

**EFFECTS OF EXCESSIVE CONSUMPTION OF ALCOHOL ON HOUSEHOLDS IN  
AINABKOI SUB-COUNTY, UASIN GISHU COUNTY, KENYA**

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**A Thesis Submitted to the Graduate School in Partial Fulfillment of the Requirement for  
the Master of Arts Degree in Sociology (Community Development and Project  
Management) of Egerton University**

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## DECLARATION AND RECOMMENDATION

### Declaration

This thesis is my original work and to the best of my knowledge has not been presented for the award of any Degree in any University.

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## **DEDICATION**

I dedicate this research thesis to my wife and daughter, parents and siblings, who supported me both morally and financially. I thank you all for your encouragement and inspiration throughout the research period.

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## ABSTRACT

This study investigated the effects of excessive consumption of alcohol on households in Ainabkoi Sub-County. Excessive consumption of alcohol remains a critical social issue of public concern that negatively affects households. The purpose of the study was to explore the effects of excessive consumption of alcohol on the households in the study area. The study was guided by Family Systems Theory (Kerr and Bowen) and the role expectancy theory. The study used a descriptive research design. A total of 367 household heads participated in the study. Data were generated from structured interview schedules, key informant interviews, and focus group discussions. Quantitative data were analyzed using descriptive statistics. Qualitative data was analyzed thematically. The findings indicated that excessive consumption of alcohol was sustained by two major drivers: the availability of cheap but potent alcoholic drinks and a combination of community, family, and individual factors. Excessive consumption of alcohol had a socially disorienting effect on the consumers and their households, making them social misfits highly represented in social deviance, negative socialization and misdirected social priorities, whose outcomes were negative parenting and disruption and instability in the household. Excessive consumption of alcohol had negative economic effects on the consumers, their households and the community at large. Consumers became financially irresponsible, less productive in their families and at the workplace, less financially stable, and untrustworthy; lost job opportunities; and experienced deterioration in household economic conditions. The study concluded that excessive consumption of alcohol had negative social and economic effects on the households and the community. The study recommended that policy interventions by both county and national governments be implemented to address excessive alcohol consumption in peri-urban areas. A community-based approach, utilizing early intervention programs, community health promoters, and public education initiatives, was necessary to reduce the stigma associated with alcoholism. The study advocated for a broad-based communication campaign to raise awareness about alcohol-related harms and ensure accessible, evidence-based treatment and support services. On alcohol policy, the need to address systemic barriers that sustain the illicit alcohol market was recommended. The study calls for a one-stop regulatory system to streamline compliance, reduce bureaucratic hurdles, and enhance coordination among regulatory bodies.

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

<b>ABAK</b>	Alcoholic Beverages Association of Kenya
<b>CIDP</b>	County Integrated Development Plan
<b>FGD</b>	Focus Group Discussion
<b>KII</b>	Key Informant Interview
<b>KSh</b>	Kenyan Shilling
<b>NACADA</b>	National Authority for the Campaign Against Alcohol and Drug Abuse
<b>NACOSTI</b>	National Commission for Science, Technology and Innovation
<b>NGAO</b>	National Government Administrative Officers
<b>ODPP</b>	Office of the Director of Public Prosecutions
<b>WHO</b>	World Health Organization

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background to the Study

Alcohol use is as old as human civilization and has been a part of many social and cultural customs for thousands of years. It continues to play a significant part in social interactions and fostering relationships in many cultures (Ritchie, 2022). Clites (2023) asserts that moderate alcohol consumption is tolerated in many cultures and regions across the world, including Africa, especially when it does not result in intoxication. Many traditional societies regarded alcohol as food, and traditional alcoholic brews, which accounts for the largest percentage of alcohol consumption in Africa, are frequently prepared in homes and villages using seeds, grains, fruit, vegetables, or palm sap (Willis, 2002). Furthermore, alcoholic beverages had religious and cultural significance in other societies (WHO, 2004).

According to Glantz et al. (2020), alcohol-related harm causes about 2.8 million deaths every year. Other studies (Belete, 2024; Clites, 2023) show that alcohol abuse has a big impact on the drinkers and the people around them, putting a lot of stress on their social, emotional, and financial lives. The amount of alcohol consumed over time, the drinking patterns, the setting in which alcohol is consumed, and the impurity or possible contamination of the alcoholic drinks are among the factors that contribute to the harmful effects of consumption of alcohol (WHO, 2018).

Excessive alcohol consumption is an important social issue impacting public health worldwide. It has been linked to various social effects, such as vehicle accidents, violence, hazardous sexual conduct, long-term negative health consequences, diminished workplace productivity, and increased mortality and morbidity (Griswold et al., 2018; Murray et al., 2020; Rehm et al., 2017; WHO, 2019). These effects are frequently suffered by individuals in society other than the alcohol consumer. These impacts may manifest either directly, as seen in interpersonal violence, or indirectly, as shown in public health insurance. Moreover, consumption of alcohol is linked to more than three million fatalities each year and is a contributing factor to over 200 medical diseases, including liver disease, many malignancies, and cardiovascular ailments. Moreover, it significantly contributes to road accidents, workplace injuries, and aggressive conduct (Barron et al., 2024; Hillel et al., 2022; WHO, 2018).

Alcohol consumption is a gendered activity, having long been associated with men (Hunt & Anin 2019). Research across contexts has highlighted differences in gendered drinking

practices, showing ‘nearly everywhere that epidemiological or ethnographic research has been carried out, historically and cross-culturally, men have consumed more alcohol than women’ (Wilsnack & Wilsnack 2018). Overall, males continue to drink greater quantities of alcohol and to experience and inflict more alcohol-related injuries and fatalities than females; however, the disparities are diminishing. Among adolescents and young adults, disparities in alcohol consumption have diminished, mostly due to a more significant reduction in alcohol usage among males compared to females. Alcohol use is rising among women but not men in the adult population (Astudillo et al., 2010; Grant BF et al., 2017; Hen-Herbst, 2021; White, 2020; Wilsnack et al., 2018). Recent trends indicating a diminishing gender gap, with women's drinking behaviours increasingly mirroring those of men, raise apprehensions regarding the escalating socio-economic and health burdens on families and communities, particularly when both couples engage in excessive alcohol consumption (Sandoval et al., 2020).

According to Manthey et al. (2019), alcohol consumption has increased in low- and middle-income nations, such as China and India, since the year 2000 (WHO, 2018). According to estimates of global consumption patterns from 2016 to 2030, there will likely be a general rise in alcohol-related issues as a result of trends of increasing consumption of alcohol. High rates of alcohol consumption have been a persistent problem for Europe, a tendency that has lasted over time and continues to raise serious public health issues (WHO, 2024). For instance, after the Covid-19 pandemic, the percentage of persons in England who consume alcohol at dangerous levels has increased (Buss et al., 2024; Jackson et al., 2021). According to earlier research, nations like Russia, Germany, and the UK have high rates of alcohol use per capita, raising public health issues (Kilian et al., 2021; WHO, 2018). In these countries, excessive consumption of alcohol has been connected to cancer, liver and cardiovascular disorders, domestic abuse, and unintentional injuries. Many European governments have responded by enacting more stringent laws and launching awareness efforts to deal with the problem.

Economic studies in Scotland highlight the financial burden of alcohol-related harm, estimating that alcohol consumption incurs costs of approximately £277 million annually in criminal justice expenditures and an additional £97 million in social services (Alcohol Focus Scotland, 2022). In Australia, the financial impact of alcohol-related harm on families is significant, with out-of-pocket costs estimated at around \$14 billion. This issue affects nearly one-

third of adults, with particular emphasis on women, youth, and frequent drinkers (Laslett et al., 2021).

In Africa, per capita alcohol consumption has increased, especially among adolescents, resulting in a higher prevalence of alcohol-related diseases (Elgorashi et al., 2020; Mathibe, 2022; Osaki et al., 2018; Shibiru et al., 2023). The public health impact of alcohol consumption is notably severe in East African nations, where alcohol-related harm is widespread and preventive measures are mainly ineffective (Francis et al., 2020; Morojele et al., 2021; WHO, 2018). The WHO (2023) reported that Uganda had an average yearly per capita alcohol consumption of 12.21 litres, exceeding both regional and worldwide averages, with males consuming an average of 19.93 litres and women 4.88 litres. This excessive consumption of alcohol has exacerbated the national disease burden, imposing significant pressure on the healthcare system and the overall economy.

In Kenya, traditional alcoholic beverages vary across communities, with different regions exhibiting preferences for specific types of drinks. The common alcoholic drinks include distilled spirits (*changaa*), *busaa*, *muratina*, *mnazi*, and *miti ni dawa* (Musungu & Kosgei, 2015). However, there are other illicit, fake, counterfeited, adulterated, or substandard versions of known alcoholic brands and second-generation alcohol or licit (legal) alcohol, such as beer, wines, and spirits.

The illicit alcohol production, distribution, sale, and consumption are prevalent in various regions of Kenya (National Crime Research Centre, 2024). This makes consumption of alcohol a pressing social concern due to its negative impacts on both the economy and the population. Kenya has over the years experienced cases of alcohol-related deaths, injuries, and illnesses, as well as crimes related to illicit brews. Important to note, illicit alcohol is often produced informally in unsafe and unregulated conditions with profound public safety risks (Kamenderi et al., 2019; Were, 2021). The WHO Global Alcohol Status Report (2019) ranked Kenya as having the highest number of years of life lost due to alcohol, with youth aged between 15 and 19 engaging in the harmful alcohol use, and 7.1% of men in the country suffering from alcohol use disorders.

Notably, Kenya has implemented control measures to combat the unlawful distribution of alcohol throughout the country. These measures include the national and county governments' announcements and campaigns against the abuse of drugs and alcohol; the arrest and prosecution of those involved in the production, distribution, sale, and consumption of illegal alcohol; crackdowns and raids on illegal alcohol dens; the confiscation of illegal alcohol and the destruction of manufacturing paraphernalia, tools, and equipment by law enforcement and NGAO; and the

raising of public awareness by NACADA, NGAO, and other stakeholders. ABAK and other industry participants conduct private investigations into illegal alcohol, and community policing is carried out through *Nyumba Kumi* initiatives. Licenses are issued and revoked by county governments; NACADA and NGAO inspect bars and alcoholic establishments; addicts are rehabilitated; police, ODPP, and courts issue warnings to certain offenders; and ABAK and other industry participants conduct private investigations into illegal alcohol.

Despite the presence of robust laws, regulations, and administrative measures to manage alcohol and drug consumption, alcohol remains a significant issue nationwide (NACADA 2023). Illegal alcohol production remains prevalent in Kenya, and mortality rates associated with alcohol consumption are increasing. Kelly et al. (2017) reported an increase in the percentage of individuals engaging in illegal drug use, rising from 3.8% to 4.25% in Kenya. This raises questions regarding the effectiveness of alcohol policies. Research indicates that school-age children, despite being underage, engage in alcohol consumption, particularly during social gatherings. Due to high prices of conventional alcohol and significant poverty levels, many individuals in low-income situations resort to consuming inexpensive, readily available illegal brews that are potent and detrimental to their health (Kipchumba, 2017).

In Uasin Gishu County, the problem of excessive alcohol consumption has been exacerbated by the widespread availability, affordability, and accessibility of cheap alcoholic beverages, including the increased production of traditional brews. The county, in particular, continues to report high levels of illicit consumption of alcohol. Health officials have warned that over half of the county's population engages in harmful drinking behaviours (The Star, June 26, 2023). Although county governments hold the authority to regulate alcohol within their jurisdictions, the Uasin Gishu County Government has not adequately prioritized substance abuse interventions. For instance, the 2018–2022 County Integrated Development Plan (CIDP), while acknowledging the severity of youth substance abuse, lacks concrete programs for prevention and treatment (Jaguga et al., 2022).

Furthermore, substance abuse prevalence has reached approximately 20%, significantly higher than the national average. Among the contributing factors to this phenomenon are poverty, the influence of contemporary music genres such as Genge tone, and the proliferation of alcohol outlets (Koech, 2021). It is against this backdrop that the current study focused on Ainabkoi Sub-

County within Uasin Gishu, aiming to assess the impact of excessive consumption of alcohol, particularly illicit brews and low-cost commercial spirits, on the households.

## **1.2 Statement of the Problem**

In Kenya, excessive consumption of alcohol remains a significant social and health issue impacting individuals, families, and communities. Excessive consumption of alcohol is associated with adverse outcomes, including damage to physical and mental health, loss of income, neglect of familial responsibilities, mismanagement of household resources, and potential fatalities. Excessive consumption of alcohol is associated with poverty and social disintegration locally, and it serves as a significant impediment to sustainable development at the national level, hindering progress in social, economic, and health sectors. The presence of illegal local brews such as *chang'aa*, *busaa*, and *kangara*, alongside counterfeit versions of alcoholic brands and second-generation legal alcohol including beer, wines, and spirits, significantly contributes to high levels of consumption of alcohol in Kenya (NACADA 2022). Alcohol-related fatalities and health issues continue to persist, this notwithstanding the existence of a legal and administrative framework aimed at addressing the issue of illicit alcohol. Uasin Gishu County reports hazardous drinking behaviours, alcoholism, youth mortality, and a rise in enrollment in rehabilitation programs. Illicit alcohol accounts for approximately 20 deaths per month, as indicated by previous data. Moi Teaching and Referral Hospital (MTRH, 2023) links several youth deaths to alcohol-related causes (Ndanyi, 2018). A 2019 nationwide survey of primary school students (grades 5–8) across Kenya's 47 counties indicated that Uasin Gishu County students exhibited the highest lifetime alcohol use rates at 17.5% (NACADA 2022). Previous studies have focused on the attributes of the illegal alcohol trade, regulatory frameworks, or consumption patterns, although other research has examined various aspects of substance abuse in Uasin Gishu County. The effects of excessive consumption of alcohol at the household level are inadequately supported by empirical data, particularly in rural and peri-urban regions such as Ainabkoi Sub-County. This study aimed to address this knowledge gap by examining the effects of excessive alcohol consumption on households in Ainabkoi Sub-County.

## **1.3 Objectives of the Study**

The study was guided by the following broad objective and specific objectives.

### **1.3.1. Broad Objective**

The broad objective of the study was to investigate the effects of excessive consumption of alcohol on the households in Ainabkoi Sub-County.

### **1.3.2. Specific Objectives**

- i. To examine the factors contributing to excessive alcohol consumption among residents of Ainabkoi Sub-County.
- ii. To assess the social consequences of excessive alcohol consumption on households in Ainabkoi Sub-County.
- iii. To evaluate the economic implications of excessive alcohol consumption on households in Ainabkoi Sub-County.

### **1.4 Research Questions**

- i. What are the key factors that contribute to excessive alcohol consumption in Ainabkoi Sub-County?
- ii. How does excessive alcohol use affect the social structure and functioning of households in the study area?
- iii. What are the economic impacts of excessive alcohol consumption on households' income, spending patterns, and overall financial stability?

### **1.5 Justification of the Study**

In Kenya, consumption of alcohol is a widespread problem, and Uasin Gishu is no exception. When greater quantities of alcohol are consumed, heavy excessive drinking is engaged in, and most of the time, low-quality unregulated alcohol is consumed, all of this can harm one's physical or mental health and have detrimental social and economic effects. Additionally, excessive consumption can also negatively affect others through, among other things, carelessness, financial negligence, and either purposeful or inadvertent harm to others. Research on this topic is necessary since it has become a significant social hazard, particularly in urban and peri-urban areas in many counties across the nation, affecting community development.

The households and families play a crucial role in society, and the prosperity of a nation greatly hinges on the well-being of its households. The destructive influence of alcohol can plunge individuals, their households, and entire communities into a never-ending cycle of poverty. Excessive consumption of alcohol leads to a host of grave issues within families, including economic struggles, food shortages, hindrance of children's education, diseases, and even loss of life. These pressing concerns urgently demand attention and action. By systematically investigating and documenting these patterns, the study enhanced the understanding of the consumption of alcohol and socio-economic effects, offering insights that may inform targeted interventions and policies aimed at mitigating the adverse impacts on households in the study area. The study's recommendations and conclusions add to the understanding of how excessive consumption of alcohol affects low-income households in urban and peri-urban areas.

### **1.6 Scope and Limitations of the Study**

The research was conducted in Ainabkoi Sub-County, Uasin-Gishu County, Kenya. The target demographic of the study comprised household heads who used alcohol. The objective of the study was to examine the impact of alcohol use on households. The research examined the demographics of households with individuals who used alcohol. The study employed a descriptive survey. Quantitative and qualitative data were collected to characterize alcohol consumption and analyze its effects on the social and economic condition of households. The impact of alcohol consumption on households was determined through an analysis of social and economic factors, encompassing issues such as the misappropriation of family resources, domestic violence against partners and children, neglect of children's basic needs and discipline, and the failure to fulfill household responsibilities, among others.

The limitation of the study was that the data obtained was self-reported, potentially vulnerable to social desirability bias. The study may not demonstrate a causal association between excessive alcohol use and household socioeconomic status due to potential confounding factors. Secondly, the study addressed a personal and sensitive issue, leading to respondents' reluctance to engage, which was further intensified by a government directive targeting illegal brews during the study period. To overcome this, the researcher established rapport by utilizing trusted connections within the community and guaranteeing secrecy and respect. To reduce respondent burden, the study omitted questions irrelevant to particular objectives and offered cognitive prompts to assist

recollection. The researcher proactively devised ways to mitigate probable logistical and administrative obstacles, thereby averting delays in the study process.

## 1.7 Definition of Terms

The following terms were operationalized in the context of the study as follows;

**Alcoholism:** Alcoholism is a condition defined by an individual's inability to regulate alcohol consumption, resulting in obsessive drinking behaviors despite negative repercussions, and experiencing emotional distress when alcohol is unavailable (Mosel, 2023).

**Consumption of alcohol:** Denotes drinking behaviour largely impacted by the overall quantity of alcohol consumed and the drinking pattern.

**Demographic characteristics:** In the study, demographic characteristics is defined to mean a range of variables, including age, gender, religion affiliation, ethnic background, marital status, household size, and educational achievement.

**Economic effects:** Economic effects denote the financial impact that an element has on a situation or an individual. In this study, it signifies the direct or indirect impact of consumption of alcohol.

**Excessive consumption of alcohol:** In this study, excessive consumption of alcohol is defined as the consumption of alcohol in large quantities that is considered heavy or risky, resulting in intoxication and drunkenness. The research specifically examines the drinking behaviors of heads of households, identified by experts or family members, as being detrimental not only to the individuals themselves but also impacting the wellbeing of other members within the household.

**Household:** As defined by the United Nations (UN 1990), a household is based on arrangements made by individuals, either individually or in groups, to provide themselves with essentials for survival. In this study, a household is classified as either a one-person household or a multi-person household in Ainabkoi sub-county.

**Social effects:** Social effects of alcohol refer to changes that impact an individual's social behavior, relationships with partners and family members, or overall circumstances, (Klingemann & Gmel, 2001).

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter presents a review of literature, a theoretical framework, and a conceptual framework of the study. The literature review explores the existing literature on demographic characteristics of consumption of alcohol and the social, economic, and health effects of consumption of alcohol. This study was guided by the Family Systems Theory advanced by Kerr and Bowen (1988), which explains that families are systems of interconnected and interdependent individuals who cannot be isolated. The conceptual framework diagrammatically presents the relationship between the independent and dependent variables of the study; consumption of alcohol by household heads is the independent variable, while the dependent variables are the social and economic effects of consumption of alcohol.

#### **2.2 Factors Contributing to Consumption of Alcohol**

Research studies have consistently demonstrated that alcohol consumption is shaped by multiple factors, including socioeconomic status, cultural practices, and environmental contexts, with their influence varying across societies and cultures. Previous research has specifically examined the relationship between alcohol prices and consumption patterns, drawing on the economic theory of demand (Cook et al., 2011; Institute of Alcohol Research, 2017; Pryce et al., 2019; Sharma et al., 2017; Xu & Chaloupka, 2011). Beyond pricing, household income has also been identified as a critical socioeconomic determinant of drinking behaviour.

According to Fogarty (2009) and Pryce et al. (2018), alcohol may be considered a normal good, with demand rising as wealth increases. Empirical evidence on this relationship, however, remains inconsistent. For instance, Sobhee et al. (2015) identified a positive association between per capita income and alcohol consumption in Mauritius, a finding echoed by Hoffer et al. (2017), who observed that higher household income corresponded with greater expenditure on alcohol. Conversely, Oliveira and Souza (2018) reported a negative relationship between income and alcohol use, while Murakami and Hashimoto (2019) found that individuals with lower incomes in Japan were less likely to engage in excessive drinking. Collectively, these studies highlight the context-specific nature of alcohol consumption. These contributions place emphasis on emerging regions, which may have diverse cultural norms, informal economies, and legal frameworks that

each play a role in mediating this link. The purpose of this study was to fill the gap in knowledge regarding the relationship between income and excessive alcohol use in a peri-urban context within Ainabkoi Sub-County.

Previous research has investigated the role that genetics plays in alcohol dependency, and the findings of these studies imply that alcoholism frequently originates within the same family line. Verhulst et al. (2015) and Zhao et al. (2023) concluded that family lineage alone is not sufficient to establish a genetic basis for alcoholism; however, evidence from adoption, twin, and animal studies strengthens the view that genetic factors play a role. Adoption research, for instance, has shown that the risk of developing alcoholism aligns more closely with biological parents than with adoptive parents, indicating a genetic influence (Zhao et al., 2023). In a similar vein, twin studies that were carried out in both the United States and Europe arrive at the conclusion that hereditary variables are responsible for between 45 and 65 percent of the risk for alcohol consumption disorder (Zhao et al., 2023). Heritable patterns of alcohol-related behaviours are routinely observed in rats that have been selectively selected for alcohol preference, sensitivity, or withdrawal symptoms (Foroud et al., 2010). This perspective is further supported by experimental research conducted on animals. Having the potential to pass on such characteristics from one generation to the next is indicative of a polygenic foundation, in which numerous genes interact with one another to impact various facets of alcohol dependency. The research illustrates the relevance of genetic-environment interactions, despite the fact that these findings together indicated that genetics had a role in the phenomenon. In spite of the facts, there is still a lack of comprehension of the ways in which family variables contribute to excessive alcohol use, especially in nations with low and intermediate incomes, with environmental stresses having the potential to either suppress or enhance hereditary vulnerabilities.

