

**EFFECTS OF ALCOHOL ABUSE ON BEHAVIOUR OF THE YOUTH IN LANG'ATA
SUB-COUNTY, KENYA: IMPLICATION FOR PSYCHO-SPIRITUAL THERAPY**

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APRIL, 2017

DECLARATION AND RECOMMENDATION

DECLARATION

I hereby declare that this Master's Thesis is my original work and that it has not been presented for the award of a degree in any other university.

Sign.....

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RECOMMENDATION

This master's Thesis has been submitted for examination with our recommendation as

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DEDICATION

I dedicate this work to my Mum who taught me the wisdom of using God given gifts for the benefit of the society.

ACKNOWLEDGEMENT

At last, it is all over. I wish to thank the almighty God through whom all blessings flow. Without Him this work would not have come to a successful end. I got support from different people, who supported me materially, morally, spiritually and even with their presence. Allow me to mention but a few.

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LIST OF ABBREVIATIONS

AA	Alcoholic Anonymous
BAC	Blood Alcohol Concentration
MIUC	Marist International University College
NACADA	National Authority for the Campaign against Alcohol and Drug Abuse
NACSW	North American Association of Christians in Social Work
NIAAA	National Institute on Alcohol Abuse and Alcoholism
SPSS	Statistical Package for Social Sciences

ABSTRACT

There have been numerous cases of alcohol abuse among the youth in Lang'ata Sub-County of Kenya. The purpose of this study was to establish the effects of alcohol abuse on youth's behaviour. The study was guided by the following objectives: To determine the effects of alcohol on psychological Behaviour of youth in Lang'ata Sub-County, Kenya; To examine the effects of alcohol on social behaviour of youth in Lang'ata Sub-County, Kenya; To find out the effects of alcohol on moral behaviour of youth in Lang'ata Sub-County, Kenya; To explore the psycho-spiritual interventions that could be used to help the youth in Lang'ata Sub-County, Kenya. The study was grounded on three theories namely: Problem Behaviour Theory, Disease Alcohol Theory and The Transtheoretical Model of Behaviour Change. These theories were necessary as they created deeper understanding of the problem of alcoholism in the society. The Concurrent triangulation design was used in the study. The target population was 152 which was made up of 18 counsellors, 3 facilitators and 31 alcohol addicts in three rehabilitation centres within Lang'ata Sub-County, Nairobi County that were purposively selected. Questionnaires were used to collect quantitative data while interview guides were used to gather qualitative data. Validity was assured by expert judgment while reliability was ensured by piloting. The study established that alcohol has adverse effects on psychological, moral and social behaviour of youth. Psychologically, alcohol was found to impair judgments. Socially, alcohol was found to make people more social and sometimes abusive. Morally, alcohol was found to cause degeneration of moral values. Psycho-Spiritual counselors were also found to have the ability to offer holistic health to the alcoholics as both spirituality and psychology are needed in the recovery process. The study recommends that all stakeholders such as the youth alcoholics, counselors and policy makers and the government have an important role to play in addressing the problem of alcoholism by learning more about alcoholism to be able not only to prevent but also to heal the effected victims.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter introduces the topic of the study by tackling important issues such as the background of the study, statement of the problem, research objectives and research questions. It also addresses the scope and delimitations of the study, significance of the study, conceptual framework and operational definition of key terms and organization of the study.

1.1 Background of the Study

Alcohol can be described as a chemical resulting through a process of fermentation. Alcohol is regarded as a drug due to its sedative, tranquilizing, as well as a hypnotic or anesthetic effect. An alcoholic is a person who consumes alcohol to such an extent that it interferes with their physical, mental and spiritual well being (National Institute on Alcohol Abuse and Alcoholism, 2016).

Alcohol is regarded as the oldest and most widely used psychoactive drug and has been legalized in most countries (Inaba & Cohen, 2000). It is estimated to have been discovered about one and a half billion years ago when airborne yeast spores were discovered to be able to ferment plant sugars into alcohol. It is suggested that alcohol could have been discovered by accident when a bunch of grapes or plums was left standing in a warm place, allowing the fruit sugar to ferment into alcohol (Inaba & Cohen, 2000). Further experimentation led to discovery of other ingredients such as starch that could make alcohol (Herlihy, 2002). The desire to have ready access to the pleasurable effects as well as the health benefits of beer and wine led humans to search out new raw ingredients with which to manufacture alcoholic beverages and produce

them systematically. This is evident in the ancient societies which were found to be using alcohol around 8000 B.C. about the same time that agriculture developed (Inaba & Cohen, 2000).

According to American Academy of Pediatrics (2010), youth drinking behaviours cover the stages ranging from primary abstinence to alcohol dependence. The *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision* (DSM-5) defines alcohol abuse as a maladaptive pattern of use that leads to clinically significant impairment or distress. This disorder has to be manifested by one or more of the following within a twelve month period: recurrent alcohol use that results in a failure to fulfill major role obligations at work, school, or home. Other manifestations include recurrent alcohol use in situations in which it is physically hazardous; recurrent alcohol-related legal problems; continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the alcohol; and the symptoms have never met the criteria for alcohol dependence(American Academy of Pediatrics, 2010).

Alcohol dependence is defined as a maladaptive pattern of use that leads to clinically significant impairment or distress (American Academy of Pediatrics, 2010). This is manifested by three or more of the following characteristics within a period of 12 months. They include tolerance; withdrawal; alcohol is often taken in larger amounts or over a longer period than was intended; there is a persistent desire or unsuccessful efforts to cut down or control use. Others include a great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects; important social, occupational, or recreational activities are given up or reduced because of use; alcohol use is continued despite knowledge of having a persistent or

recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol (American Academy of Pediatrics, 2010).

Alcoholism is a worldwide phenomenon and is already causing havoc among adolescents in different continents of the world. In Europe, for instance, a World Health Organization report on drinking among Europeans 2013 indicated that globally, Europe is the leading continent in the world as it has the highest alcohol consumption. The report indicated that in some European countries, alcohol-related deaths are estimated to account for 6% of total mortality (Settertobulte, Jensen, & Hurrelmann, 2001). Alcohol consumption has been blamed for losses in terms of government budgets, productivity losses through reduced output and alcohol-related diseases. It also imposes burdens on the health service and the welfare, legal and transport sectors. Alcohol has therefore been regarded as the most dangerous psychoactive substance in Europe (Settertobulte, Jensen, & Hurrelmann, 2001).

According to American Academy of Pediatrics (2010), alcohol use continues to be a major problem among youth in the USA. Although the minimum legal drinking age in United States is 21 years, alcohol use and heavy drinking are common during adolescence and young adulthood. In America, the problem of alcoholism has reached critical levels. According to Inaba and Cohen (2000), about 113 million (41% of the population) Americans take alcohol while about 14 million have a drinking problem as they are considered heavy drinkers. The youth in America are the most affected by the problem of alcoholism (Collins, 2007), where $\frac{3}{4}$ of the 6 million college students take alcohol and $\frac{1}{2}$ of them are already excessive drinkers. According to Collins, in Europe, 4.5 million people have a drinking problem. For instance, 30% of French men and 11% of French women drink excessively, which is over 28 bottles per week for men and 14

bottles per week for women. In Asia, India's alcohol consumption has risen by 171% while in Indonesia; it has risen to 500% (Inaba & Cohen, 2000). Africa is also a drinking continent. According to Barnes (2013), in Africa, the average alcohol consumption is 6.15 litres. For example, more than one in every three Zambian adolescents takes alcohol while Uganda has been noted as having the highest alcohol per capital consumption in the world (Swahn et al., 2011).

The use of alcohol may cause adverse effects on brain tissues leading to poor judgment. For instance, in South Africa, 78.3% of all the victims of drowning accidents in Cape Town were found to have been clinically intoxicated with Blood Alcohol Concentration (BAC) of 0.10 (Davis & Smith, 1982). Therefore, as the BAC rises, the quality of judgment and restraint rapidly deteriorates. Thinking becomes slowed and it becomes more difficult to attend and respond appropriately to external stimuli. This impaired psychological state is usually accompanied by feelings of increased confidence and skill. This study was carried out in South Africa and focused on drowning accidents while the current study focuses on influences of alcohol on psychological, social and moral behaviours.

Further, consuming alcohol has been found to cause reduced inhibitions. Mbulo, Newman and Shell (2007) study among college students in Zambia established a relationship between taking alcohol and failure to use condom. The results showed that drinkers had lower inhibitions towards sexual expectations than non-drinkers and also 62.9% failed to use a condom compared to 62.5% of non-drinkers.

Parents or guardians play an important role in the attitude of teenagers towards alcohol consumption. Parents act as role models to the teenagers and a parent's behaviour is likely to

influence the perception of such teens towards alcohol consumption. A study conducted by Obeng (2011) in Ghana found out that 43% of parents rewarded their children with alcohol after sending them to buy it. Therefore, parental attitudes towards alcohol affect children's attitudes toward alcohol.

Similarly, the alcoholism situation in Kenya is very critical. For instance, according to a Kenya Medical Research Institute (KEMRI) report, there are an estimated two million addicts in Kenya. The effect on families is also critical, where the report indicated that alcohol abuse affects 70% of families in Kenya (KEMRI, 1999).

A study conducted in Nairobi by Mahugu (2012) established that experimenting with alcohol and other drugs starts at primary school level. Similar studies from other parts of the world revealed that drug and alcohol use start as early as ten years. The study revealed that majority of the alcoholics (54%) started using alcohol when they were between 11 and 17 years. Although age at first drinking in Kenya is set at 18 years, the results show that children as young as ten years had access to alcohol. This is evident from the newspaper news being reported nowadays. For instance, on March 10, 2016, a group of 106 youth aged 16 to 20 were arrested in Lang'ata area, Nairobi drinking alcohol. The group comprised 72 boys and 34 girls. Early in the year, there have also been cases of underage teenagers involved in drinking, smoking bhang and having sex. In those incidences, 500 youth were arrested in a club in Eldoret while another 200 were in Nairobi. Another appalling incident happened in Murang'a in August 2015 when 45 high school students were arrested for smoking bhang, drinking and having sex in a moving bus (Kilonzo, 2016). This implies that the problem of alcoholism has reached critical levels and there is need for a mechanism to address it.

Among the most famous and effective methods of addressing the issue of alcoholism is the Alcoholic Anonymous' (AA) twelve steps program. These steps are more spiritual than psychological in nature. According to John (2012), the twelve steps program is enumerated as follows:

Step one: This step advocates that the alcoholics are powerless over alcohol and their lives had become powerless.

Step two: Step two is on the believe that a power greater than that of the affected alcoholics could restore their sanity.

Step three: This step addresses the decision by the alcoholics to turn their will and lives over to the care of God.

Step four: This step involves the alcoholics undertaking a fearless moral inventory of themselves.

Step five: Step five advocates for alcoholics admitting to God, to themselves and to another human being the exact nature of their wrongs.

Step six: Step six requires that the alcoholics are entirely ready to have God remove all the defects of their character.

Step seven: This step requires that the alcoholics make a humble request to God to remove their shortcomings.

Step eight: This particular step advocates for the alcoholics to make a list of all persons they have harmed and be willing to make amends to them all.

Step nine: This step requires that the alcoholics make direct amends to people they have wronged wherever possible, except when to do so would injure them or others.

Step ten: Step ten advocates that alcoholics continue to undertake personal inventory and when they are wrong to promptly admit it.

Step eleven: Step eleven requires that alcoholics seek to improve their conscious contact with God through prayer and meditation as well as asking for knowledge of His will and the power to carry that out.

Step twelve: This step requires that having had a spiritual awakening as the result of these steps, the alcoholics are requested to carry out this message to others, and to practice these principles in all their affairs (John, 2012).

The twelve steps are spiritual in nature and reveal the power of psycho-spiritual interventions in addressing the problem of alcoholism. These steps represent the understanding of human beings, their helplessness and their need for God to succeed. To overcome the power of addiction, human-will power must act in tandem with divine will (May, 1991). The popularity of the twelve steps and their effectiveness in addressing the problem of addiction over the years cannot be overemphasized.

Drug abuse among youth has been found to be rampant in Langa'ta Sub-County. For instance, a study carried out by Maina (2011) established that abuse of alcohol, tobacco and marijuana widely prevalent in public schools in Langata division. The problem of drug abuse was attributed to curiosity, peer pressure, family dysfunction, media fad, and easy accessibility of drugs. This finding was corroborated by a study carried out four years later by Onyango and

Tostensen (2015) in Lang'ata established that there is a large number of youth especially in the slums who drinks excessively and also traffic drugs and alcohol. It was against this background that the present study investigated the effects of alcohol abuse on the behaviour of youth in Lang'ata Sub-County of Kenya.

1.2 Statement of the Problem

A truth that may not be admitted is that drinking between one bottle for women and two bottles for men could be of benefit to one's health (Bachai, 2013). But the reality of the matter is that many youth are abusing alcohol leading to alcohol dependence. It is also widely acknowledged that excessive alcohol use is a serious public health concern worldwide. For instance, National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) indicates that alcohol consumption in Kenya has claimed more than 30,000 lives in the last five years (Cherono, 2016). Consumption of alcohol is also becoming more prevalent mostly due to the fact that it is integrated into our culture through wide appeal and acceptance from an early age. Furthermore, the legality of alcohol makes it readily available, and there is now recognition that a relatively high proportion of the population consumes quantities considered harmful to their health (Chweyal & Auya, 2014). Alcohol abuse among youth is associated with many risks such as school dropout, deaths, poor academic performance, sexual risks and even suicide.

