

Role of Individual Attributes on Alcohol Abuse among the Youth in Kiambu County, Kenya

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Abstract— Despite the aggressive campaigns against alcohol abuse in the last decade and formation of NACADA which has input several efforts to conduct quality research on alcohol and drug abuse, abuse of alcohol is still a worrying problem. Kiambu County is one of the leading counties on alcohol abuse and alcohol-related physical injuries. This study therefore sought to assess the role of individual attributes alcohol, abuse in in Kamirithu Sublocation, Limuru Sub-County, Kenya. The study employed descriptive survey design employing quantitative methods. The target population for this study consisted of the youth in Kamirithu Sub-Location, Limuru sub-county. Fisher's formula was used to calculate a sample of 384 youth. Questionnaires were used to collect data from the respondents. Descriptive and chi-square tests were used to analyze data with the help of SPSS. The Alcohol Use Disorders Identification Test (AUDIT) standardized tool was used to measure alcohol prevalence. The study found that that 136 (45%) were moderate users, 116 (38.4%) were non-abusers while 50(16.6%) were abusers. Chi-square analysis showed that gender ($p=0.001$) was significant. Cross tabulations indicated that male respondents were 2.9 times more likely to be alcohol abusers. Results therefore showed that men are almost three times likely to abuse alcohol. This may be attributed to social norms and economic challenges faced by men leading them to alcoholism. This result calls for targeted interventions aimed at men to reduce alcoholism.

Keywords— Alcohol, Alcohol Abuse, Alcoholism, Alcohol Use Disorder, Youth.

I. INTRODUCTION

Alcohol is one of the most consumed substances in the world. According to Ritchie and Roser, (2018) consumption of alcohol has for decades continued to embrace an imperative role in social engagement. Social alcohol consumption for many is gratifying and is perceived to reduce the stress and anxiety. However, the precarious and detrimental consumption of alcohol is a key global causative factor to loss of life, deleterious diseases and disabilities, crime, road incidents, and even alcohol dependence for some in middle-income countries. According to World Health Organization, (2011) almost 4% of all deaths worldwide are attributed to alcohol abuse. Moderate use of alcohol may probably not be harmful. However, a report by the National institute of health (NIH) indicates that about 18 million adults in America have alcohol use disorder (AUD) (National Institute on Alcohol and alcoholism, 2011).

Global status report on alcohol and health shows that more than 3 million people died as a result of alcohol abuse in 2016 which indicates 1 in 20 deaths (World health organization, 2018). According to the national survey and health (NSDUH),

globally, alcohol abuse is the 5th leading risk factor for premature death and disability in 2010 (National Institute on alcohol abuse and alcoholism, 2018). A survey by the National institute on alcohol abuse (NESARC) indicates that nearly 45% of people between the age of 18–24 surpassed the recommended regular drinking limit; and 15% of people in that age group exceeded the recommended weekly drinking limit and Related Conditions (National Institute on Alcohol and alcoholism, 2015).

African continent has not been left out from the global pattern. It has been identified by the alcohol beverage industry and market as a key area for alcohol growth. Abuse of alcohol, intoxication and dangerous behavior over consumption has become an important health issue and unless appropriate action is taken the situation will worsen. Episodic or binge drinking is a significant characteristic pattern of consumption in the Region. Almost half (43%) of the people living in sub-Saharan African are under 14 years old with only about 30% of the adult population drinking alcohol, and with expected increases in the number of potential new alcohol consumers, especially young people and women (Ferreira-Borges, Parry, & Babor, 2017).

Kenya as one of the developing countries is no exception. Despite the aggressive campaigns against alcohol abuse in the last decade and formation of NACADA which has input several efforts to conduct quality research on alcohol and drug abuse, abuse of alcohol is still a worrying problem. Another study by NACADA indicates that, about 13% of people between the ages of 15 to 65 from all the counties in Kenya except North Eastern are users of alcohol (NACADA, 2007. NACADA (2011) reported that Unhealthy use of alcohol among people be the aged of 18 is “high”. People between the ages of 25 to 34 the usage was very high, males 79% and Females 15%. This is a clear indication that alcohol abuse is a threat to the country. The extent of the problem has made the government to use almost all of the public engagements, especially in Central Kenya where alcoholism is widespread.