According to Osuafor et al. (2023) and Zhang et al. (2024), there is a correlation between the marketing of alcohol and the beginning of and subsequent consumption of alcohol among young people. This is supported by Hosseinichimeh et al. (2022), Pettigrew et al. (2015), and the Organization for Economic Cooperation and Development (2024), which found that alcohol marketing not only fosters favorable attitudes about drinking, but it also reinforces society norms that normalize and promote the consumption of alcohol among young people. Studies across Europe reveal that alcohol marketing shapes cultural norms by making drinking appear socially acceptable (Hosseinichimeh et al., 2022; OECD, 2024). Similarly, international research indicates

a strong link between exposure to alcohol advertising and increased consumption among young people in countries such as the United States, the United Kingdom, Australia, Colombia, and Lebanon (Jackson et al., 2020; Jernigan et al., 2016; Tanski et al., 2015). Exposure to alcohol marketing has been associated not only with earlier initiation of drinking but also with risky behaviors such as binge drinking and increased overall consumption levels (Tanski et al., 2015). However, the universality of these findings is contested by research from sub-Saharan Africa, where Swahn et al. (2021) demonstrated a significant relationship between the extent of alcohol marketing exposure and consumption rates among Ugandan youth. Furthermore, accumulating evidence underscores that such exposure is strongly linked to an increased likelihood of binge drinking and other hazardous drinking patterns (Jernigan et al., 2017).

Residential environments have been shown to influence patterns of alcohol consumption. Research conducted in the United States demonstrated notable variations in alcohol use and alcohol use disorder (AUD) across residential contexts, with rural populations in the South recording the highest levels of abstinence, while urban residents in the Midwest exhibited the highest prevalence of AUD in the past year (12.4%), compared to 11.0% in rural Midwest and 10.3% in rural Western regions (Border & Booth, 2007). Similarly, Bernstein (2007) reported that individuals living in metropolitan neighborhoods with poor structural conditions, such as inadequate heating systems, broken windows, or unsafe stairs, were more likely to engage in heavy drinking. Furthermore, alcohol consumption has been positively associated with indicators of community disorder, including crime rates and population density, among both adolescents and adults (Bryden et al., 2013). Collectively, these studies point out to the role of regional and structural determinants in shaping alcohol use and AUD but do not provide an explanation how specific environmental and infrastructural conditions influence drinking behaviors across residential types. This gap justifies the present study's focus on peri-urban settings to examine underlying drivers of alcohol consumption.

Previous studies in various African contexts found a correlation between peer alcohol consumption and high levels of individual alcohol use (Osisiogu & Mmahi, 2022; Priscilla et al., 2023; Sagarika & Poonam, 2024). The findings suggest that peer groups facilitate access to alcohol and normalize its consumption in social settings, thereby sustaining hazardous drinking behaviours. Peer modelling and perceived social approbation are identified as mechanisms that facilitate the transmission of alcohol consumption among individuals. Prior research indicates that,

despite the influence of peers on psychoactive substance use, individuals can resist engaging in such activities even when surrounded by peers who partake in these substances. This study aimed to assess the role of peers as a catalyst in alcoholism, investigating how peer dynamics contribute to increased alcohol consumption.

Research examining neighborhood characteristics and adolescent alcohol consumption has largely focused on metropolitan areas (Bryden et al., 2013). The residential context, whether urban or rural, has been shown to shape patterns of alcohol use among young people and is considered a key factor underlying regional variations in drinking behaviors (Mathibe et al., 2022). Hobbs et al. (2003) emphasized the critical role of drinking venues in fostering risky behaviors, while studies suggest that a high density of alcohol outlets contributes to adolescent drinking by reinforcing local social norms and normalizing alcohol use (Kuntsche et al., 2018; Shortt et al., 2018). Further empirical evidence supports this view; neighborhood-level analyses in urban Tanzania revealed that both the proliferation of alcohol outlets and pervasive alcohol advertising are strongly associated with increased alcohol consumption among adolescents, suggesting that environmental cues and easy access to alcohol outlets intensify underage drinking (Ibitoye et al., 2020; Mair et al., 2024).

A 2024 systematic review of adolescent alcohol consumption indicated that more than half of the studies found a positive correlation between the geographic availability of alcohol and risky drinking behaviours; however, methodological diversity necessitates further contextual examination (Smith et al., 2024). Nighttime entertainment establishments, including bars, pubs, and nightclubs, have historically been recognized as high-risk environments for excessive alcohol use. Recent studies indicate that a significant amount of hazardous drinking transpires in these environments. Recent research in the UK indicated that 72% of male consumers achieve a blood alcohol concentration of 0.15 g/dL during nightlife activities, highlighting the severity of drinking in these settings (Tutenges et al., 2022). Ethnographic observations in European establishments reveal management laxity and structural elements such as dim lighting, promotional drink offers, and insufficient staff involvement that promote excessive drinking (Hughes & Devilly, 2023; Mair et al., 2024). In Australia, prolonged bar trade hours have been associated with increased intoxication levels and heightened risk of alcohol use disorder among both male and female clients, illustrating how venue rules might intensify alcohol-related damage (Smith et al., 2023). The findings indicate that the environmental and regulatory attributes of evening establishments

substantially influence drinking patterns. However, the current studies predominantly focused on high-income and metropolitan environments, with insufficient emphasis on peri-urban or rural contexts. In areas such as Ainabkoi Sub County, informal drinking establishments like local kiosks or unlicensed bars may function under varying social, economic, and regulatory conditions.

Research indicates that individuals with lower educational attainment and socioeconomic status (SES) have distinct drinking behaviours in contrast to their better educated peers (Schmengler et al., 2023; WHO, 2018). The magnitude and orientation of these discrepancies differ among regions and member states, shaped by variables like cultural norms, religious views, economic situations, and alcohol legislation. The Organisation for Economic Cooperation and Development (OECD, 2018) indicates that in European nations, those with the lowest educational attainment and socioeconomic status are less likely to consume alcohol and more likely to abstain than those with better educational qualifications. Germany, Slovenia, and France have the most significant differences for both genders; however, the magnitude of this disparity differs in every country. In the Czech Republic, poorer educational attainment correlates with an increased probability of current alcohol consumption among males. Typically, higher-income nations have a more pronounced association between educational attainment and current alcohol use status than lower-income nations. This study aimed to ascertain the correlation between drinking habits and academic achievement in the examined region.

The European Union (2024) reports that the figures on alcohol consumption indicate that the area continues to have the greatest per capita use of alcohol, which is the highest in the world. Nearly one in five people who drink in the European Union (EU) reported an episode of excessive drinking at least once a month in 2019. The typical quantity of pure alcohol that consumers consumed in 2023 was 15.7 litres per year, which is equivalent to 34 grams per day. This is the same as the amount that is drunk in three standard drinks. The prevalence of heavy episodic drinking (HED), which is defined as the consumption of at least 60 grams of pure alcohol on a single occasion within the previous 30 days, witnessed a fall of 10.7% concurrently with the decline in the prevalence of current drinking. When compared to the youngest and oldest age groups, the consumption of alcohol is at its lowest among those aged 35 to 49 years old, with 13.4 litres per person being the most. Male per capita consumption (APC) follows a similar trend, reaching its highest point among individuals aged 35 to 49 years old at 21.4 litres (the general

average for males is 18.3 litres). On the other hand, female APC reaches its highest point earlier, before the age of 24 years old, at 5.7 litres (the overall average for women is 11.8 litres).

The Australian Institute of Health and Welfare (2023) indicated that 17.2% of Western Australians acknowledge routinely using excessive alcohol, so greatly elevating their risk of long-term damage. This proportion exceeds the national average of 16.8%. Moreover, 25.9% of Western Australians partake in binge drinking, characterized as having over four standard drinks in a single occasion at least once monthly, above the national average of 24.8%. This signifies a troubling tendency in the region. Men exhibit a higher propensity for frequent at-risk drinking than women, with 20.9% of men engaging in such behaviour at least weekly and 35.4% at least monthly, in contrast to 7.8% and 16.9% of women, respectively. The research aimed to ascertain the prevalence of alcohol consumption among household heads in the designated area.

Holmila et al. (2013) reported that Finnish moms suffering from alcohol dependence have significant adverse consequences. In comparison to their peers, they face an increased risk of early mortality, mental health difficulties, and loss of child custody. These women frequently encounter supplementary socio-economic obstacles, including single motherhood, inadequate support systems, and diminished levels of education and income. This study sought to investigate the impact of demographic characteristics, shaped by household dynamics, on alcohol use.

According to Peltzer et al. (2014), 41.5% of men and 17.1% of women in South Africa reported having ever consumed alcohol. Indian/Asian women had the highest current drinking rates (15.2%), whereas white men had the lowest (69.8%). More people in urban areas (33.4%) reported current drinking compared to those in rural areas (18.3%). Additionally, 2.9% of women and 17% of men reported drinking in a hazardous, harmful, or damaging manner. Risky drinking was associated with lower educational attainment, lower socioeconomic status, and being male in the 20–54 age group. Among women, risky drinking was more common among those who were wealthy, lived in cities, were Colored, and had lower levels of education. This study aims to identify the demographic characteristics of consumers by examining their ages.

According to Ssebunnya et al. (2020), a study conducted in Kamuli District, a predominantly rural area in eastern Uganda and the implementation site of the PRIME project, revealed that alcohol production and consumption were widespread. This was partly attributed to the cultivation of sugarcane in the region, which, in addition to being processed into sugar, is also used in the production of local alcoholic beverages. Respondents agreed that producing alcohol is

a major source of income for many homes in the neighborhood, making it available, affordable, and restriction-free for young people. Further information revealed that when they were short on cash, regular heavy drinkers in some places would occasionally visit the neighborhood breweries and be permitted to drink alcohol for free. The bulk of the inhabitants in this region were said to drink crude spirit made from sugarcane, which was considered the most widely utilized alcoholic beverage. The same product reportedly draws buyers from outside the district and is a key business commodity. Other comparably better alcoholic drinks, including bottled or canned beer, were reportedly available but less cost-effective and thus not a favored option. To experience the effects of intoxication more quickly, some heavy drinkers reportedly mix different types of alcohol.

According to Beard et al. (2019) and Yuanwei et al. (2022), socio-economic factors are strongly associated with patterns of alcohol consumption. The study identified social grade as the most significant predictor of alcohol frequency. Individuals in the two lowest occupational categories of social grade for instance, semi-skilled and unskilled manual workers, unemployed individuals, pensioners, and casual workers, reported fewer drinking occasions compared to those in professional-managerial occupations. Lower educational attainment emerged as the strongest predictor of consumed volume and binge drinking frequency. Individuals with A-level qualifications, that is, college/high school qualifications, consumed substantially more alcohol on a typical day and had higher weekly unit consumption compared to those with a university qualification. They also reported a higher frequency of binge drinking. Housing tenure emerged as a robust predictor of all drinking outcomes, while employment status and car ownership showed weaker predictive power across most outcomes. These findings indicate that social grade, and educational attainment are the strongest socioeconomic predictors of consumption of alcohol indices in England, closely followed by housing tenure. Employment status and car ownership demonstrate lower predictive power in this context.

Murakami and Hashimoto (2019), Bartoli et al. (2014), and Siliquini et al. (2012) assert that in Europe and Japan the affluent young individuals are more likely to partake in binge drinking, suggesting that increased income levels may lead to heightened alcohol consumption among youth. Contrarily, Mayanna et al. (2021), and Chung and Joung (2013) have shown divergent findings in Germany, Korea, and Chad, indicating that persons of lower economic level are less inclined to engage in drinking activities.

According to the WHO (2018), The statistics from the World Health Organization in 2018 reveal a trend in Kenya: nearly half of individuals aged 15 and above consume an average of 4.3 litres of alcohol annually. Although this figure is lower than the consumption of alcohol averages in neighboring countries such as Tanzania (7.7 litres), Rwanda (9.8 liters), and Uganda (10 litres), it remains worrying. Despite Kenya's lower per capita consumption of alcohol compared to regional and global averages, the situation is far from satisfactory. Consuming 2.9 liters per day translates to 41.2 grams of pure alcohol, exceeding the equivalent of three standard drinks. Kenya falls into the category of countries where consuming more than two standard drinks per day significantly increases the risk of developing alcohol-related diseases. Marquez and Farrington (2013) underscored this scenario, highlighting that although seven out of ten adults in Africa abstain from alcohol, those who do drink often do so in a harmful manner.

The reviewed literature revealed knowledge gaps regarding the causes of excessive alcohol consumption, a behavior known to contribute substantially to disease burden and mortality (WHO, 2018). These concerns are equally pertinent in the Kenyan context. To address this gap, the present study investigated the causes of excessive alcohol use and its effects on households, with a specific focus on Uasin Gishu County. While prior research has identified factors such as income, education, cultural norms, religion, age, gender, and accessibility as influencing alcohol consumption, an examination of these variables within this localized setting remains limited. This study, therefore, sought to provide an analysis of the causes of excessive alcohol use in the study area.

### **2.3 Social Effects of Consumption of Alcohol on Households**

The WHO (2018) estimated that alcohol use caused around three million deaths in 2016, which is more than one in twenty deaths worldwide, or 5.3% of all deaths. According to these figures, accidents account for more than a quarter (28.7%) of alcohol-related deaths, with digestive disorders (21.3%), cardiovascular illnesses (19%), infectious diseases (12.9%), and cancer (12.6%) following closely behind. Additionally, research by Gavidia et al. (2011) and Nassè (2019) has shown that the burden of alcohol-related sickness is disproportionately distributed worldwide, with poor countries bearing a notably larger share of this burden.

The International Agency for Research on Cancer (IARC 2015) reports that alcohol is a category A carcinogen and that drinking it increases the chance of getting several cancers,

including those of the pharynx, larynx, esophagus, colon-rectum, breast (in women), hepatocellular carcinoma, and oral cavity. Alcohol consumption has no safe threshold when it comes to cancer since the danger is there and rises even at low levels of use (Rehm, 2015). Alcoholic drinks of any kind, including wine, beer, and spirits, are linked to cancer independent of their cost or quality (Bagnardi et al., 2015; Rota et al., 2021). The majority of the general public is ignorant of the link between alcohol and cancer, despite the overwhelming body of scientific data supporting it. There is still a knowledge vacuum about the social impacts of alcohol, despite compelling scientific data that links alcohol consumption to several health problems, including its designation as a category A carcinogen and its substantial contribution to world mortality (WHO, 2018). This burden is disproportionately large in poorer countries; this gap calls for research on the social effects of alcohol usage.

According to Tian et al. (2023), a significant percentage of the population suffers from a severe alcohol use problem at some time in their life, and a considerable number of people in the United States die each year from alcohol-related causes. It was questioned in prior research by Esser MB et al. (2014) if alcohol is the only factor contributing to these alcohol-related fatality rates. According to NSDUH (2022), 77% of the expenses associated with excessive alcohol use in the United States are attributable to binge drinking, and most binge drinkers do not fit the criteria for alcohol dependency. According to Wilson et al. (2014), alcohol plays a major role in the deliberate harm caused by violence and hostility. The purpose of this study is to investigate any possible causal relationships between alcohol consumption and deliberate harm brought on by violent acts and hostile conduct in the research region. Furthermore, Harris (2024) noted that throughout the previous 20 years, the number of deaths linked to excessive alcohol use has been continuously rising. Nonetheless, there was a sharp increase during the COVID-19 pandemic, with over 178,000 fatalities in 2020–2021, up from an average of over 138,000 in 2016–2017.

Studies referenced in *Drugs, Education, Prevention, and Policy in Europe* (2021) were conducted in the United Kingdom, supplemented by research from Mexico, various European regions, and one study focusing on Aboriginal Australians. Collectively, these studies document the ways in which parental or familial alcohol misuse adversely impacts children. Longitudinal and qualitative evidence concluded that children living in households where alcohol is misused are more likely to experience disruptions in their social and emotional development, often linked to unstable home environments, exposure to conflict, or neglect. Respondents in long-term

qualitative investigations reported that children frequently encountered violence, mistreatment, and late-night disturbances associated with heavy drinking, which in turn strained family dynamics and impaired a sense of security within the home. Alcohol abuse by caregivers has also been shown to limit children's social opportunities due to stigma, shame, and the disruption of normal family routines. Furthermore, research indicates that children of parents with hazardous or harmful drinking patterns are at greater risk of developing both internalizing problems, such as anxiety and depression, and externalizing problems, such as aggression and conduct disorders (Justin et al., 2020).

Lander et al. (2013) observed that alcoholism and addiction are strongly linked to intimate partner violence, financial instability within families, impaired decision-making, and increased risks of child abuse and neglect. In addition to these social harms, the public health burden of alcohol is considerable. White et al. (2022) reported that excessive alcohol consumption accounts for more than 178,000 deaths annually in the United States, approximately 120,000 among men and 59,000 among women, positioning alcohol as one of the leading preventable causes of mortality, second only to tobacco, poor diet and physical inactivity, and illicit drug use.

Research conducted in Kenya, Zambia, South Africa, Uganda, Ghana, and Nigeria found a link between alcohol consumption and a variety of social problems, including family conflict, domestic violence, and workplace issues (World Health Organization, 2018). Alcohol use has been consistently connected with marital conflict (Mayshak, 2022). According to Bulanda et al. (2023), comparative case-control studies show that families with alcohol use had greater levels of marital conflict than those without alcohol use. These studies have thrown light on how alcohol impairs the regular functioning of the school community, resulting in difficulties such as poor academic performance, frequent class absences, school suspensions, and other problems.

According to Keenan et al. (2013), families with regular drinking face conflict, disagreement, divorce, domestic violence, and poor role performance among diverse family members. He adds that people seeking treatment for their own alcoholism typically face financial difficulties, separations and divorces, stress, and poor health, all of which affect their families. Many incidences of violence against intimate partners, both within and outside the house, are linked to alcohol. According to Lwanga (2007), male partners' alcohol use played a role in 52% of domestic violence against women in Uganda. According to a 2022 poll by the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA), 32% of people who consume

alcohol physically abuse their partners or other family members. Furthermore, 6% of children reported having intercourse as a result of alcohol consumption, and 13% of Kenyans who used drugs or alcohol acknowledged having sex with someone other than their regular partner while inebriated. The survey also found that 8% of traditional alcoholic beverage drinkers sought medical attention for alcohol-related problems (NACADA, 2022). This study investigated whether alcohol use among household heads in the study region is associated with morbidity and poor health.

According to Cartledge (2007), mothers are the foundation of life. However, children of alcoholic mothers develop low self-esteem, guilt and despair, loneliness, chronic sadness, anxiety, tension, anger, and impulsive conduct (Parsons, 2013). In Finland, mothers who abuse alcohol and drugs have noticeably worse outcomes, according to Holmila et al. (2013). These mothers are more likely than other mothers to pass away, experience concurrent mental health issues, and have their children taken away from them. These mothers clearly suffer from a number of disadvantages; they are far more likely to be single parents without support, to have less education, and to earn less money than women who do not abuse drugs.

Excessive alcohol consumption is strongly linked to increased sexual risk behaviors. Recent agent-based modeling from South Africa suggests that binge drinking, coupled with inequitable gender norms, contributes to approximately a quarter of new HIV infections, with over half of these infections occurring among binge drinkers (Dodd et al., 2023). Similarly, population-level data across 20 sub-Saharan African countries demonstrate a significant positive association between men's alcohol consumption and HIV status (adjusted RR = 1.26), reinforcing alcohol's role in undermining safe sexual practices (Smith et al., 2023). Moreover, in western Kenya, heavy drinking days were found to predict the occurrence and frequency of unprotected sex among people living with HIV, particularly women (Jones et al., 2022). Meta-analytic evidence from Nigeria further indicates that alcohol use nearly quadruples the likelihood of engaging in sexual activity and more than doubles the odds of condomless sex (Ogunwale et al., 2023). Lastly, a recent multilevel analysis of Eastern African DHS data identifies alcohol consumption as a significant individual-level predictor of risky sexual behavior among reproductive-age women (Kamau et al., 2024).

Alcohol use by parents has been linked to a number of negative effects on children. According to Norwegian population-based statistics, the risk of adverse childhood experiences (ACEs) and poor psychiatric consequences in adolescence and early adulthood is considerably

increased by even sporadic exposure to parental intoxication (Bohman et al., 2025). Furthermore, caregivers with alcohol-related disorders were more than twice as likely to physically, emotionally, or supervisory abuse children than caregivers (Leung et al., 2025). According to Swedish adolescent health studies, children of heavy drinkers have higher stress levels and psychosomatic health issues than children of moderate or light drinkers (Beckman et al., 2017).

Research conducted in Kaplamai, Nandi County, Kenya, by Birech (2006) indicates that both the emotional well-being of children and the stability of marriages have been adversely affected. Specifically, 57.3% of wives expressed dissatisfaction with their husbands' drinking behaviors. Kathungu et al. (2011) examined the effects of alcohol use on gender roles, revealing that alcohol influences traditional gender roles that remain prevalent in the studied communities. These roles dictate that men should embody authority, courage, aggression, and strength, while women are expected to be devoted, submissive, and nurturing. The report indicates that 51% of wives of alcoholic husbands assume their husbands' responsibilities (Kathungu et al., 2011). This study examined the social impacts of parental alcohol abuse on children, including psychological and developmental effects, as well as the disruption of traditional gender roles and marital stability within families.

Lowthian (2022) conducted a review of 51 empirical studies examining the relationship between parental substance use and children's educational outcomes. Five themes were identified in the literature, encompassing attainment, school behaviour and adjustment, attendance, academic self-concept, school enjoyment and satisfaction, as well as various other outcomes. Attainment emerged as the predominant outcome examined in the studies, revealing that children of substance-using parents frequently achieve lower academic grades. Children exposed to parental substance use exhibited a higher incidence of behavioural issues, reduced attendance, and diminished academic self-concept. Additional findings revealed reduced homework completion and attendance in specialized classes, including referrals to the school psychologist.

Education is a factor frequently associated with the influence on alcohol consumption. Educated individuals are typically perceived to have reduced leisure time and possess awareness of the health risks linked to alcohol consumption. Education is considered to have an inverse relationship with alcohol consumption. Nevertheless, numerous studies indicate that this is not invariably true. Wuyts et al. (2016) found that individuals with higher levels of education in European countries are less likely to abstain from alcohol consumption and tend to consume it

more frequently. Rosoff et al. (2019) examined the causal relationship between alcohol consumption and educational attainment, revealing a positive and significant association. Assari and Lankarani (2016) identified a correlation in the USA between higher education levels and an increased likelihood of alcohol consumption, especially among older American adults. Assari and Lankarani's (2016) study examined the interactions between education and race concerning alcohol consumption, revealing that the effect of education on alcohol use is significantly less pronounced among Black Americans than among White Americans.

