

THE INTERNATIONAL JOURNAL OF HUMANITIES & SOCIAL STUDIES

The Extent of Alcoholism among Parents in Bungoma County, Kenya

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Abstract:

Alcoholism is a global problem that causes many problems including deaths. In Kenya, alcohol is cheap, readily available and is the most abused drug according to a research by National Campaign against Drug Abuse and has affected nearly three-quarters of families. The cognitive development process during adolescence is very important for understanding the reasons why this period presents heightened risk for the appearance of behavioral problems, such as substance abuse by parents. The motivation of this study is on the basis of establishing extent of alcoholism among parents in Bungoma County, Kenya. The study was guided by the Social Learning Theory by Albert Bandura, Erik Erickson's Theory of Psychosocial Development and Cognitive development Theory. Cross-sectional survey design was used in this study. The study population consisted of Primary School Pupils, Guidance and Counseling Teachers, Class Teachers, Senior Teachers, Sub-County Education Officers, Parents/Teachers Association Committee Members from the sampled schools, Assistant County Commissioners and Probation Officers. Simple random sampling was used to select the sub-counties; purposive random sampling was used to select the schools; then stratified simple random sampling to pick pupils from each class in standard seven from the randomly selected schools. The total sample size was 400. Questionnaires, interview schedules, and observation checklists were used to collect primary data. Secondary data was also used. Expert's opinion was sought to ensure the validity of the research instruments. On the other hand, reliability of the research instruments was attained using Cronbach Alpha of coefficient which was over the recommended 0.7 in social sciences. The data was analyzed using descriptive statistics such as frequencies, percentages and means and inferential statistics such as Karl Pearson correlation and Analysis of Variance. The study established that majority of parents drink alcohol in Bungoma County. The study recommends church leadership to take a leading role in fighting alcoholism. Alcohol brewers are also encouraged to engage in other viable economic activities. The study further recommends for proactive policies from all interested and concerned stakeholders to curb alcoholism in Bungoma County and beyond. The study was limited to Bungoma County. Future studies are encouraged to be carried out in other parts of the country and compare the findings. The findings further form a basis for reference by researchers and other interested parties in future.

Keywords: Parental alcoholism, Bungoma County, Kenya

1. Background

Drug abuse is a major global problem as evidenced by the many studies that have been done. Alcohol is particularly abused by adults and school-going children. In a study in Netherlands using longitudinal survey, 428 families with at least 2 children aged 12-17 years in regular education were interviewed in their homes and also filled an extensive questionnaire in the presence of a trained interviewer. The parents had to be living together or married and the children and their parents had to be biologically related. Families with twins or off-spring who had mental or physical disabilities were excluded from the study. Respondents were asked about the frequency and intensity of each parent's drinking habits separately, alcohol availability, rules about alcohol, parental emotional support, behavioral control and adolescent alcohol use (Zundert *et al*, 2006).

Alcohol beverages are an integral part of the fabric of adult society in most countries. Moderate and responsible drinking is considered to be part of normal and balanced life in most societies and patterns of drinking are culturally determined. The decision to drink by both adults and young people is motivated by a variety of factors; enjoyment, lifestyle, rites of passage, parental influence and cultural acceptability of drinking (WHO, 2013). In many countries, drinking is traditionally considered normative behavior and an integral part of daily life. The introduction of children to

alcohol beverages often occurs early within the family, and in a way that integrates drinking into other common place activities.

Parental alcohol problems rarely exist in isolation from other difficulties such as parental mental health issues (Harwin *et al.*, 2010), parental drug use, financial hardship (Girling *et al.*, 2006) and parental separation or loss. Families with alcoholic parents have been reported to have higher unemployment rates and lower economic status (Serec *et al.*, 2012). Middle- and higher-income respondents are less likely to report alcohol related harm to children compared to respondents on low incomes (Laslett *et al.*, 2012).