The government has tried a major crackdown on the sellers and manufacturers of illicit brews all over Kenya but the brews are slowly crawling back. This is a very worrying trend that calls for intervention from all stakeholders including psycho-spiritual therapists in order to help address the issue of alcoholism. Research carried out in Kenya on this area such as that of Chesang (2013) mainly addressed the entire spectrum of the drug abuse and did not

comprehensively deal with alcoholism among youth. Chweyal and Auya (2014) also conducted a study that only addressed the social economic effects of alcoholism on families in Mukuru slum, Nairobi County. None of those studies had addressed the problem of alcoholism from the perspective of psycho-spiritual interventions. Hence, the current study had a literature gap to fill.

It is for this reason that an empirical study was required to be carried out in order to find out the nature of intervention that can be put in place to prevent, treat and mitigate this challenge. The study was intended to help decrease alcoholism, teach healthy coping skills, address effects of alcoholism and treat those affected.

1.3 Purpose of the Study

The purpose of this study was to establish the effects of alcohol abuse on behaviours of youth in Lang'ata Sub-County, Kenya.

1.4 Research objectives

The study was guided by the following objectives:

- i. To determine the effects of alcohol on psychological behaviour of youth in Lang'ata Sub-County, Kenya;
- ii. To examine the effects of alcohol on social behaviour of youth in Lang'ata Sub-County, Kenya;
- iii. To find out the effects of alcohol on moral behaviour of youth in Lang'ata Sub-County, Kenya;
- iv. To explore the psycho-spiritual interventions that could be used to help the youth who abuse alcohol in Lang'ata Sub-County, Kenya.

1.5 Research Questions

The following research questions guided the study:

- i. How does alcohol abuse influence psychological behaviour of youth in Lang'ata Sub-County, Kenya?
- ii. What are the effects of alcohol on social behaviour of youth in Lang'ata Sub-County, Kenya?
- iii. How does alcohol abuse affect the moral behaviour of youth in Lang'ata Sub-County, Kenya?
- iv. What are the psycho-spiritual interventions that could be used to help the youth abuse alcohol in Lang'ata Sub-County, Kenya?

1.6 Scope and Delimitations of the Study

The study investigated the psycho-spiritual approach to alcoholism among youth in Lang'ata Sub-County. It targeted youth who are affected by alcoholism as they are believed to have first hand information that is being sought by the researcher. The participants of the study comprised of counsellors, facilitators and alcohol addicts in three rehabilitation centers. The study was conducted between May 2016 to May 2017.

1.7 Significance of the Study

This study was significant to the following categories of people. First, to the alcohol addicts, the findings of this study may help them to face their problem and find treatment through various interventions. Secondly, the families of the addicts who suffer a lot of psychological, economical and social agony might be able to know the kind of part they can play towards the healing of their kinfolk. Thirdly, agencies which play an important role of coming up

with policies that are important in addressing the problem of alcoholism in the country such as NACADA might benefit. For such agencies and other policy makers to come up with workable and effective policies, they need to consult research studies that have been carried out in this area. Therefore, this study is an important reference document for government agencies to refer to. Fourthly, the researchers might also benefit from this study since any research that is conducted is geared towards generating new knowledge. It is in the light of this fact that, this research is going to add new knowledge in the field of alcoholism among youth. Hence, this research may be helpful to other researchers who would want to research more and build on it. Finally, the Psycho-Spiritual Therapists may stand to gain from the study as it may act as a reference tool especially when handling cases of alcoholism.

1.8 Theoretical Framework

This study was informed by three theories as a way of creating a deeper understanding of the problem of alcoholism in the society. The theories are namely: Problem Behaviour Theory, Disease Alcohol Theory and The Transtheoretical Model of Behaviour Change.

1.8.1 Problem Behaviour Theory

Problem Behaviour Theory (PBT) was developed by Richard Jessor and colleagues during the 1960s to explain problem behaviour in a small, rural tri-ethnic community in southwestern Colorado (Jessor, 2014). Jessor appreciated that youth is a stage characterized by change and sometimes this change can be rapid. There is need to understand this developmental changes. However, problem behaviour is the behaviour that departs from norms, socially and legally. The problem behaviour is socially unacceptable by institutions of authority and tends to elicit some form of social control response, whether mild reproof, social rejection or even

incarceration (Jessor, 2014). The theory was essential in understanding youth and the reasons that may precipitate the onset of alcohol abuse in their lives. This may go a long way in addressing other psychological, social and moral challenges that are closely related with alcoholism such as aggressiveness, violence, crime, incurable diseases, and premature death among others.

1.8.1.1 Strengths of the Theory

The theory helped one to understand personality changes over time in terms of social environment and behaviour. The theory is useful in forecasting important transitions, such as beginning to drink, starting to use marijuana, and becoming sexually active. There is strong evidence that problem behaviours are interrelated. For instance, if a youth is engaging in one type of problem behaviour, it is highly likely that he would be engaging in others as well. Examples of such related behaviours include drug use, drinking problem, sexual behaviour and reckless driving (Jessor, 2014).

1.8.1.2 Weakness of the Problem Behaviour Theory

Although the model has been very successful in addressing some behavioural disorders, half of its variance remains unexplained. This has been a challenge especially in the area of developmental science (Jessor, 2014).

1.8.1.3 Relevance of Problem Behaviour Theory

The theory informed the present study in that one is able to see the relationship between alcohol abuse and how it influenced their psychological, moral and social behaviours. By understanding how alcoholism affects these other behaviours, it is much easier for psycho-

spiritual therapists to intervene and rectify the situation. Although the theory helps in understanding the relationship between one behaviour to another, it did not address the intervention of the problem by the psycho-spiritual therapists as is the case with the current study. The current study therefore filled that theoretical gap.

1.8.2 Disease Theory of Alcoholism

The modern disease theory of alcoholism states that problem drinking is sometimes caused by a disease of the brain, characterized by altered brain structure and function (National Institute on Alcohol Abuse and Alcoholism, 2016). Alcohol is one of the most commonly abused substances in the world today. Many countries have declared alcoholism as an illness. Disease theory states that alcohol problems result in people who have an innate disease that gets worse and ultimately makes it impossible for them to control their alcohol use. The risk of developing alcoholism depends on many factors including genetics and environmental factors. However, current evidence indicates that alcoholism is 50-60% genetically determined, leaving 40-50% to environmental influences (National Institute on Alcohol Abuse and Alcoholism, 2016). Based on this theory, the first step towards tackling the problem of alcoholism among youth should therefore be to appreciate the fact that some youth are predisposed to become alcoholics the moment they start taking alcohol. This understanding forms a strong basis to offer treatment to the affected youth without putting blame on them as individuals.

1.8.2.1 Strengths of the Theory

The strength of the Disease Theory of Alcoholism is that by declaring alcoholism a disease, it has enabled alcohol addicts seek treatment and therefore give them a second chance to live normal productive lives (Korhonen, 2004). It would be catastrophic to treat alcoholism as a

moral issue thereby leaving the alcohol addicts to decide on whether to stop abusing alcohol or not. Based on the Disease Theory of Alcoholism, it is therefore important to focus efforts on preventing binge drinking (an episode of heavy drinking leading to intoxication) which eventually may lead to alcohol addiction (Herzaneck, 2014). Many youth in Kenya are known to be in this binge drinking habit which has serious ramifications such as fights and violence, suicide, family and employment problems, accidents and injuries, property damage, problems with police, among others.

1.8.2 .2 Weakness of the Disease Theory of Alcoholism

Although the Disease Theory of Alcohol is important in understanding and addressing the problem of alcoholism, in some instances, alcoholism is a matter of choice and not necessarily a total loss of control. Denying alcohol abusers the choice to stop abusing alcohol through the disease concept may be detrimental to an alcoholic's health (Herzaneck, 2014). The disease concept seems to give the alcoholic an excuse not to make a decision to stop drinking (National Institute on Alcohol Abuse and Alcoholism, 2016). Hence, instead of leaving the alcoholic to make a decision, the theory transfers the responsibility from the abuser to caregivers. There is therefore likelihood of the abusers refusing to take responsibilities towards their alcohol problem.

1.8.2.3 Relevance of Disease Theory of Alcoholism

The theory informed the present study in that it was advisable to balance between giving the alcoholics the freedom to decide on whether to continue abusing alcohol and seek treatment on their own; or to offer timely intervention by realizing that at some point the alcoholics cannot control their alcohol intake on their own. Nevertheless, this theory did not address psychological,

social and moral behaviour of the alcoholics and did not offer psycho-spiritual therapy as a method of intervention as is the case with the current study.

1.8.3 The Transtheoretical Model of Behaviour Change

The Transtheoretical model of behaviour change was developed in 1977 by James O. Prochaska of the University of Rhode Island and Carlo Di Clemente. The reason why it is called "transtheoretical" is because it is based on analysis and use of different theories of psychotherapy. Transtheoretical model is based on the understanding that change is a process involving progress through a series of stages (Prochaska, 2013).

The Transtheoretical Model of behaviour change assesses an individual's readiness to work towards a healthier behaviour and attempt to provide strategies to achieve that change. It also guides an individual through the stages of change to action and maintenance (Grohol, 2016). Grohol outlines some stages that an individual alcoholic is likely to undergo in the process of healing:

First, the pre-contemplation is where the alcoholic is not ready to change and hence have no intention of taking an action in the foreseeable future as they are unaware that they have a problem. Secondly, the contemplation is the stage at which the alcoholic starts getting ready after recognizing that their behaviour is problematic (Grohol, 2016). Thirdly, the preparation stage implies that the alcoholic is ready to take action in the immediate future towards their alcoholism problem. Behaviour change begins at this stage by taking some small steps. Fourth, action is the stage at which the alcoholic has made some behaviour modifications by embracing behaviours. Fifth, the maintenance is where Alcoholics have been able to sustain actions for at least six months and are working to prevent relapse at all costs (Grohol, 2016). At the termination stage

the alcoholics have zero temptation towards alcohol and they are sure they will not return to their old unhealthy habit as a way of coping (Grohol, 2016).

1.8.3.1 Strengths of the theory

The strength of Transtheoretical model of behaviour change is that, it has enabled people to understand the different stages of alcohol addiction recovery process thereby enabling therapists to offer the necessary treatment to the victims (Grohol, 2016). The model is also beneficial in providing a framework for both the conceptualization and measurement of behaviour change for alcoholics and may also facilitate individualized promotion strategies for such victims. This is informed by the fact that different alcoholics are at different levels of readiness to start the process of behaviour change.

1.8.3.2 Weakness of the Transtheoretical Model of Behaviour Change

This theory has its share of weaknesses in addressing the problem of alcoholism. For instance, it is not feasible to indicate that an alcoholic is preparing to stop drinking if he intends to change the behaviour within a month. Giving limits in cases of behaviour change may not actually be applicable. Furthermore, the classification of the process into six stages may not apply to all types of alcoholics (Grohol, 2016).

1.8.3.3 Relevance of the Trans theoretical Model

The theory informed this study in that offering therapy to alcoholics requires the understanding of the different stages of behaviour change that alcoholics undergo before they can fully recover from the problem. These comprehensive stages offer therapists a map or an action plan that they can follow until the victims have fully recovered. However, the theory did

not anticipate the use of psycho-spirituality in the treatment of the alcoholics which left a theoretical gap that can be filled by the current study which addressed the psychological, social and moral behaviours of the alcoholics and psycho-spiritual interventions.

1.9 Conceptual Framework

Orodho (2003) defines a conceptual framework as a model of presentation of relationship between variables in the study. Conceptual framework can therefore be described as the road map that the study intends to follow in the process of looking for answers to the problem at hand. This is presented in figure 1:

Independent variable	Intervening variables	Dependent variables
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Figure 1: Effects of Alcoholism on Youth's Behaviour

Source: Researcher (2016)

The conceptual framework indicates that alcohol abuse can be intervened if detected early through personal resilience, parental support, religion, rehabilitation models or peer support. Failure to intervene can lead to psychological, social and moral behaviour problems.

This study is based on the understanding that alcohol abuse may result in a multiple of behaviours that may be broadly grouped into psychological, social and moral behaviours. The assumption is that alcoholism has psychological effects such as impaired judgment, violence and impulsiveness. Alcoholism may also affect the social behaviour of the youth through mood enhancement, stress reduction and sociability. Morally, those who abuse alcohol are assumed to have guilty feelings or shame especially after taking alcohol, indulge in crime and exhibit deviant behaviour. When the rate of alcoholism is high, the behaviours associated with it exacerbate and when it is low, the behaviour reduces. Therefore, youth alcoholism may lead to exhibition of negative behaviours such as violence, unprotected sex and other criminal activities like stealing. It may also lead to guilt feelings, shame and other immoral behaviours. However, if taken moderately, alcohol may also make one to become social, friendly and even reduce stress to some extent. It is also assumed that the problem of alcoholism can be addressed through psycho-spiritual interventions. When youth indulge in alcohol to the extent of becoming alcoholics, they suffer ill health, poverty and missed opportunities. Similarly, their families and especially their parents and siblings suffer economically and psychologically. However, through interventions of psycho-spiritual therapists, the problem of alcoholism among youth can be addressed and tackled effectively. The intervening variables include resilience, parental support, religion, rehabilitation centres and peer support.

