for the Award of Degree of Master Of Arts in Project Planning and Management

THE CATHOLIC UNIVERSITY OF EASTERN AFRICA
APRIL, 2016
DECLARATION

I declare that this Thesis entitled “The Effects of Alcohol Abuse on the Wellbeing of Urban Households in Kenya, a case study of Mlolongo Township” is entirely my own original work and that it has never been submitted to any college, university or institution of higher learning other than Catholic University of Eastern Africa for academic credit. All related information from other scholarly written sources has been duly acknowledged and referenced.

Signature

Musyoka, Marietta Mutindi
Reg. No. 1026484

Date: 25/4/2016

This Thesis has been submitted for examination with our approval as the University Supervisors

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Date: 28/4/2016

Received by the HOD, Department of Development Studies, Faculty of Arts and Social Sciences

Signature

Date: 29/4/2016
DEDICATION

To my husband, Dominic Nzivo and my dear children John-Baptist Mwendwa and Natalia Ndanu. Better life belongs to all who struggle through the storms of life and come out of it in one piece – those who swim against the tides of misery and despair.
ACKNOWLEDGMENT

I give special thanks to God Almighty for giving me strength to sail through this course and the opportunity to study amidst all the hassles of life. I wish to appreciate my supervisors, Dr. Dominics Ayaa and Mr. Michael Okuku for the support and professional guidance. Hats off to Catholic University for giving me an opportunity to pursue my postgraduate studies in Project Management.

I also give special gratitude to my family members and to my parents, Mr. and Mrs. Andrew Musau for their prayers and emotional support throughout the course of my studies. To them, may the Almighty God bless your lives.
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### ACRONYMS/ABBREVIATIONS

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<tr>
<td>AUDIT</td>
<td>Alcohol Use Disorders Identification Test</td>
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<td>Centre for Addiction and Substance Abuse</td>
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<td>SA</td>
<td>South Africa</td>
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<td>SAPS</td>
<td>Structural Adjustment Programmes</td>
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<td>SAPTA</td>
<td>Support for Addictions Prevention and Treatment in Africa</td>
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<tr>
<td>SES</td>
<td>Socio-economic Status</td>
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<td>STI</td>
<td>Sexually Transmitted Infections</td>
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ABSTRACT

Alcohol abuse is a global problem which has affected urban communities in Kenya. The problem negatively impacts the socio-economic, psychological, and physiological wellbeing of the abusers. The menace of alcoholism has strangled the Kenyan population reducing them to zombies and drooling figures who waste the prime of their lives. The overall objective of the study is to establish the effects of alcohol abuse on the wellbeing of urban households in Mlolongo township in Athi River Division of Machakos County. It thus sought to establish the effects of alcohol abuse on the wellbeing of urban households in Kenya. Further, it examined strategies to counter alcohol abuse among urban dwellers in Kenya. The study was significant and justified on the basis of on-going policy formulation and implementation in respect of educating the Kenyan population and urban families on alcohol abuse and work-leisure balance. The two theories that formed the philosophical foundations for this undertaking were the primary socialization developed by Oetting and Donnermeyer and also the stepping stone theory of drug abuse propounded by Califano. The researcher used a qualitative and quantitative research design, in an area which has 19 residential estates. Simple random sampling was used to select 10 estates, which had a total of 443 household heads. Here, stratified sampling was used to select 110 respondents. Questionnaires, focus group discussions, key informant interviews and pictorial presentations were used to collect data. On the basis of findings, the study concluded that alcohol abuse was increasingly common in married individuals (31.25%). Majority of urban households had experienced cases of alcohol abuse. Peer pressure, easy access to alcohol and idleness were the leading contributors to alcohol abuse in the urban households. Commonly experienced effects of alcohol abuse were domestic violence, discordant families, poverty and living in deplorable conditions, loss of employment and non-provision of families. Cheap alcoholic brands were preferred by the low income earners because they could not afford the ordinary beer. The study recommended the use of technology to sensitize people against dangers of alcohol abuse, empowering of law enforcement agencies. Other social groups like the Church should come out strongly to establish programmes for addicts and families that are directly or indirectly affected by alcohol abuse. They should also ensure that people who are rehabilitated are given alternative source of livelihood so as to recover from habitual drinking. The County government should allocate adequate resources to address alcohol problem from the local levels. Every member of the community should have a responsibility to ensure that alcoholic substances are kept away from children and persons until they are responsible enough to indulge in alcohol consumption responsibly. The researcher recommends further research on areas of curriculum development to cement family values and re-evaluation of existing policies vis-à-vis alcohol abuse. The study recommends further research on the effects of alcohol abuse on young children of alcoholic parents in other urban towns in other Counties.
CHAPTER ONE: INTRODUCTION

This chapter begins with the background to the study, problem statement study objectives and justification, significance, scope and limitations of the study. The conceptual framework and operational definition of terms are also provided.

1.1 Background to the study

Alcohol use and abuse is as old as mankind (Kupferschmidt, 2004). According to Kupferschmidt (2004), the start of agriculture around 6000 B.C. and the subsequent discovery of fermentation was closely followed by the production of alcohol. Most people associate alcohol with pleasure ignoring the consequences associated with its abuse. Over the past few years, the use of alcohol has escalated. According to a 2015 United Nations office on Drugs and Crime (UNODC) report, some 379 million people, or 5.2% of the total world’s population aged between 15-64 years have used alcohol at least once in the last 12 months. Across the globe, alcohol abuse is a major challenge which is seen as an escape route for victims trying to cope with prevailing life issues such as poverty, unemployment, neglect, breakup, violence, sexual abuse and poor academic performance as Youth Health Talks notes (Oxford, 2014).

Britain is among the worst countries in the world for binge drinking, according to a new report by the WHO, (2012) 28% of Britons were classed as having had episode of heavy drinking in the previous month - almost twice as much as the global average, of 16% (WHO, 2012). Overall, Britain was 25th highest, the research found, above that of Bulgaria and Kazakstan and far higher than the global average. Experts said Britain’s place in the table was a “national tragedy.” They were also classified as heavy episodic drinkers often referred to as ‘binge-drinking’ - which is the most harmful to health. In the UK, the research found that 35.5% of men, and 20.9% of women, had drunk alcohol. WHO report (2012) added that more than 3 million people died globally as a result of alcohol, with reasons ranging from cancer to violence. Another
study by the Organisation for Economic Co-operation and Development OECD (2012) found that British girls are more likely to get drunk than those in almost any country in the Western world.

In Australia, alcohol has a complex position in the society. Socially, its consumption is tied to diverse traditions, and many Australians use alcohol to socialize, celebrate, relax and commemorate. Conversely, alcohol plays a part in a range of harms such as road crashes, the onset of various cancers, suicide, public and domestic violence, deterioration in public amenity, domestic abuse and workplace absenteeism. This highlights that alcohol not only imparts harm to the individual drinker but also to the wider community as well. Harmful alcohol consumption generates considerable economic and social costs (Collins & Lapsley 2008), and in Australia it is a significant contributor to injury, disease, disability and death. In the 10 years from 1996 to 2005, for example, 32,696 Australians aged 15 and over died from injuries and diseases attributable to risky and high-risk drinking. A further 813,072 Australians aged 15 years and over were hospitalized between 1995–96 and 2004–05 because of alcohol-caused injury and disease (Pascal, Chikritzhs & Jones 2009). Harms related to alcohol consumption are attributable to both short-term and long-term consumption behaviour. Interest has been increasing in identifying and responding to alcohol-related harm in a range of settings, including in the workplace.

According to the Global Drug Survey (GDS, 2015) report, alcohol remains the major reason for sending people to emergency treatment. A study conducted in South Africa in 2011 found out that alcohol abuse had a prevalence rate of 39.1% while the use of cigarette stood at 10.6%. (Skynews, 2011). The report further indicated that other drugs that were commonly used included marijuana, inhalants, tranquilizers, heroin, cocaine and hoonga – also referred to as wunga or nyaope. The latter is a highly addictive mixture of marijuana, heroin and HIV and AIDS medications. The drug problem in South Africa is extremely serious, with 15% of the population reported to have an addiction problem. People who start drinking before the age of
15 are four times more likely to become alcoholics at a later stage as reported by Sky News (Skynews, 2011). Vos (2013) laments that today, the age at which people get introduced to alcohol is far younger than in the previous years. Further studies by Johnson (2004) show that adolescents who consume alcohol are three times more likely to indulge in criminal activities than those who do not partake alcohol.

Within the East African region, Tanzania is ranked second after Kenya in regards to increasing number of alcoholics who in most cases are between 13 and 25 years (DCC, 2011). The Drug Control Commission (DCC) (2011) report indicates that the actual number of alcohol addicts in Tanzania is estimated to be between 150,000 and 500,000 people nationwide. Statistics compiled by Mirembe Hospital in Dodoma region that were incorporated in the DCC Report for instance indicated that the number of young people who abuse alcohol and attend clinics at the hospital increased from 290 in 2009 to 569 in 2012, corresponding to 96.2 per cent increase.

Alcohol abuse is so rampant in Kenya thereby necessitating President Uhuru Kenyatta to declare it a national disaster in the year 2015 (GOK, 2016). The availability of cheap, illicit liquor, coupled with massive youth unemployment have produced a generation that is preoccupied with drinking with little or no concern about its effects. Within the country, close to 16.6% of urban dwellers are currently using various types of drugs including khat (Miraa), marijuana, with the number of alcoholics taking the lead compared to 11.4% of rural dwellers (GSRA, 2004). This represents a marginal decline from the estimates of the 2007 rapid assessment survey.

Besides North Eastern and Central regions where current usage of alcohol is less than 10%, alcohol usage in all other provinces stands at 10% and above. Considering individual alcoholic beverages, Nairobi has the highest current usage of packaged alcohol (15.7%). According to the findings by Global Status Report on Alcohol (GSRA) (2004), Nairobi County has the highest use of chang’aa that currently stands at 7.2% closely followed by Western (7.1%).
Rift Valley has the highest consumption of traditional liquor (6.0%) followed by Nyanza (5.1%). With regards to the consumption of 2nd generation alcohol (these are alcoholic drinks that have been recently introduced in the market and have high alcohol content of between 35-57 %), Rift Valley County is rated highest (2.0%) followed by Nairobi (1.3%). According to the academic and law enforcement reports (2014), Kenya has had to deal with an upward surge of alcohol abuse problem. Visiting bars, popularly known as clubbing and viewed as a social activity in Kenya is was predominantly male pastime (Gachiri, 2014).

However, there has been an upsurge in the number of women visiting drinking places especially in urban areas. In most cases the purpose of visiting such drinking places is not to drink socially but to “drink oneself silly,” as noted by Gachiri (2014). The above scenario has been heightened by the notion that men who stay at home and take care of their families are considered as weaklings hence acting as a driving force for men to visit bars so as to assert their masculinity (Grant, 1998). Whatever the motivation, the reality is that people’s love for alcohol in Mlolongo township has an impact that, if not checked, could translate into an obsession and disease. Since the news made headlines about people dying from intake of methane-laced liquor dubbed “twone mbee” (Kamba dialect for focus) in Chumbi area of Machakos, just a few kilometers from the area of study, there has been repetitive incidences of alcohol-related deaths. People who excessively drink may not be dependent on alcohol, but have recurrent interpersonal, social and occupational deficiencies related to alcohol consumption as Huebner (2011) argues.