Ritson (2011) describes today's drinking culture in the UK as an 'alcohol nation'. He describes how youths within the UK are more likely to consume alcohol in comparison to any other youths in the world. In addition, the alcohol consumption among teenagers within the UK is over double than in the majority of other countries worldwide (Ritson, 2011). Many researchers believe that there are not enough clear boundaries nor authority figures for children, which leads to dangerous drinking habits within their social groups. Ritson (2011) acknowledges that within the UK, as adults are drinking more and more, this has a direct influence on their children drinking more, and it makes it easier for children to do so. In order for children to be protected against harmful drinking habits, it is therefore necessary for parents to become responsible and more aware of their own use of alcohol. Ritson (2011) describes how alcohol is readily available for young people. In recent decades alcohol has become relatively low in price and has become the main source of entertainment for young people during the evening. Ritson (2011) also describes the negative effects that excessive drinking has on young people, including physical and psychological consequences. For example, there is a strong correlation between depression and excessive alcohol consumption. It is important for young people to know that rather than alcohol being a solution to low mood, it is actually often the cause of low mood in the first place.

In Africa, 30% of females and 55% of males are drinkers (WHO, 2013). More than fifty percent of mental hospital admissions in Lesotho, Mauritius and Swaziland are due to alcohol dependence and delirium tremors while twenty to thirty percent of general hospital admissions are alcohol related (WHO, 2013). About 42 % of Zambian young people aged 13-15 years consume alcohol and 42.8 % have been drunk; while in Namibia about 33% of the same age group have consumed alcohol and 32 % have been drunk (WHO, 2013). Uganda has the second highest per capita consumption of alcohol in the world. 2.2 % of all deaths in Africa are attributable to alcohol. In Africa, local brews are cheap and readily available. The children of alcohol consuming parents experience physical neglect, and are capable of developing serious emotional and social problems later in life (Gilvary, 2005).

Many Kenyans use every excuse to indulge in alcohol, like celebrating a wedding or the birth of a child or to cope with tragic news such as death and divorce. A survey by NACADA in 2012 revealed that 13.3% of Kenyans are current users of alcohol and in Western Province, which includes Bungoma County, 7.1% of the population use the local brew *chang'aa*. In the year 2011, 15 people in Banana, Kiambu died as a result of taking the illicit brew, *kumi kumi*. Recently in Kenya, over 61 people died and a larger number were hospitalized, their fate unknown after consuming illicit brew from Muranga, Embu, Kiambu and Kitui (SDN, 2014). According to NACADA boss John Mututho, access to alcohol was the main reason turning Kenyans into alcoholics and the fact that they have no idea to how to use their leisure time (SDN, 2014). Reports from one of the Kenyan newspapers show that Nairobi and Western Regions have the highest number of alcohol abusers (Gatoche, 2011).

In general, such families perceive their environments to be less cohesive; they lack ritual and routines; they tend not to positively express feelings, warmth or caring; and have higher levels of unresolved conflict (Burke, Schmied & Montrose, 2006). Parental alcohol use can result in impaired parenting (Sher *et al.*, 1991). Parental monitoring (i.e. awareness of a child's whereabouts) (Stattin & Kerr, 2000) and consistent discipline are important aspects of the parent-child relationship which may be disrupted by parental drinking problems (King & Chassin, 2004). Monitoring is particularly important during adolescence when a parent's close attention to adolescent activities can prevent substance use, delinquency and other risky behaviors (Beck *et al.*, 2004). Parental alcohol use can result in poor parent child relationships. Parental attitudes towards their child's alcohol use, have been associated with a lower risk of regular drinking (Velleman, 2009).

1.1. Statement of the Problem

Adolescents experience mood swings often with peaks of intensity and unpredictability. This is as a result of the need to release energy, often in sudden, apparently meaningless outbursts of activity as well as the effort to cope with the changes that are happening to them. They seek to become increasingly independent, searching for adult identity and acceptance. Depending on the influence of their social upbringing, adolescents tend to be self-conscious, lacking in self-esteem, and highly sensitive to criticism. During this period, the behavioral and cognitive systems, as well as the brain, develop in different proportions causing the adolescent to feel in a continuous state of vulnerability and adaptation (Gogtay *et al.*, 2004).