Kiambu County is one of the leading counties on alcohol abuse and alcohol-related physical injuries. In a survey directed by the county government in collaboration with the National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) on alcoholism designates that 15% Kiambu County residents of ages between 15 to 65 years are dependent on alcohol, tobacco and bhang. Abuse of alcohol leads to short-term effects such as loss work productivity. The abuse of alcohol has been associated with health problems, violence and crime. There are lots of risk factors that play a

role in the development of an alcohol addiction. These risk factors interact differently in every individual leading to development of alcoholism. Internal and external factors contribute to the development of alcoholism. These factors include genetics, psychological conditions, personality, personal choice, and drinking history. This study therefore sought to assess the role of individual attributes alcohol, abuse in in Kamirithu Sublocation, Limuru Sub-County, Kenya.

II. METHODOLOGY

The study employed descriptive survey design employing quantitative methods. The target population for this study consisted of the youth in Kamirithu Sub-Location, Limuru sub-county. According to Kenya National Bureau of Statistics (2019), Limuru sub-county has a population of 159,314 whereby 29.1% (46,360) are youth (18-35 years). Kamirithu Sub-Location has 13, 711 youth (KNBS, 2019). The sub location is served by 1 chief, 1 assistant chief, 1 OCS, 10 village elders (Nyumba kumi elders) and 10 church elders. Kamirithu Sub-Location was purposefully selected due to its high cases of alcoholism in Kiambu County. Since the population of the youth was above 10,000 the study used the Fisher’s formula for an infinite population as recommended by Mugenda and Mugenda (2003). This formula was preferred because it provided every youth in the study area with an opportunity to participate in the study.

$$n = z^2pq/d^2$$

Where

n = The desired sample size (if target population is more than 10,000).

z = The standard normal deviation at the required confidence level of 1.96.

d = The level of statistical significance set.

p = The proportion in the characteristics being measured (50%)

q = 1- p

Therefore

$$n = 1.96^2 * 0.052 / 0.052 = 384$$

Simple random sampling was used to include youths in the study. Questionnaires were used to collect data from the respondents. Specifically the study used a structured questionnaire. The Alcohol Use Disorders Identification Test (AUDIT) standardized tool was used to measure alcohol prevalence and levels of alcohol abuse based on the AUDIT scores. The AUDIT was subjected to the youth in the study. A pretest was carried out by the researcher in order to determine the reliability and validity of the research instrument. To ensure validity, the researcher used the indicators in the conceptual framework to come up with questions. In addition, the study used a pre-validated tool (AUDIT) to measure alcohol abuse. The data collected was analyzed using descriptive statistics. The data was coded in the Statistical Package of Social Science (SPSS version 24) for analysis.

The researcher obtained an authorization letter from St. Paul's University. This letter was used to secure a National Commission for Science, Technology and Innovation (NACOSTI) permit and an authorization letter from the county government of Kiambu. In the study area, the research

contacted the chief and sub chief to inform them of the study. Participation in the study was voluntary. Informed consent was obtained prior to administering the questionnaire. Respondents’ names were not taken and instead codes were used to maintain anonymity and confidentiality.

III. RESULTS

A total of 376 youth participated in the study giving the study a 97.9% response rate.

Demographic Characteristics of Respondents

Respondents’ gender, age and education were recorded in the study. The results are presented in this section. Respondents in the study were asked to indicate their gender. Slightly above half 216 (54.5%) of the respondents were male while the rest 180 (45.5%) were female as shown in Figure 1. The findings therefore show that both genders were well represented in the study.

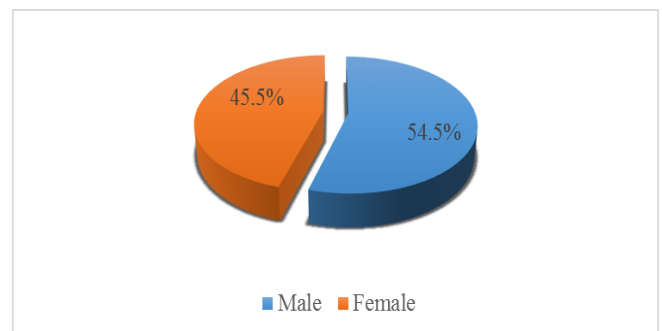


Fig. 1. Respondents’ Gender

Respondents in the study were asked to indicate their age. Majority 289 (73%) of the respondents in the study were aged between 21 and 30 while 87 (22%) were aged between 31 and 40 years. The average age was 26 years. This may be attributed to the fact that the majority of respondents in the study were the youth.

TABLE 1. Respondents’ Age

Age (years)	Frequency	Percent
21-30	289	73.0
31-40	87	22.0
41-50	15	3.8
>50	5	1.3
Total	396	100

Respondents in the study were also asked to indicate their highest academic achievement. Slightly less than half 189 (47.7%) of the respondents had acquired a diploma, 80 (20.2%) had a certificate while 64 (16.2%) had a degree. The results therefore show that 355 (89.6%) of the respondents had acquired post-secondary education. The results therefore show that the sample comprised respondents with varying levels of education.