1.10 Operational Definitions of Terms

The following terms have been defined as used in the study:

Behaviours: This refers to the way in people conduct themselves toward others. In the present study, it refers to psychological behaviour, moral behaviour and social behaviour.

Psychological behaviour: In the present study, this refers to the effect that alcohol has on people's mental activities after consuming alcohol. Examples may include making impaired judgment, violent actions and exhibiting impulsive behaviour

Moral behaviour: In the present study, this refers to unacceptable behaviour exhibited by a person after consuming alcohol. This behaviour may be manifested through actions such as guilty feelings, feeling ashamed, committing crime or being violent.

Social behaviour: In the present study, this refers to the manner in which one acts towards other people in the society after consuming alcohol. This behaviour may be manifested through acts such as mood enhancement, stress reduction and being social.

Addict: In this study, the term refers to a person who has no control over the use of alcohol

Alcohol Abuse: State of being rendered dependent on alcohol.

Therapist: In the present study, it refers to the person who provides counseling to the alcohol addicts.

Healing: In the current study, this refer to the process of assisting alcoholics to move toward wholeness in the light of the brokenness brought about by alcoholism

Psycho-spirituality: In this study, this refers to the integration of both psychology and spirituality to attend to youth suffering from alcohol addiction.

Youth: In this study, it refers to the individuals who are between ages 18 and 24.

1.11 Organization of the Study

This study is organized into five chapters. Chapter one, introduces the study by giving the background of the study, the statement of the problem, the scope and delimitation. It also lists the objectives and the research questions. It also addresses the significance of the study, conceptual framework, and definition of key terms and organization of the study. Chapter two of the study consists of the literature review and summary of the related literature. Chapter three covers the research methodology, which involves: design of the research, area of study, population of the study, sample and sampling techniques, data collection instruments, validation of the instruments, reliability of the instruments, data collection procedure, data analysis and ethical considerations.

Chapter four presents the findings of the study and their interpretation. The sub-topics in this chapter are organized according to research objectives. After the presentation, analysis and discussion of the findings, the chapter is concluded with the summary of the findings. Chapter five covers the summary of the study, the conclusions, recommendations and suggestions for further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews literature related to the effects of alcohol abuse on behaviour of youth. The review focused on psychological, social and moral behaviours and the interventions offered by psycho-spiritual therapists. Psychological behaviours that have been reviewed include impaired judgment, violence and impulsiveness. Social behaviours reviewed consist of mood enhancement, stress reduction and sociability while moral behaviour comprises of guilt feelings, crimes and deviance. This chapter ends with a summary of the literature reviewed. Gaps from the reviewed studies have also been highlighted.

2.2 Influence of Alcohol on Youth's Psychological Behaviour

Alcohol abuse is known to affect the psychological behaviour of the abusers. Emotionally unstable people are susceptible to begin to drink alcohol excessively with the aim of suppressing anxiety, agitation, detuning, lethargy, feelings of inferiority, as a means of facilitating socialization with people (Tvarožková, 2015). For some alcohol abusers, psychological traits such as impulsiveness, low self-esteem and a need for approval prompt inappropriate drinking. Some individuals drink to cope with or "medicate" emotional problems (American Psychological Association, 2016).

When these effects are sufficiently strong and reliable, they enhance susceptibility to recurrent drinking in susceptible individuals (Tvarožková, 2015). According to American Psychological Association (2016), people with alcoholism are regarded as being alcohol dependence which implies that they have lost reliable control of their alcohol use.

A study carried out by Peele (2000) in New York on psychological benefits of moderate alcohol use established that there are several psychological benefits such as mood enhancement, stress reduction, sociability, social integration, mental health and long-term cognitive functioning. However, these psychological benefits can only be attributed to moderate alcohol consumption which is one bottle daily for women and two bottles for men and not in cases of alcohol abuse. The above reviewed study was done in New York, but not in Kenya where the present study was done. Hence, this study filled in the gap in literature.

A study carried out by Mbiti (2013) in Kenyan prisons on the psychological and criminal effects of alcohol and other drugs abuse established that there is an increase in the rate of crimes being committed as a result of alcohol and drug abuse. The study revealed that men are likely to commit crime due to alcohol and other drugs abuse as compared to women. Furthermore, 47% of the men prisoners were found to have committed crime due to use of drugs and alcohol (Mbiti, 2013). The study used questionnaires that were administered to 60 prisoners from three common prisons in Kenya. Twenty prisoners were identified from Kamiti Maximum prison, the next twenty from Naivasha Maximum Prison and the last twenty from the Industrial Area Prison. The reviewed study was done among prisoners, unlike the present study which was done among youths.

Regardless of the kind of alcohol taken or the quantity, alcohol dependent people are often unable to stop drinking once they start. Alcohol dependent is characterized by tolerance and withdrawal symptoms when drinking is suddenly stopped. Withdrawal symptoms may include nausea, sweating, restlessness, irritability, tremors, hallucinations and convulsions (American Psychological Association, 2016).

Although some research suggests that small amounts of alcohol may have beneficial cardiovascular effects, there is widespread agreement that heavy drinking can lead to health problems. Some of those problems include memory loss, hangovers, and blackouts. Long-term problems associated with heavy drinking include stomach ailments, heart problems, cancer, brain damage, serious memory loss and liver cirrhosis. Heavy drinkers also markedly increase their chances of dying from automobile accidents, homicide, and suicide (Tvarožková, 2015). Drinking problems also have a very negative impact on mental health. Alcohol abuse and alcoholism can worsen existing conditions such as depression or induce new problems such as serious memory loss, depression or anxiety (American Psychological Association, 2016).

Alcohol problems don't just hurt the drinker. Spouses and children of heavy drinkers may face family violence; children may suffer physical and sexual abuse and neglect and develop psychological problems (APA, 2016). Women who drink during pregnancy run a serious risk of damaging their fetuses. Relatives, friends and strangers can be injured or killed in alcohol-related accidents and assaults (American Psychological Association, 2016).

Other notable effects include activities such as hiding of drinking, escaping into anonymity, changing work or absenteeism, averting from family and legendary lying. Withdrawal syndrome after deprivation of the drug as well as overdose or due to general weakening of the body due to fatigue, infections or injuries (Tvarožková, 2015).

A study conducted by Cook et al (2016) in America on perceived benefits and negative consequences of alcohol consumption in women living with HIV established that those women drink alcohol in order to self-manage pain or emotions, to escape bad experiences, to feel in control. They were also found to experience other negative psychological effects such as risky behaviours, regrettable behaviour and memory loss. The study used four focus groups, with a

total of 24 adult women (96 % African-American, 88 % HIV-positive). Focus group discussions were tape-recorded and transcribed verbatim; a conventional content analysis approach was used to identify themes that were then grouped according to a biopsychosocial model. The study reviewed above was conducted among women only, but left out men. The present study filled in gaps by focusing on both men and women.

The role of alcohol in altering good judgment which may result in serious accidents and even deaths is rampant. The use of alcohol is known to cause adverse effects on brain tissues that affect judgment. For instance, a study carried out by Mokuolu (2010) on the role of alcohol in homicide established that alcohol increases the likelihood of risk-taking and provocative behaviour which in turn may lead to violent interactions and homicides. The study established that these homicides usually take place between 18:00 and 6:00 and the weapons commonly employed in homicide include sharp objects or use of clubs or as a result of fierce fight. The reviewed study was carried out in Nigeria and focused on the incidences of homicides resulting from alcohol consumption while the current study focused on influences of alcohol on psychological, social and moral behaviours. This therefore implied that there was a literature gap that can be filled by the current study.

Concurring with the above findings was another study carried out by Odera (2010) on the kind of drivers who are likely to cause accidents in Kenya. The findings established that drivers who had consumed alcohol were three times more likely to crash and more likely to over-speed, which again put them at ten times more likely to crash than drivers who had not consumed alcohol. The reviewed study focused on road accidents occurring after consuming alcohol while the current study focused on influences of alcohol on psychological, social and moral

behaviours. Therefore, this justified the need for the current study in order to fill the literature gap.

Alcohol intake has been found to have a profound effect on people's mental activities especially by removing inhibitions following alcohol use. Ojiji and Ezech (2002) did a study on the impact of alcohol and presence of women on verbal behaviour of Nigerian alcohol users. The study involved 331 Nigerians that were unobtrusively observed in alcohol and/or non- alcohol scenes. In 78% of the 77 locations covered, the people observed used alcoholic drinks. The analysis of data showed those who took alcohol had little inhibition and therefore the presence of women significantly influenced the frequency of their speeches. Although this study was able to shed light on the behaviour of alcoholics, it was done in Nigeria but not in Kenya where the current study is was done. The reviewed study relied more on observation method unlike the current study which uses both interview guides and questionnaires. The current study was therefore necessary as it filled the literature gap left by the above study.

A study carried out by Atwoli et al (2011) on the prevalence of substance use among college students in Eldoret, Western Kenya established that the prevalence of alcohol use among college and university students in Eldoret is high and causes significant physical and psychosocial problems in that population. A large proportion of those using alcohol reported serious adverse effects. The study noted that over 60% of the participants reported engaging in scuffles, loss and damage to property and quarrels. Those who experienced medical problems after consuming alcohol were 55.2%. Further, 60.5% engaged in unprotected sex and 62.5% engaged in sex they regretted the next day. The study used a descriptive cross-sectional survey using the Self-Administered WHO Model Core Questionnaire. Four tertiary learning institutions in Eldoret Municipality, three tertiary level institutions and one university campus

were randomly selected for inclusion in the study. Five hundred students participated in the study, 125 from each of the four participating institutions. The reviewed study covered substance abuse in general while the current study focused on alcohol alone. The reviewed study was done among students in Eldoret while the current study was done in Nairobi and included even non-students. The current study was therefore necessary in order to fill in the existing literature gap.

2.3 Influence of Alcohol on Youth's Social Behaviour

Youth who abuse alcohol are known to exhibit several social behaviours such as being social to other people, less stressful while their moods are enhanced. This section addresses literature related to some of those social behaviours.

A study conducted in Nairobi on social acceptance of alcohol use established that parents and peer influence, availability of alcohol and stressful lifestyles are major contributors to alcoholism among youth (Mahugu, 2012). The peers are great influencers of youth's alcoholic behaviour due to the social pressure involved in such relationships. Youth will put a lot of effort to conform to their peers. This may involve imitating behaviours of their peers such as alcoholism the ultimate aim being to have a sense of camaraderie among their circle of friends. Peer groups are known to teach new skills and attitudes that are most of the time different from those learnt from the families.

Alcohol is a substance that is both socially and legally acceptable in many countries including Kenya. This implies that youth find it easy and acceptable to obtain and use alcohol. When alcohol is easily available, then it becomes easier for the youth to not only obtain it but to abuse it in the process. Several researches have shown that alcohol is one of the substances that

are easily available and is also legal in many countries (Connors, DiClemente, Velasquez & Donovan, 2016). Social acceptance of the use of alcohol has led to the uncensored use and abuse. The number of pubs and other drinking places spread all over the place especially in major cities and towns sends a very strong message to the youth and children to the effect that alcohol is socially acceptable and that it is a source of pleasure and relieve. The mass media is awash with appealing alcohol advertisements that equates alcohol with pleasure and relief, fun, fashion, friendship, and happiness. This makes drinking alcohol to look like the best thing to do (Connors, et al., 2016).

In other quarters, alcohol is increasingly being used as anesthesia to combat stressful lifestyles. This kind of trend is drawing many youth to the alcoholic lifestyle. Stressors such as economic stress, unemployment, poor access to health are among the major triggers (Mahugu, 2012).

According to Banovcinova, Kovalcikova and Hrdlickova (2014), social status contributes to alcohol abuse. For instance, the feeling of being socially disadvantaged can be a trigger for increased alcohol consumption. Settertobulte, Jensen and Hurrelmann (2001) cite a study from the Netherlands that showed that those found to be in a bad financial situation were susceptible to succumb to regular alcohol consumption. This was found to be the case in countries such as the Republic of Ireland, as well as in Slovakia, Canada, Israel and the United States. Therefore, most adolescents from financially disadvantaged families tend to drink more. Parents were also found to contribute a lot to adolescents indulging in alcoholism. This is in the instances where alcohol consumption takes place in the family, especially at family events such as birthdays, marriages and anniversaries.

However, the affinity to use psychoactive substances, such as alcohol, and the individual risk of dependency are co-determined, to a certain extent, by the genetic make-up of the individual (Harris-McKoy, 2016). Moderate alcohol consumption is influenced to a great extent by environmental factors, while heavy alcohol abuse and alcohol addiction are co-determined to a significant degree by genetic factors. Parents who abuse alcohol are not good role models and do not have the moral authority to advise their teenagers against use of alcohol. The availability of alcohol in the homestead is also an incentive for their teenagers to experiment with alcohol (Harris-McKoy, 2016).