Karanja (2015) and Mututho (2014) say that the recent increase of alcohol users has been precipitated by availability of cheap brews in the urban areas. They further observe that the Alcoholic Drinks Control Act was substantially weakened in 2013 with the introduction of devolved government. According to them, devolution means that each county government will have to ratify the Act which has proved to be an uphill battle because of the fact that a good number of the county leaders have commercial interests in the manufacture or sale of alcohol.
Oriare (2010) notes that another factor that has contributed to an increase in alcohol abuse is the liberal advertisements in the media that glorify alcohol, despite the legal prohibitions. Besides, the sudden increase in alcohol abuse is caused by change in social and cultural factors such as alienation of norms and family values, parental and peer influence and family structure. Increase in poverty levels resulting from poor economic performance experienced in Kenya has contributed to an increased use of cheap and easily accessible second generation alcohol especially by the youth as noted by Muturi (2014a).

According to Brodsky (1999), alcohol is medicine for stress. Many people who suffer from depression may take alcohol to lift up their spirits. However, the overindulgence in alcohol has led to domestic violence (Brodsky, 1999). It has also affected milestones of children, as the children whose parents are alcoholics will show signs of emotional disturbances such as anxiety, feelings of insecurity and they also suffer disorder behaviours such as trances. This is mainly manifested during adolescence when they develop withdrawal attitudes towards their parents and identify with the peer group leading to deviant behaviour. The government, and other civic bodies, have tried to curb the problem by enacting laws that prohibit the sale of illicit liquor.

Gathigah (2015) says that despite the above efforts by lawmakers’ to curb drinking, Kenya is still facing its greatest threat from alcohol abuse. Calamities associated with excessive intoxication like dementia, seizures, liver disease and early death have done little to deter users. Confirmed reports by the Ministry of Health and government agencies like National Authority for Campaign against Alcohol and Drug Abuse (NACADA) indicate that illicit brewers use lethal embalming fluid used in mortuaries as a brewing ingredient has not served to discourage alcohol abuse. (Mutambo et al., 2012). Although the Alcoholic Drinks Control Act of 2010 restricts the sale of alcohol to between 5 pm and 11 pm, those who use alcohol are finding their way around the curfew. According to the report by Euromonitor International (2014), alcohol bought in shops or off-trade beer sale during the curfew in December 2012 rose by 4.35 percent to 26.4
million litres (Euromonitor, 2014). The above further noted that availability of non-returnable bottles and cans has made it easy to carry alcohol to the house therefore encouraging consumption of alcohol by the youthful population. Likewise, patrons have also found a new trick of locking themselves in houses or inside the pubs to drink beyond the stipulated time— that is to say after 11 p.m. This concurs with the observation by Gathura (2015), who asserts that in most urban centers patrons “lock themselves up in pubs and drink during curfews or they buy the alcohol and drink in their homes, exposing their children to alcohol from a very young age.

Mututho (2014) notes that the establishment of the National Agency for the Control of Drugs and Alcohol (NACADA) in 2001 has been welcomed as an attempt to fill a vacuum that exists in advocacy against alcohol abuse. The organization is charged with the responsibility of coordinating activities of individuals and organizations in a campaign against drug abuse. Religious leaders, on their part, have played a role in trying to curb the problem. Rehabilitation centres have been put up to assist those affected. A case in point is the Asumbi Rehabilitation Centre in Nyanza Province by the Catholic Church among others. In spite of these attempts, the problem still persists. It is in view of the foregoing that this study sought to establish the effects of alcohol abuse on the wellbeing of urban household in Kenya, using Mlolongo Township as a case study area.

1.2 Problem Statement

Mlolongo has experienced rapid population growth in recent years. When violence marred many urban towns within Nairobi, this area was calm and became the new home for many families fleeing strife in other parts of the country. Previously, it enjoyed rapid growth as a transit town where many long-distance truckers sought overnight refuge. This meant there was a steady demand for boarding facilities and the attendant services for vibrant nightlife. Due to this, many young people have become dependent on cheap liquor, drinking from as early as 9
a.m. The influx of people has also increased the need for housing hence demand in construction business. The casual workers in these construction sites do menial jobs, with wages paid at the end of each working day. Half of these casual workers spend their money on cheap food sold alongside the roads and liquor, since they are assured of same amount of earnings come next day. The problem is that the people earn enough to feed themselves just to keep them going an extra day, without saving for their families or taking their children in good schools.

A study carried out by Kibira in 2014 revealed that women who engage in sex for economic benefit do so because of poverty and desperation to make ends meet for their families. Once they realize that they are already infected, they resign to escapism through round-the-clock drunkenness so as to forget about their problems. Many of these workers are spouses or in committed relationships. The sex trade takes place in beer bars which are all over the place (Kibira, 2014). Policy makers have developed an attitude towards people who engage in alcohol abuse. They fail to reflect the underlying reasons why people engage in alcohol in the first place. Due to the neglect that people are exposed to, they end up neglecting their social responsibilities like raising up their children, taking parental responsibility in schooling and moral formation. The end result is a generation exposed to all social ills of alcohol abuse. In view of the above, this study sought to investigate the effects of alcohol abuse on the wellbeing of urban communities in Kenya, with specific reference to Mlolongo township.

1.3.1 Research Objectives

The overall objective of the study was to establish the effects of alcohol abuse on the wellbeing of urban households in Mlolongo township in Athi River Division of Machakos County.

The study specifically sought to:

1. establish factors luring the residents of Mlolongo Township into alcohol abuse.
2. establish the nature of alcoholic drinks consumed by the residents of Mlolongo township and the rationale behind the preference.

3. examine the effects of alcohol abuse on the wellbeing of families

4. propose strategies that the family, religious leaders, government, policymakers and the society can put in place to counter alcohol abuse among urban dwellers in Kenya.

1.3.2 Research Questions

The study tried to answer the following questions:-

1. What are the drivers of alcoholism and alcohol abuse among urban households in Mlolongo Township?

2. What type of alcoholic drinks are commonly preferred and abused by Mlolongo town residents?

3. How does alcohol abuse affect the overall wellbeing of families?

4. Which strategies can the family, religious leaders, government, policymakers and the society at large put in place to counter alcohol abuse among urban residents in Kenya?

1.4 Research Assumptions

By undertaking this study, it was assumed that the respondents in the area of study were be candid about their addiction, and would assist in analyzing why alcohol abuse is prevalent in the area of study. It was also assumed that the local authorities would be cooperative in assisting the researcher with security and information. Further, it was assumed that the researcher would be able to access the respondents easily and get adequate sample size that would represent the entire population of Mlolongo Township, and that the findings of this study cannot be generalized because they cannot apply in all urban towns.
1.5 Justification of the study

Although excessive use of illicit alcohol is prevalent in all societies, none of the studies on socio-economic and health effects of the abuse of alcohol on urban households and their dependents and to the larger society is yet been conducted in an upcoming town such as Mlolongo. This has been established from a thorough search in archives, libraries and Nacada, so as to ascertain the originality of this study. Other scholars have made a mention of alcoholism around the area but none have addressed the totality of alcohol abuse in the area of study, prompting the choice of Mlolongo township as the location of the study. It is worrying to note that alcohol appears to have a marked effect of spawning moral decadence. The recent series of young men and women engaging in a drinking spree right from the town enroute Machakos for a rugby tournament tells us the extent of the abuse. The Nacada chairman charged that the Machakos Governor has failed to control the sale of alcohol at the Masaku Sevens sports derby resulting in reckless drinking. We can all recall how the tournament was marred by blatant drug and alcohol abuse and total misconduct (Mututho, 2014)

A story run by the Daily Nation on 25th October 2015 found out that alcohol abuse was the major cause for school drop-out rate in Mlolongo area. The reasons given by the drop-outs were range of all types of abuse by their caregivers, hence poor concentration in school. It was sad to note that while 1.3 million children countrywide joined primary schools at the start of free primary education, only 875,300 made it to Standard Eight (Kariuki, 2015). Studies conducted in different parts about alcohol put little focus at effects on families in the urban households and the effect such abuse would have on children, parents and the society at large (Kariuki, 2015). Having identified the research and policy gaps, this study sought to investigate the effects of alcohol abuse on the wellbeing of urban households in Kenya, a case study of Mlolongo Township in Machakos County.
1.6 Significance of the Study

The findings from this study will be used in sensitizing urban residents about the dangers posed by alcohol abuse, NACADA has tried by unfortunately it uses the same A, B, C approaches which yield little or no impact. Majority of youth in Mlolongo try alcohol early to explore during past-time, without realizing it, they plunge deeper into addiction and alcohol dependence in adulthood. The study will seek to identify those addicts and people who are dependent and suggest an institution for behavioral change. The findings of this study will also be used by policymakers as an educational tool to help those who are indulging in alcohol abuse to establish a work-leisure Balance so as to be resourceful to the society. The findings will also guide institutions like the church, the government and the civil society to identify the age groups that are affected and allocate adequate resources to change their behavior.

The study area is known for its repute thanks to the truck weighbridge, where a lot of activities take place. Beside trucks making stopovers in the weighbridge as per NTSA policy, the truck drivers and turn boys become customers of the readily available services in the town. These services range from food, accommodation to commercial sex. The findings of this study will help the policymakers enforce strict rules to all residents regardless whether they are putting in for the night or are permanent residents.

The proposed measures will form a programme for use in educating all urban households, the youth and children in Mlolongo, on the dangers of alcohol abuse. In addition to proposing more effective preventive measures in connection to alcohol abuse, the study will also provide a background for other studies in its prevention. If the recommendations are taken into account, the local government will use them to develop programs that are efficient in promoting continuous learning. Awareness will translate to creation of alcohol-free society hence improving the standards of living in Kenya.
1.7 Scope and delimitation of the Study

The study was conducted in Mlolongo Township and focused on households, with the oldest member of each household used as a unit of analysis. The researcher was limited to Mlolongo township due to geographical constraints and cost implications. The researcher limited herself to ten residential estates with 443 families, both men and women. This study was limited to Mlolongo township, where the researcher identified households that were most affected by alcohol abuse.

1.8 Site Description

Mlolongo township is located in Eastern Kenya, 15 kms and 45 minutes' drive from Nairobi city, the town rests on a 582650 sq. km of land. It separates from Athi River and Kitengela on the opposite site. According to Kenya National Bureau of Statistics, there are about 337,211 people who are permanent residents of the area (2009 census). The researcher chose Mlolongo township as the study site because of its strategic position along Nairobi-Mombasa-Malaba highway. The weighbridge station, where all the lorries coming from Mombasa must stop to weigh in and pay accordingly is a net asset for Mlolongo, which creates a booming informal businesses hence the cosmopolitan nature of the town.

1.9 Limitations of the Study

Since the researcher envisioned engaging the actual victims of alcohol abuse, they were cases of illiteracy hence unable to communicate. To solve this problem, the researcher used the services of translators of the commonly used local languages around the area, namely, Kikamba, Kikuyu, Kimeru and Gusii.

Majority of bars and shebeens are in dingy places which could be insecure for the researcher to carry out the study. To address this problem, the researcher engaged community
policing team to walk with the research team around the area. The researcher also scheduled time for the study which did not compromise the security of the research team.

Requesting information that touches on alcohol use and moral behaviour and sexual orientation could be considered sensitive by respondents. To overcome this obstacle, the researcher acquired an introductory letter from CUEA and the reason why the study was required. Some respondents who are victims of alcoholism and alcohol abuse sought to withhold vital information or exaggerate such which could limit the study in terms of accuracy. To overcome this challenge, the respondents were assured of anonymity when publishing the information.

1.10 Theoretical Framework

This study was guided by two theories that enabled the researcher to establish effects of alcohol abuse on the wellbeing of households. The said theories are the Primary Socialization theory and the stepping stone theory.