According to the World Health Organization (WHO), alcohol dependence, the most cause of severe disorders, is characterized by behavioral and other responses that always include a compulsion to take alcohol a continuous or periodic bases in order to experience its psychic effect, and sometimes avoid discomfort of its absence. Alcohol dependence is defined by sexennial criteria, including a narrowing of the persons drinking preferences; increased seeking of alcoholic beverages often to alcohol repeated withdrawal symptoms. Subjective compulsion or a strong urge to drink in spite of awareness that drinking creating problems in the person's life and rapid return to establish drinking patterns of the following periods of abstinence (Collier, 1997).

The readily accessible and socially accepted drug alcohol, in Kenya poses danger to the health and ultimately the wellbeing of growing up children in schools and the community as a whole. There is a lot of literature on drug and substance abuse by students in secondary schools in Kenya (Mahugu, 2010), in a study in Bungoma County on 'Illicit brews and socio-economic status of Households' captured Bungoma East Sub-County and focused on school attendance of children. In another study by Omutsani & Owiye (2013) on 'Perceptions on the Role of County Governments in supporting Alcohol and Drug Abuse Interventions' in Bungoma County the subjects were secondary school students and teachers. Remedial measures and interventions on problems from alcohol consumption have primarily focused on harm to the drinkers' health and have placed limited emphasis on the harm to the health and welfare of other family members around the drinker (GSRAH, 2014) especially growing up children.

The study by Simiyu (2010) established out children help their parents to brew alcohol and thus they do not go to school. Separate studies revealed you children taking alcohol since their parents were taking too. The literature review expose majority of children in Bungoma County being exposed to dangers of alcoholism in their early stages of life. In view of this, there was need for a research to establish the association between parents' alcohol consumption and their children's development. The present study intended to fill the gap by examining the extent of alcoholism among parents in Bungoma County, Kenya.

1.2. Research Objective of the Study

The aim of the study was to establish the extent of alcoholism among parents in Bungoma County.

1.3. Research Question

What is the magnitude of alcoholism among parents in Bungoma County, Kenya?

2. Theoretical Framework

The study was guided by social learning theory. Bandura and Walters (1977) are the main proponents of social learning theory, also referred to as modeling or observational learning or imitation learning. According to this theory, a child learns in his environment as he interacts and observes others. An assumption is made that people learn social behaviors mainly through observation, mental processing of information and modeling what they observe. Behavior learning is ongoing and continuous, and adult behavior which has the potential of being modeled is picked consciously and unconsciously. Bandura and Walters believed that children acquire most of their social concepts and behavior by observing models in their daily lives. They copy or 'model' the behavior of these models. In society, children are surrounded by influential models such as parents from the family, characters on Television, friends within the peer group and teachers at school (Macleod, 2010). These models provide examples of masculine and feminine behavior to observe and imitate. As Bandura posits:

The baby who claps her hands after her mother does so, the child who angrily hits a playmate in the same way that he has been punished at home, and the teenager who wears the same clothes and hairstyle as her friends at school are all displaying observational learning. (Berk, 2013).

Other researches investigating the development of children and their evolution through all stages into adulthood (Slater and Bremner, 2003) have also argued that children imitate everything in the beginning but then gradually become selective in the process. Furthermore, as posited by Seigal (2008), and Smith, Cowie and Blades (2003), children construct their own sense of efficacy and personal standards for behavior. That is, based on the behavior they witness, they build a model and try to internalize it, guiding their decisions based upon it. Self-efficacy is defined as the belief that their personal attributes and abilities will make them successful (Bandura, 1977). This prefaces the early adolescence stage when authority is being questioned and personal views begin to be expressed by the teenager. It is also a stage where children need to be encouraged in order to maintain this sense of efficacy as it aids confidence in adolescence when they are confronted with the influence of peers (Seigal, 2008; Smith, Cowie and Blades, 2003). Social learning theories are important for the analysis of the young people's attitudes towards alcohol consumption, as they provide insight into the youths' behavior, and their tendency to imitate adults (sometimes taking up their drinking habits).