A study conducted by Heine (2016), also observed that, children in single-parent families, and especially in those where the parents are divorced, drink more, and more often, than those from “complete” families. The number of siblings and their consumption behaviour also play a role. Where older siblings drink alcohol more frequently, this increases the likelihood of alcohol consumption by younger children. An excessively permissive style of upbringing increases the likelihood of alcohol misuse in children. Among adolescent drug users, one common feature is negative intra-family communication marked by criticism and reproaches. These adolescents often see their fathers as hostile and dismissive. On the other hand, where adolescents’ relationships with their parents are good and marked by trust and mutual respect, and where there are lively exchanges of views, alcohol consumption by adolescents is lower than in families where these relationships are negative or disrupted.

Where conflicts in family communication are dealt with in a constructive way, children learn social skills and conflict management competences that they can later use in tackling their own problems. This is seen as being helpful in withstanding group pressure and avoiding destructive solutions to problems; it is therefore an important factor in the avoidance of alcohol

misuse. This will also enable parents to have an influence on the composition of their children's circle of friends, and hence also an indirect one on their children's dealings with addictive substances (Connors et al, 2016).

Like smoking, regular alcohol consumption is also affected by the price of the product concerned. In this context, due account should be taken not only of the variation in the price of alcohol, but also of the increase or reduction in the average purchasing power of adolescents. When considering the temporary misuse of alcohol in the form of binge drinking, however, price clearly plays a subordinate role (Connors et al, 2016).

Alcohol has become a public health problem in Kenya arising from over consumption, intoxication and dangerous behaviour upon consumption. It has contributed immensely to the high prevalence of HIV and AIDS in Kenya. Although the alcoholic beverage industry contributes Ksh 12 billion to the economy, most of it is spent to treat people with alcohol abuse related ailment. A lot more is lost due to alcohol related reductions in productivity (Inaba & Cohen, 2000).

Concurring with the above opinion is a study carried out by Neuman et al (2012) in South Africa noted that alcohol use loosens inhibitions and impairs cognitive functions, which may lead to unsafe sexual behaviour such as unprotected sex. It is through the unprotected sex that one is likely to contract the virus. The reviewed study was carried out in South Africa and focused on just one kind of behaviour and its association with HIV unlike the current study which was carried out in Kenya and focused on several behaviours such as psychological, social and moral.

National Institute on Alcohol Abuse and Alcoholism (NIAAA, 1997) established that regular alcohol use among youth has been significantly associated with conduct disorder; where

adolescents who reported higher levels of drinking were more likely to have conduct disorder such as violent behaviour. A review of studies carried out by the Institute of Health and Society at Newcastle University (2008) found out that early initiation into drinking and heavy alcohol consumption can lead to a very wide range of adverse consequences for young people's physical and mental health. These adverse effects consisted of both short-term (acute) and longer term health problems. Alcohol abusers are also likely to fail to fulfill their responsibilities at school, at work, or family obligations. They may have drinking-related legal problems, such as repeated arrests for driving while intoxicated. They may have relationship problems related to their drinking (American Psychological Association, 2016). The above reviewed study was done in a university set up and not among the youth as was in the present study.

Elsewhere, substance use in the United States claims close to 600,000 lives per year, including approximately 125,000 from alcohol use, and 10,000 from heroin and cocaine use. Additionally, about one-half of all violence is drug-related where up to 88% of homicide offenders were under the influence of alcohol at the time of their offense, as were 37% of assault offenders, 60% of sexual offenders and 13% of child abusers. The health and social cost of drug use is more than 67 billion dollars annually (North American Association of Christians in Social Work (NACSW, 2008).

A World Health Organization Report (2006) indicates that harmful and hazardous alcohol use predisposes youth to risks of being either victims or perpetrators of violence. Youth violence occurs in many forms ranging from bullying to gang violence to sexual aggression, assaults in streets, bars and night clubs. The consequences are devastating as figures shows that across the world an average of 565 young people aged 10 to 29 die every day through interpersonal violence, with males at a greater risk. The impact of youth violence that is facilitated by

alcoholism touches all sectors of the society and therefore places huge strains on public services and damaging communities. Crime and violence are known to impede growth and development as they erode the development of human capital, destroy social capital and consume government resources that could be used for other development purposes. Developing countries are the worst hit by crime and violence due to high rates of hopelessness which lead to high cases of alcohol abuse.

According to Herzanek (2014), alcoholism is a slow progression disease that negatively affects the relationship between the addicts, their siblings and their parents. For instance, a lot of time, energy and resources are dedicated to the alcoholic addict, leaving little for the siblings and parents. This creates a bad relationship between the alcoholic addict and the siblings who feels short-changed.

A study carried out by Olley (2008) on child sexual abuse, harmful alcohol use and age as determinants of sexual risk behaviours among freshmen in a Nigerian University, established that there is a relationship between alcohol abuse and risky sexual behaviour among university students in Ibadan, Nigeria. Eight hundred and forty one (841), freshmen participated in the study. Results showed that 30.8% were sexually active and 47% did not use condom in their last sexual episode. One of the reasons that were advanced for involvement in sexual risk behaviours was alcohol abuse. The reviewed study was carried out in Nigeria and focused on influence of child sexual abuse and alcohol while the current study was mainly on the influence of alcohol on various behaviours such as psychological, social and moral. Therefore, there was a literature gap that was filled by the present study.

The increase in alcohol abuse has major social implications. Notable problems associated with drug dependency include poverty, unemployment, a heavier burden on the health care

system, the disintegration of family systems and drug-related crimes (Ovens, 2009). There has also been a link between alcoholism and child abuse. A study carried out in South Africa by Ovens (2009) established a relationship between abuse of alcohol and child abuse through drug exposure, physical abuse and increased poor parenting skills. The reviewed study was carried out in South Africa and focused on influence of alcohol on child abuse while the current study was carried out in Kenya and focused on influence of alcohol on psychological, social and moral behaviours. Therefore, there was a literature gap that needs to be filled.

Consumption of alcohol has been found to lead to anti-social Behaviour of youth. A research undertaken in South Africa by Carney, Myers, Louw, Lombard and Flisher (2013) established a positive relationship between alcohol abuse and delinquent-type behaviours among adolescents. The reviewed study was done in South Africa and focused on influence of alcohol on delinquent behaviour. On the contrary, the current study was being done in Kenya and concentrated on psychological, social and moral behaviours. Therefore, there was a literature gap that needs to be filled.

Alcohol abuse has also been noted to contribute to partner violence. A study carried out in South Africa by Mthembu, Khan, Mabaso, & Simbayi (2016) on the influence of alcohol on partner violence established that men who abuse alcohol are more likely to abuse their partners than non-drinkers. Out of 975 men participants, 39.9% reported to have been involved in Intimate Partner Violence. The reviewed study was done in South Africa and focused on influence of alcohol on partner violence while the current study was done in Kenya and concentrates on psychological, social and moral behaviours. Therefore, there was a literature gap that was filled by the present study.

A study carried out by Shikuku (2012) in Busia, Kenya on the students' perception of alcohol and drug abuse in secondary schools was an eye opener regarding effects of alcohol on social behaviour. The study findings revealed that modern media including cell phone, internet, radio and television set, peer and parents greatly influence the students' use of alcohol due to their aggressive advertisements and proximity. The study further noted that poverty and the foreign culture also influenced alcohol drinking within the local communities. Urbanization and easy availability of alcohol also encouraged alcohol drinking. The study further established that both male and female students consume alcohol but with a higher percentage for male. The study also noted that students aged 16-19 years have high preference for alcohol because of their adolescent age. However other students over 20 years had great influence on the junior students in alcohol drinking. The study's design was descriptive survey. A combination of stratified sampling technique, purposive sampling technique and simple random sampling techniques were used to select the participants in the study. The respondents included 240 students. The instrument utilized in data collection was the questionnaire while the data was analyzed using qualitative and quantitative methods (Shikuku, 2012). The above reviewed study was majorly quantitative in nature and it lacked a qualitative aspect which could have captured the participants' feelings and experiences, which was one of the aspects of the current study.

2.4 Influence of Alcohol on Youth's Moral Behaviour

There appears to be two opposing moral views on alcoholism. Immoralists look at alcohol as something that has no morals. They describe alcoholics as sinful and morally weak people (Stofle, 2016). Amoralists, on the other hand look at an alcoholic as someone who is sick and need help, thereby divorcing morality from alcoholism. Therefore, amoralists tell alcoholic

that they are not bad people striving to become good people but they are sick people trying to get well.

Regardless of these two opposing opinions, alcoholics endure an overwhelming internal struggle regarding morality. For instance, the morning after a drinking spree brings about feelings of guilt, shame and powerlessness. This implies that their actions when drunk do not conform to their morals or value system (Stofle, 2016).

The society looks down upon alcoholics. Being drunk and disorderly is likely to attract a jail term. The society scorns and pity alcoholics looking at them as irresponsible people. Unfortunately, this kind of perception discourages such alcoholics from seeking medical attention. The fact of the matter is that alcoholics commit wrong or harmful acts while actively alcoholic and alcoholism is as a result of a an irresistible inner compulsive behaviour which bypasses logic and rationality (Stofle, 2016).

The society's view of alcoholics as bad people is likely to make the affected youth fail to seek treatment. For instance, a study carried out in South Africa by Jacobs and Liezille (2014) on mothers who have alcohol disorder established that besides feeling like bad mothers and being rejected by the society because they drink, women also experienced shame, stigma, guilt and secrecy that prevented them from seeking treatment. The reviewed study was however conducted in South Africa and only focused on women while the current study was conducted in Kenya and focused on both genders. There is therefore a literature gap that needs to be filled by the current study.

In many societies, an abuse of alcohol is considered as violating moral rules. Alcoholism is from moral point of view immoral (Tvarožková, 2015). It is a manifestation of a weak individual who is unable to resist alcohol, whose consumption is assumed to cause evil and

sometimes illness, medical treatment, care and support from the society. Alcohol use among youth was also found to lead to unsafe sex (APA, 2016).

On the question of whether alcoholism is a moral issue or a disease, The Watershed Addiction Treatment Programs (2016), attests that it's a disease and recommends that attention be directed to the disease instead of blaming the person. The moral behaviour of the youth can also be negatively influenced through the behaviour of their family members including their parents. A study carried out by Young (2011) on effects of alcohol and other drugs on children in America established that the moral behaviour of youth could be affected through exposure to physiological insults and through care giving deficits in their immediate families.

Alcohol abuse has been found to exacerbate immoral behaviour through irrational judgment. A study carried out in Nigeria by Ottu, Afolabi, Ekore and Osinowo (2013) on comorbidity of substance use and psychiatric problems among patients in a psychiatric setting established that there is a correlation between alcohol abuse and impairment of one's moral ethical self through generation of irrational beliefs. The reviewed study was carried out in Nigeria and focused on more than one substance abuse unlike this present study which was carried out in Kenya and only focused on alcohol abuse.

There also exists a moral dilemma when the care giver happens to be abusing alcohol and is expected to offer therapy to a youth who is abusing alcohol. A study carried out by Okeke, Ross, Esterhuizen and Wyk (2012) in South Africa established that 22% of care givers were themselves abusing alcohol which created a moral problem to the victims of alcohol abuse. Using a cross-sectional study, 650 self-administered anonymous questionnaires (primary and secondary questionnaires) were administered to participants between December 2009 and June 2010. Six hundred and twenty primary questionnaires (on smoking) and 630 secondary

questionnaires (on alcohol use) were returned, giving a response rate of 95% and 97% respectively. The Pearson chi-square test was used to test for statistical significance. The reviewed study was carried out in South Africa and involved the alcoholic's care givers. However, the current study was carried out in Kenya and focused on the alcoholics. The current study therefore filled in the literature gap.

A study carried out by Myadze and Rwomire (2014) on alcoholism in Africa during the late twentieth century, established that glorification of alcohol especially via media advertisements and condoning of alcohol in the society tends to give moral approval to alcoholism. This tends to make youth alcoholics feel as if it is normal to drink. The reviewed study was carried out in Nigeria while the current study was carried out in Kenya. The current study is therefore filled in the literature gap.

It has been established that there is a relationship between abuse of drugs including alcohol and crime. A study done in South Africa established that about 46% of 2859 arrestees were found to have had used drugs including alcohol. The study had 3000 participants drawn from Johannesburg, Cape Town and Durban (Leggett, Louw, Parry, Pluddemann, & Burton, 2013). The reviewed study was carried out in South Africa and focused on the arrestees while the current study was carried out in Kenya and focused on the influence of alcohol on youth's psychological, social and moral behaviour. It is therefore evident that there existed literature gap that was filled by this particular study.

It has also been established that alcohol predisposes youth to indulge in deviant behaviour such as truancy and indiscipline issues. On relationship between alcohol abuse and deviant behaviour, a study carried out in Kenya by Mbuthia (2013) on factors influencing deviant Behaviour of youth in Kenya established a correlation between the two. Among other

deviant behaviours, youth abusing alcohol were also found to be abusing other drugs (92%) and involving themselves in pre-marital sex (91%). The study targeted youth aged between 15 to 35 years. Information on the forms of deviant behaviour as well as hypothesized socio-economic and psychosocial factors that influence deviant behaviour was collected using a structured questionnaire. Data on deviant behaviour was collected using a set of questions that were aggregated together during analysis to generate individual deviant behaviour score. The study used a descriptive survey design methodology. Multiple regressions were used to establish the perceived factors that are significantly associated with deviant behaviour. The study involved 395 youths that represented an 87.78% response rate. Purposive sampling was adopted to ensure gender balance. The above reviewed study was more quantitative in nature and it lacked a qualitative dimension. In contrast, the present study adopted a mixed method to fill in the literature gap.