1.10.1 Primary Socialization Theory

This overarching theory was developed from the fields of psychology, sociology, public health and criminology, among others by Oetting and Donnermeyer (1998). It is a relatively new theory, developed to explain delinquent adolescent behaviors, such as substance use, aggression/violence and criminal behaviors. These works have focused on the characteristics of the individuals studied as well as the characteristics of other sources of influences on behavior including the family, friends and social structures. Consistent with Bronfenbrenner’s biocultural model and Bandura’s Social Learning Theory, primary socialization theory suggests that behavior develops as a function of both individual-level and social contextual influences.

The relevance of this theory is in line with the role that family plays in the development of children with regard to alcohol use is crucial. Alcohol use among parents has shown to be an
important determinant of adolescents’ alcohol use, with adolescents being more likely to drink if their parents do so (Chou, 2002). In addition to parents, siblings, especially older siblings, can also act as role models and play an important role in influencing alcohol use by reinforcing certain attitude and behaviours, by providing advice and information about alcohol (Pandina, 1991). For example, one study of Norwegian 12 to 18 year olds found that individuals with early alcohol socialization had older siblings who take alcohol (Cross, 2005). In fact, it has been estimated that the high school students and college students spend twice as much time with their friends as they spend with parents and guardians (Bonnie & O'Connell, 2004). Further, they perceived that use of alcohol by one's peers predicts the influence of one’s drinking than parents.

Critiques of two renowned social scientists, (Carlson (2005) and Billingham (2007) argue that the assumptions that all families function well as an approach ignores less happy families. The structural approach concludes that all behaviours are learned from parents to children, but forgets that children create their own personalities. Carlson’s views also assumed that family works in isolation while ignoring the role other institutions responsible for primary socialization. Both authors see the nuclear family as the ideal type of family, overlooking diversity of types of families other than nuclear family.

1.10.2 Stepping Stone Theory of Alcohol Abuse

According to the stepping stone theory, the use of one substance or drug greatly increases the probability of using another substance. The next substance is assumed to be more dangerous than the first (Anthony, 2012). That process is believed to continue with even more dangerous drugs. The theory predicts that people who use home-made mild brews progress to buying spirits and mix with the mild brew to make it stronger. They will probably go on to drink stronger alcoholic drinks that can make them higher, and on to stronger alcohol. Each step is seen as leading to the next step in alcohol abuse. (Anthony, 2012)
Joe Califano who is the greatest vocal and visible proponent of this theory is also the founder of CASA. (Centre for Addiction and Substance Abuse). He asserts that “We know that someone who gets to age 21 without smoking, using drugs or abusing alcohol is virtually certain never to do so.” His solution is both simple and simplistic. Prevent people from smoking, doing drugs, and abusing alcohol until they are 21 (Califano, 1999)

This theory thrives on the basis that hard drug users may have started with substances like tobacco and alcohol. However, the majority of smokers or alcohol consumers fail to progress on to hard drugs. It could be argued that chocolate and cappuccino are stepping stones towards hard drug use, however, this is not necessarily the fact. Most drug users first had chocolate and cappuccino, but neither of the two cause people to become hard drug users.

1.11 Conceptual Framework

A conceptual framework is an illustrative presentation of the relationship between variables (Mugenda and Mugenda, 2004). It highlights the relationship and interaction between independent, dependent and intervening variables.

The following conceptual framework will show the independent variables as the indicators of alcohol abuse, intervening variables as the factors that contribute to alcohol abuse and the effects that manifest after alcohol abuse on households as the dependent variables. Alcohol abuse is manifested when people drink excessively, use illegal brews and increase of binge drinking. This is facilitated by idleness due to unemployment, poverty which is brought about by illiteracy and low income. The availability of cheap brews precipitates people to abuse alcohol. Children from families who abuse alcohol lack proper education hence dropping out of schools. Poverty forces people to engage in petty crime so as to survive. Households where alcohol is abused experience domestic violence divorces, absentee parents and deprivation of the basic needs. This is further explained diagrammatically using the concept next page:-
Factors luring residents to alcohol abuse
Peer Pressure, easy access to alcohol, cultural factors, idleness, primary socialization by parents and peers

Types of alcoholic drinks consumed by different social classes
Licit and Illicit alcohol
Wines, strong spirits, vodka and Lagers

Strategies to counter alcohol abuse
Advisory, Arrests and Prosecution, Counseling, Policy formulation, Design of ethics curriculum in schools and in Small Christian Communities

Effects of Alcohol Abuse
- Discordant families and divorces
- Delinquent children
- Deprivation of food, clothing, shelter and education
- Domestic violence
- Absentee parents

Independent Variables

Dependent Variables

Intervening Variables
- Unrestricted laws
- Increased access to cheap alcohol
- Idleness
- Parents’ value system
- Poverty and Illiteracy
- Attitude toward work
- Role Modelling
- Religious affiliation

Figure 1.1: Conceptual Framework (Author, 2016)
1.12 Operational Definition of Terminologies

Busaa, Muratina, Kaluvu, Mnazi – Tradition brews used among different ethnic communities in Kenya, in Western Kenya, Central, Eastern and Coast provinces respectively.

Chang’aa - a traditional home-brewed spirit, popular in Kenya. It is made by fermentation and distillation from grains like millet, maize and sorghum, and is very potent.

Hoonga/Wunga/Nyaope - this is a highly addictive mixture of marijuana, heroin and HIV/AIDS medication, commonly used in South Africa. It has found its way in Kenya.

Household Wellbeing - A term used by the researcher to refer to socio-economic and financial self-sufficiency of a household, with good social standing and not suffering economically. A household that can afford three meals a day and which provides a calm and non-violent environment for the children.

Marijuana/Cannabis - is a preparation of the Cannabis plant intended for use as a psychoactive drug

Matharau – A term that is used to refer to an estate in Mlolongo, identified with prostitution and illegal business.

Miraa/khat - plant native to the Horn of Africa and the Arabian Peninsula. Khat chewing has a history both globally and Mlolongo.

Shebeens – these are unlicensed places that sell second generation liquor

Twone mbee – methane laced liquor which killed twenty four people of people and left others blind in Chumbi area of Machakos County.
CHAPTER TWO: LITERATURE REVIEW

This chapter covered a review of literature related to study focus on effects of alcohol abuse on the wellbeing of urban communities in Kenya. It specifically reviewed literature under four thematic areas that included factors luring the residents to abuse alcohol, the nature of alcoholic drinks consumed by urban communities, effects of alcohol abuse on household wellbeing and strategies to counter alcohol abuse among urban dwellers in Kenya.

2.1 Review of Empirical Studies

a) Alcohol Problem in the World

Global statistics on alcohol consumption in 2010 indicated that 6.2 litres of pure alcohol was consumed per person aged 15 years or older, which translates to 13.5 grams of pure alcohol per day. A quarter of this consumption (24.8%) was unrecorded, i.e. homemade alcohol, illegally produced or sold outside normal government controls. Out of total recorded alcohol consumed worldwide, 50.1% was consumed in the form of spirits (Moon, 2013).

Most countries in Asia do not have a national policy to reduce alcohol consumption. However, in countries with a predominantly Muslim population such as Bangladesh the production, sale, and consumption of alcoholic beverages is prohibited by law (Jernigan, 1997). In 1998 Sri Lanka attempted to formulate a National Alcohol Policy, but it has not yet been implemented or made public. Several countries - India, Malaysia, Vietnam and Sri Lanka - have implemented piecemeal legislation such as a ban on advertising on TV and radio, but the alcohol companies still have the freedom to promote their brands in the other media and carry out sponsorship activities. In India, Sri Lanka, Thailand, and Malaysia drinking patterns illustrate how the per capita consumption figures of a country do not necessarily give the true picture of consumption patterns of Asian countries (Jernigan, 1997). Parallel with the
international and more expensive alcoholic beverages, there exist the local, cheap, potent brews, both legal and illicit, which are not computed into the national statistics. In Indonesia the national consumption is only 2.7 per cent, however Balinese showed a high prevalence of 40 per cent of locally produced palm wine. In Nepal while the per capita consumption is 2.5 litres, there is a substantial amount of home production and there is no data on consumption of smuggled or home or informally produced alcohol. Alcohol is considered an integral part of most social occasions among many ethnic groups.

Alcohol abuse has been shown to be correlated with levels of interpersonal violence, crime and murder. Serious alcohol related health issues include mental illness, liver and kidney diseases, alcohol induced diabetes, stomach ulcers, alcohol related traumatic disorders as well as emotional and behavioral problems in children and adults. There are numerous alcohol related social problems that include family disintegration, increased domestic violence, separation and divorce, child abuse and neglect, child molestation and defilement, child prostitution, sexual exploitation of minors, rape and increased insecurity within communities (WHO, 2011). Other alcohol related problems are socio-economic in nature and they include underage drinking, low productivity, idleness, absenteeism from work and disability (Kasolo, 2011).

b) Alcohol Abuse in Africa

Countries in Sub-Saharan Africa consume the highest rates of alcohol in the world (Woolf-King, 2011). This is attributed to the role alcohol plays in African context - in social gatherings, rites of passage, and local economies. Traditionally, alcohol in Africa was not produced for sale, but as a beverage for entertainment. During the 20th century, when employment began to increase across Africa, alcohol became a commodity for sale (Willis, 2006). This increased commercial availability of alcohol bringing about new restrictions
control drinking habits, including where alcohol could be sold and drunk, hours during which alcohol could be served, and liquor licenses (Willis, 2006).

During the 5th session of the African Union (AU) Ministerial Conference on Drug Control in Africa in 2012, it was revealed that at least 16 countries in Africa had reported abuse of alcohol. Concurrently, the age of those initiated to alcohol abuse is increasing with large numbers of in-school and out-of-school youth. This situation is acute in conflict and post-conflict countries, with populations experiencing high stress levels while child soldiers are provided with alcohol and drugs to brainwash their minds so as to continue fighting (Maiyegun, 2012). According to UN report (2014), the continent is the second largest for cannabis and illicit alcohol production, trafficking and consumption which accounts for 26% of global seizures (UN, 2014). By country, the largest hauls is Kenya, Nigeria and South Africa. According to the United Nations (UN) statistics conducted in 2013, 37,000 people in Africa die annually from diseases associated with alcohol and drug abuse (UN, 2014).

c) Alcohol Abuse in Kenya

Alcoholism has become an epidemic in Kenya. In 2010, the government of Kenya passed the Alcoholic Drinks Control Act of 2010 to help curb the abuse of alcohol (KLR, 2012). High rates of alcohol related health problems are linked to lower economic development (WHO, 2014). A recent study on alcohol usage in the country states that 12% of children between the ages of 15 and 17 use alcohol (Nacada, 2010). There is high prevalence of second-generation alcohol with high potency and made under unhygienic circumstances (Nacada, 2010). However, regardless of the current interventions, there has been limited or no change in the abuse of alcohol in Kenya (Nacada, 2010). It is important to understand that, for whatever reason, campaigns against alcohol abuse in Kenya are not working.
A 2012 National Survey by NACADA showed that alcohol is now the most abused substance in the country. Traditional liquor is the most easily accessible, followed by wines and spirits and last but not least chang’aa. This survey revealed that substances of abuse, both licit and illicit, were forming a sub-culture among Kenyan youth. Contrary to common assumptions, the survey demonstrated that alcohol abuse was widespread, cutting across all social groups. This culture of drinking has claimed the lives of productive and well educated professionals. In a documented report by NACADA dated August 24, 2015, it was revealed that illicit brews had killed 30,000 Kenyans since 2009 (Nacada, 2015). Specific areas that have been affected mostly are Nyeri and Nairobi, losing those who started as social drinkers, to problem drinkers and eventually becoming notorious addicts. Kenya woke up to sad news of deaths from different counties of people who had consumed illicit alcohol. Embu County lost 25, Kiambu 13 Makuени 12, Kitui 8 and Muranga 4, totalling to 61. By the following day, the death toll had risen to 81! (The Standard, May 6 2014). This situation is at the heart of the crisis that led President Uhuru Kenyatta to declare war on illicit alcohol across the country.