According to the theories on social learning, young people acquire behavioural norms and norms of social conduct in both a direct and an indirect way. The attitude towards drinking is made explicit to the adolescents by means of rules of conduct, social expectations as well as the overall consequences they are likely to have for the entire family and household. As Windle (2000) argues, in order for these rules to be assimilated, it is necessary that children are presented with them at a very young age, even before entering the adolescent stage, before they start relying to a greater extent on their peers than on their parents. Consequently, parents should discuss directly with their children about acceptable conduct, including as regards the consumption of alcohol. Otherwise, the desired behaviour can be presented indirectly to the youth, by the power of models. As posited by Peterson et al. (1994) a permissive alcohol behavior witnessed at home by the child, or by the adolescent is perceived as adequate conduct, as accepted behavior, and may subsequently lead to a similar behavior from the latter. Furthermore, Andrews et al. (1993) argue that failure to discuss with the children in an open manner about matters regarding alcohol consumption may constitute a predictive element of adolescent alcohol consumption. This study singled out drinking parents in the family that children can copy from and model drinking behavior. This theory was relevant to explain the prevalence of parental alcohol consumption.

2.1. Conceptual Framework

Chamrathirong *et al.* (2010) highlighted the impact of parental spiritual and religious beliefs and how this will lead to impact their children's spirituality. The findings revealed that the spirituality of parents and teenagers within the family can have a preventative effect on adolescent health risk behavior. The family's spirituality is an important factor in terms of decreasing health risk behavior of youths in Thailand. In addition, Assanangkornchai *et al.* (2002) claimed that there was no association between early Buddhist upbringing and subsequent alcohol use disorders in Thai men, and that individuals who were strongly religious were less likely to be harmful drinkers or dependent on alcohol. Moreover, Merrill, Folsom and Christopherson (2005) explored the influence of family religiosity on adolescent substance use, and found that the highest substance use existed among individuals with no religious preference. Similarly, Mason and Windle (2001) indicated that religion acts as a significant mediator between family, social support and adolescents' substance use.

One of the first studies to identify patterns of alcohol consumption was conducted by Cochrane and Bal (1990). This community survey collected data from participants from random samples of 200 each of English, Sikh, Muslim and Hindu men in Wolverhampton and Birmingham, all matched for age (17-69 years). The study concluded that overall, Muslim men were people who drank the least amount of alcohol, Hindu men followed. Sikh and white men reported approximately the same level of alcohol intake. However, more Sikh than white men consumed alcohol regularly. The majority of Muslim men (90.5%) reported that they never consumed alcohol or had not consumed alcohol in the past year. However, most respondents reported that they consumed alcohol once or twice per week. The review of the literature suggested that there was a continuous variation in alcohol consumption by youth from different ethnic backgrounds.

Fuller and Hawkins (2014) undertook a survey of smoking, drinking and drug use patterns among young people in England in 2013. Data were gathered through the use of a self-completion paper questionnaire which was distributed to 5,187 pupils in 174 schools in England. This survey contains information on young people's alcohol consumption between the ages of 11 and 15 in secondary schools in England, as a reference point for health issues relating to alcohol use and misuse. 'Smoking, drinking and drug use among young people in England' is an annual survey carried out on behalf of the Health and Social Care Information Centre.