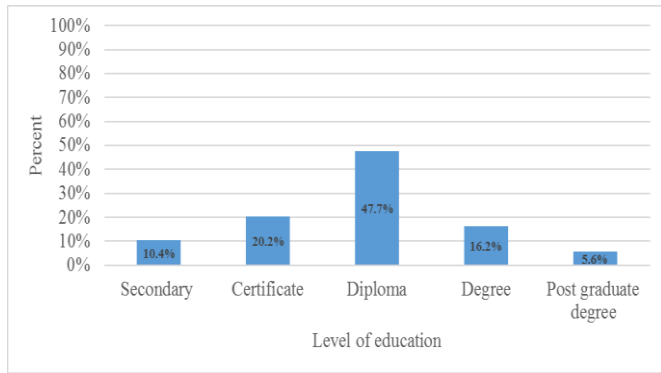


Fig. 2. Respondents' Education

Alcohol Abuse among Respondents

Alcohol abuse among respondents in the study was assessed using the Alcohol Use Disorders Identification Test (AUDIT). The results are presented in this section. Respondents in the study were asked to indicate how often they had a drink containing alcohol. Results in Table 2 show that 99 (26.3%) took alcohol 4 or more times in a week, 77 (20.5%) took alcohol 2 to 4 times in a month while 74 (19.7%) never took alcohol. The study also sought to find out the number of drinks containing alcohol taken in a typical day when they were drinking.

TABLE 2. Frequency of Drinking

Frequency of drinking	Frequency	Percent
Never	74	19.7
Monthly or less	69	18.4
2 to 4 time a month	77	20.5
2 to 3 times a week	57	15.2
4 or more times a week	99	26.3
Total	376	100.0

Results indicated that 108 (35.8%) took 3 or 4 drinks containing alcohol on a typical day when they were drinking. Results also show that 97 (32.1%) took 1 or 2 while 64 (21.2%) took 5 or 6.

TABLE 3. Amount of Alcohol Taken in a Day

Number of drinks	Frequency	Percent
1 or 2	97	32.1
3 or 4	108	35.8
5 or 6	64	21.2
7,8 or 9	33	10.9
Total	302	100.0

The frequency of drinking was examined by asking a series of questions. Results in Table 4 show that 108 (35.8%) of the respondents had never had six or more drinks on one occasion. However, 88 (29.1%) drank 6 or more cups once a month, and 61 people (20.2%) drank less than once a month. The results show that 91 (30.1%) of respondents never hang their drinks when they start drinking during the past year. Also, 91 (30.1%) respondents said they couldn't hang their drinks less than once a month once they started in the past year, and 78 (25.8%) said they couldn't hang their drinks in the past year. Once started, they found that they couldn't hang a drink once a month. As a result, 96 respondents (31.8%) said they were drinking alcohol and did not do what they normally

expected. According to the survey results, 89 people (29.5%) said they drank alcohol and did not remember what happened the night before. Similarly, 112 respondents (37.1%) said they did not need to wake up and drink in the morning to cool down the night. In addition, 79 (26.2%) felt guilty or regret after drinking less than a month in the past year, and 72 (23.8%) drank once a month in the past year. It turned out that he experienced guilt and regret.

TABLE 4. Frequency of Alcohol Intake

	0	1	2	3	4
Had six or more drinks on one occasion	35.8%	29.1%	20.2%	10.9%	4.0%
Was not able to stop drinking once they started during the last year	30.1%	30.1%	25.8%	11.3%	2.6%
Failed to do what was normally expected from them because of drinking	28.8%	31.8%	17.9%	18.2%	3.3%
Was unable to remember what happened the night before because they had been drinking	29.5%	21.2%	26.2%	13.2%	9.9%
Needed an alcoholic drink first thing in the morning to get themselves going after a night of heavy drinking	37.1%	28.8%	13.6%	12.9%	7.6%
Had a feeling of guilt or remorse after drinking	18.2%	26.2%	23.8%	17.9%	13.9%

The study also sought to find out from the respondents whether they or someone else had been injured due to their drinking and whether anyone had expressed concern about their drinking. Results show that 189 (62.6%) indicated that neither they nor someone else had gotten injured owing to their drinking. Majority 204 (67.6%) of the respondents indicated that a relative, friend, doctor, or another health professional had expressed concern about their drinking or suggested they cut down.