A study carried out by Rintaugui, Andanje and Amusa (2012) on socio-demographic correlates of alcohol consumption among university athletes in Kenya established that a substantial number of university students abuse alcohol which resulted to behaviours that were offensive to others. According to the study, as a result of alcohol consumption, there were (42; 32.6%) students who reported to have damaged friendships and (40; 29.6%) others who experienced poor academic performance. Data were collected through self-administered questionnaires from 146 subjects made up of 102(69.9%) males and 44 (30.1 %) females. It is therefore evident that alcohol consumption among university students can result to offensive behaviours towards others. The reviewed study focused on university athletes while the current study focused on youth in general and addressed issues related to psychological, social and moral behaviours.

2.5 Psycho-Spiritual Interventions on Youth Alcoholism

According to Land (2015) the integration of psycho spirituality in treatment of clients is gaining prominence as an effective component of offering holistic health. As the ravages of alcoholism continue to take greater tolls on society, more clinicians are referring their clients to the clergy for spiritual treatment. The clergy are integrating spirituality, religion, faith and psychology to offer a comprehensive treatment resulting to interpersonal, intrapersonal and transpersonal wellbeing of such clients (Land, 2015).

Many people seeking alcoholism counseling services are likely to consult psychological services as it has been the tradition. However, the effectiveness of these psychological services has not been very effective. Part of the problem is due to non-involvement of spirituality which is an essential element in the treatment of addiction disorders (Scott & Lambert, 2015).

According to Sneed (2008) most of the intervening efforts have tended to neglect the spiritual life of alcoholics in the recovering process. Sneed (2008) observes that there is a link between spirituality and both positive life orientation and level of social support among recovering youth. For instance, psychologists in a self-reported study stated that 60% of their clients often use religious or spiritual language to describe their personal experiences while a substantial proportion of health care patients prefer their physicians to address spiritual and religious concerns with them and even pray with them. Spirituality and spiritual practices have been found to enhance a person's overall mental health in areas such as satisfaction with life, reducing feelings of depression, and reducing the length of hospital stays. Leading a spiritual lifestyle has been thought to be a key to recovery, because it provides individuals with an effective means of dealing with stressful life events and buffers against negative emotions (Sneed, 2008).

From the biblical point of view, drunkenness is regarded as a sin in several books such as (Isaiah 5:11; Proverbs 23:20–21; Habakkuk 2:15). Similarly, Proverbs 20:1 indicates that “wine is a mocker, strong drink a brawler, and whoever is intoxicated by it is not wise.” The book of Ephesians 5:18 advises that we should not be drunk with wine, but instead should be filled with the Holy Spirit. Hence, the bible has addressed the issue of alcoholism by admonishing people from getting intoxicated.

Myadze and Rwomire (2014) in their study on alcoholism in Africa recommend engaging counsellors who are motivated to work with youth whose own resources are inadequate for resolving their role problems. This implies that not all alcoholic youth have adequate resources to afford the services of professional counsellors and therefore, psycho-spiritual counsellors need to consider such cases. The reviewed study was carried out in Nigeria and addressed youth alcoholism in Africa while the current study was carried out in Kenya and addressed the influence of alcohol on youth’s psychological, social and moral behaviour. Hence, there was literature gap that the current study filled.

The psycho spiritual counsellors have a role to help the youth who are in a critical and transformative stage in their life. The abuse of alcohol can therefore greatly interfere with this transformation if not well checked. One way of helping the youth to avoid alcoholism is by creating awareness. These views are validated by a study carried out in the United Arab Emirates by Alhyas et al (2015). The study established that creating awareness about the harm brought about by abuse of alcohol can reduce drastically cases of alcohol abuse among youth. This kind of information can guide the psycho-spiritual therapists to come up and implement prevention programmes that focus on raising awareness about the harms of alcohol abuse. The study suggests that such programmes be geared to addressing social norms; gender role and

image, drug policy, religion, family and school in order to come up with more effective and better protective outcomes. The study used a qualitative method that used focus group approach. The participants included male and female teenagers aged 13-18 years residing in the emirate of Abu Dhabi. This study was carried out in United Arabs Emirates unlike the present study which was carried out in Kenya. Therefore, there was need to carry out the current study in order to fill the literature gap.

Understanding and involving youth in programs related to the prevention of alcohol use in high school may be one way of minimizing cases of alcohol abuse. A study carried out by Ogenchuk (2012) on high school students' perceptions of alcohol prevention programs noted that students felt a need for increased information on alcohol education at the high school level. Further, they identified content and preferred methods of delivery to improve cognitive, behavioural, and emotional engagement. This therefore calls for their involvement in alcohol prevention programmes. The reviewed study was carried out in a high school and focused on the perception of the students towards alcohol prevention programmes unlike the current study which addressed the influence of alcohol on their behaviour. The current study therefore filled the existing literature gap.

Psycho-spiritual therapists may have to holistically address the issues of alcoholism among youth. This may include the economical well being of those affected as found by a study carried out by Birech, Kabiru, Misaro and Kariuki (2013) on alcohol abuse and the family in Kenya. The study's findings indicated that harsh economic conditions have contributed to alcohol abuse. The study recommends that alternative sources of income should be introduced in order to curb the problem. The reviewed study focused on the issues of alcoholism and the family while the current study was geared towards the behaviour of the alcoholics.

Another consideration for the psycho-spiritual therapists when dealing with cases of youth alcoholism is their social economic background. A study carried out in Tanzania by Mbatia, Jenkins, Singleton and White (2009) on prevalence of alcohol consumption and hazardous drinking established that those living in less affluent areas were likely to abuse alcohol in their life time. The study used a random sample of 899 adults aged 15–59 in two urban centres of differing levels of poverty and surveyed alcohol, tobacco and illicit substance use. The reviewed study was carried out in Tanzania unlike the current study and the two studies are measuring different variables. Hence, the current study endeavored to fill in the literature gap.

2.6 Summary of Literature Review and analysis of knowledge gap

From the reviewed literature, the problem of alcoholism has been described as critical as it impacts negatively on the victims, families and societies that they live in. The review has shown that alcoholism has different influences on psychological, social and moral behaviours of the alcoholics. Psychological behaviours reviewed included impaired judgment, violence and impulsiveness and social behaviours reviewed consisted of mood enhancement, stress reduction and sociability while moral behaviour comprised of guilt feelings, crimes and deviance. Although the problem of alcoholism has been studied widely, very few studies exist to address the Kenyan situation and more so the influence of alcohol on youth's behaviours such as psychological, social and moral from a psycho-spiritual perspective. It was therefore very necessary to carry out such a study locally especially around this time when the problem has reached a level that can only be described as critical.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

The purpose of research design is to provide a clear plan that was used to generate answers required for this research. This chapter covers the various methods that were used in carrying out this study. It covers important areas of the study such as research design, target population, location of the study, sample size, sampling procedure, and description of the instruments for data collection, data analysis, validation, reliability and ethical considerations.

3.2 Research Design

This study adopted mixed methods research. In mixed methods research, the researcher mixes or combines quantitative and qualitative research techniques, methods, or approaches to a single study (Creswell, 2014). By combining these two designs, it allowed the researcher to examine more closely experiences encountered by alcoholics in terms of their psychological, social and moral behaviours. In particular, the Concurrent Triangulation design research was employed. Through this approach both quantitative and qualitative data were merged in order to provide a comprehensive analysis of the research problem. Quantitative data was gathered through cross-sectional survey research design while phenomenological design was used to generate qualitative data for the study (Creswell, 2014).

Survey research designs are used in preliminary and exploratory studies to allow researchers to gather information, summarize, present and interpret for the purpose of clarification (Orodho, 2003). Likewise, survey research provides a quantitative or numeric description of trends, attitudes, or opinions of a population by studying a sample of that

population. Survey research helped the researcher obtain information that described the participants' views about alcoholism while phenomenological research design was used to identify the lived experiences in the rehabilitation facilitators and therapists by engaging them in extensive interviews. Hence, the qualitative data that was collected was used to enrich and support the quantitative data obtained from the cross-sectional survey.

3.3 Population of the Study

A population is defined as a complete set of individual, cases or objects with some common observable characteristics (Kamau, Githi & Njau, 2014). The target population for this study was drawn from three rehabilitation centres within Lang'ata Sub-County. The area was chosen because of high rates of alcoholism in the area and therefore all the variables necessary for this research study were present. Respondents were drawn from both victims and staff in the rehabilitation centres. The researcher opted for this composition of respondents because they were the key informants for this research and was able to provide the required information. The target population comprised of all the rehabilitation centres in Lang'ata Sub-County.

3.4 Description of Sample and Sampling Procedure

3.4.1 The Sample Size

A sample is a set of respondents selected from a large population for the purpose of survey (Robson, 2012). Therefore, a sample is used to make generalization of the characteristics being investigated within the target population. The sample comprised 18 counsellors, 3 facilitators and 131 alcohol addicts in the three rehabilitation centres within Lang'ata Sub-County of Kenya. Purposive and stratified sampling was used to sample only three rehabilitation centres and the staff of rehabilitation centres including the addicts in Lang'ata Sub County. This

sample was randomly sampled to represent the target population. The study adopted probability-sampling procedures in order to ensure an equal, known and non-zero chance in selecting the participants (Bell, 2010). The sample size and sampling procedure is explained in Table 1 below:

Table 1: Sample Size

Rehabilitation Centers	Counselors	Facilitators	Addicts	Total
A	6	1	40	47
B	6	1	30	37
C	6	1	61	68
Total	18	3	131	152

Source: Researcher (2016)

According to Table 3.1 above, youth population (rehabilitee) numbering 131 were sampled. A total of 18 counselors and 3 facilitators were also purposively sampled. Therefore, the total number of the respondents was 152 participants.

3.4.2 Sampling Procedure

Sampling procedure is a process of selecting a number of individuals for a study in such a way that, the individuals selected represent the large group from which they were selected (Kamau, Githi, and Njau, 2014). The study therefore applied stratified and simple random sampling methods to come up with the target population. Purposive and probability sampling was used to come up with the addicts that participated in this study. This was done using random sampling to ensure that each unit in the population had an equal chance of being selected. Before distributing the questionnaires, the researcher divided boys and girls in strata according to their

rehabilitation centers. Victims in each stratum were numbered and the numbers written on small pieces of paper and put in different containers. Using simple random sampling, the required number of youth victims was picked from each stratum. Staff was drawn from the rehabilitation centers under study using stratified sampling method.

3.5 Description of Research Instruments

Research instruments are data collection tools such as the questionnaires and interview guides, observations among others that a researcher uses to collect data scientifically (Kamau, Githi & Njau, 2014). However, the study used questionnaires and interview guides. Kasomo (2006) defines a questionnaire as a carefully designed instrument for collecting data directly from the people. The questionnaires helped the researcher to assess information from staff and addicts and be able to summarize the data obtained in the field.

3.5.1 Questionnaires for Youth Victims

The questionnaire for youth was subdivided into four sections: Section A of the questionnaire sought background information of youth; Section B sought information on the rates of alcoholism among youth, Section C sought information about the influence of alcoholism on youth's behaviour, Section D addressed the role of Psycho-Spiritual interventions on the youth alcoholics. Mixtures of closed and open-ended questions were used in order to create room for free expressions.

3.5.2 Interview Guide

The researcher also administered interviews to counselors, facilitators and alcohol addicts. The interview sought to obtain information from these categories of respondents on the

effects of alcohol on psychological, moral and social behaviour. It also sought information on psycho-spiritual interventions.

3.6 Validity and Reliability of the Research Instruments

3.6.1. Validity of the Research Instruments

According to Robson (2012) validity refers to whether or not, something actually measures what it claims to measure. Similarly, Mugenda and Mugenda (2003) define validity as the degree to which results obtained from the analysis of the data actually represents the phenomena under study. Therefore, accuracy or truthfulness of the measurement is essential. To ensure content validity, the researcher submitted the questionnaires for scrutiny and review to the research supervisors from the Psycho-Spiritual Institute at Marist International University College. After ascertaining the validity of the questionnaires from the supervisors, the researcher made copies and carried piloting with 10 youth and 4 counselors in one rehabilitation center that was not part of the main study. This helped the researcher to identify any ambiguous and unclear items in the questionnaires and rephrase them for clarity.

3.6.2 Reliability of the Research Instruments

According to Bell (2010), reliability refers to the extent to which a test or procedure produces the similar results under constant conditions on all occasions. To make sure that the questionnaires were reliable, the researcher piloted them in one of the rehabilitation centers that was not part of the study. The pilot involved 6 participants. The test-retest technique was used to assess reliability whereby, the same questionnaires were administered twice to the same group of participants after one week to see whether responses would be similar.