The key findings from Fuller and Hawkins's (2014) survey are as follows: 39% of young people claimed that they drank alcohol at least once. There was an equal number of boys and girls who had consumed alcohol. The proportion of students who drank alcohol at least once increased with age (from 6% of 11-year olds to 72% of 15-year olds). Over the past 10 years the evidence shows a decreasing trend in the prevalence of young people drinking in the week prior to data collection. Fuller and Hawkins found that the proportion of young people who had consumed alcohol in the last week increased with age from 1% of 11-year olds to 22% of 15-year olds. For those students who had consumed alcohol in the past week, the mean number of units was 8.2. These figures suggest the effects of growing up on the probability of consuming alcohol in young people. The increase rates reveal that despite measures taken to inform young people about the negative effects of consuming alcohol, they continue to drink.

Henderson *et al.* (2013) also identified that male pupils were more likely to drink beer, lager or cider whereas girls were more likely to drink spirits, alcopops or wine. Younger students usually drank with family members; on the other hand, older students usually drank with friends. There was an increase since 2006 with regard to the proportion of students who usually drink at home or in other people's homes or at parties with friends, and a reduction of students who drink outside. Drinking outside (on the street, in a park or somewhere else) was exposed to public and illegal. 50% of students who had consumed alcohol in the previous month reported that they had 'been drunk at least once' during that time, and 61% of them had 'deliberately tried to get drunk', whilst 39% did not.

In terms of the causes of drinking alcohol, students said that the behaviour and attitudes of their families strongly influenced them to drink. Students tended to drink if they were living with someone who drinks. 83% of students who came from households where alcohol was not consumed reported that they had not consumed alcohol themselves. In contrast, 30% of students who lived with 'three or more drinkers' had consumed alcohol themselves. Similarly, students who thought that their families did not like them drinking were less likely to consume alcohol than students who thought that their families did not mind if they drank (87% of students who felt that their parents would disapprove compared with 28% who thought that their parents would not mind). These findings prove the influence that family has on the drinking behavior of children. The environment represents a significant risk factor for alcohol consumption because children's behavior is mostly influenced by their family and friends.

According to students' beliefs about why young people of their age drink alcohol, students who have never consumed alcohol thought that young people drink because of social pressures. They want to 'look cool in front of their friends' (77%), and they also thought that their friends put pressure on them to drink alcohol (61%). Students who drink alcohol said that people drink to be sociable with friends (66%), and alcohol gives them a rush or buzz (68%).

The most common methods by which young people obtained alcohol were 'to be given it by parents or guardians' (19%), and 'to be given it by friends' (19%). The most common source of alcohol for younger students was to be given it by parents or guardians. In contrast, the older students usually obtained it from friends (42%), followed by parents (35%). With regards to the location for drinking, younger students were more likely to drink at home (64%) than older students, whilst older students were more likely to drink at someone else's house (55%). In this case, students who currently consumed alcohol said that they usually drank with their parents or with friends of both sexes (54% of boys and 50% of girls respectively).

Studies on drinking motives have explored whether a person decides consciously or unconsciously to consume or not to consume any alcoholic beverages, according to the expectation about whether the consequences of drinking will be positive or not. Cox and Klinger (1988) indicated that various factors (e.g., past experiences with drinking, current life situation) help people to form expectations of affective change from drinking.

Plant and Plant (2001) pointed out that the reason that young people consume alcohol is because adolescents get pleasure from alcoholic beverages' taste and effects. Individuals normally consume alcohol because they enjoy it and get refreshment from the effects of alcoholic beverages. However, situation-specific factors affect young people's drinking behaviour and thus they might drink in a different way in different situations. For instance, when young people were with their family, they might have a sip of alcoholic beverage, but they might drink heavily during a party or with their peers, or before watching a football match. They might also drink heavily during study/exam periods. Moreover, peer pressure and curiosity are one factor that leads young people to consume alcohol (Plant and Plant, 2001).