Variations in alcohol consumption are significantly predicted by demographic factors, including age and gender (Aksoy et al., 2019; de Oliveira & de Souza, 2018; Mutisya & Willis, 2009). Men drank more alcohol than women, especially among public maintenance workers, according to de Oliveira and de Souza's (2018) research. In a similar vein, Aksoy et al. (2019) discovered that men spend more money on alcohol than women. The study also discovered that marital status played a significant role in explaining alcohol consumption, with married people spending more on alcohol than single people. According to some research, alcohol consumption varies with age, especially when taking into account the type of alcohol and the occasions for drinking (Chaiyasong et al., 2018; Rebholz et al., 2011).

The literature above provides information on alcohol consumption, primarily based on data collected by medical facilities and larger research initiatives. The social impacts of individual drinking habits, which are crucial for forming focused policies and interventions, do not feature much in these studies. The literature offers an understanding, but they fall short in capturing the complexity of excessive alcohol consumption in various social contexts and the unique problems it poses at the local level.

## **2.4 Economic Effects of Consumption of Alcohol**

According to Lipton et al. (2018), socioeconomic disparities are fueled by alcohol use. Both individuals and society as a whole suffer economic consequences from excessive alcohol use. Manthey (2021) highlighted that in addition to the obvious health risks, excessive drinking frequently results in penalties or driving under the influence (DUI) tickets, which reduces household financial stability by taking money away from necessities. Recent studies provide further detail on these expenses. Alcohol consumes a disproportionate amount of Malawi's low-income households' meager income, pushing out necessary expenses for housing, food, healthcare,

and education, therefore exacerbating poverty and jeopardizing long-term well-being (Chirwa et al., 2022). According to statistics from 2021, alcohol-related damages in Thailand resulted in economic losses equal to 1% of GDP, mostly due to absenteeism, hospital use, early death, and enforcement expenses. This underscores the complex nature of economic burden (Luangsinsiri et al., 2023). Furthermore, a worldwide systematic study estimated that the costs of alcohol use represent 1.5% to 2.6% of GDP, with around 61% of these costs coming from lost productivity (Kuitunen et al., 2021). This study sought to ascertain if excessive consumption of alcohol has exacerbated financial hardships for households in the research region.

According to Mokdad (2018), the bulk of the financial costs associated with alcoholism were attributed to lost productivity, which includes higher absenteeism, worse productivity at work and at home, early mortality, and the cost of jail to society. Although just around 3% of hospital inpatient treatments are directly related to alcohol, they account for 35% of total inpatient medical costs. The effective cost per alcoholic drink is a hefty \$2.86 in Minnesota. In particular, binge drinking is responsible for 73% of the \$5.7 billion in societal costs, which are caused by a number of issues like lost productivity, criminal activity, car accidents, and fetal alcohol spectrum disorder.

Alcohol consumption continues to be a major cause of early adult death, especially for individuals between the ages of 20 and 24, where it outweighs other significant risk factors for non-communicable illnesses, such as tobacco use (WHO, 2024). These individuals have disproportionately high rates of alcohol-attributable mortality, which significantly lowers years of productive life and slows down economic growth in general (WHO, 2024). The financial consequences go beyond health care; alcohol-related presenteeism and absenteeism alone cause workplace productivity losses that are predicted to cost US \$595 billion year across OECD nations, or around 1.6% of their GDP (OECD, 2023). The wider social effect was highlighted by a recent UK report that anticipated yearly costs of £5 billion only from alcohol-related unemployment and lost productivity (Institute of Alcohol Studies, 2024).

Manthey et al. (2021) observed that prevalent alcohol-related health complications may incur medical costs, so imposing more financial burdens on families already grappling with these challenges. Alcoholism is more widespread in low-income single-parent homes, exacerbating the previously discussed concerns. Consequently, families with little financial resources often experience heightened financial stress. Karlsson et al. (2022) assert that expenditures on alcohol often preclude funds for other necessities such as housing, rent, or tuition. Moreover, children of

parents with alcohol dependency have reported insufficient funds for essential expenses such as bills, food, and clothes, as well as the necessity to borrow their own money during challenging financial situations.

Alcohol-linked impairment in the workplace incurs significant expenses for both employers and economies. Recent estimates from Australia indicate that around 11% of workplace accidents are linked to alcohol use, with alcohol-related absenteeism and presenteeism causing A\$6 billion in yearly productivity losses (Alcohol and Drug Foundation, 2025). Research from New Zealand predicts that hangovers cost businesses NZ\$1.65 billion per year due to missing work hours and diminished job performance (Sullivan et al., 2019). In longitudinal research a correlation between excessive alcohol consumption and employment instability was established whereby people consuming seven or more drinks daily experienced a markedly increased probability of unemployment within six months (Mangot Sala et al., 2023). Substantial cohort research from Denmark revealed that excessive alcohol use is associated with a 30–50% heightened risk of unemployment and hinders reintegration into the job market among those with medium to high levels of education (Tolstrup et al., 2021).

Bryden et al. (2013) observed that whereas increased wages are associated with increasing alcohol consumption, this results in a decline in earnings. In contrast, life changes like marriage and motherhood are associated with a reduction in problem drinking, whereas work status influences alcohol dependency, especially in older males, due to increased responsibility and structure (Verges et al., 2012). Furthermore, Murakami et al. (2019) concluded that high income correlates with an increased likelihood of non-problematic heavy drinking, potentially attributable to enhanced purchasing power and social connections. Nonetheless, low educational attainment increases the likelihood of excessive and problematic alcohol use among men, although lower income correlates with a decreased risk of heavy drinking, indicating that education and income affect drinking behaviours in distinct manners.

According to America's Debt Help Organization (2020), the financial burden of excessive alcohol use in the United States arises from diminished job productivity, healthcare costs, law enforcement, criminal justice expenditures, and motor vehicle accidents associated with excessive alcohol use. The correlation between debt and alcohol is one of the several adverse consequences of alcohol misuse.

The National Authority for Campaign Against Alcohol and Drug Abuse (NACADA, 2018) reports that 35.7% of alcohol drinkers in Kenya reallocate income intended for household costs to acquire alcohol. This misallocation of resources indicates a troubling trend with wider ramifications for the nation's labour force. Furthermore, employers in industries are increasingly concerned about the effects of alcohol use on workplace dynamics, as noted by Pamela et al. (2015). Employee alcohol misuse is associated with inconsistent attendance, reduced productivity, hangover effects, increased stress, financial instability, and compromised health and safety.

The literature on the economic effects of alcohol use offers a comprehensive overview of its influence, although it lacks an analysis of the unique economic consequences faced by families due to individual drinking behaviours. The present study is constrained by the necessity for a context-specific and policy-relevant statistics concerning the economic effects of consumption of alcohol in households.

## **2.5 Theoretical Framework**

### **2.5.1 The Family Systems Theory**

The study was guided by the Family Systems Theory, by Kerr and Bowen (1988), which explains that families are systems of interconnected and interdependent individuals who cannot be isolated. The theory emphasizes that each member contributes to others' well-being. In predictable ways, a family member's actions cause and affect those of other family members. A system that maintains a consistent behavior pattern achieves equilibrium, whereas one that deviates from it experiences dysfunction. Over- or under-reciprocity, in which one partner assumes the majority or even all of the family's responsibilities while the other partner assumes the role of being responsible, can be a sign of marital dysfunction. When the number of responsibilities increases, the person who provides more support for family harmony is more likely to experience emotional or physical dysfunction. Children may experience anxiety and dysfunctional behavior as a result of conflict in their families in some instances.

Additionally, the family goes through the projection process, in which the parents pass on their emotional issues to their children, who may then turn to drugs and alcohol as a means of escape. Due to this situation, some members of the family experience emotional cutoff, unhappiness, low self-esteem, guilt, helplessness, poor school performance, and depression. Communication within the family becomes brief and superficial. This means that for the family to

thrive, all of parts, or people need to carry out their responsibilities. However, if alcohol abuse causes neglect, it has multiple effects on the family's social and financial well-being, and the family may eventually become dysfunctional. A system that maintains a consistent behavior pattern achieves equilibrium, whereas one that deviates from it experiences dysfunction. In this study, the systems theory postulates that all family members must play their roles because the family unit thrives through interdependence, which is essential for its cohesion.

According to this theory, excessive consumption of alcohol by household heads negatively impacts role performance, multiplying social and economic effects on the household as well as health effects on the individual consumer. This manifests itself in ways such as unhealthy family relationships, non-performance of family roles, poor socialization of children, increased poverty, poor health status, minimal efforts to support children's education, loss of savings, misuse of family resources, and no income-generating activities.

### **2.5.2 Expectancy Theory**

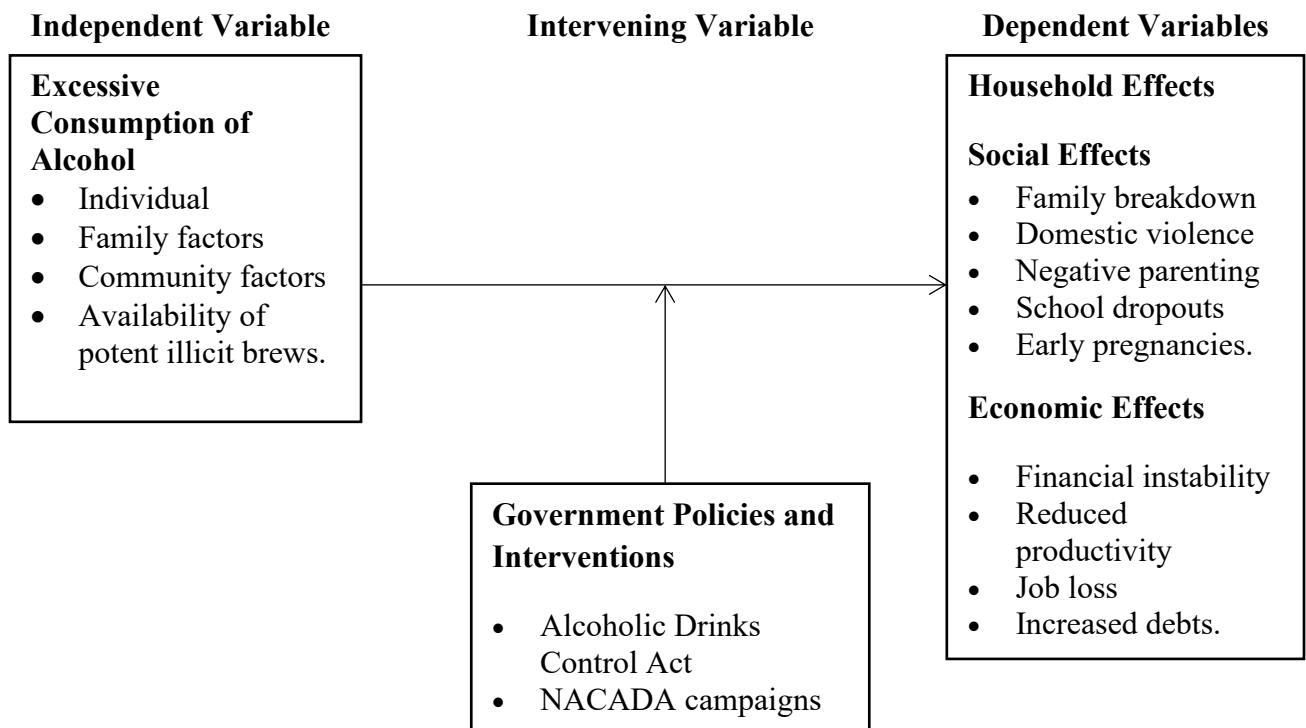
The expectancy theory posits that individuals possess diverse objectives and can be motivated when they have certain expectations (Victor, 1964). This idea pertains to decision-making and the processes individuals employ in making choices. Vroom argues that the determination of effort to invest in an activity determines motivation. This decision is founded on a dual-phase framework of expectations: effort results in performance, and performance culminates in a certain outcome or reward.

Expectancy theory examines the influence of anticipated outcomes of alcohol use on the timing and quantity of drinking behaviour. It indicates that those who believe drinking will yield positive outcomes are more inclined to consume alcohol, whereas those who see negative consequences are less likely to engage it. The concept examines how alcohol-related expectancies might forecast problematic drinking behaviours in adults and adolescents and proposes an explanation for the efficacy of non-situation-specific expectancy components in forecasting such behaviours. Some individuals assert that problem drinkers excessively depend on alcohol for rewards and fail to modify their behaviour according to the circumstances. Individuals who use excessive alcohol are perceived as lacking sensitivity to circumstances due to their overreliance on it. The situational generality of anticipation components may elucidate their efficacy in forecasting the overarching behaviour associated with problem drinking.

## 2.6 The Conceptual Framework

The conceptual framework illustrates the relationship between excessive alcohol consumption and its effects on households in Ainabkoi Sub-County, Uasin Gishu County, Kenya. It identifies excessive consumption of alcohol as the independent variable, defined as heavy or risky drinking leading to intoxication, often involving illicit brews (e.g., *chang'aa*, *busaa*) or low-cost commercial spirits. The dependent variables are the social effects and economic effects on households, which capture distinct yet interrelated impacts on household dynamics and financial stability. Government policies and interventions serve as intervening variables, moderating the relationship between excessive alcohol consumption and its effects. The framework assumes a direct association between the independent variable and the dependent variables, with government interventions potentially mitigating or exacerbating these effects.

Figure 1 presents the relationships among these variables, showing how excessive alcohol consumption, driven by various factors, leads to specific social and economic outcomes, and how government policies influence these relationships.



**Figure 1:** Conceptual framework

The conceptual framework, depicted in Figure 1, elucidates the impact of heavy alcohol consumption on households in Ainabkoi Sub-County, Uasin Gishu County, Kenya, focusing on its social and economic repercussions. Heavy drinking, the independent variable, involves risky consumption of illicit brews like chang'aa or busaa and affordable commercial spirits, often leading to intoxication. This behavior arises from personal motivations such as stress or seeking pleasure, familial influences like relatives' drinking habits, community pressures including peer influence, and the widespread availability of potent, low-cost alcohol.

Figure 1 illustrates these relationships through a flowchart, showing how heavy drinking leads to household consequences, moderated by external interventions. It links heavy alcohol consumption, driven by personal, familial, and community factors alongside access to potent alcohol, to social consequences such as family breakdown through separation, domestic violence, neglectful parenting, and eroded community trust, and economic consequences including financial strain from misspent resources, diminished productivity, unemployment, and rising debts or medical costs. It highlights the moderating role of policies like the Alcoholic Drinks Control Act and community policing.

Heavy drinking disrupts household cohesion by causing conflicts leading to separation, fostering aggression, neglecting children's needs, and isolating individuals from community networks, while economically, it diverts income to alcohol, reduces work performance, causes job loss, and increases financial burdens, deepening poverty. Government policies moderate these effects by regulating alcohol availability and supporting rehabilitation; effective enforcement mitigates harm, while weak implementation exacerbates it. By distinctly categorizing social and economic consequences, the framework clarifies how heavy drinking shapes household dynamics and financial stability in Ainabkoi Sub-County.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter presents the research design, the study area, the target population, the sampling procedure, data gathering methods, and data analysis procedures.

#### **3.2 Research Design**

A descriptive research design was employed to explore the impact of excessive alcohol consumption on household well-being in Ainabkoi Sub-County. As noted by Kombo and Tromp (2004), this design is appropriate when the objective is to offer a detailed account of an existing situation. The approach enabled the researcher to gather in-depth information from a diverse population with varying demographic characteristics. It facilitated the collection of data aimed at describing the current state of alcohol misuse and its associated negative consequences on the social and economic aspects of households in the region. This involved documenting household socio-demographic profiles and assessing alcohol-related effects from both social and economic perspectives. Additionally, insights were gathered from key informants and stakeholders. The study focused on households where one or both spouses engage in excessive alcohol use, and the findings were relevant in formulating recommendations for intervention strategies aimed at reducing harmful alcohol consumption within households.

#### **3.3 Study Area**

The study was carried out in Ainabkoi Sub-County, one of the administrative units in Uasin Gishu County, Kenya, situated southeast of Eldoret city. The sub-county covers approximately 43 square kilometers. It has 15,958 households with a total population of 38,421 people (Kenya National Bureau of Statistics 2019). This area was specifically chosen due to the prevalence of alcohol-related activities, production, distribution, and consumption, mainly involving illicit brews and other potent alcoholic drinks.

Local administration and public health reports have pointed to the Ainabkoi sub-county area as prevalent with alcohol-related problems, such as increasing cases of domestic violence, economic instability in households, school dropouts, crimes, and reduced productivity, especially in farms, which is linked to alcohol abuse. Community leaders and social service departments have



### **3.4 Target Population of the Study**

The target population for the study comprised 15,968 households within Ainabkoi Sub-County. According to a report by Moi Teaching and Referral Hospital (MTRH, 2023), more than half of residents of Uasin Gishu county abuse alcohol, and the problem of alcoholism affects all sectors of society, including the working and non-working groups, with some sectors; medical sector, the judiciary and the banking being hardest hit, which was noted as being on the rise. Reports from local administrative authorities identified approximately 230 households within the study area as being prominently involved in alcohol-related practices, including production, sale, or excessive consumption. To ensure a representative sample, the study focused on three sub-locations: Kapsuya, Munyaka, and Ilula, which together encompass the entire target population of 15,968 households. These sub-locations were selected based on their high density of households and the documented prevalence of alcohol consumption, making them suitable for assessing the socio-economic impacts of excessive alcohol use at the household level.

### **3.5 Unit of Analysis**

The unit of analysis for the study comprised household heads who consumed alcohol within the selected sub-locations of Kapsuya, Munyaka, and Ilula in Ainabkoi Sub-County, Uasin Gishu County. The household heads were targeted due to their central role in household decision-making and their direct experience with the socio-economic consequences of excessive alcohol consumption.

### **3.6 Sampling Techniques and Sample Size**

The study adopted a multi-stage sampling procedure to obtain a representative sample. First, the Krejcie and Morgan (1970) sample size table was used to arrive at an appropriate sample size; from the 15,968 total households in the study area, 8,121 were identified as being involved in alcohol-related activities, forming the study's target population. According to the table, a population of this size corresponds to a sample size of 367 households.

To ensure proportional representation across the three sub-locations, Kapsuya, Munyaka, and Ilula, the sample was distributed based on the number of alcohol-related households in each area. Within each sub-location, the study employed a systematic random sampling technique to select household respondents.

For instance, in Munyaka Sub-location, where there are 3,150 households and a proportional target sample of 143 respondents, the sampling interval was calculated as follows:

$$\text{Sampling Interval}(k) = N/n$$

$$\text{Interval} = 3150/143 = 22$$

A random starting point was selected from the household sampling frame, after which every 22nd household was chosen until the sample size of 143 was reached. This systematic procedure was replicated to reach a sample of 367 respondents.

In addition to household respondents, the study purposefully selected eight key informants based on their expertise, experiences, and institutional roles in addressing or experiencing the impacts of excessive alcohol consumption. The Key informants included; one area chief, who represents government at the local level, the chief has firsthand knowledge of community-level alcohol-related issues, including enforcement of local policies, reports of domestic disturbances, and general socio-economic disruptions linked to alcohol abuse; one professional counselor to provide expert insights on the psychological and behavioral dimensions of alcohol dependency within households, as well as the rehabilitation challenges and needs of affected individuals and families; three affected household members selected to represent households that have directly experienced the effects of excessive alcohol consumption; one rehabilitation Centre administrator to give their understanding of the scope and patterns of alcohol addiction, treatment accessibility, and the institutional response to alcoholism in the area; one church leader to provide insights into community attitudes, family support networks, and the role of religious institutions in mitigating alcohol abuse and one assistant county commissioner to offer a broader perspective on alcohol-related challenges and government interventions aimed at reducing its impact on household.

**Table 1:** Sampling Distribution Across Sub-Locations

<b>Sub-location</b>	<b>Alcohol-Related Households</b>	<b>Percentage of Target Population</b>	<b>Proportional Sample Size</b>
Munyaka	3,150	39%	143
Ilula	1,973	24%	88
Kapsoya	2,998	37%	136
<b>Total</b>	<b>8,121</b>	<b>100%</b>	<b>367</b>

### **3.7 Methods of Data Collection**

To collect both qualitative and quantitative data relevant to the study objectives, the researcher utilized a semi-structured interview schedule. This allowed for the collection of information from both household respondents and key informants, ensuring a broader understanding of the social and economic impacts of excessive alcohol consumption on households.

Key informant interviews were conducted using a pre-developed interview guide targeting individuals with informed perspectives on alcohol-related issues within the community. The selected informants included one area chief, one professional counsellor, three members from alcohol-affected households, one rehabilitation Center administrator, one church leader, and one Assistant County Commissioner. The key informant guide was structured to elicit qualitative data on the causes, consequences, and intervention strategies related to excessive alcohol use at the household level.

To gain more profound insight into community-level experiences and attitudes, the researcher also conducted two focus group discussions (FGDs), each comprising twelve (12) participants, for a total of twenty-four (24) respondents. These sessions used a focus group discussion interview guide to explore shared perceptions, social dynamics, and economic implications of alcohol abuse in affected households. The discussions were participatory in nature, and key points were recorded to complement individual-level data.

### **3.8 Data Analysis**

This study adopted a mixed-methods approach, generating both quantitative and qualitative data to address the research objectives related to the effects of excessive alcohol consumption on households.

Quantitative data obtained from structured sections of the interview schedules was first coded and cleaned. The data was then summarised using the statistical package for the social sciences (SPSS). Descriptive statistics of frequencies, percentages, and means were generated to summarize household characteristics and patterns of alcohol consumption. To examine relationships between alcohol consumption and socio-economic variables, the study applied inferential statistical techniques of cross-tabulation analysis.

For the qualitative data collected through key informant interviews and focused group discussions, the researcher employed thematic analysis. This involved carefully reading and reviewing transcripts to identify recurring patterns, phrases, and ideas related to the social and economic impact of alcohol abuse. The emerging themes were then categorized and interpreted using descriptive narration, with key verbatim included to support the findings. This process allowed for an understanding of community perspectives and contextual factors influencing excessive alcohol use. The results from both methods were integrated to offer a view of the issue, with qualitative data complementing and explaining quantitative trends.