2.1.1 Factors Contributing to Alcohol Abuse among Residents in Urban Areas

a) Cultural Factors

From the time of Noah to King Melchizedek wine was considered sacred. The Old Testament gives an account of how wine was highly regarded in religious rituals of burnt offering (Exodus 29:40). All the countries in Middle East grew vineyards and grapes for wine production. The fruits were considered part of their staple food just the same way we consider maize crop. Cyrus King of Persia (Iran), urged all his citizens to grow vineyards as a source of wealth (2 Chronicles 36). Wine was also considered important in festivities. In Cana, a town North-East of Nazareth, Jesus and his family were invited to a wedding, the steward was getting nervous as the barrels of wine drained. That called for drastic action and, were it not for Jesus who performed the
first miracle of transforming water into wine, the whole wedding would have been a disgrace for
generations to come. (John 2:1-11)

It is customary to introduce an overview of Africa with a cautionary comment on how
difficult it is to generalize such a large and diverse continent. In the pre-colonial period, all the
alcohol consumed was locally made through continued fermentation. The ingredients were
gathered from malted grains, sap of some trees, sugar cane, honey and variety of fruits (Willis, 2003). The labour processes and technology were very simple, which allowed almost anyone to
make alcoholic beverages and set clear limits such production. This small-scale production of
liquor meant that alcohol was consumed very close to its point of production, and that where
commerce in alcohol did exist, it was local and on a limited scale (Willis, 2003). The only
partial exception to this was in West Africa, Central Africa and South Africa, where imported
spirits had become available with the growth of commerce – especially the slave trade.
Elsewhere, alcohol was widely drunk and poured in ritual performances. Kissin’s description
of the significance of alcohol in African rites can be applied to many African societies (Kissin,
1932). Intercessory rituals, which involved some form of communication with super natural
powers which were believed to bring forth well-being (Begleiter).

Before the pre-colonial era, Kenyan societies were comprised of ethnic traditions.
Moderate and responsible drinking was considered to be part of normal and balanced life in
most societies, with drinking patterns culturally determined (McCaskie, 2000). The decision to
drink was motivated by a variety of factors – enjoyment, lifestyle, rites of passage, parental
influence, permissive upbringing and, most importantly, cultural acceptability of drinking.

The introduction of children to alcohol beverages often occurs early, within the
family, and in a way that integrates drinking into other common-place activities. In Kamba
community, traditional liquor is believed to cure measles by bathing the affected using the
liquor, then sipping a few gulps. It should be noted, however, that local illicit brews particularly
in developing countries use low quality ingredients thus carrying health risks. Overall, studies showing alcohol-related harm between different ethnicities have underlined the importance of further research on culture-related vulnerabilities (Wamue-Ngare, 2013). The researcher concurs with the above scholars who affirm that high esteem placed in alcohol in peoples cultural orientation determine their future drinking habits

b) Economic Factors

In 6000 BC, Ancient Rome played a key role in the history of wine. The staple crops were wheat and other forms of grains, olives and grapes. Olive Oil and wine were the most important products that led Italy’s exports. Wine was exported to North Africa, Egypt and the Cape Province (South Africa). Compared with grains and precious metal, wine topped the list of fast moving goods. In 18th Century, South Africa discovered a gold mine in grape farming and wine processing. This is evident with the large numbers of South African wines that dominate our local stores. It is estimated that the sale of alcoholic drinks make up the 15% of the republic’s per capita income (Euromonitor, 2014).

Our very own East Africa Breweries Limited (EABL) and Keroche Industries in Kenya are a true testimony of the massive profits accrued from alcohol business. Increased drinking has meant higher profits for commercial brewers. A recent report by EABL in 2014 indicated that there had been a constant appreciation of annual profits at a rate of 11% (Gachiri, 2014).

In Kenya, social class is an important element because different classes are linked with different standards of living. Drinking of local alcohol is dominant in low income earners. Nevertheless the affluent also engage in alcohol taking due to the ability to buy the bottled beer, wine and spirit. The parents of this social class give a lot of pocket money to their children and young adults, who may engage in escapades that include binge drinking. The much hyped
Project X in urban towns in Kenya is a true reflection of such kids whose parents do not monitor how they use their money.

c) Social Factors

According to USA’s National Institute on Alcohol Abuse and Alcoholism (NIAAA) (2010), the British and Irish are notorious drinkers. Surveys on mortality rates suggest that there are more drinkers and more drinking occasions in higher-income social groups, while abstainers are more common in the poorest social groups. However, people in low socio-economic affluence appear to be more vulnerable to effects and consequences of alcohol consumption (NIAAA, 2010). Given that changes in affordability of alcohol have often increased drinking, a rise in alcohol consumption is expected to increase the alcohol intake resulting to abuse. Greater economic wealth is broadly associated with higher levels of consumption, and this is evident in Europe and other developing countries.

In Africa, social precipitators of alcohol intake are intertwined with cultural factors. As mentioned earlier, alcohol is socially accepted in African cultures. The availability in families and permissiveness in its intake has provided an easy ground for people to abuse a once regarded social beverage. For a given level of drinking, the alcohol-attributable mortality and burden of disease and injury will generally be greater.

In Kenya, alcohol consumption is not only legal but socially acceptable. Gradually, men and women have been reported to indulge in alcohol abuse, a practice that has become an issue of concern to the government and local communities (Chesang, 2013). Generally, the media through advertisements is purported to pose a great influence of alcoholism in Kenyan families. It has also become a common practice for people to hold social meetings in bars and clubs, hence encouraging drinking. Further, reports on alcohol abuse among people living in urban households come with other moral issues like socially unacceptable sexual adventures
and parents-children conflict, which is brought about by the permissiveness that parents bring up their children and exposure to technology.

The Daily Nation report on March 30, 2011 documented a study carried out in selected households in Nairobi suburbs showing that the type of environment and moral formation has an impact on their adult behaviour (Nacada, 2011). According to the report, experimentation with alcohol was more frequent reported by Kenyan youth who are brought up in the city rather than in the village. This can be argued from the standpoint that in towns, there are fewer activities to engage the youth. Passive leisure like watching Television and movies is very common as opposed to the village, where there are activities like bull fighting festivals and ball games. Farming and herding has also been seen as a positive escapism from bad influence (Nacada, 2011).

d) Political Factors

Between 200-100 BC farmers under then Roman Empire were compelled to donate surplus of their grains, olive oil and wine to the government in lieu of tax. The political systems allowed both the republican and imperial rules to gain popularity with the masses through free grain and wine distribution at no direct cost on their part, leaving people with little incentives (McLaughlin, 2014). The outcome of such buyouts were the conquests of provinces of Egypt, Sicily, Tunisia and North Africa. The Governors who were appointed to rule those provinces introduced same political approach of acquiring wine from farmers for free. In turn, the North African countries became an important route in the shipment of other goods via caravans and camels. Heavy goods like minerals and metals were shipped through the sea under the supervision of Roman Navy Commander, Augustus, who was in the wine merchants’ good books hence protecting their interests and providing them with security against pirates. (McLaughlin, 2014)
In Kenya it is an open secret that the alcohol manufacturers must cultivate a cordial relationship with the government of the day in order to enable them enjoy tax breaks whenever such applications are made. This is evident in the ongoing tussle between some political leaders who are accused of accepting favours from a celebrated alcohol manufacturer, an act that the public considered as a corrupt deal gone sour (Business Daily, 2015)

e) Environmental Factors

Environmental factors can be examined in four perspectives: availability-attitude-advertising-affluence. The environment in which someone grows up is important as is the environment in which they live as adults. Someone may be encouraged to drink if they spend a lot of time with friends who drink, seeing adverts citing how cool those who partake alcohol are. They may drink in response to stressful factors in their environment, such as problem in their work or family. In United Kingdom (UK) and America for instance, adolescents are exposed to alcohol as early as 12 years hence by the time most attain 16 years, they are already addicted to alcohol (Courtney & Polich, 2009)

Taking South Africa as an example, the areas where drug and alcohol peddling is so rampant is Kwa Zulu Natal and Soweto Slums, popular estates for blacks during the apartheid era. The stressful situations which these people live have pushed them to engage in all manner of delinquency, ranging from alcohol abuse, drug peddling and violent crime. The family systems in RSA are weakened by despair. Shebeens act as hideouts for criminals after executing their heinous activities. To psyche themselves and increase their self-confidence, they keep on drinking as they hide in these Shebeens (Parry et al., 2004). The link between alcohol and Shebeens and violence (especially murder) was also identified in a study undertaken by the South African Police Service in the Western Cape in 1996 and 2011. Among other things, it was reported that in 64% of cases in which the motive was known, and in 24% of cases
in which the circumstances surrounding the murder were known, the crime had been committed after an argument or during a fight in which alcohol was involved (Butchart et al., 2000). There are no legally binding regulations on alcohol sponsorship and sales promotions, neither are there restrictions on sales at premises and service stations.

Kenya is no different from South Africa as studies have shown that suburbs where illicit alcohol is common are known for rising cases of alcohol abuse and alcoholism like in Korogocho, Kibera, Mathare, Kangemi and Mukuru, just to mention but a few. Majority of people who live in these areas lack the very basics and to enable them engage with their peers, they must spend as little as they can but drink as much as possible, hence settling for cheap illicit alcoholic drinks. (NACADA, 2012)

### 2.1.2 Alcoholic Drinks Consumed by People in Developed Countries

The super powers and developed countries enjoy the patronage of top alcoholic brands in the world. Gin, vodka and whisky are cheaply available to people in Russia, Ireland, Israel and Italy, with a minority of alcohol drinkers abusing malt drinks like Guinness. In Sub-Saharan Africa, just like Kenya, drinks that are consumed are the ones available in the market like 2nd Generation Liquor/illegal alcohol (these are alcoholic drinks that have been recently introduced in the market and have high alcohol content of between 35-57%). These brands are not licensed.

In Kenya, such brands are not allowed in the market under the Standards Act, Chapter 496 of the Laws of Kenya (Gazette, 2010). As at July 2015, these brands were 385 in number! Also the approved drinks are abused by binge drinkers and alcoholics. Although branded ‘legal’ the manufacturers always put a disclaimer that excessive intake is harmful to one’s health. In addition to illegal and legal brands, traditional brews attract majority of low income earners. These are brews which are manufactured through traditional African methods like fermentation,
other than distillation. Examples include Chang’aa, Busaa, Muratina, Kaluvu, Mnazi, among others (Kiiru, 2004).

2.1.3 Effects of Alcohol Abuse

Alcohol consumption can have both health and social consequences for the abuser and other individuals like family members, friends and co-workers. Harmful use of alcohol results in a significant health, social, political and economic burden on society at large.

a) Health Effects

The harmful use of alcohol results in 2.5 million deaths globally each year. Studies conducted by WHO (2011) showed that 320,000 young people between the age of 15 and 29 died from alcohol-related causes, representing 9% of all deaths in that age group, which is the leading risk factor in the Western Pacific and America and the second largest in Europe. Alcohol is a central nervous system depressant, and has been shown to cause impairments in judgment, sometimes resulting in poor decision (WHO, 2011). Drinking has been linked to liver cirrhosis, epilepsy, poisonings, several types of cancer, hypertension, suicide and poorly controlled diabetes, has been shown to cause or increase the risk of infectious disease, cancer, diabetes, neuropsychiatric disease, cardiovascular disease, liver and pancreas disease, and unintentional and intentional injury (Donaldson, 2008).