Kuntsche *et al.* (2005) reviewed the evidence of young people and young adults and their drinking motives through a computer-assisted search of relevant articles. The findings revealed that most young people age group of 10 to 25-year olds indicated that drinking was due to social motives; some of them reported that they drank for enhancement motives and only a few of them described drinking for coping motives. In general, most young people drink for a social reason or for a sense of enjoyment. Among 14 to 16 years in the UK, they drink in order to make a party more enjoyable (Kuntsche *et al.*, 2005). A year later Kuntsche *et al.* (2006) reviewed the empirical research of young people aged from 10 to 25 years old who had specific motives for drinking. Their paper revealed and discussed three factors that claim to be motives behind drinking in young people (Kuntsche *et al.*, 2006). The first was sociodemographic factors including age, sex, and trends over time. The second was personality-type such as sensation-seeking, low inhibitory control, sociability, and anxiety sensitivity. Finally, contextual factors included culture and drinking situations.

Ahlström and Österberg (2005), reviewed and pointed out two main factors that affect young people's drinking behaviour, namely internal factors and external factors. Internal factors referred to characteristics such as gender, personality factors, and biological traits. Age and gender were significant issues influencing drinking behaviour. During youth, girls might drink more often than boys since they tend to mature faster than boys and do not have family and responsibilities. However, when they reached young adulthood, young males tended to drink more alcohol and more often than young females. Concerning external factors referred to social norms or culture, physical availability, and price of alcohol: for social norms, the most reliable predictor for young people drinking is their friends' drinking behaviour and siblings' drinking. Moreover, the parent-child relationship, communication and practices also influence young people's alcohol consumption. Culture influenced how much teenagers drink. For instance, adolescents were more likely to drink alcohol more frequently in Mediterranean cultures than adolescents in other regions (International Center for Alcohol Policies, 2014).

The following conceptual Framework guided the study.

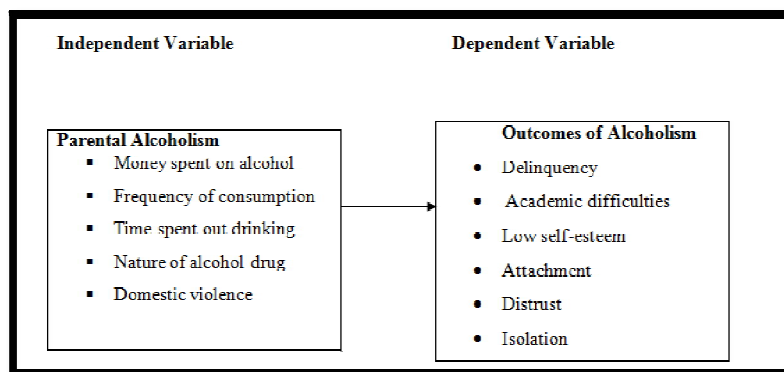


Figure 1: Conceptual Framework of the Study Showing Interplay between Variables

Source: Researcher's Own Conceptualization, 2019

3. Research Methodology

3.1. Research Design

The study used a descriptive survey research design to investigate what parental alcohol consumption is doing to the psychosocial development of the child. Descriptive research designs are used in preliminary and explorative studies to allow researchers to gather information, summarize, present and interpret for the purpose of clarification (Bordens & Abbott, 2011). Cross-sectional survey design was selected to address the objective, because of the frequent rapid urbanization and rural urban migration in the area of study. Participants from different cultural or sub-cultural backgrounds were observed, tested and compared on one or more aspects of development. This enabled the researcher to determine whether the conclusions drawn about the development of children from one social context also characterized children growing up in other societies (Schaeffer, 1999).

3.2. Target Population

The target population comprised public primary school pupils, Guidance and Counseling Teachers, Class Teachers, Senior Teachers, Parents/Teachers Executive Committee, Parents, Key Informants, Children Officers, Mental Health Officers and Education Officers as shown in Table 1.