### **3.9 Ethical Considerations**

The researcher sought and obtained the necessary approvals from the County Commissioner's Office, the Ministry of Education in Uasin Gishu County, and the National Commission for Science, Technology and Innovation (NACOSTI).

The study was conducted in accordance with established ethical principles, including informed consent, confidentiality, and voluntary participation. Respondents were clearly informed about the purpose of the research, how the information collected would be used, and their right to withdraw from the study at any point without any repercussions. To protect the privacy of respondents given the sensitive nature of alcohol-related issues within households, no personal names were recorded; instead, codes were used to maintain anonymity and ensure the confidentiality of all participant responses.

## **CHAPTER FOUR**

### **RESULTS AND DISCUSSIONS**

#### **4.1 Introduction**

This chapter presents analysis of data, interpretation, and discussions of the findings on the effects of excessive consumption of alcohol on the households in Ainabkoi sub-county, Uasin-Gishu County. A total of 367 respondents participated in the study. The findings have been organized into sections comprising demographic characteristics of respondents, social effects and economic effects of excessive consumption of alcohol in the household in Kapsoya Ward. The study also presents qualitative data from nine (9) key informants and two (2) focused group discussions.

#### **4.2 Responses Rate**

A total of 367 dully filled questionnaires were obtained from the respondents for the study, indicating a 100% response rate. According to Mugenda and Mugenda (2003), this number of responses sufficed for conducting analysis. All tables and charts presented in this chapter are derived from the data comprising 367 respondents which is a representative sample size for the study.

#### **4.3 Socio-Demographic and Economic Characteristics of Household Heads**

The study's substantive objectives did not include the demographic characteristics of the respondents. However, it was crucial to understand them to gain an understanding of the respondents' background circumstances, which have been suggested by earlier research as push and pull factors into and out of alcoholism (Abdelnaby et al., 2021; Toland et al., 2024). Various demographic characteristics of the respondents were examined, including gender, age, level of formal education, marital status, number of household members, sources of income, income level, and headship of the household. They are discussed under the subsequent subsections.

##### **4.3.1 General Characteristics of the Respondents**

Table 2 summarises the demographic characteristics of the respondents, including information on sex, level of formal education, age, and marital status.

**Table 2: Demographic Characteristics of Respondents (N=367)**

<b>Variables</b>	<b>Respondents</b>	<b>Frequency</b>	<b>Percent (%)</b>
Sex	Male	208	56.7
	Female	159	43.3
Marital Status	Married	176	48.0
	Single	43	11.7
	Separated/Widowed	148	40.3
Age	19–24 Years	83	22.6
	25–34 Years	198	54.0
	35–44 Years	50	13.6
	45–55 Years	28	7.6
	Above 55 Years	8	2.2
Education Level	Primary	52	14.2
	Secondary	98	26.7
	Technical/College	187	50.9
	University	30	8.2

Regarding sex, defined as a person’s physiological and biochemical makeup as male or female (White & Smith, 2022), 43.3% of respondents were female and 56.7% were male. Previous research (Greaves et al., 2022; Greaves & Hemsing, 2020) indicates that alcoholism tends to affect more men than women, hence the study’s focus on this variable. Table 2 shows nearly equal numbers of men and women consuming alcohol, with men forming the majority. A key informant noted during an interview: ‘Women, especially in urban settings, earn incomes similar to men. They can therefore afford luxuries, including alcohol.’ A focus group participant stated, ‘Peri-urban settings facilitate women’s independence from cultural boundaries that restricted their alcohol consumption, leading to their active participation.’ These findings align with Jang et al. (2017),

who suggest that drinking patterns in men and women are converging as women's behaviours become more comparable to men's.

The findings confirm that men consume alcohol at higher rates than women, consistent with studies by Dumbili (2013), Gururaj et al. (2006), Jatrana et al. (2011), Teshome et al. (2017), and Yawson et al. (2015). The increase in female alcohol consumption was linked to urbanisation-driven changes in social and cultural norms.

With regard to marital status, Table 2 indicates that 48.0% of respondents were married, 40.3% were separated or widowed, and 11.7% were single, with 88.0% being either married or separated/widowed. A focus group participant commented, 'It's the alcohol! No man wants a drunken wife who associates with many men.' A pastor and key informant echoed: 'Most of my church members are women seeking prayers for husbands lost to alcoholism.' Another informant reported a women's demonstration against illegal drinking dens, protesting that men neglected familial duties and some died due to alcoholism. These findings suggest that alcoholism severely impacts family stability.

Among married respondents, many couples were both alcoholics, often supporting each other's drinking. A female informant shared: 'I cannot leave my husband. We drink together and return home together, but he becomes violent afterwards.' For the 11.7% who were single, many were young, unemployed, and viewed marriage as a hindrance to their alcoholic lifestyle. One single mother said: 'I have a child who eats lunch at school. When he bothers me, I give him alcohol to sleep,' indicating illegal and harmful practices. This suggests that some single respondents expose minors to alcohol, violating laws and undermining positive parenting.

In terms of age, considered crucial due to consistent links with alcohol consumption, 54.0% (198) of respondents were aged 25–34 years, 22.6% (83) were 19–24 years, 13.6% (50) were 35–44 years, 7.6% (28) were 45–55 years, and 2.2% (8) were above 55 years. The prevalence of excessive alcohol consumption among youths (19–34 years) was attributed to the peri-urban setting, where many job-seeking youths reside (Kim et al., 2023; Yong et al., 2024; Gowri et al., 2024). A key informant stated: 'Most alcohol consumers in this informal urban setting are youths, who form the majority of residents.' A local leader explained the decline in older age groups: 'The potent drinks consumed here are less suitable for the elderly. Older individuals are more likely to consume traditional brews in rural areas.' These findings support NACADA (2023), which notes increased alcohol consumption among Kenyan youths and a decline among those over 50.

Table 2 shows that 50.9% (187) of respondents had technical/college education, 26.7% (98) had secondary education, 14.2% (52) had primary education, and 8.2% (30) were university graduates. Previous studies (Marta et al., 2024; Probst et al., 2025; Valeckaite et al., 2025) associate low education levels with excessive alcohol consumption. However, 59.1% of alcohol consumers in this study were college or university graduates, suggesting higher education does not deter alcoholism. Key informants attributed their drinking habits to life frustrations, particularly unemployment. An elderly woman in a focus group remarked: ‘Joblessness drives educated youths to alcohol. Graduates lack role models and counsellors, unlike less-educated boda riders who fare better.’ A rehabilitation centre worker added: ‘Alcohol affects everyone—teachers, government employees, and professionals.’ Two police officers in a focus group admitted to alcoholism, complicating law enforcement in drinking dens.

The findings suggest that education level does not prevent alcoholism; rather, more educated individuals may engage in excessive consumption due to life frustrations. This aligns with Wood and Bellis (2015), who found little correlation between education and excessive alcohol consumption. The findings further indicate that frustrations are a major driver of alcoholism, affecting even educated professionals. An electrical engineering graduate stated: ‘I drink to gain confidence to face life.’ This suggests that unmet expectations and distress lead to alcoholism as a coping mechanism, consistent with Crum (1993), Murakami (2019), Beatrice et al. (2019), and Schmengler (2022), who link frustrations to a 6.34-fold increase in alcoholism risk.

#### **4.3.2 Social and Economic Status of the Respondents**

The socio-economic status of the respondents was measured using the following variables: their status in the household as breadwinners, household headship, household size and dependents, ownership of the house they live in, and the respondents’ occupation and level of income. In terms of household headship, 296 (80.7%) of the respondents were household heads, 44 (12.0%) were guardians, and 27 (7.3%) were spouses. This meant that all respondents were the main decision-makers in their households and thus had greater social responsibility.

The respondents were also asked to state whether they were breadwinners or dependents in their households. Out of the 367 respondents, 340 (92.6%) were the main breadwinners, while the remaining 27 (7.4%) were co-breadwinners. This means that all respondents were relied upon by their dependents for daily household provisions. Regarding household size, the maximum size

of a household recorded in the Kapsoya location was seven members, while the minimum was two persons. The average household size was four people. These findings align with the 2019 population census, which indicated an average of 3.5 persons per household in the larger Uasin Gishu County.

In terms of dependents, the average number of dependents per household was three people. This means that, for an average household of four persons, three were dependants, reflecting Kapsoya as a low-income setting with a high dependency ratio. Given the above findings, we then directed our focus towards understanding the respondents' economic position by recording their occupation and income status. Table 3 reveals that the majority of respondents did not hold formal employment.

**Table 3: Respondents' Occupation**

<b>Type of Occupation</b>	<b>Frequency</b>	<b>Percent (%)</b>
Casual jobs	162	44.1
Formal employment	66	18.0
Small business	115	31.3
Commercial sex workers	24	6.5
<b>Total</b>	<b>367</b>	<b>100.0</b>

Table 3 shows that 162 (44.1%) of the respondents earned a living through casual labour. During focus group discussions, it was observed that many respondents were willing and open-minded to engage in any work that would earn them income for the day. They mentioned activities such as hawking, working on construction sites, making and repairing fences, digging boreholes and toilets, opening trenches, carrying luggage, working as security guards, washing clothes, and working on farms, among others.

The second largest group, 115 (31.3%), earned a living by engaging in various small businesses. These included selling clothes and vegetables, operating as boda-boda riders, touting, brokerage, food vending, and selling illicit alcohol, among other small enterprises. Most of these businesses operated in open market spaces, some had no fixed location, and the majority did not own the business but provided labour and were paid in return. One notable issue in this category

was that respondents were willing to sell anything that came their way, including stolen property, such as household goods like gas cylinders, utensils, and small furniture items.

The respondents in formal employment numbered 66 (18.0%). They defined formal employment as job opportunities with stable monthly remuneration on either contract or permanent terms. When asked where they worked, they mentioned hotels, retail and wholesale shops, workshops, and beauty and hairdressing salons. Others worked as police officers, teachers, county enforcement officers, and security officers. This finding implies that alcoholism affects individuals across all occupations in society. A key informant corroborated this, asserting, 'Alcoholism has affected people of all cadres, including professionals in the region, many of whom have ended up in rehabilitation centres, lost their jobs and livelihoods, or died due to alcohol-related health conditions.'

The study also included a special category of respondents, 24 (6.5%), who sourced their income from commercial sex work. A female participant in a focus group discussion stated: 'I drink alcohol because my customers are drinkers, and I find them in drinking places, where they also share alcohol with me.' Respondents in this category reported that alcohol helped them mask their situation and gain courage, facilitating sex work activities. They also consumed alcohol with clients during sexual encounters.

In one focus group discussion, a female respondent recounted, 'Just last week, as we were drinking with some clients, one of my friends, also a sex worker, was picked up by a client. The following day, she was found raped and killed near the drinking place.' This implies that, while alcohol plays a significant role in facilitating sex workers' mental state, it also places them at high risk of violence, exploitation, impaired judgement, unprotected sex, sexual coercion, and death.

Overall, the nature and type of occupation of the respondents seemed compromised by their alcoholism. For instance, some professionals ended up in rehabilitation centres, while others lost their jobs. For those in informal employment, much of their daily income was spent on alcohol, and those in commercial sex work became victims of abuse.

To further understand the economic status of the respondents, the researcher sought information on their monthly income levels, with results presented in Table 4.

**Table 4:** Distribution of Respondents Estimated Monthly Income

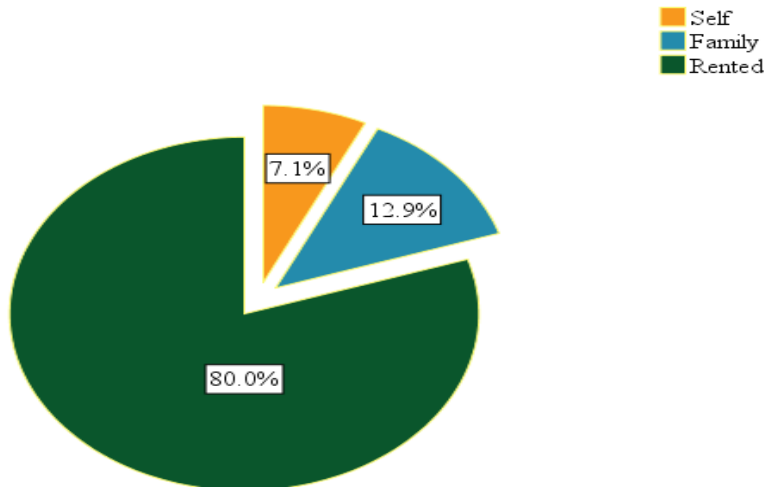
<b>Estimated Monthly Income (KSh)</b>	<b>Frequency</b>	<b>Percent (%)</b>
Less than 5,000	50	13.6
5,001–10,000	200	54.5
10,001–20,000	79	21.5
20,001–30,000	21	5.7
Above 30,000	17	4.6
<b>Total</b>	<b>367</b>	<b>100.0</b>

Findings show that the majority, 200 (54.5%), earned between KSh 5,001 and KSh 10,000, while 79 (21.5%) earned between KSh 10,001 and KSh 20,000, and 50 (13.6%) earned less than KSh 5,000. A minority, 21 (5.7%) and 17 (4.6%), earned between KSh 20,001 and KSh 30,000 and above KSh 30,000, respectively. During a focus group discussion, respondents referred to themselves as ‘hustlers,’ a slang term describing individuals not in formal employment but engaged in activities to earn a living.

The majority earned less than KSh 10,000 per month, equivalent to one to two dollars per day. Most respondents fall into the low-income bracket, putting them at risk of poverty, particularly when they spend most or all of their daily income on alcohol. These findings align with the socio-economic status of the study area, classified as low-income (KNBS, 2019). They also agree with Huckle et al. (2010), who deduced that people in low socio-economic status tend to drink larger quantities of alcohol. Similar findings include WHO (2018), which asserted that lower socio-economic groups experience excessive alcohol consumption, and CDC (2012), which revealed that high episodic drinking (HED) and the highest quantity consumed per occasion were prevalent among low-income earners.

Respondents’ socio-economic status was also measured by their housing arrangements. This was informed by the observation that the research area was a predominantly peri-urban setting with mushrooming informal settlements, prompting the researcher’s interest in understanding the association between housing arrangements and alcoholism. Figure 3 presents the results for the respondents' housing.

### Ownership of housing



**Figure 3:** Housing arrangements

The above findings on housing show that the majority (80.0%) were living in rented houses; this was followed by 12.9% who indicated family and 7.1% who indicated self- or personally owned homes. The average cost for rental housing was K.Sh.2955, with the most common rent being Ksh. 3000 and the highest rent paid being KSh 7,000. Given that all the respondents came from households that engaged in excessive consumption of alcohol and that the majority (80.0%) are living in rental houses, they find themselves in a more vulnerable position, especially when most of their disposable income is used in alcohol-related activities. This explains why many of the respondents had been in arrears with regard to their rental bills.

Alcoholism was associated with several vices, especially with regard to the respondents' residence. One key informant from local administration observed that "there are many complaints and disputes regarding landlords and tenants. They mainly border on the issues of defaulting to pay rent, late rent payments, property damage, disturbances, and illegal/illicit alcohol-related activities by tenants. As we are talking, some of the alcoholics are homeless. They sleep in the drinking places" (A local leader, personal communication, June 14, 2023).

In conclusion, alcoholism seems to be affecting housing arrangements. There is high turnover in terms of relocation from one house to another and a high rate of rental defaulters and rent-related disputes. Consequently, contributing more to informal settlements because most of the alcoholics would prefer makeshift arrangements, which are cheaper and sometimes shared.

#### **4.4 Causes of Excessive Consumption of Alcohol**

The first objective of the study sought to establish the factors contributing to excessive consumption of alcohol among the respondents. Before discussing the causes of excessive consumption of alcohol among the respondents, the section begins with the findings on *excessive consumption of alcohol*, before logically presenting why respondents engaged in it.

##### **4.4.1 Measuring Frequency of Consumption of Alcohol**

Excessive consumption of alcohol was a major variable of concern in the current study. This study adopted the Graduated Frequency (GF) tool (Dawson & Room, 2000; Greenfield, 2000; Rehm, 1998; Room, 1990; World Health Organization, 2000) to measure the level of excessive alcohol consumption within the target population. The tool was modified and customised to fit the local context. The GF measure is recommended because it efficiently summarises an individual's drinking pattern and permits estimation of the respondents' average volume of consumption (Greenfield, 2000; Rehm, 1998; Room, 1990). Using the tool, respondents self-reported their alcohol consumption habits by specifying the frequency at which they consume differing amounts of alcohol, as well as detailing their average daily or weekly consumption. This tool allowed measurement of both the frequency and intensity (amount) of drinking instances. According to the tool, consumption of four bottles or more in a single drinking encounter is considered excessive. A summary of the findings utilising this methodology is presented in Table 5.

**Table 5:** Measuring Frequency of Alcohol Consumption Using the Graduated Frequency (Gf) Scale

<b>Indicators</b>	<b>Variables</b>	<b>Frequency (n=367)</b>	<b>Percentage (%)</b>	<b>Inferential Statistics</b>
How often did you drink beer, wine, spirits, or any other alcoholic drink in the past 12 months?	Monthly	67	18.3	Mean = 3.6, SD = 1.101
	2–4 times a month	113	30.8	
	2–3 times a week	73	19.9	
	More than 4 times a week	114	31.0	
Number of cans/bottles/glasses usually drunk in a single day	1–3	64	17.4	Mean = 2.3, SD = 1.115
	4	213	58.0	
	5–6	55	15.0	
	7–9	23	6.3	
	10 and above	12	3.3	
Frequency of having four or more drinks on one occasion	Less than monthly	142	38.7	Mean = 2.1, SD = 0.904
	Monthly	24	6.5	
	Weekly	95	25.9	
	Daily or almost daily	42	11.4	
How often in the last 12 months have you found that you were not able to stop drinking once you had started?	Never	60	16.3	Mean = 3.0, SD = 1.288

	Less than monthly	15	4.1	
	Monthly	29	7.9	
	Weekly	144	39.2	
	Daily or almost daily	119	32.4	
Number of times failed to work normally	Never	173	47.1	Mean = 2.5, SD = 1.742
	Less than monthly	79	21.5	
	Monthly	81	22.1	
	Weekly	19	5.2	
	Daily or almost daily	15	4.1	
How often have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	22	6.0	Mean = 3.5, SD = 1.584
	Less than monthly	77	21.0	
	Monthly	8	2.2	
	Weekly	92	25.1	
	Daily or almost daily	168	45.8	

Table 5 reveals the findings on the prevalence of alcohol consumption among the respondents as measured by six different criteria. The initial criterion examined the frequency of beer, wine, spirits, or any other type of alcoholic beverage consumed within the previous year. The majority (114, 31.0%) of respondents reported drinking alcohol more than four times a week,

indicating that respondents consumed alcohol frequently. An explanation for this is that respondents were exposed to a wide variety of alcoholic drinks that were easily available within the study area.

Cumulatively, the majority (82.6%) of respondents reported consuming four or more drinks daily. The average number of drinks consumed per day among all respondents was 2.3 drinks. The moderate standard deviation (SD) of 1.115 indicates the diversity in daily alcohol consumption habits among respondents. This prevalence suggests an inclination towards excessive alcohol consumption. Conversely, a minority (17.4%) of respondents reported consuming fewer than four bottles in a day within the last 12 months, indicating a small number of respondents with low or moderate alcohol consumption in the study area.

When asked about consuming four or more drinks in one sitting, more than half (58.0%) of respondents reported doing so. However, less than half (24.6%) reported consuming more than four bottles in a single sitting. Given that four bottles in one sitting reflect excessive alcohol consumption, this means that the majority (82.6%) of respondents were excessive alcohol consumers.

When asked about their inability to stop drinking once started, a minority (16.3%) of respondents said they could stop. The majority (83.7%) indicated an inability to stop drinking once started, implying addiction among most respondents. When asked how often they needed an alcoholic drink in the morning to get going after a heavy drinking session, nearly half (45.8%) of respondents said they needed a drink daily, while the majority (94.0%) reported needing a drink at varying frequencies. More than half (52.9%) of respondents said they had failed to work or do what was expected of them due to alcoholism. These findings align with previous findings by MTRH (2023), which indicated that more than 50% of the residents of Uasin Gishu County abuse alcohol. From the above, the researcher sought to understand the reasons for excessive alcohol consumption among respondents in the study area. The analysis begins with details on the types of alcoholic drinks consumed and explores various causes of excessive alcohol consumption.

#### **4.4.2 Types of Alcohol Consumed**

Previous studies (Landtreat, 2020; Ritchie, 2018; Varghese, 2022) have observed that the type of alcohol consumed is significant in understanding the process of addiction and the health and social effects on consumers. Since there are several brands and types of alcoholic drinks, it

was critical to first identify the type of alcohol consumed by the respondents. Respondents were free to state all types of alcoholic drinks they consumed. From the responses, the researcher categorised the alcohol into three groups based on production method, as summarised in Table 6.

**Table 6:** Types of Alcohol Consumed

<b>Type of Alcohol</b>	<b>Frequency (n=367)</b>	<b>Percentage (%)</b>
Commercial only	27	7.4
Traditional only	91	24.8
Mixture of commercial and traditional	249	67.8
<b>Total</b>	<b>367</b>	<b>100.0</b>

The findings in Table 6 indicate that the majority (249, 67.8%) of respondents consumed a mixture of commercial and traditional alcohol. The respondents mentioned spirits (327, 89.1%), beer (31, 8.4%), and wine (8, 2.2%) as the most common commercial alcoholic drinks in the study area. They also listed *Chang'aa* (323, 88.0%), *Busaa* (86, 23.4%), and *Muratina* (67, 18.3%) as the leading traditional brews available in the study area.

The reasons given by respondents for preferring a mixture of commercial and traditional alcohol were numerous. First, the study area is a peri-urban setting, making it culturally heterogeneous. People from many communities lived there, resulting in varied alcoholic preferences. Secondly, generational differences played a role. Most respondents were young adults and youths who preferred commercial drinks for various reasons, including their affordability and higher potency compared to traditional brews. However, it was observed that respondents from rural villages consumed more traditional brews than those within urban areas, contributing to the preference for a mixture.