In Sub-Saharan Africa, 2.4% of all deaths are attributable to alcohol injuries, cancer, cardiovascular diseases and mental disorders (WHO, 2011). Evidence has shown that alcohol consumption can have a negative impact on those fighting diseases such as tuberculosis, human immunodeficiency virus (HIV), and pneumonia, and this is especially true in sub-Saharan Africa (WHO, 2011). Studies conducted in Kenya by WHO (2011) showed that alcohol contributed in the spread of STDs due to instances of unsafe and unprotected sex. Same study
singled out lowered male sex drive leading to low levels of testosterone. Sustained alcohol abuse, such as alcoholism, has been linked to other issues such as car crashes, domestic violence, fetal alcohol syndrome, neuropsychological impairment, poor medication adherence, economic cost and lost productivity, and psychiatric comorbidity (WHO, 2011).

b) Socio-economic consequences

Where use of alcohol is forbidden for religious or cultural reasons like Islam orientation, drinking will be negatively judged by others. Further, in societies where drinking is thoroughly integrated into daily life, there are boundaries of acceptable drinking behaviour, whether in terms of a specific drinking event or a specific pattern of drinking (Rehm, 2011). Alcohol is typically a valued commodity, which means that drinking usually uses resources which would otherwise be available for other purposes. Where earnings are low, heavy drinking may further impoverish the drinker, the drinker’s family, or a whole community, thus translating to social harm. Intoxication, dependence or alcohol withdrawal states can result in poor performance in major social roles like at work, in parenting and relationships. Both the abuser and others may be affected by the ripple effects such as job loss, break-up and dysfunction in family life, including domestic violence.

Reports on alcohol spending indicated that binge drinking cost UK taxpayers 4.9 billion pounds (BBC, 2015), Accident & Emergency admissions went up by 8% compared to the previous year, while road accidents went up by 17%. Police Officers had to increased at a ratio of 3 for every 10,000 citizens (Jonathan, 2015). South Africans have a huge drinking problem. As consumers of more than 5 billion litres of alcohol every year, the World Health Organisation (WHO) ranks them at number four on a list of countries with the riskiest drinking patterns. The heaviest drinkers, prone to alcohol poisoning and the deterioration of vital organs – are the citizens of Kazakhstan, followed by Mexico and Russia. (MRC, 2015).
South Africa’s drinking problem is killing the nation and has an adverse effect on the economy. The latest research from the Medical Research Council (MRC), which has been published in the SA Medical Journal, indicated South Africa lost about R300 billion in 2009 as a result of alcohol abuse. About 38 billion Rands of that was used to deal with the socialills associated with the harmful use of alcohol. These included deaths, illnesses, disabilities, unintentional injuries that included road traffic accidents, as well as crime. The government spent 18 billion Rands on responding to crime alone, the largest cost incurred by taxpayers as a result of alcohol abuse. Healthcare services received the second biggest bill (12 billion Rands), followed by social welfare, at 397 million Rands, according to the MRC study. (MRC, 2015)

2.1.4 Strategies to Cope with Alcohol Abuse among Communities in Kenya

a) Establishment of policies

For the first time, delegations from all 193 Member States of World Health Organization (WHO) reached consensus at the World Health Assembly on a global strategy to confront the harmful use of alcohol. Since 2008, WHO has been in the process of drafting a global strategy to reduce the harmful use of alcohol. On Friday 21 May 2010 the Sixty-third session of the World Health Assembly adopted by consensus resolution (WHO, 2010), which endorses the global strategy. The global strategy focuses on ten key areas of policy options and interventions at the national level and four priority areas for global action. The ten areas for national action are leadership, awareness and commitment; health services' response; community action; drink-driving policies and countermeasures; availability of alcohol; marketing of alcoholic beverages; pricing policies; reducing the negative consequences of drinking and alcohol intoxication; reducing the public health impact of illicit alcohol and informally produced alcohol; monitoring and surveillance. The four priority areas for global action are public health advocacy and partnership, technical support and capacity building,
production and dissemination of knowledge and resource mobilization. The progress of the strategy was assessed at the Sixty-sixth World Health Assembly in 2013 (WHO, 2013).

Kenya has many Acts in Parliament on alcohol or related substances. These laws are found in over 15 Acts of Parliament which have made it very difficult to efficiently implement alcohol policies and related legislation. A major constraint with these Acts is that they do not directly concern themselves with the enforcement or regulation of alcohol policy. While during Nacada’s launch of second national conference to formulate measures to counter alcohol abuse in 2013, the President of Kenya, Hon. Uhuru Kenyatta directed the National Treasury to allocate more resources for prevention and control of alcohol and drug abuse. In addition, the Treasury was advised to seek innovative ways of securing funding to increase NACADA’s resource base.

In its fight against drug and substance abuse in the country, NACADA was urged to target young people both in and out of learning institutions (The Standard, 2013). There are guiding principles for development and implementation of alcohol policies at all levels, as listed in the Global strategy to reduce the harmful use of alcohol (WHO, 2014). These principles reflect the multifaceted determinants of alcohol related harm and the concerted multi-sectoral actions required to implement effective interventions.

b) Education/Sensitization of Urban Communities

Use of professional counselors to sensitize families on danger associated with alcohol abuse would be a key step to addressing the menace. This can be done through recruiting peer educators in churches and county governments. In USA and Britain, counselors have devised a strategy of using family to help shape adolescent problem behavior (NIAAA, 2010). So far they have seen success in family-focused interventions both for general populations and for families with adolescents who exhibit more serious delinquent behaviors like binge drinking.

Ghana has over the years made positive strides in curbing the alcohol menace among its People through Ghana National and Drugs Policy (GNDP). Efforts have included the
development of policies against alcohol and drug trafficking through national and internal ports of entry, confiscation of property of drug traffickers, banning of alcohol and cigarette advertising on television, banning of smoking and drinking in public places, institution of annual alcohol and drug awareness campaigns in collaboration with international partners such as WHO. (GNDP, 2004). In Kenya, most governmental parastatals, like Kenya Airways have established workplace support programs for alcoholics and addicts.

Other government ministries have slowly adopted the approach. These programs benefit not only employees and society in general, but also employers, who can reap savings in medical costs and higher worker productivity (Munyi, 2012). The Kenya Police department has also taken a bold step into addressing this problem by introducing alcohol blow equipment to nab drunk motorists, where those found guilty are arrested and fined. The National Transport and Safety Authority (NTSA) has introduced guiding principles around alcohol and driving to help monitor their drinking patterns. Further, NTSA has used a theatrical approach of warning motorists that the car drinks twice as much as the drunk driver, hence warning them against drinking while driving. The media has also tried by posting clips of outcomes of those who drink and drive, however, a lot needs to be done.

c) Entrepreneurial Skills as mitigation Strategy

Alcohol addicts can be taken through rehabilitation and behaviour change and gain training on different skills to be self-reliant and establish a sense of self-discipline. In Europe, attempts to reduce the demand for alcohol often involve education, especially education in school. The European Drug Addiction Prevention Trial (EU-DAP) is a positively evaluated EU project, implemented in schools in several EU countries. This project is partly based on evidence that skills development can be effective methods of preventing alcohol and problems (Ives, 2015). South Africa has understood the necessity of essential life-skills training for recovering
alcoholics through engaging them in community-based social enterprise activities to be more self-sustaining. Through their programmes, they absorb people who must deal with the personal effects of disability, teenage pregnancy, alcohol and drug addictions, dysfunctional family situations, or semi-literacy deriving from poor public education, and offer them skills-training programmes and income-generation schemes that cater to their specific psycho-social needs (Skynews, 2013).

As social enterprises grow and establish a more physically rooted presence in their communities, they also create job opportunities for local community members. In this way, these enterprises act as feeders for the formal economy, positioning youths and young adults to be more successful as entrepreneurs and helping more youth transition out of the bondage of alcohol abuse. (Skynews, 2013). In Kenya, local leaders in counties like Kiambu and Nyeri have taken this bold step of helping addicts enroll in technical training institutes to acquire mechanical, electrical and agricultural skills. (Njomo, 2015)

2.2 Chapter Summary

As the literature indicated there were many studies conducted by different researchers. The studies discussed factors contributing to abuse and effect of alcohol to people in specific parts of the world. Studies by other researchers revealed that alcohol abuse in developed countries was motivated by their cultural orientation to alcohol. It is considered as a beverage and part of daily meals in most developed countries. In primary socialization theory, children copy both good and bad behaviours and lifestyle from parents. If parents abuse alcohol, to some extent, children end up becoming alcoholics. Other scholars have discussed the causes of alcohol abuse without giving a framework of addressing the problem. Studies have revealed that conventional strategies of addressing alcohol abuse through rehabilitation centres is not effective hence there is need to reorganize the whole approach. The researcher observed that developing
countries that are mostly affected borrow strategies of addressing alcohol abuse from developed countries, which may not apply locally. There is need to come up with new approaches specific to the needs facing particular countries.

The stepping stone approach revealed that taking soft drugs in some communities is permissible. However, the researcher feels that societies have no limit of the extent to which social drinking is considered normal. The policy makers have guidelines that are not effective in addressing emerging alcohol menace. This research study attempted to come up with effective measures to curb problem of alcohol abuse, not only for the area of study but also to the entire country. In Kenya, previous research regarding alcohol abuse has been conducted in rural community settings and a few among the youth in urban areas. None has been carried out on strategies to curb the effects of alcohol abuse on the wellbeing of urban households in Mlolongo township along Mombasa road. It is in this premise that the researcher wanted to identify the gaps in the strategies that have been applied in other towns, and suggest new approaches that, if applied, will transform attitude towards alcohol

The literature review addressed issues of alcohol abuse and global challenges in Africa and Kenya as well. However, there was need for a study to evaluate the effectiveness of alcohol abuse prevention initiatives aimed at reducing alcohol abuse among households within Mlolongo township, and how the abuse prevention measures can be improved. This study focused on urban households so as to bridge the understanding gap between the rural and urban.
CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

This chapter focused on research design, target population, sample size, sampling procedures, data collection procedures and data analysis techniques, methods and instruments of data collection, pilot study, instrument reliability, instrument validity and ethical considerations of the study. A discussion of each aspect of the research methodology was given hereunder, beginning with research design.

3.1 Research Design

The study used descriptive survey design combining both qualitative and quantitative research strategies. Orodho (2009) notes that a survey is a method of collecting information by interviewing or administering a questionnaire to a sample of individuals and it is the most frequently used method for collecting information about people’s habits in a variety of education or social issues. The study employed the survey design since the researcher intended to get the precise information and make conclusive results regarding the effects of alcohol abuse on the household wellbeing in urban communities.

According to Mugenda and Mugenda (1999) the survey design is the best method available to social scientists who are interested in collecting original data for the purposes of describing a population which is too large to observe directly. The researcher combined both qualitative and quantitative approaches to research. Orodho (2009), notes that both Approaches are complementary and appropriate and should be combined in such a way as to maximize their strengths and minimize their weaknesses.

3.2 Study and Target Population

Target population is the population to which researcher wants to generalize the results of the study (Mugenda, 2004). The researcher targeted residents of Mlolongo Township in 10

34
residential estates with 443 household heads. The households were targeted because people who abused alcohol are men and women who belong to a household unit.