3.6.3 Trustworthiness of Qualitative Data

In order to acquire valid and reliable multiple and diverse realities, multiple methods of gathering information were applied. Triangulation refers to a technique that uses multiple methods or data sources in qualitative research to develop a comprehensive understanding of phenomena (Carter et al, 2014). Hence, the researcher engaged multiple methods, such as interviews and recordings in order to get more valid, reliable and diverse construction of realities.

3.7 Data Collection Procedures

The researcher systematically followed the recommended data collection procedures. To begin with, the research authorization letter was sought from the Director of Psycho-Spiritual Institute at Marist International University College. This letter was obtained a week before the data collection exercise. Any other authorization required was sought around this time. The letter was presented to the authorities of the rehabilitation centers under study. Upon being granted permission to carry out data collection, the researcher prepares to start data collection exercise in the next few days.

The researcher visited the rehabilitation centers in person, met the respondents and made introductions. This was done to assure the respondents of the confidentiality of any information they would provide and even request them not to write their names on the questionnaire forms. It is at this point that the researcher administered the questionnaires and collected them immediately to minimize cases of unanswered questionnaires. However, some questionnaires had to be collected afterwards because some respondents needed more time to fill them. Interviews were conducted for three weeks and the process involved taking notes as well as

audio recordings using a Tablet. The collected questionnaires as well as the interview recordings (audio) were then sorted out ready for data analysis.

3.8 Data Analysis

According to Kombo and Tromp (2006), data analysis refers to examining the collected data in a survey in order to make deduction and an inference. Data analysis therefore is an exercise that involves analyzing and interpreting data collected from the field to make it more meaningful to a user.

3.8.1 Quantitative data analysis

Quantitative data was analyzed using the Statistical Package for Social Sciences (SPSS) Version 21. It involved inspecting data for its completeness, elimination of missing data, coding the data and changing data into new format by converting it into numerical forms and subjected them to statistical analysis. Hence, quantitative data from the close-ended items in the questionnaires was analyzed using descriptive statistics such as frequencies, percentages. This is presented in the table of data analysis matrix below:

Table 2: Quantitative Data Analysis Matrix

Research questions	Independent variables	Dependent variable	Statistical test
How does alcohol abuse influence psychological Behaviour of youth in terms of impaired judgment, violence and impulsiveness?	Alcohol abuse	Psychological behaviour	• Frequencies • Percentages
How does alcohol abuse influence social Behaviour of youth in terms of mood enhancement, stress reduction and sociability?	Alcohol abuse	Social behaviour	• Frequencies • Percentages
How does alcohol abuse influence Moral Behaviour of youth in terms of guilt, crime and deviance?	Alcohol abuse	Moral behaviour	• Frequencies • Percentages

3.8.2 Qualitative data analysis

Qualitative data obtained from open-ended questions and interviews was analyzed according to general categories or themes then summarized and presented in form of narratives and direct quotations (Creswell, 2014). Qualitative data involved reading and re-reading the data to familiarize one-self with the depth and breadth of its content in order to identify meanings and patterns (Creswell, 2014). Transcription of verbal data was carried out including creating codes for identified patterns and themes. The themes were later sorted and those similar combined based on the objectives of the study (Creswell, 2014). According to Braun and Clarke (2000) qualitative data analysis involves six steps. The first step involves familiarizing oneself with the

data by reading and re-reading data in order to identify meaning and patterns. Data is also transcribed at this level. The second step involves creating initial codes that identifies patterns and meaning. Step three involves sorting themes and combining the similar one together. Step four requires reviewing of themes based on the data accuracy and validity. Step five involves defining and naming the essence of each theme based on research questions. Step six involves reporting by telling the story about the data in a convincing manner, coherent and logical manner (Braun & Clarke, 2000).

Table 3: Steps in Thematic Analysis

No	Phase	Process
i	Data familiarity	The steps involve actively reading and re-reading the data to familiarize with the depth and breadth of its contents in order to identify meanings and patters. Transcription of verbal data into written form is done at this stage.
ii.	Creating initial codes	Creating codes for identified themes and meaning regarding phenomenon.
iii.	Sorting themes	Sorting and combining themes to form overarching themes from the entire set of data
iv.	Reviewing themes	Further recombination of major themes and meanings taking into account the validity and accuracy in reflecting meaning evident in the data set.
v.	Defining / Naming themes	Identifying the essence of each theme and the aspect of data it captures in relation to the research questions for each theme.
vi.	Reporting	Final analysis with clear extracts of examples to tell the story of your data convincingly, coherently, logically and without repetition.

Source: (Braun & Clarke 2000, pg 17)

3.9 Ethical Considerations

Ethics is concerned with morality and standards of conducting a research (Kamau, Githi & Njau, 2014). According to Creswell (2014), ethics is a branch of philosophy which deals with one's conduct and serves as a guide to one's behaviour. The researcher therefore strived to adhere to all the ethical procedures required in a research of this nature.

3.9.1 Informed Consent

After approval of the research proposal, the researcher sought permission to conduct research from the Psycho-Spiritual Institute at Marist International University College. The research permit was submitted to the administrators of the rehabilitation centres under study for permission to collect data in their institutions. The researcher then presented a letter of consent to each participant in the study for them to sign. The researcher ensured that the respondents were fully aware of the purpose of the study well in advance before commencement of data collection exercise. This ensured that their informed consent was obtained while ensuring that no one was coerced to participate in the study.

3.9.2 Confidentiality

The researcher ensured that information derived from participants was treated with utmost confidentiality. For instance, no one was supposed to write their names or that of their rehabilitation centres on the questionnaires. Similarly, the researcher observed the confidentiality of data, anonymity, privacy and safety of the respondents.

3.10.3 Trustworthiness

The researcher ensured that all the sources consulted were cited, referenced and acknowledged as required in any scholarly piece of work. This included adherence to the American Psychological Association (APA) manual (sixth edition).

3.10.4 Risk

The researcher observed that none of the respondents was subjected to any form of risk whatsoever. Adequate measures were put in place to ensure that no participant was affected negatively by the study.

CHAPTER FOUR

DATA PRESENTATIONS, INTERPRETATION AND DISCUSSION

This chapter analyses, presents, interpret and discusses data findings. The study sought to establish the “*Effects of alcohol abuse on Behaviour of youth in Lang’ata Sub-County, Kenya: Implications for Psycho-Spiritual therapy*”. The data analysis was based on the objectives of the study. Data collected from the field were presented and analyzed using frequency tables, figures and texts.

4.1 Distribution of Questionnaires and the Return Rate

The Table 4 below presents the number of respondents who participated in the study.

Table 4: Questionnaire Distribution

Respondent Type	Targeted Questionnaires		Returned Questionnaires	
	Frequency	%	Frequency	%
Respondents	152	100	152	100
Total	152	100	152	100

Table 4 above shows that a total of 152 questionnaires were distributed and the same number received back. This is a 100% return rate. Therefore, the participation rate can be described as high which contributed positively to the success of this study.

4.2 Demographic Information of the Participants

Respondents were asked to provide their demographic details in terms of gender, age, educational level and marital status.

4.2.1 Gender Distribution of the Respondents

The respondents were asked to indicate their gender and they responded as shown in Table 5 below:

Table 5: Gender Distribution of the Participants

Gender	Frequency	Percent
Male	132	87
Female	20	13
Total	152	100.0

From Table 5 above, (87%) of the participants were males while (13%) were females. This is an indication that male participants outnumbered their female counterparts. This could be explained by the fact that more males than females generally abuse alcohol. However, this disparity had no negative effect on the outcome of the study.

4.2.2 Age Distribution of the Respondents

The study sought to establish the age of the respondents. Tables 6 below represent those findings.

Table 6: Age Distribution of Participants

Age bracket	Frequency	Percent
15-20	25	16
21-25	72	47
26-30	27	18
31 and above	28	18
Total	152	100.0

From Table 6 above, the majority of the participants were in the age bracket of 21-25 at (47%), followed by those of 31 and above years at (18%), then those in 26-30 age bracket at 18%. The least number of participants came from those in age bracket of 15-20 at 16.4%. This is an indication that most of the participants are young adults who are just beginning their careers probably after college and therefore are presumed to be at a very productive stage in life.

4.2.3 Distribution of Educational Level of Respondents

The study sought to establish the academic qualification of the respondents. Their responses are presented in Figure 2 below.

Figure 2: Academic Qualification

The educational levels of the respondents cut across different levels from primary school all the way to university level. Those who had attained college level education formed the largest percentage at 53%, followed by those with university education at 21%, and then 18% had

secondary school level education while 8% had attained primary school level of education. Therefore, most of the respondents had enough education to comprehend the items in the questionnaires and answer them competently.

4.2.4 Marital Status of the Respondents

The study sought to establish the marital status of the respondents. They answered as shown in the following figure.

Figure 3: Marital status of the respondents

Figure 3 shows that 86% of the respondents were single, 11% were married while 3% were divorced. Therefore, majority of the respondents were not married. A number of reasons could be advanced towards this state of affairs. On one hand, the age of the majority of the respondents implies that they are not yet ready for marriage while on the other hand, it could be

that they are not responsible enough to make a home. In support of the latter views, one participant who was in his early 20s but looked much older shared that although he had more than thirty relationships with different ladies, none of them could last beyond three months due to his alcoholism. For instance, the man reported to have missed reporting to work on several occasions leading to job losses and also failed to return home after a drinking spree (Participant 17).

4.2.5 Alcohol consumption background

The study wanted to find out the background experience of the respondents regarding their consumption habits. They responded as shown below.

Table 7: Questionnaire Distribution on alcohol consumption experience

Have you ever consumed alcohol?	Frequency	Percent
Yes	108	71
No	44	29
Total	152	100.0

The respondents were asked to confirm whether they had consumed alcohol, to which 71% of the respondents answered to the affirmative while 29% answered to the contrary. Therefore, majority of the respondents confirmed having experiences of alcohol effects and were therefore trusted to provide concrete information about the psychological, social and moral effects. This is validated by some two participants who disclosed having started taking alcohol since their childhood. For instance, a lady facilitator and a former drug addict explained how she

was brought up by a single mother in a home where alcohol was brewed. She reported the following:

Myself, I can remember vividly being given some alcohol every time I cried as a way of inducing sleep. I was at a tender age of 4 years. This was confirmed to be by my elder brother who told me what used to happen (Participant 1).

Another respondent reported the following:

I started taking alcohol when I was a young boy in primary school. My father could send me to a village brewer to go and buy some traditional liquor at a tender age. I ended up taking some sips on my way back home until when I could take substantial amounts enough to make me feel drunk. Since that time, I considered alcohol as a beverage like any other and I didn't associate it with any harm. In fact every ceremony at our home was accompanied by beer of some sort. Taking alcohol at home especially among boys was therefore acceptable or was tolerated to some extent. That is how I ended up becoming an addict (Participant 3).

This shows how some people innocently become alcohol addicts through some negligence from their parents or guardians. The above cases are also a confirmation that the societal approval of alcohol and their affirming attitude may predispose youth to take alcohol early in their lives. This study finding agrees with Obeng (2011) who reported that parents who reward their children with alcohol after sending them to buy it are likely to predispose them into abusing alcohol later in life. Similarly, Myadze and Rwomire (2014) also agreed that glorification of alcohol either by parents or the society especially through media advertisements and condoning of alcohol in the society tends to give moral approval to alcoholism.

4.3 Effects of Alcohol Abuse on Youth's Psychological Behaviour

The study embarked on finding out whether alcohol abuse has any effect on psychological behaviour of youth. The responses are presented on Table 8.

Table 8: Effects of alcohol abuse on psychological Behaviour of youth

STATEMENTS	SA	%	A	%	U	%	D	%	SD	%
Alcohol abuse leads to impaired judgment	75	49	41	27	12	8	14	9	10	6.6
Alcohol abuse causes me to have blackout	67	44	36	24	6	4	25	16	18	12
After I take alcohol, I think differently	56	37	66	43	12	8	8	5	10	7
Alcohol abuse has made me feel confident about myself	47	31	31	20	12	8	21	14	41	27
When I drink, I feel somehow relaxed in my mind	35	23	43	28	18	12	19	13	37	24

The first item in this objective asked whether alcohol abuse makes the respondents make impaired judgments, to which 49% strongly agreed, 27% agreed, 9% disagreed, and 7% strongly disagreed while 8% were undecided. This implies that alcohol abuse causes victims to make impaired judgments. This finding agrees with a study carried out by Neuman, Schneider, Nanau¹, Parry and Cherish (2012) in South Africa that noted that alcohol use reduces inhibitions and impairs cognitive functions, which may lead to unsafe sexual behaviour such as unprotected sex. To validate these findings, one participant had the following to say:

I have missed reporting to work on several occasions after drinking some spirits either in the morning or the evening before. In such occasions, I always convince myself that I should not go to work as people will judge me harshly on realizing that I am under the influence of alcohol. I would be very ashamed in such instances (Participant 11).

This implies that one is likely to miss opportunities such as important appointments or fail to report to work which could lead to dismissal from work.