Majority of the respondents (330, 90%), take commercial alcohol only. Their justifications for this were based on the cost and potency of the alcoholic drinks. In terms of cost, there were two dimensions; one from the vendors and the other from the consumers. According to alcohol vendors, commercial alcohol had high economic returns because it is easier to make; also, the bottling was by use of recycled containers and there are ready clients due to unemployment among the youths. For instance, during a focused group discussion, a participant shared that,

*Commercial alcohol is no longer brewed, but just a simple process of mixing water and chemicals. What one needs is to buy ethanol, which is easily available and affordable. One litre of ethanol costing K.Sh 2,000 can make up to 20 litres of commercial brews when mixed with water. One litre of the mixture will then retail at approximately K.Sh. 600. Therefore, by using just KSh. 2000 and one 20-litre jerrican of water, one makes at least K.sh. 12,000. In a good day, one can sale even three of these jerricans. You can see the amount of profit they make.'*

Another key informant observed, “making commercial alcohol is so easy that it is even prepared on the roadsides and also in high-end residential places; that makes it difficult to detect by the law enforcement agencies. Even the sellers carry it with ease because it does not have a smell.”

Similar sentiments were shared by the law enforcement officers who described challenges they face in dealing with the proliferation of commercial alcoholic drinks in the study area. One of them observed that, “second-generation alcohol is prevalent in the area. It is manufactured, processed, and packed locally in areas of Kenya Service, Munyaka, Kasablanca, and Kawangware. These types of alcohol are more lethal, unregulated, and produced in unhygienic conditions. Yet it is the favorite among the consumers.”

According to consumers of alcohol, an alcoholic drink was considered a favorite if it is strong enough to make one get drunk faster and is affordable. In fact, the popularity of commercial alcohol stems from its potency. From the study, this phenomenon is symbolized by the names that were used by the respondents to reflect the potency of the alcoholic drinks. This was corroborated by the information from the focused group discussion, where the respondents gave names, they used to refer to the illicit alcohol. Discussants floated names like ‘*lipua*’, ‘*koroga*’, ‘teargas’ and ‘*ndombo*’. These names, according to the respondents, reflect what the alcohol does to their body- ‘*lipua*’ and ‘teargas’ to mimic how fast the alcohol makes one stimulated, excited, and hyperactive. ‘*Koroga*’ was used to describe the process of making the alcohol, and ‘*ndombo*’ a code name to conceal the actual identities of alcohol especially when speaking to strangers, close to people in authority, or when in public. From the focused group discussion, the researcher was also informed that illicit alcohol was also found in clubs and drinking dens. One respondent stated that ‘*ukienda kwa bar unaona pombe mzuri kwa display, sisi hatukunywi hiyo, pale nyuma ya counter kuna pombe yetu, ile ya bei rahisi na kuleweshwa haraka.*’ This means that when you visit a bar, you will

see high-quality brands of alcohol displayed on the counters, but the drink they prefer is not among those; it is concealed behind the bar counter. The findings here are a manifestation of how the commercial alcohol is liked. However, subsequent sections will discuss the high health risk associated with commercial alcohol.

The foregoing findings in this study indicate that the majority of the respondents preferred consuming commercial alcohol, which is easily available, cheap, and highly potent. However, these alcoholic drinks are prepared in unhygienic ways using lethal chemicals, especially ethanol, that is harmful for human consumption. The process of making them is not controlled, and thus, it put the consumers' lives at risk. Quality standards are not adhered to, and therefore, consumers are not assured of value for their money. These findings tally and partially explain the various media reports (The Standard, 10th August 2021; Daily Nation 07th September 2022; The Star, 5th July, 2023) on deaths associated with illicit brews laced with deadly chemicals in Kenya.

From Table 6, less than half (91, 24.0%) of the respondents favored taking traditional brew only. Similarly, focused group discussions and key informant interviews also recorded a few of the respondents supporting consumption of traditional brew. One key informant stated that 'People no longer go for traditional brews but rather indulge in second-generation alcohol, which is lethal, unregulated, and prepared un-procedurally, and could not be classified as either commercial or traditional.' Traditional alcohol was unpopular for various reasons as given by both the consumers and the brewers. It is bulky to make (300, 82.0%) and transport; it takes long to mature (330, 90%) and be ready for consumption; it is less potent and one has to take a lot to get drunk (360, 97%); it is easy to trace by authorities due to the smell and sometimes smoke arising from the brewing process (345, 94%), it has less profit for the sellers (338, 92%) and it is expensive (349, 95%) for the buyers because one has to take a lot of it to get drunk.

An interaction with one of the traditional alcohol brewers indicated that traditional alcohol is generally undergoing several transformations in terms of the brewing process. There were reported cases where traditional alcohol brewers had used lethal chemicals, including industrial molasses and drugs, to hasten the brewing process. He observed that "we have experienced cases of deaths and serious health outcomes in the area affecting alcohol consumers because the drinks are laced with poisonous substances to make them more potent."

In conclusion, the majority of the respondents consumed commercial alcoholic drinks that were made locally without meeting the expected health standards. These drinks put their lives at

risk. Traditional brews were not very common because they had a low potent level compared to commercial alcohol. Economically, traditional alcohol has a high cost of production and a low profit margin. These finding aligns with previous observations that alluded to the fact that additives such as methanol, higher ethanol, car battery acid, and other substances are added to increase potency and hasten the brewing or distilling process (Carey et al., 2015).

#### 4.4.3 Patterns of Consumption of Alcohol

Three factors are used to determine whether alcohol consumption is excessive: frequency, quantity, and type of alcohol consumed. These elements affect a person’s health and socio-economic aspects of life. Previous studies (Kuntsche et al., 2018; Smith et al., 2015) have used similar markers to show how infrequent drinkers might develop addictive drinking behaviours, which is a step towards excessive alcohol use. The pattern of alcohol consumption changes from sporadic to moderate to sociable to addicted to problematic. For this reason, the researcher began by examining the respondents’ frequency of alcohol consumption. Table 7 below provides a summary of the findings.

**Table 7:** Frequency of Respondents’ Alcohol Consumption

<b>Frequency of Alcohol Consumption</b>	<b>Male (n=208)</b>	<b>Female (n=159)</b>	<b>Total (n=367)</b>	<b>Percentage (%)</b>
Daily or almost daily	182 (87.5%)	139 (87.4%)	321	87.5
Weekends and holidays	152 (73.1%)	115 (72.3%)	267	72.7
Once a month	11 (5.3%)	13 (8.2%)	24	6.5

According to Table 7, 321 (87.5%) of respondents consumed alcohol daily or almost daily, whereas 267 (72.7%) consumed alcohol during holidays and/or on weekends. Only a few (24, 6.5%) consumed it once a month. The majority of respondents (321, 87.5%) reported drinking on a daily or almost daily basis, indicating a high prevalence of regular alcohol consumption in the study area. These results suggest that most respondents consumed alcohol regularly and frequently. Those who consumed alcohol almost every day stated that they did so to cope with stress, as a habitual activity, to gain jobs and referrals from drinking establishments, and to carry out their

daily routines. One key informant stated that alcohol was a serious problem in his jurisdiction, resulting in raids on illegal drinking establishments almost daily, and that the majority of customers consumed alcohol regularly. The study observed that those who drank alcohol daily also earned money daily and immediately spent all their daily earnings on alcohol. One respondent said, 'Usually, at the end of the day, I have a little money from my hustle, so that's what makes me decide to go drink in a club. Once I am at the club, I can't control how much alcohol I drink, which leads me to consume too much and spend all my money, as I also buy drinks for my friends.'

Another significant majority (267, 72.7%) reported drinking on weekends and holidays. This pattern suggests a more episodic or recreational approach to alcohol consumption, with individuals drinking only on specific occasions. A small percentage of respondents (6.5%) indicated drinking on a monthly basis. This group reported less frequent alcohol consumption, reflecting an infrequent or occasional drinking pattern. However, field engagement established that respondents who reported drinking once a month drank heavily when they did, as verbalised by one respondent during a focus group discussion: 'I drink only once a month when I get my salary, and if I don't plan well, my entire salary is spent on that day.' From the findings, daily and/or weekly alcohol consumption can have significant impacts on individuals, potentially leading to alcohol dependency and addiction. Moreover, the study highlights the competition between alcohol expenditure and other essential financial needs, resulting in the neglect of household responsibilities.

#### **4.4.4 Daily Mapping for Consumption of Alcohol**

The study sought information on the days of the week on which respondents consumed alcohol. This information provides insight into people's alcohol consumption patterns, revealing the frequency and timing of drinking episodes. This information is also critical for understanding how different drinking habits, such as excessive consumption, affect socio-economic status (SES). The results are presented in Table 8.

**Table 8:** Daily Consumption of Alcohol

<b>Days Used to Consume Alcohol</b>	<b>Frequency (n=367)</b>	<b>Percentage (%)</b>
Monday–Thursday	275	74.9
Friday	326	88.8
Saturday	326	88.8
Sunday	164	44.7
Any day	126	34.3

From the above findings, the majority (326, 88.8%) of respondents consumed alcohol on Friday and Saturday. This suggests a weekend-focused drinking behaviour, possibly related to social gatherings, events, or leisure activities. This is consistent with the cultural connotation of Friday as the start of the weekend and could indicate an increase in social or recreational drinking as people unwind from the workweek. The finding aligns with previous studies (Mwenda et al., 2018), which posited that Kenyan drinkers consume more than five drinks on Saturday and more than four on Friday.

During the workweek, that is, Monday to Thursday, the majority (275, 74.9%) of respondents reported consuming alcohol on these days. This suggests that respondents start drinking early in the week, implying potentially unchecked habits that could be linked to addiction. In contrast, on Sundays, less than half (164, 44.7%) of respondents reported drinking. The result may suggest a decrease in alcohol consumption as the weekend ends, possibly influenced by work obligations or a cultural tendency to relax before the start of the workweek. A significant minority (126, 34.3%) of respondents reported drinking on any given day, indicating a more flexible or irregular drinking routine. Previous studies on alcohol consumption support these findings. A survey by the National Institute on Alcohol Abuse and Alcoholism (2021) found that adults in the United States are more likely to consume alcohol on weekends than on weekdays, and they tend to engage in high episodic drinking during the weekends.

In conclusion, the data reveal variations in alcohol consumption trends throughout the week. The high percentages on Fridays and Saturday point to a notable concentration of drinking incidents during the weekend. This pattern suggests a correlation with social and recreational factors, indicating that individuals may be more inclined to engage in alcohol consumption during

these days, potentially influenced by leisure activities and social gatherings that commonly occur on weekend.

#### 4.4.5 Sources of Alcohol

Previous studies contend that drinking establishments serve as sites for the promotion and proliferation of excessive drinking, thereby contributing to the occurrence of alcohol-related harm, particularly intoxication (Edwards et al., 2023; Irene et al., 2024; O’Hara, 2024). The study, therefore, sought to understand where respondents sourced their alcohol or where they drank. The findings are presented in Table 9.

**Table 9:** Sources of Alcohol

Source of Alcohol	Frequency (n=367)	Percent (%)
Bar	266	72.5
Home (brews)/Illegal dens	267	72.8
Club	144	39.2
Job	68	18.5
Home	62	16.9

According to the data, the majority (266, 72.5%) of respondents obtained their alcohol from bars, highlighting the significant role these establishments play in providing alcoholic beverages. This aligns with the findings of Cox (2022), which emphasise the impact of bars on drinking behaviours and habits. Additionally, the majority (267, 72.8%) of respondents reported obtaining their alcohol through homebrewing or illegal dens, indicating the widespread availability of alternative sources beyond licensed establishments.

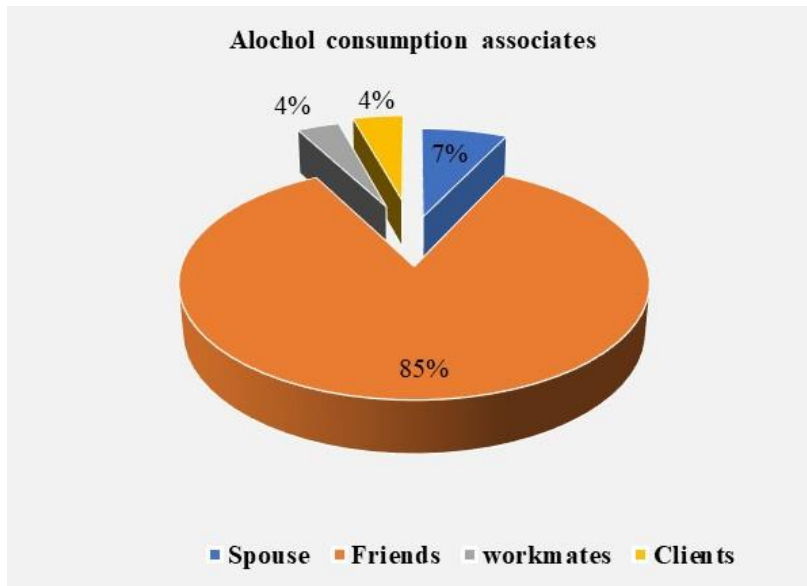
The Daily Nation (May 22, 2023); The Standard (June 22, 2023); and The Star (April 17, 2023) indicate that informal networks for producing and distributing alcohol are widespread in various regions of Kenya, including the study area. Notably, 144 (39.2%) respondents reported obtaining alcohol from clubs. This aligns with previous studies (Sarah et al., 2024; Tutenges & Böhling, 2019; Van et al., 2024) that have highlighted the influence of clubs on nighttime activities and drinking behaviours.

The workplace was identified by a small minority (68, 18.5%) of respondents as a source of alcohol. This implies that alcohol was available at respondents' workplaces, facilitating easy accessibility and consumption. Field engagement confirmed that some respondents obtained alcohol at their workplaces, as vendors were ready to supply and sell to them at various places of informal work or casual engagements. During a focus group discussion, respondents agreed that commercial alcohol was available everywhere, including at their places of work. Participants revealed that alcohol sellers were always willing to sell, in addition to selling food and other items at workplaces and on the streets, provided one knew the secret code or coded language to use.

The findings also indicate that a small minority (62, 16.9%) of respondents obtained alcohol from their own homes. This group primarily comprised respondents from households engaged in alcohol brewing activities. During a focus group discussion, a female participant shared that her introduction to drinking occurred within her family: 'I was raised in a household where alcohol consumption was a common practice, as my mother not only brewed and sold alcohol, but my siblings and I also engaged in its consumption.' This observation highlights how one's upbringing and surroundings can greatly influence their attitudes towards drinking. It also underscores the significant role of household practices in perpetuating drinking behaviours within specific family dynamics.

#### **4.4.6 Associates During Consumption of Alcohol**

Previous studies (Ajilore & LaBrie, 2017; Liu et al., 2023; Priscilla et al., 2023; Sarah et al., 2024) have emphasized the impact of friends and family on the dynamics of alcohol use and drinking behavior. Thus, the researcher's interest in learning more about the kinds of friends the respondents had while they were drinking alcohol. The results are presented in the Figure 4.



**Figure 4:** Associates in consumption of alcohol

The majority of respondents (312, 85.0%) identified friends as their primary associates during alcohol consumption. This finding aligns with previous research that shows how peer interactions influence drinking behaviors (Borsari & Carey, 2019; Leung et al., 2014; Osisiogu & Mmahi, 2022). Further, Mayanna et al. (2021) showed a significant relationship between having consumer companions and the excessive consumption of alcohol. This finding highlights the social aspect of alcohol consumption by demonstrating the influence of friends on social activities, including drinking. In contrast to friends, an insignificant (26, 7.0%) of respondents indicated spouses as their primary drinking companions. From this finding, it appears that consumption of alcohol is a social activity more often with friends than with a spouse.

Remarkably, a special category of respondents, who were also commercial sex workers, noted their frequent consumption of alcohol with their clients: sexual partners. Additionally, there was mention among participants in focus group discussions that drinking dens, and sometimes bars, served as a valuable space for alcohol consumers who do brokerage businesses to connect with clients. One participant during a focused group discussion observed that “there are so many business transactions that take place in drinking places. Drinking places serve as important social spaces where people exchange information about various societal events. Like me, I receive information about any casual jobs available within my area from my fellow drinking mates.” These findings align with previous studies (Mercer et al., 2023; Nkomo & Adanlawo, 2024; Sehun, 2023)

that highlight the impact of work environment on consumption of alcohol, and the interconnectedness of social and professional spheres when it comes to consumption of alcohol.

The findings also point to the influence of social bonds on consumption of alcohol with friends playing a central role in consumption of alcohol as a social activity. By acknowledging the role played by several actors, including but not limited to spouses, co-workers, and clients, as potential drinking companions the findings reveal the intricate layers of the already multifaceted social realm of alcohol consumption. This provides impetus for sustained consumption of alcohol.

#### 4.4.7 Causes of Consumption of Alcohol

Regarding causes of consumption of alcohol, the researcher has sub-divided the section into three as follows:

##### 4.4.7.1 Personal Factors Leading to Excessive Consumption of Alcohol

The study investigated personal factors contributing to excessive consumption of alcohol, including boredom, social interactions, relationship challenges, work-related stress, happiness, lifestyle choices, and financial difficulties. Respondents were asked to express agreement (Yes) or disagreement (No) on these factors. Results are presented in Table 10.

**Table 10:** Personal Factors for Excessive Consumption of Alcohol

<b>Personal factors</b>	<b>Frequency n=367</b>	<b>Percentage %</b>
When am bored or tired	350	96.4
When am hanging out with friends	367	100
When having relationships challenges	270	73.6
When having work related distress	323	88.1
Drinking is my source of happiness	244	66.4
Alcohol is my way of life	202	55.0
When having problems with finances	163	44.4

The above findings show that friends (367, 100%) have a significant influence on excessive consumption of alcohol, highlighting the crucial role of peers in drinking behaviors. Peer pressure and social norms within friend groups emerge as major driving forces for consumption of alcohol,

echoing previous research (Mercer et al., 2023; NACDA, 2024; van den Ende et al., 2025) that underscores the impact of social influences on drinking patterns.

With boredom and fatigue (94.6%), the findings indicate that respondents are using alcohol as a coping mechanism. These findings align with previous research (D'Aquino & Callinan, 2023; Matei-Mitacu et al., 2024; Muşat et al., 2024; Sergiy et al., 2025) that highlights the tendency for individuals to turn to alcohol to alleviate emotional stress and social stress.

The majority of the respondents (88.1%) reported work-related stress factors to their excessive alcohol consumption, indicating that individuals may resort to alcohol as a means of coping with workplace pressures. Some of the work-related stresses stated by the respondents include heavy and strenuous manual work, little pay, limited job prospects, and unpredictable work environments due to weather, and harassment by security agencies. These findings are in line with previous research on the link between workplace stress and alcohol misuse (Jones et al., 2018; Smith & Brice, 2020).

A majority (73.6%) of respondents acknowledged that relationship issues influence their alcohol consumption, suggesting that these issues may lead to excessive drinking as a coping mechanism for personal problems. Another significant percentage of respondents (66.4%) indicates alcohol as a source of happiness, highlighting the psychological aspect of drinking and how it may serve as a means of experiencing positive emotions. However, during a focused group discussion, the majority of participants were in agreement that alcohol only provided happiness the short run. One participant said that, "alcohol only makes you forget your problems for a short while, but when you sober up, the same problems are waiting for you."

The findings also reveal that over half of the respondents (50%) identified consumption of alcohol as a way of life, suggesting that drinking habits have become deeply rooted and influence their daily routines and overall way of life. This work echoes the findings from the MTRH report (2023), which highlighted that more than half of the residents in the study area struggle with alcohol abuse. Less than half (44.4%) of the respondents attributed their consumption of alcohol to financial difficulties, indicating a potential correlation between economic challenges and the use of alcohol as a coping mechanism to alleviate financial stress.

The aforementioned findings show the factors contributing to consumption of alcohol, from boredom to societal pressures to relationship struggles to work stress, just to mention but a few. For many, alcohol is synonymous with happiness and an essential component of their daily

routine. This highlights the powerful psychological incentives that drive people to drink and showcases its ability to impact one's emotional state. An observation of an association between challenges in personal relationships and consumption of alcohol indicates that alcohol may be used as a coping mechanism for emotional stress in these situations. This conclusion is consistent with earlier studies (Adam et al., 2024; Buchanan & Lovallo, 2018; Kaur & Agarwal, 2016; Keller et al., 2024; Kuntsche et al., 2017), which highlight individual factors like genetic predisposition, a tendency toward sensation-seeking, and stress as key influences in the use of alcohol as a coping mechanism, particularly in the context of personal relationships.

#### 4.4.7.2 Family Factors Leading to Excessive Consumption of Alcohol

This study delved into the dynamic interplay between family dynamics and alcohol-related behaviors, particularly exploring the aspects of family life that contribute to excessive consumption of alcohol. Considering that the family is a significant influencer in an individual's choices and actions, understanding their role is crucial (Mattick, 2018; Berglund, 2022). The findings of this study are summarized and presented in Table 11.

**Table 11:** Family Factors Influencing Consumption of Alcohol

Family factors	Frequency	Mean	Std. Deviation
Most of my family members drinks	43	1.4	.259
My family brews alcohol	78	1.8	.413
My spouse drinks too	62	1.3	.495
My Family provide me with money to drink	56	1.9	.259

The above findings show that more than half (56,15.6%) of respondents indicate that they receive money from their family members to purchase alcohol. A key informant during an interview echoed this sentiment when he shared that “it is true, there are instances where parents provide financial assistance to their grown-up children for consumption of alcohol so that they do not run into trouble or resort to criminal behavior, and in some reported cases, alcoholics demand money from their parents.” A participant in a focus group discussion shared, “I receive money from home, mainly from my mother and occasionally from my siblings.” This underscores the

influential role of family members in enabling excessive alcohol consumption, often with the intention of preventing their loved ones from turning to crime. However, over time, this support may unintentionally reinforce the behavior and contribute to the development of addiction.

When asked about the consumer's family brewing alcohol 78(21.3%) respondents responded in the affirmative. A discussant in a focused group discussion said that "my mother has been making alcohol since I was born, and I learned the drinking from home; even all my siblings, including one who is now bedridden and those who died all drank alcohol." These findings underscore the role of family environments in enabling alcoholism.

Findings on whether most of the family members of the respondents consumed alcohol show that a minority (43, 11.7%) of the respondents reported in the affirmative. The finding were echoed by participants in a focused group discussion where a minority of them were in agreement that few of their family members consume alcohol. One participant shared, "I am the only one who takes alcohol in my family; my two brothers do not take alcohol, but even if they do, it is not known." These findings are supported by previous studies (Swahn et al., 2018; Yap et al., 2017) that observed that both parental and sibling consumption of alcohol is a strong determinant for other sibling drinking.