3.3 Sample size and sampling procedures

10 residential estates constituting 25% of 19 estates were sampled. According to Mugenda & Mugenda, (2003), a sample size of 10% - 30% of accessible population is enough for descriptive study, while Ogula (2005) felt that a minimum sample of 30% for descriptive study is necessary. In view of this, the researcher felt that a sample size of 25% of 443 households was appropriate to represent the whole population and generalize the findings. Stratified sampling was used to select 10 residential estates for the study. This was done to ensure proportionality in the sampling and give equal chance for all categories of families to be sampled. The estates were selected on the following criteria. Greatwall Apartments (2), Weighbridge Gardens (1), Mlolongo Phase One (Mathara) (1), Mlolongo ya Kati (1), Ngwata (2), Siranga (1), Phase Three (1), Kasina (1). Purposive sampling was used in the selection of 12 respondents from other stakeholder categories: local administration (2), Church (2), Police Station (2) and Bar owners (6). The rationale of purposive sampling was to have stakeholders participate as key informants.

The total number of respondents randomly selected for the study was 110. Of these respondents, 80 were administered in–depth questionnaires while the remaining 30 were involved in three focused group discussions of 10 members each. Further, 12 respondents who were purposively selected as opinion leaders participated in key informant interviews. This therefore gave a total sample size of 122 respondents.
Table 3.1: Sampling Matrix of Selected Estates in Mlolongo Township

<table>
<thead>
<tr>
<th>Estate Name</th>
<th>No. of Estates</th>
<th>No. of Estates selected for Study</th>
<th>25% of 443 of 443</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Greatwall (phase I &amp; III)</td>
<td>80</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>2 Weighbridge Gardens (Phase II)</td>
<td>60</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>3 Mlolongo Phase one (Matharau)</td>
<td>100</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>4 Mlolongo ya Kati</td>
<td>85</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>5 Ngwata (Block I &amp; IV)</td>
<td>58</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>6 Siranga (Area 1)</td>
<td>30</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>7 Phase three (Area 2)</td>
<td>10</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>8 Kasina (Area 1)</td>
<td>20</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>443</strong></td>
<td><strong>10</strong></td>
<td><strong>110</strong></td>
</tr>
</tbody>
</table>

3.4 Methods and Instruments of Data Collection

The researcher used questionnaires, focus group discussions and key informant interviews to collect the data. Questionnaires were economical, ensured anonymity, permitted use of standardized questions, had uniform procedures, provided time for the respondents to think and were easy to score (Ogula, 2005). Another advantage is that they reached a big group and also gave the respondents freedom to express their views and make suggestions (Achola, 2011). Focus group discussions gave participants an opportunity to express their views freely, while key informant interviews enabled the researcher acquire information and identify past efforts that have been attempted to curb the alcoholism menace in the study area.

3.4.1 Questionnaires

The study used questionnaires in order to establish the respondents personal characteristics such as the age, gender, religion, marital status, and level of formal education, type of employment and level of income. The aim was to establish whether these features determined whether an individuals’ abuse of alcohol or not.
3.4.2 Focus Group Discussions

These sought to establish varied opinions, views regarding factors that lured people into abusing alcohol, the effects that elicited from the abuse, the respondents were also given opportunities to suggest what measures they thought would help reduce the abuse of alcohol in their neighborhood.

3.4.3 Key Informant Interviews and Focus Group Discussions

The researcher used key informant interviews to collect information from 12 stakeholders and interest groups gathered from the local government, church, local administration, the police and bar owners. The aim was to establish factors that lured people into using alcohol, they type of alcoholic drinks that were preferred by residents and effects that they have experienced from those who abuse alcohol. They were also allowed to give opinion on what the government and other policymakers needed to do to reduce the harmful effects of alcohol.

3.4.4 Pictorial presentations

The researcher used a digital camera to collect information from respondents who were too drunk to answer questions, however, they warned the researcher not to use the photographs in any presentation. They only allowed the researcher to take selfies that were not good enough to be used in this study. The initial aim of the photos was to give an overview of the severity of alcohol use and abuse in Mlolongo township and also give policymakers a chance to see how little measures taken to reduce alcohol abuse has taken effect.

3.4.5 Pilot Study

Before visiting the households for data collection a pre-testing of the questionnaires was conducted using the 7 households in Mlolongo town, but the pretests were not included in the
final sample. The aim of the pilot study was to determine accuracy, clarity and suitability of the research instruments and to check their validity and reliability.

3.5 Data Collection Procedure

The researcher obtained an introduction letter from The Catholic University of Eastern Africa (CUEA) and a research permit from NACOSTI (National Council for Science and Technology) located in Utalii house, Nairobi. She then recruited two research assistants and oriented them on how to administer questionnaires to the selected households. The researcher identified the respondents who were to participate in focus group discussions and oriented them on how to go about the discussion while they fill in their questionnaires. Further, the researcher administered key informant interview guides and gave instructions on how to fill in the questions. All filled in data was collected within the stipulated time.

3.6 Data Analysis Procedures

Once data was obtained from the field it was coded and analyzed by computer using a statistical software SPSS (statistical package for social sciences) for statistical data as well as descriptive data analysis methodologies. After data collection using questionnaires, focus group discussions and key informant interviews, the obtained information was arranged and grouped according to the relevant research questions. Data was then summarized using distribution tables, bar graphs and pie charts for all items. After data collection using questionnaires the obtained information was arranged and grouped according to the relevant research questions. The data was then organized, tabulated and analyzed in frequency table; ratios and percentages with the help of the statistical package for social sciences (SPSS) software. According to Piel (1995), in data analysis percentages have a considerable advantage over more complex statistics.
3.7 Reliability and Validity

Reliability is defined as a measure of the degree to which a research instrument yields consistent results or data after repeated trials (Mugenda and Mugenda 1999). Orodho (2009) further notes that reliability of an instrument is the consistency in producing a reliable result. Piloting enabled the researcher to test the reliability of the instruments and also to familiarize herself with administration of the instrument. Split-half technique of reliability testing was employed, where the test items were divided into two halves, each half was scored independently of the other with items of the two halves matched on content and difficulty.

Validity shows whether the items measure what they are designed to measure (Borg and Gall, 1989). According to Wilkinson (1991), a pilot study helps to identify those items that could be misunderstood, and such items were modified accordingly thus increasing face validity. Expert opinions, literature searches and pretesting of open ended questions help to establish content validity. The researcher prepared the instruments in close consultation with her supervisor whose expert judgment helped improve content validity.

3.8 Ethical Considerations of the Study

The researcher took cognizance of the fact that the topic under study was very sensitive, issues of which may elicit hostility, suspicion, insecurity and non-disclosure of the actual state of affairs. Participants were informed prior about the nature of the study and given a choice whether to participate or not. There is a rule of thumb among social scientists that research involving human participants should be performed with informed consent of the participants (Dunn, 2004). As Pickering, (2004), insists, the researcher was obligated to keep the respondents identity private. The researchers did not embarrass or irritate any respondent. No duplication was attempted and the researcher ensured that all texts were cited and authors acknowledged.
CHAPTER FOUR: DATA PRESENTATION AND INTERPRETATION OF FINDINGS

This chapter presented analysis of the data on the effects of alcohol abuse on the wellbeing of urban households in Mlolongo township, Machakos County, Kenya. The chapter also provided the major findings and results of the study and discussed those findings and results against the literature reviewed and study objectives. The data was mainly presented in frequency tables, pie charts and bar graphs.

4.1 Presentation of Research Findings

4.1.1 Response Rate

The study targeted 110 household heads drawn from 10 residential estates. Besides, it also purposively selected 12 members of society to participate in Key Informant Interviews. These included 2 local administration officers, 2 members of clergy from the two major local churches 2 Police Superintendents from the local police station and 6 bar owners. Out of the 110 household heads, 80 of them were administered with in-depth questionnaires, while the remaining 30 participated in three Focus Group Discussions of 10 members each. This therefore gave a sample size of 122 respondents. Of the 80 questionnaires administered, 70 were duly filled and returned while 10 were incomplete and could not be used for further analysis. The above therefore represented 87.5% response rate, which according to Mugenda and Mugenda (1999) a response rate of 50% is adequate for analysis and reporting; a rate of 60% is good and a response rate of 70% and over is excellent; therefore, this response rate was adequate for analysis and reporting.

4.1.2 Demographic Characteristics of the Respondents

This study sought to find out the distribution of the respondents in terms of the age bracket they belonged to and found out the information presented in table 4.2 below:-
Table 4.2: Distribution of Respondents by Age

<table>
<thead>
<tr>
<th>Years</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19 years</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>20-24 years</td>
<td>15</td>
<td>21.43</td>
</tr>
<tr>
<td>25-29 years</td>
<td>15</td>
<td>21.43</td>
</tr>
<tr>
<td>30-34 years</td>
<td>28</td>
<td>40</td>
</tr>
<tr>
<td>35-39 years</td>
<td>8</td>
<td>11.4</td>
</tr>
<tr>
<td>40 and above</td>
<td>4</td>
<td>5.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>70</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The information in table 4.2 above shows that up-to 40% of the respondents were aged between 30-34 years and 21% between 20-29 years. Of the remaining 11% were 35-39 year olds. Whereas 40 years and above who stood at 5.7%. The age distribution meant that since majority of respondents were aged between 30-34 years, and being conversant with fatal effects of alcohol abuse, it was an advantage to the study in that the researcher would obtain accurate and up-to date information regarding alcohol abuse in Mlolongo township.

On the flipside, the implication of these findings were that if the majority of respondents who are in this age bracket of 30-34 year old spent their better part of work hours abusing alcohol, they would not make any economic contribution to the society, they would also not manage to fend their young families and also their energetic nature could precipitate mood swings hence abusing their spouses and children. Majority of respondents also concurred with Mututho’s (2014) findings who observed that the standard expected age of revelers fell between the age of 30-35 years, same majority who went on a drinking spree and reckless behaviour during the controversial *Masaku Sevens*. The age is further explained using below bar graphs:-
The analysis in Figure 4.2 above indicates that 63% of the respondents were males while 37% were females. This means that more men in Mlolongo township engage in the use and abuse of alcohol compared to women. This observation was heightened by Grant (1998) that men who stay at home and take care of their families are considered as ‘sissies’ hence acting as a driving force for men to visit bars so as to assert their masculinity (Grant, 1998). Further, this concurs with Commonwealth of Australia (2011 & 2014) report which observed that men consume more alcohol than women.

Distribution of Respondents by Religion

The analysis in Figure 4.2 above indicates that 63% of the respondents were males while 37% were females. This means that more men in Mlolongo township engage in the use and abuse of alcohol compared to women. This observation was heightened by Grant (1998) that men who stay at home and take care of their families are considered as ‘sissies’ hence acting as a driving force for men to visit bars so as to assert their masculinity (Grant, 1998). Further, this concurs with Commonwealth of Australia (2011 & 2014) report which observed that men consume more alcohol than women.
The analysis in Figure 4.3 indicates that 31% of the respondents were Catholics, 13% were Protestants, Pentecostal or other religious sects while Atheists accounted for 21% of all those interviewed while Anglicans were the minority at only 7%. This can be attributed to the fact that majority of residents are Catholics, while a big number of those who drink do not have any religious affiliation. The high percentage of Catholics may due to the fact that modest drinking is not banned in Catholic Social teachings. This is contrary to the researcher’s earlier perception that majority of those who were involved in alcohol were non-believers.