Another case of impaired judgment was reported by participant 6 and 9 who narrated how through the influence of alcohol, they engaged in unprotected sex with partners they barely knew. Participant 1 agrees with these views by saying that the alcoholics make irrational decisions that sometimes have negatively future repercussions. It is therefore evident that taking alcohol impairs one's judgment and can lead to making risky decisions. These observations are supported by findings from the United States National Institute of Health (2016) which noted that drinking too much alcohol increases someone's chances of being injured or even killed. When asked whether alcohol abuse makes them experience memory loss (blackout), 44% strongly agreed, 24% agreed, 16% disagreed and 12% strongly disagreed while those who were undecided constituted 4% of the respondents. This implies that alcohol abuse causes one to experience blackout. In support of these sentiments, participant 12 noted the following:

“On several occasions during my drinking escapades, I have found myself in a ditch the following morning having slept there. Surprisingly, I cannot explain how I ended up there in the first place. I must have blacked out somehow” (Participant 12).

This finding was validated by White (2003) who noted that alcohol reduces the ability to have a long-term memories and ability to keep new information active in memory for brief periods. The more the amount of alcohol consumed is increased the more the magnitude of the memory loss. Hence large amounts of alcohol, particularly when consumed rapidly can produce partial or complete blackouts, which are periods of memory loss for events that transpired while a person was drinking.

Another item used to explore the objective was on whether after taking alcohol they think differently, to which 43% of the respondents agreed, 37% strongly agreed, 8% were undecided, 7% strongly disagreed while 5% of the respondents disagreed. Based on the majority of the

respondents, taking alcohol makes people think differently. This is one item that was agreed upon by most participants, who observed that they would change their original plans upon taking some alcohol. For instance, if one was on his way to work and by chance happen to take a few beers in the process, chances are that they will be inclined to continue drinking and fail to go to work. Several respondents concurred with these views.

Participant 1 had this to say:

When one becomes an alcoholic, they abandon the previously enjoyed hobbies so as to concentrate on the beer. Every day when I wake up my main business revolves around looking for alcohol to quench my thirst. I am very restless when I don't have access to alcohol. There is nothing I can do until I "unlock," I am a slave of alcohol. I am useless until I take some alcohol (Participant 1)

This respondent shows how unproductive the alcoholics are in the society. They do not go to look for jobs and therefore have no sources of income to sustain themselves or their families. This implies that they end up becoming beggars. Another respondent had similar views.

When I wake up, instead of going to work, I head straight to the drinking den regardless of whether I have money or not. I cannot go for any appointment without having taken some alcohol. My most important appointment is alcohol. Surprisingly, when I reach there, I always find a group of men and women with a similar problem. People, not just me alone and in this case gender notwithstanding, people come in hordes, all craving for alcohol. Due to the fact that most of us have no money, we end up taking sips from the various people around. Sometimes, we contribute the little coins we have and buy the hard liquor which we mix with (Participant 13).

Another respondent candidly revealed his situation. He says:

I live, work, and think alcohol. I must have alcohol to survive. I rarely follow any schedule until I am tipsy. Unfortunately, my plans changes the moment I get drunk. But the fact of the matter is that I can't do any work without taking some alcohol even if I had previously planned to go somewhere. My first priority in this world is alcohol and once I am drunk, my second priority again is alcohol. I must continue drinking until I can't do it anymore (Participant 10).

Another respondent had the following to say on the same:

Even if I report to work in the morning, I always find a way of accessing some alcohol somehow. I either sneak out to have some sips or I carry with me some alcohol whenever I go to work. Somehow, I have to slot in some alcohol in my schedule. The problem is if I meet some fellow alcoholics, I end up staying indefinitely (Participant 18).

Another respondent had similar views when she said:

I rarely do what I had promised myself to do. Alcohol is demonic. I have always missed out on important opportunities in life because I can't let myself off the alcohol's hook. I can't think independently (Participant 5).

All these implied that alcohol addiction is a disease that holds victims hostage in a way that they become slaves to the alcohol regardless of their desire to stop. This finding concurs with AAP (2010) which reported that alcoholics persistently tries unsuccessful to cut down or control use of alcohol, they spend a great deal of time trying to obtain alcohol, use alcohol, or recover from its effects. They also miss important social, occupational, or recreational activities in their endeavor to satisfy the urge to drink alcohol.

Another respondent was more emphatic about changing plans as the following views indicate:

There is not one single day that I have been able to follow through on some work successfully because I have to look for opportunities to sneak out and indulge in alcohol taking. When alcohol urge comes, I have to change any other plan regardless of how important it is (Participant 6).

The same line of thoughts was expressed by another respondent when he said the following:

Every time I consume alcohol, my initial plans are altered completely. I must adhere to the whims of my drunkenness. This involves forgetting or changing my initial plans. Even when I have planned to take two drinks within the shortest time possible so that I can continue with the day's plans, I end up taking more and more as long as other colleagues can share sips of their alcohol in the process. The chatting prolongs to hours sometimes to

entire day and night. Alcohol has a compelling camaraderie among fellow drinkers. It is simply unexplainable how one can take an entire day sharing unimportant issues with others. Alcohol is simply an amazing drug, so irresistible (Participant 7).

From the excerpts above, it is evident that the victim is addicted to alcohol as indicated by American Academy of Pediatrics (2010) who concurred that some of the symptoms of an alcohol addiction include a persistent continuation of alcohol despite knowledge of having a recurrent physical or psychological problem from alcohol abuse. As the excerpts shows, once the victims of alcohol become addicted, it becomes difficult to disentangle themselves from the drink. Alcohol also seems to disrupt their lives in a negative way.

Another item of the question sought to find out whether alcohol abuse has made them feel confident about themselves, 31% of the respondents strongly agreed, 20% agreed, 27% strongly disagreed, and 14% disagreed while those who were undecided constituted 8% of the respondents. This is an indication that alcohol make people feel confident about themselves. This study concurs with that of Mbulo, Newman and Shell (2007) that established that consuming alcohol causes reduction in inhibitions. This finding concurs with the following views from the respondents. In support of these findings, Participant 8 who is married with three kids had this to say:

When I drink alcohol, I experience some strange happiness, everything becomes easy, problems disappear, my stress disappears and above all, I treat my family members very well at that time. However, if one disagrees with me, I become violent, beating and kicking everything and everyone on sight (Participant 8).

Participant 8 had similar sentiments when he said that:

When I take beer, I develop courage to talk to people I would otherwise not approach when sober. I specifically make sure I take some alcohol before I approach a girl of my choice (Participant 9).

It is therefore evident that when one takes alcohol, they become more confident and more daring. This could explain why people do things that they would rarely do when not under the influence of alcohol. This finding agrees with Tvarožková (2015) who noted that heavy drinkers increased their chances of dying from vehicle accidents. That daring courage erroneously makes them probably think that they can handle a car moving at a high speed.

When asked whether after taking alcohol one feels relaxed in the mind, 28% of the respondents agreed, 23% strongly agreed, 24% strongly disagreed, 13% disagreed while those who were undecided formed 12% of the respondents. This implies that taking alcohol causes one to feel relaxed in the mind. The study agrees with Tvarožková (2015) who noted that alcohol suppresses anxiety, agitation, detuning, lethargy, feelings of inferiority which facilitates socialization with other people. However, this relaxing feeling is likely to encourage one to continue taking alcohol in order to experience such a similar feeling. In support of these findings Respondent 15 who narrated how he cannot sleep without taking some alcohol said:

I develop insomnia when I don't take alcohol. In fact, I can go for three days without sleep. At this point, I can sell anything in order to get money to buy some liquor. Worse of all, I develop hallucinations where I see people coming to attack me. Right now, I am taking some tablets to relax my nerves. However, I am finding the tablets more expensive than a beer so I prefer taking a beer instead of the tablet as a cheaper way of helping me relax (Participant 15).

From these views, although it is evident that alcohol results to relaxation of the mind, addiction to the same is such a terrible disease that can drive one to do anything to quench their thirst or the urge to drink. This finding agrees with Mahugu (2012) who noted that alcohol is used as a relaxation drug to combat stressful lifestyles.

4.4 Effects of Alcohol Abuse on Youth's Social Behaviour

The study sought to establish the effects of alcohol on social behaviour of youth. The responses are presented on Table 9.

Table 9: Effects of Alcohol Abuse on Youth's Social Behaviour

STATEMENTS	SA	%	A	%	U	%	D	%	SD	%
After drinking alcohol, I am very friendly	37	24	39	26	17	11	32	21	27	18
When I take alcohol, I fight others a lot	36	24	28	18	18	12	32	21	38	25
When I take alcohol, I like talking a lot	52	34	53	35	13	9	17	11	17	11
When I take alcohol, I am abusive to others	32	21	47	31	17	11	26	17	30	20
When I take alcohol, I become violent at home	37	24	25	16	15	10	25	16	50	33

When asked whether after drinking alcohol one becomes so friendly, 26% of the respondents agreed, 24% strongly agreed, 21% disagreed, 18% strongly disagreed while those who were undecided constituted 11% of the respondents. Therefore, one can confidently say that taking alcohol makes one become friendly and chatty. This finding agrees with that of Peele (2000) who noted that alcohol when taken in moderation (one bottle of beer daily for women and two bottles of beer for men) can have some psychological benefits such as mood enhancement, stress reduction, sociability, social integration, mental health and long-term cognitive functioning. According to Respondent 9, when drunk, she can approach or talk to anyone

without any inhibitions and strike a conversation. Similarly, most of the participants agreed that they become chatty and friendly when drunk. In relation to lack of inhibitions the following respondents had this to say:

I don't bother to hide my nakedness when drunk. For instance I can urinate anywhere. I can also talk about any subject especially the immoral ones without feeling any restrictions. I can say anything that comes to my mind. I don't care (Participant 16).

In support of the above opinion, another respondent talked about how alcohol not only removes inhibitions but also turns them into generous people after getting drunk as follows:

I am astonished by my exaggerated benevolence whenever I get intoxicated by alcohol. My inhibitions disappear yes, but I also become very generous not just to my fellow drunkards but also to anybody including strangers. I can buy everyone alcohol when I have money. I can also buy them meat even without being prompted to do so (Participant 17).

Similar sentiments were raised by another respondent who had the following views about alcohol's ability to make them feel good:

My first two beers make me feel very relaxed and friendly. It is a feeling so good that anyone can die for. However, when I exceed my limit, the alcohol becomes a problem. I can't control all my faculties. I become helpless when I drink excessively (Participant 5).

The excerpts above are a pointer to the fact that alcohol can be regarded as a social drink where people feel relaxed as it has ability to inhibit stress and anxiety. This however can only last as long as alcohol is taken in moderation. This finding agrees with Mbulo, Newman and Shell (2007) who observed that alcohol has the ability to relax people and reduce inhibitions.

On making someone friendly, another respondent had the following to say:

I like the feeling that I experience when not completely intoxicated. I can hold logical discussions with friends. I can't count the number of friends I have made when I am tipsy (Participant 6)

On ability to socialize after a few bottles of beer, the following respondent had the following to say:

A person under influence of alcohol has little inhibitions can talk to strangers with no second thoughts. However, the only healthy talks happen when taking beer in moderation. When totally drunk, it is hard to maintain logical conversations. But how many of us just take beer moderately? Very few I think (Participant 7).

This is confirmation that taking alcohol in moderation makes one become friendly and inhibitions are reduced to a great extent.

On the item of the question on whether after one takes alcohol they fight others a lot, 25% of the respondents strongly disagreed, 21% disagreed, 24% strongly agreed, 18% agreed, while those who were undecided formed 12% of the respondents. Although the opinion is almost equally divided between those who agreed and those who disagreed, majority of the respondents were of the view that they don't fight a lot after taking alcohol. However, there were a substantial number of respondents who agreed that they fight a lot. For instance, Participant 7 noted that he fights at home when anyone disagrees with him. Participant 1 who was a lady and a recovering addict had this to say about alcohol induced violence:

When I am drunk, I tend to become angry very easily and because I am a woman and don't have equal strength as men, I use beer bottles or chairs to fight off my opponents. When violence breaks out in a beer den, there is no man or a woman. You therefore fight with whatever is available. You must fight back and be determined to win (Participant 1)

This implies that there are those people who become violent after taking alcohol which results into frequent fights. This tendency to violence does not segregate against any gender as the participant had revealed. This finding agrees with that of the World Health Organization

Report (2006) which indicated that harmful and hazardous alcohol use predisposes youth to risks of being either victims or perpetrators of violence.

On the item whether after taking alcohol one talks a lot, 35% of the respondents agreed, 34% strongly agreed, 11% strongly disagreed, 11% disagreed while those who were undecided were 9% of the respondents. This implies that when one takes alcohol, they talk a lot and therefore can be regarded as social. This has been validated by findings in Table 9 which found that when one takes beer, they become friendly and chatty. This finding also agrees with that of Ojiji and Ezech (2002) who established that when men took alcohol, they had little inhibition and therefore the presence of women significantly influenced the frequency of their speeches.

Similarly, the respondents also agreed that when people take alcohol, they talk a lot. These could explain the reason why pubs are referred to as social places. Asked whether after taking alcohol one becomes abusive to others 31% agreed, 21% strongly agreed, 20% strongly disagreed, 17% disagreed while those who were undecided were 11%. Therefore majority of the respondents agreed that after taking alcohol one becomes abusive to others. This is an indication that many people when they take alcohol they become abusive to others. This is validated by participant 3, who said that he abuses people by calling them names especially if they fail to buy him alcohol. This could be explained by the fact that many alcoholics become argumentative as they socialize which may end up either in verbal abuse or even getting in physical fights. This finding agrees with World Health Organization Report (2006) which indicated that abuse of alcohol predisposes youth to risks of being either victims or perpetrators of violence. Youth violence may occur in a variety of forms such as bullying, gang violence, sexual aggression and fights.