When asked whether their spouses drink, a minority (62, 16.9%) respondents affirmed this. This implies that generally the respondents perceived their spouses to be less engaged in consumption of alcohol. During a focused group discussion there was greater diversity of opinions within the group; some discussants stated that their spouses drink alcohol but not excessively like them, while others reported drinking daily in drinking dens with their spouses. A discussant expressed that "recently I came home at night drunk but was met with a rude shock: my wife was not in the house, my young child was deep asleep, and I suspect she was also given alcohol; my wife came back the following morning totally drunk." A key informant supported this perspective when he said, "it's common to see a man and his wife both accompanying each other to a drinking place." The implication here is that in households where both parents engage in alcoholism, it may negatively impact their children's emotional and physical well-being, as alcohol impairs the parents' ability to care for, provide for, and protect them.

The above findings suggest that varied family factors are associated with excessive consumption of alcohol within families, with some family members playing a role either directly

or indirectly and also the home environment playing a role either through learning, enabling and/or sustaining excessive alcohol and resultant addiction.

#### 4.4.7.3 Community Factors Leading to Excessive Consumption of Alcohol

To understand the impact of consumption of alcohol and its intricate social dynamics, the study aimed to assess community-related factors. Table 12 presents the various community related factors that influences that contribute to excessive alcohol consumption in the study.

**Table 12:** Factors for Excessive Consumption of Alcohol

Community Factors	Frequency n=367	Percentage %
Alcohol is easily available and affordable in this area	345	94
There is peer influence and support for alcoholism in my area	267	72.8
Majority of the households have someone consuming alcohol	324	88.2

Table 12 shows a majority (94.0%) of the respondents affirmed the perception that alcohol is easily available and affordable in their community. During a focused group discussion, one participant stated, "Alcohol is readily available here, and the prices are reasonable. You can find it in nearly every corner, so it's not expensive as long as you have the means." Additionally, during focused group discussions, a recurring sentiment surfaced among participants. One female respondent aptly expressed, "Alcohol is readily accessible here. I conduct my business in an open space, and every day I witness young men going in a particular direction. Within a few hours, they return in a sorry state, some even urinating on themselves." This observation highlights the ease and affordability of alcohol, raising significant concerns about its enabling of excessive consumption among community members. These findings imply that in the study area it is evident that alcohol is prevalent, and its ease of availability has created an environment that encourages increased consumption, which poses a threat to the well-being of the individual consumer and the community.

In examining the dynamics of peer influence and support for alcoholism within the community 72.8% of respondents affirmed that there was peer support and influence for alcoholism in the area. During the focused group discussion, respondents shared their perspectives on the subject. A respondent expressed, "I think there's this unspoken expectation among us that drinking is part of our social activities. It's like we are supposed to enjoy it together, and those who don't might be seen as not part of us. Alcohol is more enjoyable when drunk with friends. I can't remember a single day I have drunk alone, if you drink alone it's weird and people may even consider you a witch!" This finding suggests that peers reinforce excessive alcohol consumption by influencing and supporting alcohol-related behaviors.

The findings indicate that most households have someone who consumes alcohol, and 82.2% of respondents believe that this is true for the majority of households in the study area. During one focused group discussion, participants were in agreement that alcoholism was affecting every household. One female discussant observed that "In our neighborhood, it's common to have someone in almost every household who drinks." This observation was corroborated by a key informant, who informed that alcoholism in the area "is not just an individual thing. You can see it across households—and every household is affected, and it is mainly the youths." This finding implies that consumption of alcohol is widespread in the study area.

The above findings suggest the existence of community factors that foster excessive drinking, influenced by several key factors, including the availability and affordability of alcohol, peer influence, and widespread consumption of alcohol within households. These community factors appear to contribute to the normalization and potential encouragement of excessive consumption of alcohol. These findings align with previous studies (O'Hara et al., 2024; Samantha et al., 2024) that emphasized the association between alcohol outlet density and increased alcohol-related problems, highlighting the relevance of accessibility in shaping drinking behaviors within communities.

In conclusion, the findings on the causes of consumption of alcohol present a combination of several factors at the personal, family and community levels that may contribute to a social context where drinking is not only common but also supported through social dynamics and sustained within the community. It highlights that various emotional states and social situations significantly impact consumption of alcohol. Notably, when respondents cited feeling bored or tired as reasons for excessive alcohol consumption, it may indicate a reliance on alcohol to alleviate

these negative feelings. Similarly, social contexts, such as spending time with friends, are linked to increased alcohol consumption, possibly reflecting the influence of social norms or peer pressure on excessive drinking. These findings highlight the powerful psychological incentives that drive people to drink and showcase its ability to impact one's emotional state. An observation of an association between challenges in personal relationships and consumption of alcohol, indicates that members of the household could be abusing alcohol as a coping mechanism from emotional distress.

Family factors, such as family members' drinking habits and financial support for alcohol consumption, significantly influence excessive alcohol use. Additionally, the presence of alcohol brewing and business within families and spouse drinking contributes to the normalization and reinforcement of consumption of alcohol within immediate family, and social circles, which in the long run negatively impact household wellbeing and worsens when both spouses are alcoholics.

With respect to community factors, the findings reveal that in the study area, alcohol is not only accessible but also heavily integrated into social dynamics. The majority of respondents (94.0%) acknowledged the easy availability of alcohol highlights a fundamental issue in the region's infrastructure and regulatory measures. This accessibility likely contributes to the normalization of consumption of alcohol and facilitates its pervasive presence in the community.

Moreover, the substantial percentage (72.8%) of respondents reporting peer influence and support for alcoholism underscores the social pressures and norms that perpetuate drinking behaviors. Such influence not only normalizes alcohol use but also creates an environment where individuals may feel encouraged or compelled to engage in drinking activities, further exacerbating the prevalence of alcohol-related issues.

#### **4.5 Social Effects of Consumption of Alcohol**

The second objective of this study was to examine the social effects of excessive alcohol consumption on respondents. Specifically, it focused on how alcohol use influences social behavior, including interactions with others, fulfillment of social responsibilities, family and community relationships, power dynamics, and participation in household and communal activities. To address this objective, respondents were asked to indicate whether they agreed (Yes) or disagreed (No) with statements related to these social issues. The results are presented in Table 13.

**Table 13.** Social Effects of Excessive Consumption of Alcohol

<b>Social effects</b>	<b>Frequency (n=367)</b>	<b>Percentage %</b>	<b>Mean</b>	<b>Std. Dev</b>
Reduced participation in communal activities	362	98.6	1	0.119
Affected life priorities	359	97.8	1	0.252
Use of obscene language to members of household	343	93.5	1.1	0.246
Disruption of community networks and social support due to loss of trust	344	93.7	1.1	0.246
Conflict with the law /engaging in criminal activities	325	88.6	1.1	0.311
Lead to interpersonal conflicts (fights, Quarrels with spouse and others)	322	87.7	1.1	0.304
Injury/feel unwell after an episode of alcohol use	299	81.5	1.2	0.39
Aggressiveness to children and spouse when drunk	294	80.1	1.2	0.401
Fallen victim of victimization in the community and family	249	67.8	1.3	0.469
Becoming abusive to children	218	59.3	1.4	0.493
Disrupted sexual life	193	52.6	1.5	0.5
Neglect of parental responsibilities (failing to provide meals, clothing and school fees for children)	185	50.0	1.5	0.501
Feeling of general irresponsible than when sober	162	44.1	1.3	0.476
Affected leadership in the family	144	39.2	1.3	0.466
Failure to be a role model in family and community	138	37.6	1.7	0.474

The findings in Table 13 indicate high scores in terms of how consumption of alcohol had affected the social life of the respondents. Notably, reduced participation in community activities (98.6%), changes in life priorities (97.8%), use of obscene language (93.5%), and disruption of community networks and loss of trust (93.7%) ranked the highest. Some of the common communal activities mentioned in the study area included community meetings(*baraza*), cleaning activities, security briefs, contributions to funerals and other welfare-related fundraising activities, and attendance at religious and educational events. According to one key informant, "Meetings and gatherings are frequently used to share important community information, and resources, but individuals who are known to be heavy drinkers rarely attend nor participate." The implication is that such people lose out on important chances, resources and beneficial relationships and touch with their community. Administrative officials and religious leaders also confirmed the information, stating that excessive consumption of alcohol in the study area had negatively impacted people's capacity to carry out their responsibilities to their families and the community at large. One pastor observed that, "A significant issue in this community is that men have abandoned their responsibilities, leaving everything to women. In my church, it's mainly women that attend, as most men are engaged in alcoholism." This suggests that excessive consumption of alcohol reduce the alcoholics' participation in community activities. These findings show that the majority of respondents no longer participate in community and family activities, which can be interpreted as both a systemic withdrawal from social engagement as explained by the Family Systems Theory (Bowen, 1978). This also indicates a failure to meet the normative expectations of adult males in rural Kenyan society, as explained by the Role Expectancy Theory (Biddle, 1979).

The above findings show that a majority (97.8%) of respondents believed that alcohol consumption had an effect on their life priorities. It was evident that alcoholism had made most of the respondents irresponsible in terms of decisions-making and social responsibilities. One of the alcohol consumers, who was also a key informant, noted that "My priority begins and ends with alcohol. I do not care if my child has food or not. When I work, I must prioritize drinking. When my child is hungry, I give him alcohol to sleep." Another observation by one of the local administrators was that, "Most of the drunkards do not eat. Their health is problematic, and are generally disorganized. They only think about themselves, not even their children." What this means is that the alcoholics become socially irresponsible in meeting their daily obligations and that those battling alcoholism find it difficult to balance vital aspects of their lives: families,

careers, and health. These findings are consistent with earlier research (Varghese, 2022), which observed that alcoholism has detrimental effects on cognitive functioning, impairing judgment and making it difficult for an alcoholic to define and meet objectives.

The majority (88.6%) of the respondents reported experiencing conflict with the law, while 87.7% cited experiencing interpersonal conflicts. Such, was observed throughout the data collection session, where the majority of participants emphasized the significant link between consumption of alcohol and the commission of offenses in the study area. A key informant in Ainabkoi expressed this connection, stating that “consumption of alcohol has contributed to the prevalence of crimes like stealing household goods, burglary, assaults, use and abuse of other drugs, and possession of stolen items.” Prevalence of domestic violence was also common and was linked to alcoholism. A key informant pointed out that “after drinking, conflicts tend to escalate into violent acts and even death. Several incidents of murder and rape have been reported in local drinking establishments.”

The findings in Table 13 also show that injuries occurring after consumption of alcohol (81.5%) and aggression towards children and spouses (80.1%) were significant among the respondents. According to the respondents, the types of injuries and seriousness of the injuries varied depending on the circumstances. For example, fights, falls, assault, and even poisoning injuries were common. Fights would emerge out of quarrels and altercations that escalate into physical exchanges and assaults. From the researchers’ own observation, it was common to see physical injuries on the faces and bodies especially the arms, of the alcoholics, which they mostly attributed to either falling or fighting when drunk.

Aggression towards children and spouses was rampant in households of the respondents as reported during focused group discussions with alcoholics. A discussant observed that, “there are significant challenges faced by children and wives of alcoholics. Most of us have no wives. Like for me, my wife left because we were fighting almost daily. I was usually aggressive and abusive to her and my children whenever I got drunk.” The findings are consistent with other studies that show a link between relationship violence and alcohol abuse by parents and child maltreatment and neglect (Stanesby et al., 2018; Quigg et al., 2019).

On whether alcohol consumers become victims of Victimization, (70.0%) of the respondents were in affirmed, indicating another social issue of concern. The majority of the key informants expressed that alcohol consumers are labelled as “suspects” in many aspects whenever

a criminal incident occurs in the community. This negative perception was indeed stigmatizing and contributed to social profiling. One of the respondents stated, "Everyone in this place hates and looks down upon us." Police call us criminals, and in the community, we are seen as criminals. We are not trusted and are always suspected of any negative thing that happens. We have been accused of stealing maize from people's farms and other items including destroying fences."

Findings in Table 13 further indicate that half (184, 50.0%) of the respondents had neglected their parenting roles due to alcoholism. Respondents identified the main areas of neglecting their responsibilities due to alcoholism as disrupted sexual life (52.6%), absentee parenting (78.0%), failure to meet parental financial obligations (91.0%), and lack of concern for family welfare (82.0%). Some of the underlying consequences of these kinds of social behaviors identified by key informants were breakdown of families, prostitution and sexual promiscuity, and escalation of street children and teenage pregnancy in the study area. Reports from the nearest police station indicated that the majority of the children in remand homes were from families of drunkards. Further observations from village elders noted that "most of the women and young girls have turned to prostitution to earn a living, and some girls have dropped out of school due to parenting challenges and teenage pregnancy."

There was consensus in all the focused group discussions, with the majority of the participants admitting to instances of parental neglect as a result of excessive consumption of alcohol. This was explained that excessive consumption of alcohol among parents makes them preoccupied with drinking, leading to a decrease in their ability to provide love, care, and guidance to their children. As a result, they were unable to adequately fulfill their parental responsibilities, especially caring for their children.

More than half (52.6%) of respondents reported experiencing disruption in their sexual life due to excessive consumption of alcohol. During a focused group discussion with alcohol consumers, one participant shared his experience stating that, "I blame alcohol for the troubles in my family. First, when I am drunk, my sexual drive is reduced. Secondly, since I drink up to very late hours in the night, I get home very late and totally drunk. In that state, I am not be able to fulfill my conjugal obligations."

A key informant who was also a local administrator observed that "families have broken down. Men no longer sleep in their houses. In fact, young men are now sleeping in one house where they drink throughout the night and forget their homes. In fact, we have a school that is

nearly closing down due to a decline in the child population, as there are very few young children being born in the area. We have only four children in PP1.” Another focused group discussion corroborated these findings, as female participants expressed lament that, “*sasa kama vijana wamepotelea kwa pombe tutaolewa na nani?* [If young men are lost in alcoholism, where will we marry?], *Kama wanaume wamepotelea kwa pombe, Watoto wetu wataolewa na kina nani?* [If young men are lost in alcoholism, who will marry our young girls?] Another woman participant added that “*niko na hasira sana kwa maana saa hii sina bwana, ameaga na niko na Watoto. Sijui kama wenye walikuwa wanapika pombe watanipatia bwana wa kunichunga mimi na kulea Watoto?*” Interpreted to mean “I am very hungry! My husband died, and I have children, I wonder if those who brewed alcohol would come and ‘take care’ of me, and my children.” These findings highlight prevalent and distressing consequences of alcohol on spousal relationships, especially in families where men are victims of alcoholism.

Further, Table 13 indicates that a small but significant percentage of respondents (44.1%) had the feeling of general irresponsibility when drunk than when sober. According to the respondents, the consequence of drinking may lead to an alcoholic experiencing impaired judgement and induced decision-making, leading to failure on their part to honour their expected social and economic responsibilities. An explanation given by the respondents was that when they are drunk, they are likely to lose a sense of self-awareness, and their subsequent actions are reckless, or they fail to discharge their responsibilities. This finding was reinforced by participants who were alcohol consumers during a focused group discussion. The majority were in agreement that “when drunk, their ability to make decisions and judgments is compromised, leading to regretful, careless, and potentially dangerous actions.” A discussant stated that,

*When I reflect on my experiences with alcohol, I can't deny how it's made me generally irresponsible. There have been countless instances where I have made poor decisions or neglected my responsibilities because of being drunk. It's like I lose control over my actions, whether it is missing to fulfill responsibilities, to neglecting commitments to my family, misusing my hard-earned earnings, missing work, or not doing what am expected of me as a family head.*

In this context, excessive consumption of alcohol affects the household well-being. This is because the household head is a primary breadwinner for the family, and if he/she is focused on maintaining their alcohol dependence, they are likely to compromise the needs of the family.

Further, Table 13 indicates that more than one-third of the respondents (138, 36.7%) said that their alcohol usage has prevented them from being positive role models in their families and communities. This finding was substantiated by a key informant, who said that “most alcoholic men and women are not good examples to their own children and the community at large. You can see drunkard women staggering around abusing people in vulgar language as schoolchildren are seeing and laughing at them. Some of them even go to the extent of sexually fondling in public, which is also shameful.” This implies that alcoholism has far-reaching social and even psychological consequences for the larger population in terms of negative socialization and psychological distress for close family members.

Beyond what was captured in Table 14 above, there was another revealing social consequence of alcoholism from all the key informants interviewed. They talked about deaths reported out of alcoholism and alcohol-related activities. One key informant from a rehabilitation center observed that alcoholism has affected people from all walks of life in the study area, and they have records of deaths associated with alcoholism in the study area. Another prominent woman remembered vividly that “it is not even three years since I buried my son. He used to drink with friends around here. One evening, I was just called and told that my son is dead on the road. That is how he went.”

Further discussion with the area chief and the assistant county commissioner also revealed that they had recorded incidences of deaths linked to alcoholism in their area. A rehabilitation expert tried to explain the death incidences as follows:

*First, he observed that most of the drunkards are also medically unhealthy. Some are on medication, while others even take hard drugs. All these combines to weaken their bodies and ultimately result in incidences of death. Secondly, poisoning. It is common for alcoholics to be targets of food poisoning, especially when they have offended their colleagues. This is common and has been reported severally. Thirdly, poison from illicit brew itself. Some brews are simply chemicals that have been mixed with water. They are so harmful for human consumption. That is what has been reported to make alcoholics lose sight and other die almost instantly after consuming it.*

The gravity of this issue was echoed in a focused group discussion with two distinct groups where the majority of the participants were in agreement that alcohol was linked to some of the deaths in their areas.

These findings align with observations from other regions of the country and mainstream media reports. For instance, in November 2023, there were reports of alcohol-related deaths in Molo Sub-County in Nakuru County on 16<sup>th</sup> November, 2023. In February 2024, thirteen people died in Kangai and Kandongu villages in Mwea sub-county, Kirinyaga County (Citizen online, 7<sup>th</sup> February 2023), and a score of others went blind after consuming alcohol laced with ethanol from a local bar. Unfortunately, the alcohol was reportedly an exhibit in a police station that was sold by a police officer to the owner of the bar. This tragedy led to the county government of Kirinyaga closing all alcohol selling-places until further notice.

In conclusion, the effects of excessive consumption of alcohol on social well-being are concerning, as revealed by the findings of this research. In a nutshell, the study area experiences significant social impacts from excessive alcohol consumption, affecting not only individuals and families but also the entire community. The alcoholics have become socially irresponsible and do not effectively perform their social obligations as parents and community members. Consequently, alcoholic individuals have become socially irresponsible and neglected their obligations, families have been broken, children have dropped out of school, and teenagers and women have become prostitutes and promiscuous as they seek alternative ways of earning a living. Teenage pregnancy has increased, as other families have lost bread winners to alcoholism.

The findings align with both Family Systems Theory and Role Expectancy Theory. Alcoholism, as observed in the study area, does not merely affect the individual but acts as a destabilizing force across family structures and social systems. It leads to the collapse of expected social roles and generates a cycle of dysfunction where children and spouses are drawn into roles they are unprepared for. Without intervention, these patterns risk becoming entrenched in the community, creating long-term developmental and social challenges.

#### **4.6 Economic Effects of Consumption of Alcohol**

The study examined the effects of excessive consumption of alcohol on the economic status of households in the study area. To understand these effects, the analysis categorizes them into three types: direct costs, indirect costs, and intangible costs (World Health Organization, 2003). Direct costs, on one hand, refer to any costs that the alcohol consumer incurs, which have a direct reduction or bearing on their available/anticipated disposable income. This may include various expenditures such as unplanned or impulsive purchases, loss of cash, costs related to negative

outcomes from alcohol consumption like injuries and hospitalization, legal fees, property damage payments, and debt repayments, among others.

Indirect costs, on the other hand, are expenses that cannot be directly identified but affect and may compromise the overall economic status of the individual in performing their economic responsibilities. These include decreased productivity, absenteeism at work, loss of job, low earnings, and increased economic liabilities. Tangible costs can be defined as those costs that when reduced, affect resources which are then available to the community for consumption or investment purposes.

Lastly, intangible costs are costs that can be identified but cannot be directly quantified or estimated. Intangible costs, which include pain and suffering, do not yield resources available for other uses (WHO, 2003). These include loss of credit-worthiness, poor parenting in terms of economic planning and provision for the family, and financial indiscipline. These may lead to a decline in the overall economic standards of their households and quality of life of an alcoholic. The results are presented in Table 14.

**Table 13:** Economic Effects of Excessive Consumption of Alcohol (N=367)

<b>Cost category</b>	<b>Economic effects to excessive consumption of alcohol</b>	<b>Frequency</b>	<b>Percentage %</b>	<b>Mean</b>	<b>Std. Deviation</b>
Direct	Increased expenses and debts	346	94.3	1	0.148
	Increased legal expenditures	331	90.2	1.1	0.25
	Lost/ misappropriated family property/assets	322	87.7	1.1	0.286
	Increased medical expenditures	294	80.1	1.1	0.223
	Damage property	283	77.1	1.2	0.401
Indirect	Decreased productivity at job	346	94.3	1.2	0.422
	Loss of employment /Lost opportunities	346	94.3	1	0.147
	Low wages/ earnings at work	322	87.7	1.1	0.285
	Absenteeism at work	322	87.7	1.1	0.285
Intangible	Poor financial discipline	353	96.2	1	0

Decreased financial and economic trust	349	95.1	1	0.121
Financially broke because of excessive consumption of alcohol	307	83.7	1.1	0.334

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The findings in Table 14 have been regrouped into the following sub-sections in order to focus the analysis.

#### 4.6.1 Direct Costs of Consumption of alcohol

Table 14 shows that the direct costs of consumption of alcohol were significant among the respondents, with the majority (346, 94.3%) reporting an increase in debt and increased hospital expenses (80.1%). Regarding debts, a participant in a focused group discussion shared that “every time I drink, I make poor financial decisions by either buying rounds for everyone or gambling. I have used all my earnings and savings, and now I am in debts, including debts for alcohol!” These findings tally with earlier findings by Matthew Marley (2017), who concluded that debt and excessive consumption of alcohol work together in a vicious cycle.