Table 4.3: Distribution of Respondents by Marital Status

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>22</td>
<td>31</td>
</tr>
<tr>
<td>Single</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>Divorced</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Widowed</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>Separated</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>70</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The above analysis shows that majority (31%) of the respondents were married, while who did not disclose their marital status followed at 23%. The widowed and separated and single tied at 13%. The list were the divorced who trailed at 6%. This observation further underlined the convenience of the researcher’s overarching objective of establishing the effects of alcohol abuse on households’ wellbeing. It also contradicted with Njagi (2013) view that alcohol and drug abuse were slowly topping the list of causes of divorce and family breakup in Kenya.
Distribution of Respondents by Level of Income

The above findings show that 75% of respondents earned below 30,000 per month, while those who earned between Kshs. 30,000 and Kshs. 90,000 stood at 13%. This is in line with the fact that alcohol abuse is common among low income earners. Those who earned above Kshs. 100,000 were only 6%. The fact that alcohol abuse is common among low income earners is cemented by Muturi (2014) observation that access to cheap alcohol and second generation alcohol has resulted to the majority poor plunging deeper into alcohol abuse. However, the observation contradicts the recent research by Nacada (2013) who, in a concept note warned that young people in high-end jobs were too much into binge drinking and alcohol abuse.

4.1.3 Data Analysis

This section focuses on factors related to the study focus. The study specifically shed light on factors contributing to alcohol abuse among residents of Mlolongo Township and found the information presented in Table 4.4 below:-
Table 4.4: Distribution of Respondents in terms of Factors luring them to Alcohol Abuse

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer pressure</td>
<td>26</td>
<td>38</td>
</tr>
<tr>
<td>Idleness</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>Easy access of alcohol</td>
<td>26</td>
<td>38</td>
</tr>
<tr>
<td>Cultural factors</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>70</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The above findings show that peer pressure and easy access to alcohol were the highest precipitators at 38%, while idleness and cultural factors tied at 13%. This is supported by views of Focus Group Discussion “A” who underlined peer pressure and easy access to alcohol as the major cause of alcohol abuse in the area. The same findings were echoed by the Key Informants who confirmed that availability of bars and shebeens in every street of Mlolongo town had encouraged people to spend man-hours drinking. The findings correlate with Chou (2002) in primary socialization theory, who argued that the environment plays a major role in shaping the behaviour of an individual. These findings are further confirmed by Bonnie & O’Connell (2004) who concurred with Primary Socialization Theory that individuals who have early alcohol socialization, as observed in the above findings (easy access to alcohol - 38%) would end up becoming alcoholics at a later stage. Cross (2005) agreed that since high school and college students spend more time with peers than their family, they were likely to be influenced more by a friend into partaking alcohol than a parent. This is confirmed by the above findings, where peer pressure as a factor was ranked the highest influence at 38%. These findings were also confirmed by Focus Group Discussion “B”.
Distribution of Respondents in terms of Commonly Abused Alcoholic Drinks and Reasons for Preference

In terms of commonly abused alcoholic drinks, the study revealed that Simba King was preferred with 31% of users; a spirit drink with high alcohol content. There was a chilling revelation of a new drink in town, ‘dawa’, a mixture of chang’aa and whiskey. The respondents said that people took this type of concoction because it was locally made, it was cheap and made one get drunk with little amount of money. This was confirmed by majority of respondents who were asked why they preferred the drink of their choice, only to quip that it made them ‘high’. Respondents who confessed to have used this ‘dawa’ drink were 20 out of 70 respondents. The findings also confirmed the researcher’s observation that the commonly abused alcohol in Mlolongo was illicit and unlicensed. Other observations were made by Moon (2013), who opined that out of the total recorded alcohol consumed worldwide, 50.1% was consumed in the form of spirits. These findings are graphically explained in figure 4.5 below:-

![Figure 4.5: Commonly Abused Alcoholic Brands (Author, 2016)](attachment:figure4.5.jpg)
Distribution of Respondents in terms of Effects of Alcohol Abuse

The researcher observed that the respondents’ perspective was aligned to the damages that alcohol abuse brought to the stability of their homes. Findings indicated that the effects of alcohol abuse were high on children dropping out of school at a rate of 25%. The percentage of those who lost their jobs due to alcohol abuse was 22%. These findings were confirmed by United Nations (2005) view that social and health problems experienced by alcohol users may interfere with their career and work performance and also present obstacles to thinking rationally. The statistics were further supported by Focus Group Discussion “C” who confirmed that alcohol abuse had led to many casual workers from the local Export Processing Zones lose their jobs through dismissal due to absenteeism. This translated to the household heads’ failure to manage their families hence school drop-outs and lack of the basic needs. Divorces, break-ups and domestic violence tied at 18%. Cases of diseases caused by use of alcohol trailed by 6%, which the researcher noted was due to the high campaigns of safe sex within the area. The latter findings were a relief to the researcher since it would be unfortunate for the poor to manage double tragedies of HIV/AIDs stigma and alcoholism scandal. This is presented in figure 4.6 pie below:

![Pie Chart](image)

**Figure 4.6: Effects of Alcohol Abuse (Author, 2016)**
Table 4.5: Distribution of Respondents in terms of Strategies to Counter Alcohol Abuse among Urban Residents in Kenya

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrests and closure of alcohol dens</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>Counseling</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>Policy formulation</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Formation of local support groups to help alcoholic recover from alcohol dependence</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>Ensuring that all alcoholic drinks are licit and licensed</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Partnering with stakeholders/churches to establish curriculum on ethics and morals</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>Educating the youth on dangers of alcohol abuse</td>
<td>14</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
<td>100</td>
</tr>
</tbody>
</table>

The above findings revealed the pain that the respondents felt resulting from alcohol abuse in families, hence calling for proactive measure on their part. 20% of the respondents wanted the youth to be educated on dangers of engaging in alcohol so that they do not dive deeper into alcohol dependence as they grow up. This is also true among the Key Informants, who agreed with the above views. The same views were affirmed by all three Focus Group Discussions and the Key Informants. In her study, Njagi (2013) found that the youth called for education and sensitization to counter alcohol and drug abuse in schools. 18% of respondents suggested that churches and faith based organizations designs a curriculum on ethics and acceptable moral behavior, as well as creation of support groups to help people who were trying to be rehabilitated from alcohol dependence. All these strategies were suggested in a 10th parliamentary session who urged the governors to establish rehabilitation centres for recovering alcoholics in their counties. This is in concurrent with Mututho (2010) who observed that NACADA’s role should be complemented with that of other civic and religious organizations in fighting against alcohol menace.
4.2 Chapter Summary

From the above study, the overarching factors contributing to alcohol abuse in Mlolongo township were peer pressure, easy access to alcohol idleness and cultural factors – these are factors that compare alcohol intake with masculinity. The commonly abused alcoholic drinks were found to be Simba King, ‘dawa’, a mixture of chang’aa and whiskey, illicit and unlicensed drinks. Further, findings indicated that the effects of alcohol abuse were high on children dropping out of schools, loss of jobs which replicated in deterioration of economies. Indiscipline associated with alcohol abuse led to many casual workers from the local EPZs to lose their jobs, which translated to household heads’ failure to manage their families hence school drop-outs and lack of the basic needs. Divorces, break-ups and domestic violence added up to the effects of alcohol abuse.

The above findings revealed the pain that the respondents felt resulting from alcohol abuse. From the study, all Focus Group Discussions agreed that youth should be educated on dangers of engaging in alcohol so that they do not dive deeper into alcohol dependence when they come of age. The same is also true to those who were administered Key Informant Interviews. In her research, Njagi (2013) affirmed same views, whose respondents suggested that youth should be educated and sensitized on ways of countering alcohol and drug abuse in schools. From the study, the researcher observed that minority few of the respondents felt that churches and faith based organizations should design a curriculum on ethics and acceptable moral behavior.

Further, respondents felt that the church should create support groups to help recovering alcohol addicts. All these strategies were agreed upon by legislators of the 10th parliament who urged County Governments to establish rehabilitation centres for recovering alcoholics. This is in concurrent with Mututho (2015) who observed that for Kenya to rid itself of alcoholism ghosts, all stakeholders need to play a lead role in fighting the menace, whilst supporting NACADA in
their activities without politicizing their efforts. The researcher found all those suggestions to be an advantage to her study since they addressed the issues identified in her overarching theory of Primary Socialization.
CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

The chapter provides the summary of the findings from chapter four, and it also gives the conclusions and recommendations of the study based on the objectives of the study. It also gives recommendations for further research.

5.1 Summary of findings

In view of the above, the researcher found out that most of the household heads in Mlolongo township were Catholics. It was also discovered that men indulged in alcohol more than women, and that the indulgence was increasingly common in married couples. However, the researcher felt that alcohol indulgence cut across all people despite their marital statuses. From the study, it was sad to realize that a big number of those who abused alcohol were earning less than Kshs.30,000 per month. However, the researcher noted significant dependence on binge drinking by middle income earners who lived in gated community in the neighboring estates of Mlolongo town.

In terms of factors luring people into alcohol abuse, this study found out that idleness and access to cheap alcohol were the leading motivators of alcohol abuse. Further, availability of bars in residential areas lured people into indulging in alcohol abuse. Further, the findings revealed that unrestrictive laws, parental value system, poverty and illiteracy, role modelling and households’ religious affiliation contributed to abuse of alcohol. There should be sensitization of people on dangers of alcohol dependence and abuse. Majority of respondents suggested that churches and faith based organizations needed to design a curriculum on ethics and acceptable moral behavior which could be adopted in schools and churches.

Respondents cited poverty, school drop-outs, marital break-up and discordant families as the major effects of alcohol abuse. Since all these effects impacted negatively on the household
wellbeing, the family, church elders, victims of alcohol abuse, NACADA and local authorities should step up campaigns of countering the menace, although all these views were suggested by majority of respondents who felt that education and sensitization is key, followed by partnership of the above groups and formation of support groups to assist victims to recover from alcohol dependence.

5.2 Conclusions

Based on research findings of this study, the researcher can therefore conclude that effects of alcohol abuse in Mlolongo Township are far-fetched. Alcohol overdependence has resulted to domestic violence, discordant families, divorces, poverty and living in deplorable conditions; loss of employment and non-provision of families. The ripple effects would be raising delinquent children who have been brought up in abusive families hence the same cycle of alcohol abuse and dependence, school drop-outs due to lack of resources and absentee parents. The researcher recommends that all institutions around the family should come together and support the victims of alcohol abuse through education and sensitization, moral support, provision of alternative engagement as a source of livelihood other than alcohol trade and revision of policies governing the licensing of alcoholic drinks.

5.3 Recommendations to the government

Based on the above study, and taking cognizance of the effects of alcohol abuse in Mlolongo Township, the researcher makes the following recommendations:-

- The families should make a personal decision to fight alcohol abuse through community policing approach of “development in the community, by the community and for the community”.
The Ministry of Information and Technology should sponsor software developers, in collaboration with NACADA, to device a mobile application software combining comic with caution depicting the worst effects of alcohol abuse. Mobile users should be encouraged to download it so that they develop a mental picture of how they would end up if they do not minimize their social drinking, binge drinking and daily drinking.

The Police Oversight Authority should ensure that all law enforcing officers are restricted from taking bribes from bar owners who intend to open their bars and clubs past the recommended hours.

The County governments should allocated adequate resources to address alcohol problem from the local levels, including building rehabilitation centres for recovering alcoholics.

Every citizen should have a moral responsibility in ensuring that alcoholic substances are kept away from children and persons until they are responsible enough to indulge in alcohol responsibly.

The Church should come out strongly to establish programmes for addicts and families that are directly or indirectly affected by alcohol abuse. They should also ensure that people who are rehabilitated are given alternative source of livelihood so as to recover from habitual drinking.