Sub-County	No. Of Public Primary Schools	No. Of Boys	No. Of Girls	Total	Children Officers	Mental Health Officers	Religious Leaders
SOUTH	87	30,862	31,174	61,436	1	1	100
WEST	76	20,847	18,730	39,217	1	1	150
BUMULA	91	29,330	29,782	59,112	1	1	120
EAST	123	37,791	36,027	75,818	1	1	200
NORTH	80	18,295	18,966	37,261	1	1	250
CENTRAL	60	23,100	21,206	44,306	1	1	150
CHEPTAIS	83	19,318	19,176	38,494	1	1	200
MT ELGON	81	14,779	14,675	29,454	1	1	130
KIMILILI	43	18,822	19,381	38,203	1	1	200

Table 1: Summary of Study Population

Source: Bungoma County Education Office (2014)

3.2. Sampling and Sample Size

Multistage sampling approach of thirty percent was used to select 3 Sub-Counties from the 9, then ten percent to select 72 schools from 724 the schools to take part in the study. Pupils in the sampled schools were stratified in classes of standard 1-8 then purposively sampled to get standard 7 only. Simple random sampling was applied to get the required number of pupils as per Fischer's formula. From each of the sampled school, members of the Parents Teachers Committee were selected using simple random sampling. From each of the sampled schools, the senior, standard 7 class and Guidance & Counseling teachers were purposively sampled. Table 2 shows the sample size for this study from the five counties.

Study Population Units	Total Population	Sample Size	Sampling Method
Pupils	430,000	384	STRS, Simple random
Head Teachers	724	9	Purposive
Class Teachers	724	9	Purposive
G & C Teachers	724	9	Purposive
Senior Teachers	724	9	Purposive
PTA Committee	7240	9	Purposive, SRS
Sub-County Officers	9	3	Purposive
Education Officers	9	3	Purposive
Probation Officers	9	3	Purposive
Children Officers	9	3	Purposive
Total	439,439	441	

Table 2: Summary of Population Units, Total Population, Sampling Method and Sample Size

3.3. Data Collection Methods

The study used both primary and secondary data collection instruments as discussed in the following subsections. Primary data collection involved the use of questionnaires since the study dealt with variables that could not be directly observed such as views, opinions, perceptions and feelings of respondents. The sample size was also quite large and given time constraint, questionnaire was the ideal tool for collecting data. The target population being largely literate was unlikely to have difficulties responding to questionnaire items. The questionnaire was used to mainly collect quantitative data. Secondly, in-depth interviews were used to collect qualitative data from Head Teachers, Guidance and Counseling Teachers, Class Teachers, Senior Teachers, Parent/Teacher Committee members, Sub-County Probation Officer, Education and Administration Officers about the state of drinking parents and COA in their respective Sub-Counties. Secondary data was obtained from school attendance registers and records of drinking parents in sub-county court offices. The focus group discussion (FGD) guide was used by the researcher to obtain data during visits in the homes where alcohol was brewed; this was used to assess effect of alcoholism on psycho-social development of pupils in of primary schools in Bungoma County using a control group that had been established. The guide consisted of list of items to be observed in the schools where children of alcoholic parents' school. It also assisted in obtaining valuable information on the way alcoholic parents carry themselves in homes in the presence of their children. Each control FGD was composed of 8 participants who were picked from drinking/non drinking parents to give opinions concerning their children's psychosocial growth development.

3.4. Pilot Study

Piloting study was done to enhance the questionnaire's validity. A pilot study was conducted on 30 pupils from two public primary schools in Vihiga County that were not part of the study area. The results of the pilot test were used to identify areas where the questionnaire required correction like changing the order of questions, underlining key terms in the questions and use of simple words in questions to obtain more information on the study objectives. The questionnaire was then administered the second time after two weeks to establish if the corrections were done correctly. To determine the reliability of the findings, Cronbach's alpha correlation coefficient of was computed at 95% confidence interval for all

the variables under study. Total Cronbach's alpha correlation coefficient was found to be 0.881, which indicated that the level of internal consistency for the items was 88.1 percent. Fraenkel and Wallen (2000) stated that items are considered reliable if they yield a reliability coefficient of 0.70 and above.