TABLE 5. Implications of Alcohol intake

	No	Yes, but not in the last year	Yes, during the last year
You or someone else been injured as a result of your drinking	62.6%	25.2%	12.3%
Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?	32.5%	35.1%	32.5%

The items in the AUDIT were added up by summing the scores of each individual. A score of 8 and above was taken as a measure of harmful alcohol use. Scores of 13 and above were taken as a measure of alcohol dependence. Results show that slightly less than half 136 (45%) had scores of between 8 and 12 while 50 (16.6%) had scores of over 13. The mean score was 11.3.

TABLE 6. AUDIT Scores

Scores	Frequency	Percentage
<7	116	38.4
8-12	136	45.0
>13	50	16.6
Total	302	100.0

These results therefore show that 136 (45%) were moderate users, 116 (38.4%) were non-abusers while 50(16.6%) were abusers. These findings are similar to those of Kamulegeya (2019) who established that the prevalence estimates of any alcohol use, low-risk drinking, heavy episodic drinking and alcohol misuse were 31%, 17.3%, 4.5% and 8.9% respectively.

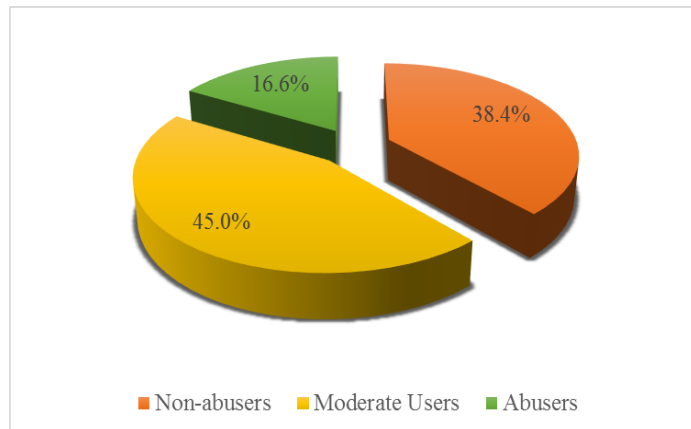


Fig. 3. Alcohol Abuse among Respondents

Association of Demographic Characteristics and Alcohol Abuse

Chi-square tests were conducted between demographic characteristics and the level of alcohol abuse. Results in Table 7 show that gender (p=0.001) was significant. Cross tabulations indicated that male respondents were 2.9 times more likely to be alcohol abusers.

TABLE 7. Association of Demographic Characteristics and Alcohol Abuse

Individual factor	Categories	Alcohol Abuse		χ^2	df	p	OR
		Yes	No				
Gender	Male	156	60	16.804	1	0.001	2.904
	Female	104	56				
Age	Young	173	116	2.807	1	0.714	0.904
	Old	53	34				
Education	High	13	8	1.909	1	0.513	0.603
	Low	239	115				

IV. DISCUSSION

The study sought to assess the role of individual attributes alcohol, abuse in Kiambu County. Slightly above half 216 (54.5%) of the respondents were male while the rest 180 (45.5%) were female. Majority 289 (73%) of the respondents in the study were aged between 21 and 30 while 87(22%) were aged between 31 and 40 years. Slightly less than half 189 (47.7%) of the respondents had acquired a diploma, 80 (20.2%) had a certificate while 64(16.2%) had a degree. Gender (p=0.001) was significant. Cross tabulations indicated that male respondents were 3 times more likely to be alcohol abusers. This is in line with Hughes et al. (2016) findings indicating, despite wide variations in alcohol use trends between nations, men are consistently more likely than women to be heavy drinkers. Minagawa (2013) discovered significant gender disparities in alcoholic beverage preferences. Women are more likely to abstain from alcohol or drink only light

alcoholic beverages like wine and beer. Even after sociodemographic factors were taken into account, gender inequalities remained statistically significant. Kamulegeya (2019) also established that those with alcohol misuse were more likely to be males and with significant depression symptoms. Kendagor et al. (2018) also found that men have higher odds of engaging in HED compared to women. In addition, Takahashi et al. (2017) found that the prevalence was higher in men (54.6%) than in women (8.9%). However, this data contradicts Dir et al. (2017), who found that females are more likely than males to develop alcohol-related health problems at lower drinking rates, as well as to experience more severe negative alcohol-related health and psychosocial outcomes.

V. CONCLUSION

Individual factors influence alcohol abuse Kiambu County. Specifically, gender shows a very strong association with alcohol abuse. Results showed that men are almost three times likely to abuse alcohol. This may be attributed to social norms and economic challenges faced by men leading them to alcoholism. This result calls for targeted interventions aimed at men to reduce alcoholism. The national government and county governments need to enhance and fast track poverty alleviation programmes to fight poverty which ultimately leads to alcohol abuse. This is more so among the youth therefore emphasis should be placed on youth employment and empowerment programmes.

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