In terms of health expenses, a participant in a focused group discussion shared that “I have been diagnosed with TB [tuberculosis disease], which I suspect I got from one of these drinking places where we share drinking cups, glasses, plastics, and even a cigarette goes round the members. Currently, I am on medication for the next six (6) months, and it is expensive.” Another member in the same focus group discussion added that ‘I have taken my son to a rehabilitation center twice in a span of two years, and the cost of treatment is high. As family, we feel economically strained.’ These testimonies mean that consumption of alcohol is having direct effects on the individual alcoholics as well as their households.

A key informant, who was also an administrator, shared that “the alcoholics are sickly, and most of the time families have been forced to incur huge medical expenses to treat them. Some have even sold family property, including land and livestock. Last week we had a *harambee* for a young man who is due for a medical operation out of a condition that was worsened by consumption of alcohol.” This implies that excessive consumption of alcohol is harmful to the health of the consumers, and that comes with a heavy financial burden. The findings are further

evidence that the direct cost of alcoholism does not only affect the individual consumer, but also the larger family and community. The findings tally with earlier findings by Cortez-Pinto et al. (2018) and Miquel (2018), who demonstrated the burden of disease and cost of illness attributed to alcohol drinking.

Table 14 also show that legal expenses (90.2%), repeated arrests out of fighting (76%), damage to property (77.1%), and stealing, as well as being in possession of contraband, drugs, and stolen items (58%), were other common economic outcomes of alcoholism. This implies a correlation between consumption of alcohol and deviant behaviors that have economic costs on the perpetrator. A participant in a focused group discussion provided his experience as summarized in the text box below.

Drinking dens are risky places. Whenever we are drinking, the police can raid anytime and most of the times all those involved are arrested, and even some drinkers are framed for other criminal offences they have not committed. For one to be released, you have to pay some money. We are an easy target for the police because most of the drinking places here are illegal sites and they do more than just alcohol. For instance, many people you see here are taking drugs especially bhang and *kuber*, but we use alcohol to camouflage and give a different impression to the public. However, the police know and some of them are our guys we drink together, but anytime they turn against us. We therefore, spend all our money drinking, bribing the police or buying other drugs as we enjoy life here. That is the normal cycle of an alcoholic and his money. We also experience a lot of quarrels and sporadic fights that often lead to injuries. You can see most of us here with scars. Those are out of fights or being hit by a bottle.

**(34 years old, Male alcoholic, June 16, 2023)**

These findings imply that legal expenses may arise from drinking expeditions, involvement in violent incidents, or even criminal activities. The findings also show that alcoholics are victims of police harassment, not just for being in illegal drinking sites, but also for perceived and real illegal activities, as discussed earlier in the thesis. Thus, the correlation between fights, injuries, damages, legal costs, and police involvement. The victims, the alcoholics, bear the direct financial costs of all these incidents.

Evidence from a focused group discussion was presented by an informant who confessed that “When I get drunk, I become reckless, violent, compulsive, and careless. The results of this are fighting and destruction of property. I have been arrested by the police for breaking chairs and

assaulting a colleague.” From the officer in-charge of Kapsoya Police Station, it was reported that cases of petty theft, insults, and damage to property were common among alcoholics. These findings underscore the role of alcoholism in crime related to damage to property and insults that have cost implication for perpetrators. The findings in this study support previous findings by Evans (2021), that concluded that typical consumption of alcohol was associated with increased odds of committing crime under the influence of alcohol.

From Table 14, it is evident that loss and misappropriation of family property/assets accounted for 87.7% of the incidences reported. A participant during a focused group discussion shared that, “The moment you get to a drinking place, all the money you are carrying will get finished! You end up buying alcohol for your friends, and in most cases the money may also be stolen when you get drunk.” This directly links alcoholism to misappropriation of income. Another key informant confessed that “I am addicted to alcohol, and I prioritize alcohol before anything else. When I drink, I use my money for leisure activities. You can see I have my babe here [referring to a lady who seems to be his girlfriend]. I also like gambling.” This means that for an alcoholic, his/her income is for self-gratification, and he/she easily forgets about the family or any other responsibilities. This portrays alcoholics as economically mean and self-centered. Thus, agreeing with LaBelle’s (2018) study on *Selfishness and Alcoholism*, in which she concluded that selfishness and self-centeredness were common among alcoholics. It further agrees with Paul Zak (2021), who demonstrated how alcohol unleashes homo economicus by inhibiting cooperation. He found in his study among the Americans that the contribution of alcoholics to the common pool, (public good game) and cooperation was lower than that of non-alcoholics.

During a focused group discussion with alcohol consumers, the participants revealed that for those who have become addicted, alcohol takes priority in their lives, and obtaining money for alcohol becomes central; they may even sell their assets, including essential household items, to finance their drinking. An example is this comment that was made by one of them that “I just sold my gas two days ago. I used the money to drink and enjoy life. This life is short.” These findings were also corroborated by direct observations made by the researcher during visits to villages like *Ngurunga, Munyaka, Kenya Service, and Silas*, where used household products like gas cylinders, furniture, plastics, plates, and containers were displayed at the roadsides, and interestingly, these places are close to drinking sites, implying a ready market. The findings from this study tally with

previous studies (Koivumaa-Honkanen, 2012; WHO, 2018; Saether, 2019 & Quinton et al., 2023) that concluded that many people are into alcohol for self-gratification.

In a nutshell, the findings on the direct costs of alcohol consumption suggest that excessive alcohol consumption is jeopardizing individual and household income by refocusing priorities and incurring unprecedented costs. This impact is felt by the individual alcoholics, their immediate households, and the community.

#### **4.6.2 Indirect Costs of Consumption of Alcohol**

Table 14 shows that the majority (94.3%) of the respondents experienced loss of job due to excessive consumption of alcohol. These findings were supported by the views of a key informant who said that “I was an employee of a big company, earning a five-digit figure salary, but I lost my job due to alcoholism. I lost all my life.” Another participant expressed similar sentiments, stating, "I have personally witnessed the firing of three groundsmen this year alone due to their drinking habits." The findings align with previous studies, such as the one by Jorgensen et al. (2019), which showed a correlation between alcohol consumption and labor market participation. He demonstrated how the excessive alcohol consumers had low transition between work, recorded high absenteeism, and eventually lost job opportunities due to their drinking behavior.

Participants in separate focused group discussions also mentioned being left out when people were being selected for jobs. They observed that because of alcoholism, it is common for them not to be selected for causal work because they are known for being drunk, and yet the work needs sober persons. This implies that being alcoholic limits the respondents’ access to income opportunities. Thus, reducing their employability and levels of income, which could also explain why they borrowed more and had debts, as already discussed under direct costs. The findings are also supported by a previous study by Mangot-Sala et al. (2021), which linked excessive consumption of alcohol to reduced individual income.

The findings in Table 14 also indicate that the majority (94.3%) of the respondents experienced decreased productivity in their place of work, and at home as a result of consumption of alcohol. This was echoed by a participant during a focused group discussion who confessed that,

*I am a plumber, I started by drinking in the evening after my work, and in the beginning, it didn't seem like a big deal. I used to take a few drinks after work to relax. But then, it started to take over. I would crave for a drink every morning, and instead of going to look for work or even attend to work that I had secured, I headed straight to drinking place, get drunk and never attended work. At home, it is not any better. It is either I am too tired or too focused on my next drink to really be there for my family or even to take care of my home. Sometimes I can't even remember what I am supposed to do because all I could think about was alcohol.*

The above shows how alcohol consumption can progressively undermine both work and family responsibilities. The plumber explained that his drinking began harmlessly, with a few drinks in the evening after finishing work. Initially, he viewed this as a normal way to relax and unwind. However, over time, the behaviour escalated to the point where he developed strong cravings for alcohol in the morning. Rather than seeking employment or reporting to jobs he had already secured, he began going directly to drinking places and spending the day intoxicated. This shift not only affected his productivity and reliability at work but also created serious challenges at home. He noted that he was often too exhausted or preoccupied with the thought of the next drink to pay attention to his family or carry out basic household responsibilities. In some instances, he even struggled to remember tasks he was expected to complete, as alcohol had become the central focus in his life.

Another participant in a focused group discussion added, “alcohol has affected every part of my life, especially my work and my relationship with my family. I miss responsibilities, I don't plan my family, I am absent at home, I am like a ghost, I am physically there, but my presence cannot be felt. My family suffers because it is my wife running the family.” These findings resonate with earlier studies (Borrelli, 2022; Konchellah, 2016; Mangot-Sala et al., 2021) who noted the negative effects of consumption of alcohol on workplace productivity. The family systems theory can be applied to understand the interconnectedness of the individual's alcohol addiction and its impact on both work and family life. According to this theory, individuals are viewed as part of a larger system (the family) where each member's behavior and emotions can affect the others. In this case, the plumber's alcohol addiction has disrupted the family dynamics, leading to role reversal and increased stress on his spouse. Additionally, role expectancy theory explains how

societal expectations of the plumber as a breadwinner and family provider may have influenced his behavior and the perceived consequences of his alcohol consumption.

Findings in Table 14 further show that 87.7% of the respondents reported absenteeism at work due to consumption of alcohol. One of the participants in the study provided his personal experience by stating that;

*For me, I used to work in construction sites and earning good money and drinking was initially a way to unwind after a long day at work. But over time, I became addicted. There were mornings I couldn't get out of bed because of the hangover, or I was still drunk from the night before. I missed work and gradually it became a habit. Now days, I rarely go to work. Alcohol has taken a toll on my body. Even if I get some work, I am too drunk or feeling unwell to attend.*

This participant has just demonstrated how alcoholism has affected his participation at work and eventually, the effects of alcohol on the physical body to perform work duties. His experience was not unique but a shared one. Another participant had earlier shared that “I have seen what drinking can do to a person. My son lost his job with the county government because of alcoholism. He started by missing work, was warned several times, and eventually he was dismissed. It has been difficult to find him another job.”

When asked about the link between consumption of alcohol and absenteeism at work, several reasons were given. Respondents attributed absenteeism to hangover, citing symptoms such as headaches and fatigue. Others mentioned illness, saying that alcohol weakens their body's systems, especially when one does not eat well. Additionally, some said they missed work because of alcohol-related incidents such as injuries, arrests by police, and even hospitalization. These findings align with previous studies (Buvik et al., 2018; Parsley et al., 2015; McFarlin et al., 2002), which highlighted the relationship between consumption of alcohol, increased absenteeism at work, and diminished work performance.

Overall, the main indirect effects of excessive consumption of alcohol were absenteeism at work, reduced productivity, poor health, loss of opportunities to earn income, and loss of jobs. Consequently, the scope of such effects goes beyond the individual consumer of alcohol. Thus, affecting his/her family and community at large.

### 4.6.3 Intangible Costs of Consumption of Alcohol

Table 14 indicates that the majority (96.2%) of the respondents acknowledged that their financial indiscipline was attributed to consumption of alcohol. One participant articulated this point by sharing his own experience that “when I am drinking, I don't think about tomorrow, but only about getting another drink. It is all about the next drink. Currently I have no money, or any source of money, or any asset because of my drinking.” This confession underscores the effect that alcoholism has on individuals' financial decision-making and discipline. It also illustrates how the immediate desire for consumption of alcohol eclipses the importance of managing financial responsibilities, leading to financial distress. The findings corroborate previous studies by Tripathy et al. (2019), that found that consumption of alcohol affected financial discipline, and family operations.

Findings in Table 14 also indicate that the majority (95.1%) of respondents reported experiencing decreased financial and economic trust. One of the respondents shared that “my father is a wealthy farmer, as you can see, but he does not trust me to manage the farm because of my love for the bottle. Whenever he has entrusted me with certain responsibilities, I have squandered the money on alcohol.” Another participant, a civil servant, expressed that “having recently returned from a rehabilitation, I find it perplexing that my mother now oversees my finances. She collects my salary and dictates my expenditure: from groceries to rent.” These findings do not only raise financial-trust issues among the alcoholics but also highlight how decisions made by the alcoholics lead to misappropriation of financial resources.

Similarly, in a focused group discussion, a parent to an excessive alcohol consumer lamented that “my son is lost in alcohol! He sells anything he comes across within the compound. I am even afraid if I die, he will sell all the land, including the prime plots I have. In fact, I am planning to sell all my plots, because I cannot leave them to him.” This demonstrates how alcoholism is posing a threat to the intergenerational flow of wealth. According to John Calwell's (2005) theory on intergenerational flow of wealth, children in African societies were supposed to provide wealth to their parents. But in this case, the children are becoming a threat to family wealth. This was further explained by the chief, who said that most of the wealthy farmers have become cautious about their land and they make wills that prohibit the sale of their land, for many years even after their death.

Previous studies (Ben-David & Bos, 2019; Lee, 2020) have demonstrated how substance abusers tend to go over their credit limit to become financially undisciplined, leading to credit unworthiness. This is the likely reason as to why 83% of the respondents acknowledged being financially broke by the time of the study. This pattern of behavior underscores the complex relationship between alcohol dependency and financial instability, which precipitates decline in both personal and familial economic well-being.

In a nutshell, direct costs of consumption of alcohol manifest as immediate financial pressures through increased expenditures on alcohol, debt accumulation, legal and medical fees, and property damage. These either drain the available income or redirect it to nonessential expenditure. Indirect costs exacerbate this financial distress by compromising the earning potential and employment stability of individuals due to lowered productivity, job losses, missed job opportunities, reduced wages, and frequent absences from work. The indirect costs impact the economic well-being of an individual and their families. The intangible costs were loss of trust due to financial indiscipline and credit unworthiness, which led to financial instability at the individual and family level.

Overall, the economic effects of excessive alcohol consumption extend beyond the individual, impacting the family and broader community. From the perspective of role expectancy theory, individuals are expected to fulfill certain roles within both their workplace and family systems. When these expectations are unmet due to alcohol-related dysfunction such as frequent absenteeism or reduced work performance, it leads to breakdowns in social and economic responsibilities. This not only disrupts organizational functioning but also undermines the individual's perceived value and reliability within their familial and occupational roles. Similarly, family systems theory emphasizes the interconnectedness of family members and the ripple effects one member's behaviour can have on the entire system. The financial strain, emotional stress, and role reassignments caused by excessive alcohol use can destabilize family dynamics, forcing other members to compensate emotionally or economically. Over time, this may perpetuate cycles of stress, reduced well-being, and even intergenerational disadvantage. Thus, the economic effects of excessive alcohol consumption are entwined with social and relational expectations, amplifying its effects through both systemic family disruption and failed role fulfillment in work and social contexts.

#### 4.7 Policy Gaps and Opportunities on Alcohol Production

From the research findings so far discussed in chapter four, it is emerging that there are several policy-related issues that cut across the three specific objectives that the study sought to address. These issues have been classified into two: those that indicate policy gaps and those that highlight the need for new policies or improvements to existing policies regarding alcoholism in Kenya and the study area, as discussed below.

Alcohol control policies in Kenya are traced back to the pre-colonial era, where the different societies had their means of regulating alcohol production consumption to curb social riots (WHO, 2014). During colonial period, Traditional Liquor Act was passed to control local community alcoholic brews by curbing its production, consumption, and sale (Rok, 2011). In 1902, the Village Headmen Regulation Act became a law to control native alcohol (Muregi, 2017).

After Kenya's independence, the colonial laws were adopted and remained in practice until 1971 when the Traditional Liquor Licensing Act was introduced but, as is reported by, Taeka (2017), did not meet its intended purpose in alcohol control. Rampant methanol poisoning in the country called for a new legal provision and in 1980, *Chang'aa* Prohibition Act was passed to combat negative effects emanating from traditional illicit alcohol (Jenkins et al., 2015). The act was operational until 2010 when the current alcohol control policy, the Alcoholic Drinks Control Act, 2010, was passed to repeal the *Chang'aa* Prohibition Act of 1980 (Taeka, 2015; Takahashi et al., 2017).

The Kenya Government enacted the Alcoholic Drinks Control Act 2010 as a legislative framework to address alcohol-related issues by controlling alcohol production, licensing, alcohol advertising and promotion, and interventions for addict treatment and recovery. The act aimed to regulate all alcoholic drinks, from manufacture to promotion, sale, and consumption (Lutta, 2016; Mututho, 2014). Its provisions ensure that the public is aware of the effects of alcohol, protect minors from drinking, and provide rehabilitation assistance to those who are impacted. The national government agencies, including the police service, the judiciary, the Kenya Bureau of Standards (KBS), the Kenya Revenue Authority (KRA), the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA), and also the county government, are among the stakeholders in the enforcement of the Act. Some of the critiques of the Alcoholic Drinks Control Act 2010 observed that the Act is limited in its implementation in several ways. First, the focus has been on mandates that generate revenue for the national and county governments. For instance,

a lot of emphasis is put on licensing of outlets, production, and distribution of liquor, but little is happening when it comes to interventions for the addicts in terms of treatment and rehabilitation. This shows a bias towards revenue collection rather than managing the situation, which has actually become a contentious issue, especially between the county and national governments when it comes to enforcement of the act.

Secondly, there is inadequacy in terms of enforcement of the Act. For instance, the county government is mandated to license the liquor-selling places: bars, clubs, restaurants, and shops. However, the mandate to verify and control what is sold inside the venues is with other agencies, including NACADA, KRA, KBS, and the police service. This situation has brought about misunderstandings between the relevant agencies and, in some cases conflicting decrees. In some cases, legal litigations and disputes have arisen. For instance, a club is closed for selling illicit brew by the county government, but later on the same is reopened by other government agencies in contradiction of the previous corrective action. This means that the agencies do not synergize their efforts and appear to compete instead of complementing each other.

The other policy challenge is limited mandate and lack of capacity by agencies to offer holistic solutions during enforcement. For instance, the county government will act by confiscating illegal brewing equipment and liquor, but when taking the suspect to court, it emerges that the evidence, which is collected by another entity, in this case the police, has been interfered with, thus weakening the case. In other situations, the evidence may be adequate, but the court rules and gives very small fines for grave mistakes. For example, one is caught with illicit brew worth millions of shillings and is released on a lenient term. This implies that if the law and the act were to be fully implemented, it would require cooperation from all stakeholders and consolidation of power so that one entity can manage the case from the start to the end for justice to be served.

Beyond the above-stated policy challenges, we have some underlying common challenges that affect operationalization of policy implementation in general. These include corruption; insufficient human resources for law enforcement; improperly regulated trade in counterfeit alcohol brands; devolution of alcohol control functions; inadequate legal knowledge; lack of coordination and unsynchronized efforts; and litigation challenges, especially on preventive actions through restraining court orders. All these bring about contradictions, conflicts, laxity, inaction, and lapses in implementation of the law. For instance, where fines by the courts are lenient such that it discourages efforts by the local administration to control production of illicit

brews, and also in situation where the law enforcement agencies, in this case the police are also accomplices by selling part of the confiscated brews back to the dealers, as recently witnessed in Kirinyaga County which led to the death of over 13 people after consuming alcohol laced with ethanol that had been confiscated and kept with the police as exhibit.

The Kenyan government's policies towards addressing alcoholism are notably reactive rather than proactive, primarily mobilizing enforcement after serious incidents such as alcohol poisoning deaths or public demonstrations. An example of this is the directive from the Interior and National Cabinet Secretary in the month of March 2024, which stated that any alcohol-related licenses issued by county governments that conflicted with the Alcoholic Drinks Control act particularly those near residences and schools, were to be considered invalid, with immediate enforcement actions to close such establishments. This action, together with previous other directives in 2018, 2016, and 2015 that aimed to curb illicit alcohol sales but failed to eradicate the broader issues of alcoholism. These periodic crackdowns are often considered as impulsive responses that fail to offer long-term solutions such as diversifying leisure options, or providing alternate sources of income, which leaves the door open for continuous cycles of alcohol abuse and relapse.

Secondly, the government's focus seems to be narrowly placed on punitive measures against alcohol venues and the regulation of alcohol sales, rather than addressing the deeper, systemic, and preventive issues that sustain alcoholism. In this study, the evidence regarding the causes of excessive alcohol consumption clearly indicates that socio-economic challenges in society are significant drivers of this issue. The solution to this is for the government to improve the living conditions by creating an environment that promotes stability in the households, availability of jobs, and diversification of livelihood opportunities in the society. This can happen through harnessing policies that target improvement of the living standards of the majority of the citizens.

Lastly, the implementation of the current alcohol regulation policies emphasizes controlling the distribution of alcohol and the locations where it is sold but neglects the drinkers themselves. Public health policies managed by community health practitioners are largely focused on the public health issues associated with the venue for production and sale of alcoholic brews, with little attention given to substance abusers who are also vulnerable to health complications. Alcoholic individuals often receive attention only in acute situations, either during health crises

leading to hospital visits or through private institutional rehabilitation that is expensive, and with high rates of relapse. The current strategy by the Ministry of Health to engage community health promoters is also inclined towards maternal and newborn health, omitting drugs, and alcohol addicts.

The study revealed that the available interventions for alcohol addiction especially for those in low-income groups, were lacking. There is a lack of community-based interventions, which creates a barrier between alcoholics and the supportive resources that could be available in their neighborhoods. Typically, community-based strategies utilize local amenities like community centers, support groups, and outreach programs to offer support that is both accessible and affordable to those battling alcohol dependence. However, the prevalent reliance on private rehabilitation facilities indicates that most current interventions are predominantly managed by the private sector, leading to higher costs that many low-income individuals cannot afford. This dependence on costly private services not only limits access for those with restricted budgets but also aggravates disparities in treatment availability, potentially leaving many untreated, and worsening their social and health issues.

The findings also critique a gap in government policy, pointing out that the focus is mainly on regulating alcohol sales and distribution, as potential sources of revenue rather than addressing the direct needs of individuals suffering from addiction. This approach neglects the human aspect, which is essential for effective intervention and recovery. Moreover, the exclusion of critical stakeholders such as public health officers from these intervention strategies is a severe oversight. The focus should be on preventive policies rather than curative or reactive policies.

From the foregoing discussion in this chapter, it was evident that there is excessive consumption of alcohol driven by personal, family, and community factors. It was also evident that excessive consumption of alcohol has negative social and economic outcomes to the consumers, their households, and the community at large. All this notwithstanding the existence of policies by the government. However, there are gaps and opportunities for enhancement of the existing policies by the government.

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

Alcoholism has remained a major social problem. Many people have lost lives, families have broken down, property has been damaged, government has lost revenue, and enforcement of social order has become a challenge because of alcoholism. The main objective of this study was to establish the extent to which excessive consumption of alcohol has affected the households in the study area. This chapter presents the summary, conclusions, and recommendations of the study. The chapter begins with the summary of the findings and then proceeds to conclusions and recommendations.