3.5. Data Analysis Procedures

The quantitative data generated in the study was analyzed with the help of Statistical Package for Social Sciences (SPSS version 21). Descriptive statistics such as frequency distributions and percentages were used to analyze the relationship between independent and dependent variables (Kothari, 2004).

4. Key Findings

The respondents were asked whether any member of their family drunk alcohol. A substantial number 170(42.6%) responded 'YES'. This showed that the family members who drank alcohol were either seen by the children or acted in a manner that was obvious to the children that they had drunk alcohol. Asked to indicate who in the family drank alcohol, a substantial number 34.7% indicated father, 7.34% felt that their mothers were involved in taking alcohol. From the results, out of 399 respondents who participated in the study, 179 (42.6%) of the respondents confirmed one of the members in the family drank alcohol while 229(57.4%) said none of the members in the family drink alcohol. This implies that almost 50 % of the respondents had one member in their family who drank alcohol.

The results also reveal that of the 399 respondents who participated in the study, 221(55.4%) had parents who drank nearly every day, 114(28.6%) had parents who drank sometimes, 52(13%) had parents who drank only during ceremonies while the remaining 12 (3%) felt it was not applicable. From the results, majority of the parents are regular drinkers. The researcher made an observation in different parts of the county about this scenario. It is true that most brewers open their premises as early as 6 am in the morning on daily basis. The researcher observed familiar faces each day during the research findings. The photographs were also taken during the study though they were not shared due to confidentiality of the respondents.

There were several statements on perception of alcoholism and how the pupils from alcoholic parents felt the need about them. The statements were respondent to as follows; in statement one; have you ever thought that one of your parents had a drinking problem, 146 (37.1%) said yes while the remaining 251 (62.9%) said No. This imply majority of the pupils said no though the number that said yes was almost 40 %. In statement two; have you ever lost sleep because of a parent's drinking. Out of those who responded to the study, 102(25.6%) said yes while the remaining 297(74.4%) said No. In statement three did you ever encourage a parent to stop drinking? Out of those who participated in the study, 173(43.3%) said yes while the remaining 226 (56.6%) said no. In statement four, did you ever feel alone, scared nervous, angry or frustrated because a parent was not able to stop drinking. Out of those who participated in the study, 173 (43.4%) said yes while the remaining 226(56.6%) said no. Again, nearly half of the respondents felt lonely, scared, nervous, agree or frustrated because one of their parents was not able to stop drinking.

In statement five, did you argue or disagree with a parent when she or he was drunk. Out of 399 respondents, 109(27.3%) said yes while 290 (72.7%) said no. In statement six, did you ever threaten to run away from home because of a parent's drinking? Out of those who participate in the study, 76 (19%) said yes while 323 (81%) said no. In statement seven, has a parent ever yelled or hit you or other family members when drunk? Out of those who participated in the study, 128(32.1%) said yes while the remaining 271 (67.9%) said no. In statement eight; have you ever heard your parents fight when one of them is drunk? Out of those who participated in the study, 128 (32.1%) said yes while 271 (67.9%) said no. In statement nine; did you ever protect another family member from a parent who was drinking? Out of 399 respondents who participated in the study, 158 (39.6%) said yes while the remaining 241 (60.4%) said no. In statement ten; did you ever feel like hiding or pouring a parent's bottle of alcohol? Out of those who participated in the study, 139 (34.8%) said yes while the remaining 260 (65.2%) said no.

The responses on the ten statements from the respondents on 'YES' had at least 19.0% and at most 43.4% to the questions indicating that there were cases in the sample where the parents were alcoholic drinkers. There are various studies that are in line with the current research findings.

5. Conclusion and Recommendation

Bungoma County has a large number of parents who drink alcohol. Majority of those who are alcoholic are fathers. Mothers are also alcoholic but fewer cases. The Governments both County and Central Government need to start programs to curb alcoholism in Bungoma County.

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