A lot needs to be done in terms of capacity building of people who are intending to enter into the institution of Marriage. The researcher proposes to have religious institutions commit to developing an ethical curriculum

5.4 Recommendations for Further Research

The researcher challenges other scholars to explore the legal reforms necessary to combat alcohol abuse among children and youth in urban households
✓ The researcher tasks NACADA with pushing for severe penalties to perpetrators and those who promote binge drinking in the so-called house parties.

✓ The researcher recommends re-evaluation of pastoral programmes taught in Primary Schools to include an ethical syllabus that touches on moral decorum and delinquent behaviour that come with abuse of alcohol, so as to keep children off alcohol indulgence in the first place. This measure will take the scholarly work of Oetting and Donnermeyer (1998) a notch higher in cementing the significance of Primary Socialization Theory.

✓ The researcher recommends a similar study in other urban households in the remaining 46 Counties to find out whether the same results can be obtained so as to allow for generalization of results.
REFERENCES


Standard Digital News

http://standardmedia.co.ke/m1/story.php?id=2000093441&pageNo=1


GDS. (2015). An overview of 4 key findings. USA: Dr. Adam R. Winstock.


Mutambo et al, J. N. (2012, August 29). Illicit Alcohol traders from Hell. *Formalin, ARVs and molasses: This is alcohol made in hell*.


12. National Drug Research Institute, Curtin University of Technology, Perth.

Anthropologists of the UK and Commonwealth, 2-6.


Rehm, J. (2011). The risks associated with alcohol use and alcoholism. The Journal of the
National Institute on Alcohol Abuse and Alcoholism, 34(2), 135-143.

Sifanek, S. J. (1995). Keeping off, stepping on and stepping off: the stepping stone theory re-
evaluated. Amsterdam.

Nation, Kenya.

Skynews (Director). (2011). The New Drugs Craze Sweeping South Africa with Fatal
Consequences [Motion Picture].


Publication Data.


Council on Alcoholism.

Education and Research, Vol 1 No. 7.


http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf?ua=1.


http://search.proquest.com.er.lib.k-state.edu/docview/214791894?accountid=11789

APPENDICES

Appendix 1: Questionnaire for Mlolongo Residents

Dear Participant,

My name is Marietta Musyoka, student at the Catholic University of Eastern Africa pursuing a Master of Arts Degree in Project Planning and Management. I am conducting a research to study the Effects of Alcohol abuse on the wellbeing of Urban Communities in Mlolongo town. Your have been selected to participate in this study.

I am kindly requesting your cooperation in responding to these questions which will enable me accomplish the study. Your responses will be treated as confidential. Please do not write your name or business on this paper. I will be assisted by two research assistants, Ann Wanjiku – 0722988236 and Benedict Mulwa, 0720219101, who will assist in data collection.

Section A: Background information

1. Gender
   - Male ☐
   - Female ☐

2. Age
   - 15 – 19 years ☐
   - 20 – 24 years ☐
   - 25 – 29 years ☐
   - 30 – 34 years ☐
   - 35 – 39 years ☐
   - 40 years and above ☐

3. Religion
   - Catholic ☐
   - Anglican ☐
   - AIC ☐
   - Salvation Army ☐
   - Seventh Day Adventist ☐
   - Redeemed ☐
   - Other (Pentecostal) ☐
   - Atheist (No religion) ☐

4. Marital Status
   - Married ☐
   - Single ☐
   - Divorced ☐
   - Widowed ☐
   - Separated ☐
   - Other (Explain) _____________________________________________________________

5. Level of Formal Education
6. **Type of Employment**
   - Formal Employment □
   - Informal Employment □
   - Other (Explain) _______________________________________________________

7. **Level of Income per day**
   - Kshs. 0 – 1,000 □
   - Kshs. 1,000 – 5,000 □
   - Kshs. 5,000 – 10,000 □
   - Kshs, 10,000 and above □

8. Have you ever taken alcohol?
   - Yes □
   - No □

   If yes, for how long have you used it?
   - 1 – 3 years □
   - 3 – 5 years □
   - 5 years and above □

9. At what age did you start? ______________________

10. Which of the following factors led you to start drinking alcohol?
    - Peer Pressure □
    - Idleness □
    - Easy access of alcohol □
    - Cultural factors □

11. What else led you to start drinking alcohol? ________________________________
    ________________________________

12. How many brands of alcoholic drinks do you know? _____________________________
    _______________________________________________________________________

13. Which of the above are licensed by KEBs? /Which ones are illegal? ____________
    _______________________________________________________________________

14. Where do these brands come from? __________________________________________

15. a) Which of the above drinks do you take? _________________________________
b) Give reasons as to why you prefer the drink you have mentioned above

Easily accessible ☐
Cheap ☐
Makes me high faster ☐
Other (Explain)  ______________________________________________________

16. Which of the following are associated with the use of alcohol?

- Loss of employment ☐
- Family breakdown ☐
- Children dropping out of school ☐
- Spread of STIs, including HIV/AIDS ☐

17. What else are the effects of alcohol use among households in Kenya?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

18. What behaviour patterns are exhibited by children whose parents abuse alcohol?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

19. What can be done to reduce the level of alcohol use in Mlolongo town?

- Reducing the number of bars ☐
- Controlling access to alcohol ☐
- Strict penalties to those found drunk ☐
- Amendment of Laws dictating time of drinking ☐
- Other (explain)  ______________________________________________________

Thank you for your cooperation and assistance
Appendix 2: Focus Group Discussion Questions

Dear Participant,

My name is Marietta Musyoka, student at the Catholic University of Eastern Africa pursuing a Master of Arts Degree in Project Planning and Management. I am conducting a research to study the “Effects of Alcohol abuse on the wellbeing of Urban Communities in Mlolongo town”. You have been selected to participate in this study. I request your cooperation in participating in this discussion, which will enable me accomplish the study. Your feedback will be treated as confidential. Please do not write your name or business on this paper. I will be assisted by two research assistants, Ann Wanjiku – 0722988236 and Benedict Mulwa, 0720219101, who will assist in data collection.

Please read carefully and if need be ask the questions aloud then discuss among yourselves.

1. Have you ever used alcohol?
   Yes ☐ No ☐

2. What factors have lured you into using alcohol? ………………………………………
   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………

3. What have been the effects of alcohol use on the welfare of your family? ………
   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………

4. What do you think should be done to reduce the use of alcohol by people in your estate?
   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………

5. What else do you recommend should be done to reduce alcohol use among communities in Kenya?
   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………

Thank you for your cooperation and assistance
Appendix 3: Key Informant Interview Questions

Dear Participant,

My name is Marietta Musyoka, student at the Catholic University of Eastern Africa pursuing a Master of Arts Degree in Project Planning and Management. I am conducting a research to study the “Effects of Alcohol abuse on the wellbeing of Urban Communities in Mlolongo town”. You have been selected to participate in this study. Please do not write your name or business on this paper. I will be assisted by two research assistants, Ann Wanjiku – 0722988236 and Benedict Mulwa, 0720219101, who will assist in data collection. Please read carefully and if need be ask the questions aloud then discuss among yourselves.

1. What factors lures people into using alcohol? ………………………………………
   ……………………………………………………………………………………………

2. What type of alcohol is commonly used around Mlolongo area?
   ……………………………………………………………………………………………

3. What have been the effects of alcohol use on the people in Mlolongo? ………
   ……………………………………………………………………………………………
   ……………………………………………………………………………………………

4. What do you think should be done to reduce the effects mentioned above?
   ……………………………………………………………………………………………
   ……………………………………………………………………………………………

5. What measures should the government use to reduce harmful use of alcohol in Kenya?
   ……………………………………………………………………………………………
   ……………………………………………………………………………………………

Thank you for your cooperation and assistance
### Appendix 4: Budget for Research Project Writing

**TOPIC:** EFFECT OF ALCOHOL ABUSE ON THE WELLBEING OF URBAN HOUSEHOLDS: CASE STUDY OF MLOLONGO TOWNSHIP, MACHAKOS COUNTY KENYA

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>QUANTITY</th>
<th>COST</th>
<th>TOTAL (Ksh.)</th>
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<tr>
<td>Data collection</td>
<td>3</td>
<td>5,000 per person (Ksh. 1,000 per day for 5 days)</td>
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</tr>
<tr>
<td>(Myself plus 2 Enumerators)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Transport</td>
<td>3</td>
<td>1,000</td>
<td>3,000</td>
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<tr>
<td>Data cleaning and entry</td>
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<td>7,500</td>
<td>15,000</td>
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<tr>
<td>Data analysis</td>
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<td>10,000</td>
<td>10,000</td>
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<tr>
<td>printing</td>
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<td>1,500</td>
<td>12,000</td>
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<td>Refreshments</td>
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<td>3,000</td>
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<td>Data collection tools</td>
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<td>4,500</td>
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<td><strong>62,500</strong></td>
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## Appendix 5: Research Work plan

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<td>Reading relevant sources to the area of interest and selection of the research topic, primary and secondary sources</td>
<td>September 2015</td>
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<tr>
<td>Selection of appropriate bibliography.</td>
<td>November 2015</td>
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<tr>
<td>Meeting my supervisors and agreeing on the way forward.</td>
<td>November – December 2015</td>
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<tr>
<td>Compiling of chapter one, two and three</td>
<td>December 2015 &amp; January</td>
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<tr>
<td>Developing questionnaires</td>
<td>January 2016</td>
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<td>Handing over proposal</td>
<td>February 2016</td>
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<td>Proposal defense</td>
<td>February</td>
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<td>Selection and training of research assistants</td>
<td>1st Week of March 2016</td>
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<td>Data cleaning, coding, entry and storage</td>
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<td>Data analysis and presentation</td>
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<td>Discussion and recommendation</td>
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<tr>
<td>Compiling my thesis and submission</td>
<td>March 2016</td>
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<tr>
<td>Thesis defense</td>
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<tr>
<td>Revisions (if any)</td>
<td>First week of April 2016</td>
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<tr>
<td>Submission of the final copy</td>
<td>Second Week of April 2016</td>
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Appendix 6: Media Excerpts on Alcohol
The Snapp Sisters:
Appendix 7: Map of Mlolongo Township
Appendix 8: Letter of Authorization

Marietta Mutindi Musyoka
Catholic University of Eastern Africa
P.O. Box 62157-00200
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on “Effects of alcohol abuse on the wellbeing of urban households in Kenya, a case study of Mlolongo Township in Athi River Division, Machakos County, Kenya,” I am pleased to inform you that you have been authorized to undertake research in Machakos County for a period ending 23rd March, 2017.

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

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

DR. STEPHEN K. KIBIRU, PhD.
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Machakos County.

The County Director of Education
Machakos County.
**Appendix 9: Research Permit**

THIS IS TO CERTIFY THAT: MS. MARIETTA MUTINDI MUSYOKA, a student of the Catholic University of Eastern Africa, 0-100 Nairobi, has been permitted to conduct research in Machakos County on the topic: "EFFECTS OF ALCOHOL USE ON THE WELLBEING OF URBAN HOUSEHOLDS IN KENYA: A CASE STUDY OF MLOLONGO TOWNSHIP IN ATHI RIVER DIVISION, MACHAKOS COUNTY, KENYA" for the period ending 23rd March 2017.

**Research Permit No**: NACOSTI/P/16/20871/10291
**Date of Issue**: 23rd March, 2016
**Fee Received**: Ksh 1000

Applicant's Signature: __________________________

Director General: __________________________
National Commission for Science, Technology & Innovation

**CONDITIONS**

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

**RESEARCH CLEARANCE PERMIT**

Serial No: B3955

**CONDITIONS: see back page**

National Commission for Science, Technology & Innovation

Republic of Kenya

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