#### 5.2 Summary of the Findings

The summary of the findings has been presented according to the objectives of the study.

##### 5.2.1 Causes of Excessive Consumption of Alcohol

The first objective of the study was to establish causes of excessive consumption of alcohol by household heads in Ainabkoi Sub-County. Cumulatively, a significant majority (82.6%) of the respondents reported consuming more than four drinks daily and thus were excessive drinkers, with 24.6% taking more than four bottles in a single sitting. Alcohol was consumed with friends (85%). Commercial alcohol was the most preferred because it was easily available, cheap, and highly potent but prepared locally under conditions, that did not conform to established government standards, thus were suspected to be harmful for human consumption.

The main causes of excessive consumption of alcohol were associated with the community, the family, and the individual's decisions. Community-related causes included alcohol being easily available and affordable in the study community (94.0%), the majority of the households in the area having someone consuming alcohol (82.2%), and peer support and influence for alcoholism in the area (72.8%). With an average of 82.3%, community related-factors played the greatest role in motivating respondents to engage in excessive consumption of alcohol.

Personal factors contributing to excessive consumption of alcohol included friends (100.0%), boredom and fatigue (94.6%), work-related distress (88.1%), relationship issues (73.6%), source of happiness (66.4%), way of life (50.0%), and financial difficulties (44.4%).

Personal factors had the second highest influence on one's chances to engage in excessive consumption of alcohol, with a mean of 74.0%.

Family-related factors, that included family engaging in alcohol brewing (78, 21.3%), the spouse being an alcoholic (62, 16.9%), family members providing money for consumption of alcohol (56, 15.3%) and other members of the family consuming alcohol (43, 11.7%), ranked the least in influencing one into excessive consumption of alcohol.

### **5.2.2 Social Effects of Excessive Consumption of Alcohol**

The second objective of the study was to assess the social effects of excessive consumption of alcohol on the households in the study area. Reduced participation in community activities (98.6%), changes in life priorities (97.8%), use of obscene language (93.5%), disruption of community networks, and loss of trust (93.7%) ranked the social effects of excessive consumption of alcohol the highest.

Legal issues and interpersonal conflicts were also prominent, with 88.6% of respondents experiencing conflict with the law and 87.7% facing interpersonal conflicts. Injuries from violence in alcohol drinking places (81.5%), and aggression towards children and spouses (80.1%) were also reported. Seventy percent (70%) of the respondents reported being regarded as suspects and victims whenever there was an incidence of social deviance.

Half of the respondents (50%) admitted to neglecting their parenting responsibilities including having a disrupted sexual life (52.6%), absentee parenting (78.0%), failure to meet financial obligations (91.0%), lack of concern for family welfare (82.0%), and being generally irresponsible (44.1%). A substantive number of the respondents (138, 36.7%) believed that their alcohol usage had prevented them from being positive role models within their family and community.

### **5.2.3 Economic Effects of Excessive Consumption of Alcohol**

The third objective of the study was to examine the economic effects of excessive consumption of alcohol on households in Ainabkoi Sub-County. The economic effects of excessive consumption of alcohol were grouped into direct, indirect, and intangible costs. The direct costs of consumption of alcohol were significant among the respondents, with the majority (346, 94.3%) reporting an increase in debt and increased hospital expenses (80.1%), legal expenses (90.2%),

repeated arrests because of fighting (76%), damage to property (77.1%), and stealing or being in possession of contraband goods including drugs, and stolen items (58%). Mismanagement and loss of family assets (87.7%) were also reported as direct costs.

Regarding indirect costs, the majority (94.3%) of the respondents reported loss of job and job opportunities, 346 (94.3%) experienced decreased productivity in their place of work and at home, while 87.7% of the respondent's reported absenteeism at work.

Regarding intangible costs, the majority (96.2%) of the respondents acknowledged having become financially indisciplined due to excessive consumption of alcohol, 349 (95.1%) reported experiencing decreased financial and economic trust, as 307 (83.7%) acknowledged being financially broke as a result of excessive consumption of alcohol.

## **5.3 Conclusions**

This section presents empirical and theoretical conclusions of the findings of this study.

### **5.3.1 Empirical Conclusions**

Based on the specific objectives of the study, it was the researcher's empirical conclusions that:

- i. Excessive consumption of alcohol in the study area is sustained by two major drivers: availability of cheap but potent alcoholic drinks, as well as a combination of community, family, and individual push factors.
- ii. Excessive consumption of alcohol had a socially disorienting effect on the consumers and their household, making them social misfits. Alcohol consumers were detached (isolated) from social norms and expectations regarding their participation in household and community activities, were highly represented in social deviance, and expressed negative socialization and misdirected social priorities. The outcomes of these were the feeling of being withdrawn and isolated from the rest of the household, negative parenting, and disruption and instability in the households.
- iii. Excessive consumption of alcohol had negative economic effects on the consumers, their households and the community at large. Consumption of alcohol made the consumers become financially irresponsible, less productive in their families and at the workplace,

less financially stable and trustworthy, and lose job opportunities, and eventually, the household economic conditions deteriorated.

### **5.3.2 Theoretical Conclusions**

This current study was guided by the family systems theory by Kerr and Bowen (1988), and expectancy theory (Victor, 1964). Family systems theory posits that families function as interconnected and interdependent units, where each member's actions impact others and the family as a whole. Whereas the Expectancy theory examines the influence of anticipated outcomes of alcohol use on the timing and quantity of drinking behaviour. The integration of Family Systems Theory (Kerr & Bowen, 1988) and Expectancy Theory (Vroom, 1964) offers valuable insights into the effects of excessive alcohol consumption on households. Expectancy Theory explains how individual drinking behavior is shaped by anticipated outcomes, where those expecting positive effects are more likely to consume excessively, often disregarding situational realities. This behavioral tendency, when placed within the family context, aligns with Family Systems Theory, which emphasizes the interdependence of family members and the ripple effects of one member's actions on the entire household. The findings of this study confirm that excessive consumption of alcohol by household heads not only arises from personal expectations but also disrupts family stability, straining social relationships and weakening economic resilience. Thus, the two theories collectively demonstrate how individual-level motivations translate into broader household-level dysfunctions.

### **5.4 Recommendations**

There were two types of recommendations that were made from the study. First, empirical recommendations directly addressing the situation on the ground, and secondly, policy recommendations that would benefit decision makers at the society level.

#### **5.4.1 Empirical Recommendations**

It was recommended that:

- i. The county and national governments to implement policy strategies to enhance the living conditions of the peri-urban population, including creating job opportunities; this will have the ripple effect of improving household income and social status while addressing the

challenges that lead to excessive consumption of alcohol. Additionally, the county government should strictly enforce the Alcohol Drinks Control act 2014 to ensure that alcoholic beverages meet required standards, thereby promoting the production of safe and affordable commercial alcoholic drinks for low-income groups.

- ii. A community-based approach to the problem of excessive alcohol consumption is crucial, as it minimizes stigmatization and is cost-effective. Early intervention programs, targeting youth and young adults, can help identify individuals at risk of misuse and provide support. These programs can be developed by the Ministry of Health and the Department of Public Health through the Community Health Promoters (CHPs), with the enrolment of drug and substance users as part of their target group for preventive and curative interventions.
- iii. The need for continuous communication, education, and information flow by all actors at the household, community, non-governmental actors, the media, religious institutions, and in the education, sector concerning alcoholism and its effects on society. This will involve public health campaigns to educate individuals about the risks associated with excessive consumption of alcohol, including its effects on health, relationships, and productivity. These campaigns should target different demographic groups and emphasize evidence-based information about alcohol use.
- iv. Ensure access to affordable and evidence-based treatment and support services for individuals struggling with alcohol addiction. This includes expanding access to counseling, detoxification programs, rehabilitation centers, and support groups.

#### **5.4.2 Policy Recommendations**

The study recommend the following policy action:

- i. Empirical evidence from this study indicates that a significant proportion of alcohol consumed in Ainabkoi Sub-County is illicit, often brewed in unsafe and unregulated conditions. This persists largely due to prohibitive licensing requirements, which exclude low-income individuals from the formal alcohol market. To address this, the County Governments, in collaboration with the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) and County Alcoholic Drinks Control Committees, should consider lowering and subsidizing the cost of liquor licenses, business permits, health certificates, and other compliance requirements for low-risk community-level enterprises. For example, the Nyandarua County Alcoholic Drinks Control Act (2020)

introduced flexible licensing for small-scale brewers producing certified traditional brews. Similar models should be adopted and piloted in Uasin Gishu County to formalize the informal alcohol economy and reduce public health risks.

- ii. The study found regulatory challenges between agencies such as the Kenya Bureau of standards, Kenya Revenue Authority, and the National Treasury, which discouraged formal entry into the alcohol industry. A one-stop regulatory platform could be introduced to streamline licensing, taxation, compliance and quality certification processes. This could mirror initiatives like the *Huduma* Centres, where multiple services are offered under one roof, reducing bureaucratic burdens and encouraging safer production and distribution practices. Furthermore, coordination could be improved among enforcement units, KEBS, NACADA, and the Ministry of Interior to ensure coherent implementation of alcohol-related laws and policies across both levels of government.
- iii. The study found systemic challenges including corruption and complacency among local administrators, enforcement officers, and the public in enforcing the Alcoholic Drinks Control Act, 2010. NACADA, in collaboration with community health volunteers (CHVs), religious institutions, and local administrators should conduct targeted public sensitization campaigns on the dangers of illicit brews and the benefits of regulated alcoholic beverages. For instance, targeted messages and radio programs, like those used in the NACADA-led “*Soma na Sauti*” initiative, can be scaled to Ainabkoi Sub-County to disseminate correct information on legal provisions, health risks, and compliance obligations.

### **5.5 Suggestion for Further Research**

Based on the objectives and findings of this study, the following areas are suggested for future research:

- i. A comprehensive study on community perceptions and attitudes toward alcoholism, with a focus on how cultural, social, and economic factors shape responses to excessive alcohol consumption.
- ii. An evaluative study on the effectiveness of existing community-based and government-led interventions in addressing alcoholism, with particular attention to their accessibility, implementation, and impact on household well-being.

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## APPENDICES

### APPENDIX I: HOUSEHOLD INTERVIEW SCHEDULE

Dear Respondents,

My name is Emmanuel Kemboi. I am a student at Egerton University. I am carrying out research as part of my academic requirement. I am interested in the *effects of excessive consumption of alcohol on households in this area*. The information given will be treated with the utmost confidentiality. I humbly request that you spare some time to fill out this interview schedule. Thank you in advance.

Yours sincerely,

**Emmanuel Kipkorir Kemboi**

Tel. 0726963108

Fill in the name of your sub-location: .....

(Use a tick where appropriate)

#### Section 1: Demographics characteristics

1. Indicates your sex? a) Male [ ] b)Female [ ]
2. What is your age group? (Years). a)19-25 [ ] b)25- 35 [ ] c) 35- 50 [ ] d)50-60 [ ] e) 60 and above [ ]
3. Marital status a) Married [ ] b) Not married [ ] c) Single parent/separated [ ]
4. a). The number of persons in your household?..... a) Males .....  
b) Females .....
- b) How many are dependents? ..... a) Males ..... b) Females .....
5. What is your status in the household? a) Spouse [ ] b) Household head [ ]  
c) Guardian [ ]
6. What is the highest level of formal education attained?  
a) Less than primary sch. [ ] b) Primary [ ] c) Secondary [ ]  
d) Technical [ ] e) College [ ] f) University [ ]
7. What is your estimated household monthly income?  
a) Less than ksh.5000 [ ]  
b) Ksh. 5001- 10,000 [ ]

- c) Ksh. 10,000- 20,000 [ ]
  - d) Ksh. 20001- 30,000 [ ]
  - e) Ksh. 30,000 and above [ ]
8. What are the main sources of household income? (Tick as many as possible)
- a) Farming [ ]      b) Casual jobs [ ]      c) Formal employment [ ]      d) Business [ ]
  - c) Other (Specify).....
9. A) Who owns the house you stay in? a) Self ( )    b) Family ( )    c) Rented ( )
- d) Other .....
10. If rental, how much is the rent (K.Sh) .....and who pays?.....

**SECTION 2: Causes of Excessive Consumption of alcohol**

11. a) Do you take alcohol? yes..... No.....
- b) if yes, do you consider yourself an excessive drinker? (Explain your answer)
  - Yes. Why.....
  - No. Why.....
12. What type of alcohol do you **mostly** consume (**Please specify the brand**) (tick as many as possible)
- a) Commercial alcohol (wine, beer, spirits) .....
  - [b) Traditional brew e.g. *changaa Mnazi, Busaa, Muratina* .....
  - c) mixture of commercial and traditional alcohol.....
13. Where is the alcohol sold/found? a) We brew in my Home [ ]    b) In other homes [ ]
- c) Bar [ ]    d)We have brewing joints [ ]    e) Job [ ]
- f) Club [ ]    g) other places (specify).....
14. How frequently do you consume alcohol?
- a) Daily or almost daily [ ]    b)Weekends / once in a week [ ]    b) Once in a month Monthly [ ]    c)Less than monthly [ ]
15. Which days of the week did you consume alcohol in the past **30 days**?
- a) Mondays [ ]    b) Tuesdays- Thursdays [ ]    c) Fridays [ ]
  - d) Saturdays [ ]    e) Sundays [ ]    f) Everyday [ ]
  - g) Anyday [ ]
16. Whom do you drink with mostly? (**One response only**)
- a) Spouse [ ]    b) Friend(s) [ ]    c) Workmate(s) [ ]    Other (specify) .....

17. Where do you get money to pay for your drinks

.....  
 .....

18. What percentage of your income is spent on alcohol

a) 0-25/% [ ] b) 25-50/%[ ] c) 50-75/%[ ] d) 75-100/%

**Personal/family/community causes of alcoholism**

19. What are the circumstances that lead to your drinking? (Tick as many as may apply to your case)

<b>Circumstances</b>	<b>(√)</b>	
	<b>Yes</b>	<b>No</b>
<b>Personal factors</b>		
a) When am bored or tired		
b) When am hanging out with friends		
c) When having relationships challenges		
d) When having problems with finances		
e) When having work-related distress		
f) Drinking is my source of happiness		
g) Alcohol is my way of life		
h) Other (specify)		
<b>Family factors</b>	<b>Yes</b>	<b>No</b>
i) All my family members drink		
j) My family brews alcohol		
k) My spouse drinks too		
l) I get money from my family when I want to drink		
m) Others (Specify)		
<b>Community factors</b>	<b>Yes</b>	<b>No</b>
n) Alcohol is easily available and affordable in this area		
o) There is peer influence and support for alcoholism in my area		
p) Majority of the households have someone consuming alcohol		
q) Others (Specify)		

**20. Excessive consumption of alcohol**

This study adopted the Graduated Frequency questionnaire by Greenfield (2000) for testing excessive consumption of alcohol. In the last 12 months, have you ever taken at least 1 drink of any kind of alcohol not counting sips or tastes (a drink refers to a bottle of beer, a tot of spirit, a glass of wine, a cup/glass of change or any other traditional brew)?

No [ ]

yes [ ]

Please answer all the questions below by ticking the option applicable to you in the scale below

a) How often did you drink beer, wine, Spirits or any other alcoholic drink in past 12 months?	b) About how many (cans/bottles/glasses) did you usually drink in a single day?
Never	(0) 1 or 2
(1) Monthly or less	(1) 3 or 4
(2) 2 to 4 times a month	(2) 5 or 6
(3) 2 to 3 times a week	(3) 7, 8, or 9
(4) 4 or more times a week	(4) 10 or more [ ]
c) How <b>often</b> do you have six or more drinks on one occasion?	d) How often during the last year have you found that you were not able to stop drinking once you had started?
0) Never	0) Never
1) Less than monthly	1) Less than monthly
2) Monthly	2) Monthly
3) Weekly	3) Weekly
4) Daily or almost daily	4) Daily or almost daily
e) During the past year, how often have you failed to do what was normally expected of you because of drinking?	f) During the past year, how often have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?
0) Never	0) Never
1) Less than monthly	1) Less than monthly
2) Monthly	2) Monthly
3) Weekly	3) Weekly
4) Daily or almost daily	4) Daily or almost daily

## 20. Social effects of consumption of alcohol

Indicate if the following social attributes happen to you because of excessive consumption of alcohol.

Social factors	Yes	No
a) I become aggressive to children and spouse when drunk		
b) I become abusive to my spouse		
c) I become abusive to children		
d) I use obscene language to members of my household	Yes	No
e) I get into interpersonal conflicts (fights, quarrels) with my spouse and others.		
f) Alcoholism has affected my sexual life (being promiscuous, violent, abusive, and vulgar)		

g) Neglected parental responsibilities/I have occasionally failed to provide children meals, clothing, and school fees.		
h) I Got injured after an episode of alcohol use		
i) Got sick/felt unwell because of drinking alcohol		
j) I am no longer a role model in my family and community because of excessive drinking		
k) Excessive drinking has affected my leadership in the family		
l) My community participation has gone down due to excessive drinking		
m) Excessive drinking has affected my community networks and social support due to loss of trust		
n) I feel generally irresponsible than when I was not drinking		
o) Excess drinking has made me become a victim of victimization in the community		
p) Excessive drinking has affected my life priorities		
q) Got into conflicts with the low/ engaging in criminal activities		

21. What opinion and/or recommendations do you have regarding the social effects of excessive consumption of alcohol?

.....

.....

.....

.....

.....

22. Indicate with a tick (√) if you have had any of the following economic related challenges as a result of **YOUR excessive drinking**.

No	Economic Problems associated with excessive consumption of alcohol.	Yes	No
a)	Damaged property		
b)	Decreased productivity (home/job)	Yes	No
c)	Absenteeism at work		
d)	Low wages/earnings at work		
e)	Loss of employment opportunities		
f)	Increased legal expenditures		
g)	Increased medical expenditures		
h)	Decreased financial and economic trust		

i)	Poor financial discipline		
j)	Increased expenses and debts		
k)	Lost a job due to alcohol-related consequences		
l)	Excessive consumption of alcohol has contributed to poverty in my household		
m)	Lost/misappropriated family property/assets		
n)	I am always broke because of excessive consumption of alcohol		
o)	p) Others(specify).....		

23. What opinion and/or recommendations do you have regarding economic of excessive consumption of alcohol?

.....

.....

.....

.....

.....

Thank you

## **APPENDIX II: INTERVIEW SCHEDULE FOR MEN RESPONDENTS**

1. What are the effects of alcohol on the family? Areas of discussion

(a) Marital obligations

(b) Financial

(c) Parenting Responsibilities

(d) Gender Role Socialization and Education

### **APPENDIX III: FOCUS GROUP DISCUSSION FOR KEY INFORMANTS**

#### Areas of Discussion

1. Suggest the possible interventions that can be used to address the problem of excessive consumption of alcohol among women. Areas of discussion

a) Work related interventions

b) Government

c) Medical related

d) Family related

e) Educational

**APPENDIX IV: MORGAN AND KREJCIE SAMPLING TABLE**

<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	100000	384

Note.—*N* is population size. *S* is sample size.

Source: Krejcie & Morgan, 1970

# APPENDIX V: RESEARCH PERMIT

  
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**This is to Certify that Mr.. Emmanuel kipkorir kembai of Egerton University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Uasin-Gishu on the topic: EFFECTS OF EXCESSIVE CONSUMPTION OF ALCOHOL ON SOCIO-ECONOMIC STATUS OF HOUSEHOLDS IN AINABKOI SUB-COUNTY, UASIN GISHU COUNTY, KENYA for the period ending : 05/April/2024.**

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## APPENDIX VI

### Abstract of Publication



INTERNATIONAL JOURNAL OF RESEARCH AND INNOVATION IN SOCIAL SCIENCE (IJRISS)  
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#### Causes of Excessive Consumption of Alcohol in Peri-Urban Kenya: Accounts from Uasin Gishu County

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#### ABSTRACT

Despite the high social, public health, and economic risks associated with excessive alcohol consumption, there is consistent evidence of the increasing prevalence of excessive alcohol consumption especially in peri-urban settings in Kenya. This paper explores some of the causes of this social behavior using evidence from accounts given by 367 alcohol consumers in peri-urban settings of Uasin Gishu County, which mirrored experiences in other counties in Kenya. The study was informed by the Family Systems Theory. The paper focuses on the causes of alcohol consumption in Peri-Urban settings. Using a descriptive research design, data was collected by an interview schedule for descriptive data and in-depth interviews for qualitative data. Participants who were alcohol consumers, but also household heads were the main units of analysis. Cumulatively, it was found that 83% of the participants were excessive drinkers, with 25% taking beyond the prescribed excessive drinking mark. These were caused by individual/personal reasons (74%), family issues (82%), and community-related factors (94%). The availability of cheap, potent, but not safe for human consumption commercial drinks (94%) was another fertile ground for excessive alcohol consumption. The study recommends that the County and National governments implement strategies to enhance the living conditions of the peri-urban population. Further, governments to strictly enforce the Alcohol Drinks Controls and regulations.

**Keywords:** Causes, Excessive alcohol consumption, peri-urban, Kenya

#### BACKGROUND OF THE STUDY

Alcohol production and consumption are as ancient as human history (Hamdan- Mansour, & Ayman, 2016; Ritchie, 2022). In Africa, alcohol has played a prominent role in the social and religious life of society for centuries. In many cultures, alcohol use is moderated and may be associated with relaxation, sociability, enjoyment, and enhanced social interactions (Ritchie, H., & Roser, M, 2022). Some medical studies have reported the positive effects of moderate alcohol consumption to include prevention of certain diseases and medical conditions, such as a heart attack (Clites, 2023). However, the Global Burden of Disease study demonstrated that excessive alcohol consumption was associated with three million premature deaths worldwide, or approximately 6% of all deaths and 5.1% of the Disability-Adjusted Life Years (DALYs) lost (WHO 2018).

White, 2020; and Goh et al., (2024) on causes of alcoholism have revealed a complex interplay of individual, family, and societal factors as the underlying issues. Previous studies (Dunbar, 2017; Hen-Herbst et al., 2021) has identified personal problems such as stress, trauma, and peer pressure as significant drivers of excessive alcohol consumption. Family dynamics, including a history of alcohol abuse within the family, also play a critical role. Additionally, community-related factors, such as the availability of alcohol and the socio-economic environment, significantly influence drinking behaviors (Dunbar, 2017).