On the item whether when one takes alcohol, they fight others at home including their family members, 31% of the respondents strongly disagreed, 16% disagreed, 24% strongly agreed, 16% agreed, while those who were undecided were 10% of the population. From the responses, the opinion is almost divided between those who supports that they fight and those who do not support. However, although a substantial number of the respondents are of the view that they fight, most of them do not fight their family members. This contradicts the finding of Mokuolu (2010) who established that taking alcohol increases the likelihood of risk-taking and provocative behaviour which in turn may lead to violent interactions and homicides.

4.5 Effects of Alcohol Abuse on Youth's Moral Behaviour

The study's findings on the effects of alcohol abuse on youth's moral behaviour are presented on Table 10.

Table 10: Effects of alcohol on moral behaviour of youth

STATEMENTS	SA	%	A	%	U	%	D	%	SD	%
Alcohol abuse among youth violates moral values	77	51	49	32	12	8	7	5	7	5
Alcoholics are sinners	19	13	22	15	22	14	37	24	52	34
Youth who abuse alcohol are sick and they need help	51	34	44	29	21	14	14	9	22	15
Most youth alcoholics experience guilt feelings, shame and powerlessness the morning after a drinking spree	56	37	51	34	16	10	22	15	7	5
The Society looks down upon youth who abuse alcohol as irresponsible people	70	46	59	39	7	5	7	5	9	6
Most youth who abuse alcohol commit wrong	59	39	53	35	17	11	18	12	6	4
After taking alcohol I feel like doing sex	34	22	30	20	32	21	26	17	30	20

The respondents were asked whether alcohol abuse among youth violates moral values, to which 51% of them strongly agreed, 32% agreed, 10% were undecided, 5% strongly disagreed while 5% of the respondents disagreed. There is strong evidence from the majority of the respondents that alcohol abuse among youth violates moral values. This finding agrees with that of Mokuolu (2010) who noted that alcohol leads to immoral behaviours such as fornication, violent interactions and even homicide. This finding is also validated by that of Odero (2010) who noted that drivers who consume alcohol are three times likely to cause accidents either by crashing or over-speeding. However, this contradicts the Disease Theory of Alcoholism which recommends that alcoholism should be treated as a disease to enable alcohol addicts seek medical treatment and give them a second chance to live normal productive lives (Korhonen, 2004).

One facilitator describes alcoholics as immoral people as they tell a lot of lies, they manipulate others in order to get money to buy alcohol, and they are envious of those who have succeeded in life as theirs stagnates said:

Alcoholics are immoral people who belong to jail. They tell a lot of lies in order to get money for alcohol. They can promise heavens while they deliver nothing. The worst of all is that they do not like people who are successful in the society especially when it happens to be their age mates (Participant 9).

Another participant concurred with these sentiments and had this to say about manipulating others in order to get money for alcohol:

I used to pretend that I have received an important phone call inviting me to go get some ten thousand shillings from someone fictitious. On hearing the kind of money I am expecting, my target easily loans me Ksh 200 only for me to disappear to a drinking den and never to return. This cycle of lies continues as I look for new ways of getting more money to feed my never ceasing craving for alcohol (Participant 16)

From the above findings and excerpts, it is evident that the alcoholics engage in immoral acts in the process of trying to get access to alcohol. They may lie or even cheat in order to get money to acquire alcohol so as to satisfy their urge. Subsequently, they may also engage in immoral acts such as fornication after getting intoxicated from the alcohol. This finding agrees with that of Ottu, Afolabi, Ekore and Osinowo (2013) which established that alcohol abuse exacerbate immoral behaviour through irrational judgment.

When the respondents were asked whether alcoholics are sinners, 34% strongly disagreed and 24% disagreed. Those who agreed were 15% and those who strongly agreed were 13% while those who were undecided were 14%. This implies most of the respondents do not consider alcoholics as sinners. This finding concurs with that of Stofle (2016) who consider alcoholics as sick people who need help. Most respondents were also of the opinion that alcoholics are not sinners attributing the problem to genetic factors. One of the respondents attributed the problem to heredity by saying the following:

My siblings and other relatives including my cousins are all battling alcoholism. It is in our family tree. I have noted that many of them become alcoholics in less than two years after the initial trial. It is in our blood. The problem can only be attributed to genetic factors (Participant 3).

Another respondent who had similar views expressed said that:

All my brothers and sisters are alcoholics. My parents were also alcoholics. Alcoholism is deeply rooted in our family lineage (Respondent 13).

Similarly, several participants agreed that alcoholics cannot be regarded as sinners. For instance, one of them had the following to say:

Although I can certainly say that alcoholism brings about many immoral and sinful acts such as early pregnancies, I would be hesitant to brand them as sinners. I consider 90% of all unplanned pregnancies to be as a result of alcoholism especially among college and university students as well as form

four leavers. Most youth engage in unprotected sex after attending night clubs and parties which results to unplanned pregnancies. However, I cannot judge them because they were under the influence of alcohol (Participant1).

This implies that majority of the respondents do not view alcoholics as sinners. This finding is in agreement with Stofle (2016) who also considered alcoholism as sickness and not sinfulness. The respondents were asked whether youth who abuse alcohol are sick and they need help. In response, 34% of the respondents strongly agreed, 29% agreed, 15% strongly disagreed, 9% disagreed while 14% were undecided. Similarly, all Participants agreed that alcoholics are sick people who need medical help. This is a strong indication among the alcoholics that youth who abuse alcohol are sick and they need help as also observed by Stofle (2016).

On the item whether most youth alcoholics experience guilt feelings, shame and powerlessness the morning after a drinking spree, 37% of the respondents strongly agreed, 34% agreed, 15% disagreed, 5% strongly disagreed while 11% were undecided. Similarly, several participants had similar opinions. For instance one said the following regarding the shame after a drinking spree.

I detest the morning after a beer drinking spree. If it is not misuse of money, it is a missed opportunity or renegeing on some appointments. Losing important time that I should have been productive causes me a lot of shame. I can't stand my child asking for something like stationery and I cannot provide because I misused all the money I had. It is a very heart wrecking situation (Participant 5).

Another participant had the following to say about guilt feelings, shame experienced after a drinking spree:

I do not know how many times I have budgeted for an item but was not able to acquire it after misusing the money on alcohol. The day after such episodes gives me a lot of shame especially when I have to be reminded about the item I wanted to buy my child or spouse. It is always a cause of fights in the house (Participant 8).

From some of these excerpts, it is clear that many youth experience guilt feelings, shame and powerlessness the morning after a drinking spree. Going by the majority of the respondents, it is evident that most youth alcoholics experience guilt feelings, shame and powerlessness the morning after a drinking spree. This finding agrees with that of Liezille (2014) who noted that many alcohol victims experience feeling of being rejected, feeling that they are bad parents, they also experience shame, stigma and guilt. However, these guilt feelings may prevent them from seeking treatment for fear of being judged.

The respondents were asked to respond to the statement that “The Society looks down upon youth who abuse alcohol as irresponsible people,” to which 46% strongly agreed, 39% agreed while 5% were undecided. Those who strongly disagreed were 6% while 5% simply disagreed. Based on the majority of the respondents, it implies that the society looks down upon youth who abuse alcohol as irresponsible people. This finding agrees with Stofle (2016) who noted that the society scorns and pity alcoholics looking at them as irresponsible people. These findings were also echoed by many of the participants that were interviewed. For instance, two participants were very categorical about drunkards as they gave the following opinion:

The way I look at it is that alcoholics are useless, unproductive and a big burden to families, societies and the government as a whole. Alcoholics spend most of their time either sleeping or taking alcohol or finding out how to get alcohol (Participant 7).

Another participant had the following words about alcoholics:

Alcoholics are of no use to the society. They cannot take care of themselves leave alone anyone else. Look at their frail bodies, their dirty clothes and disregard for life. They are just useless. The only time they have is that of taking alcohol (Participant 18).

This kind of feelings illustrates the general attitude of the society towards drunkards. This finding agrees with Stofle (2016) who opines that society looks down upon alcoholics branding them as irresponsible people.

On the item whether most youth who abuse alcohol commits wrong or evil acts, 39% of the respondents strongly agreed, 35% agreed, 12% disagreed, 4% strongly disagreed while 11% were undecided. Based on the majority of the respondents, most people believe that those who abuse alcohol commits wrong or evil acts. The finding agrees with APA (2016) which observed that alcohol consumption is associated with evil acts.

The study wanted to establish whether those who take alcohol are inclined to involve themselves in sex. Asked whether after taking alcohol one feels like doing sex, 22% of the respondents strongly agreed, 20% agreed, 20% strongly disagreed and 17% disagreed while 21% were undecided. This implies that most youth after taking alcohol feel like indulging in sex. Regarding indulgence in unprotected sex, one facilitator had the following to say:

Alcoholics are likely to involve themselves in illicit sex and may end up getting early pregnancies, sexually transmitted diseases and even HIV/AIDS (Participant 1)

Another facilitator had a similar opinion, when he said:

Many girls are taken advantage of while drunk and are raped without their knowledge. (Participant 7)

In support of the above finding, Mbonye, Rutakumwa, Weiss and Seeley (2014) observed that alcohol was to blame for unsafe sex, acts of violence and poor decision making which increased sexual and physical violence. Alcohol was also found to minimize adherence to medication for HIV-positive women who forgot to take medicine (Mbonye, et al, 2014).

4.6 Role of Psycho-Spiritual Counsellors

4.5.1 Awareness about psycho-spiritual counsellors

Figure 4: Those who had heard about Psycho-spiritual Counselors

Asked whether they have heard about Psycho-spiritual counselors, 66% of the respondents agreed while 34% of the respondents disagreed. Therefore, majority of the respondents are aware of the existence of psycho-spiritual counselors and probably what they do. All the participants reported to have had heard about counselors and not psycho-spiritual counselors. This finding agrees with Scott and Lambert (2015) who observed that many people tend to rely so much on psychologist and ignore the spirituality aspect in the treatment of many disorders. This is a sign of lack of awareness about psycho-spiritual counsellors.

Further information was sought about the ability of psycho-spiritual therapists to offer holistic health to youth alcoholics. Their feedback is presented in Table 11.

Table 11: Psycho-spiritual counseling has the ability to offer holistic health to the alcoholics

STATEMENTS	SA	%	A	%	U	%	D	%	SD	%
Psycho-spiritual counseling has the ability to offer holistic health to the alcoholics	77	51	38	25	22	15	8	5	7	5
The clergy and pastors play an important role in alleviating problems of youth affected by alcoholism	78	51	51	37	12	8	7	5	4	3
I would rather consult a psychological counselor than a Psycho-spiritual counselor	34	22	41	27	41	27	16	11	20	13
Addressing the spiritual life of alcohol addicts is an important aspect of their treatment	79	52	52	34	11	7	4	3	6	4
Alcoholism is a three-fold disease, one of the body, the mind, and the soul that can be addressed by psycho-spiritual counselors	65	43	57	38	19	13	5	3	6	4
Psycho-spiritual counseling help alcohol addicts forgive and mend relationships	76	50	50	33	20	13	5	3	1	1
Alcoholism is associated with lack of sense of meaning in life which can be addressed by psycho-spiritual counselors	59	39	54	36	20	13	7	5	12	8

Asked if psycho-spiritual counseling has the ability to offer holistic health to the alcoholics, 51% of the respondents strongly agreed, 25% agreed, 15% were undecided, 5% disagreed while those who strongly disagreed were 5% of the population. Hence, an overwhelming majority agreed that psycho-spiritual counseling has the ability to offer holistic health to the alcoholics. This shows a high rate of awareness regarding the role of the psycho-spiritual therapists. Although participant 1 prefers the psychological aspect to be more helpful

than the spiritual aspect there was common agreement that both psychology and spirituality are necessary in the alcohol recovery process. However, one respondent reiterated:

Counselors must refrain from the trap of condemning alcoholics. Putting pressure on me to stop drinking alcohol when I am not ready is not helpful because it makes me feel like going back to the habit as a defense mechanism
(Participant 1)

Regarding whether the clergy and pastors play an important role in alleviating problems of youth affected by alcoholism, 51% of the respondents strongly agreed, 34% agreed, 8% were undecided, 5% disagreed while 3% of the respondents strongly disagreed. Most of the participants were also in agreement about the importance of the clergy in addressing the problem of alcoholism. The findings indicate a high rate of agreement to the fact that the clergy and pastors play an important role in alleviating problems of youth affected by alcoholism. In this case, spirituality is an important aspect in the recovery journey of the alcoholics. In agreement with this finding Land (2015) who observed that integration of psycho spirituality in treatment of clients is gaining prominence as an effective component of offering holistic health.

Scott and Lambert (2015) on their work on handling the hard cases were of the opinion that involvement of spiritual element in the treatment of addiction disorder is essential in complementing the psychological element that is more familiar with most people.

On the statement that ‘I would rather consult a psychological counselor than a Psycho-spiritual counselor,’ 27% agreed and 22% strongly agreed. Those who strongly disagreed were 13%, and those who simply disagreed were 11% while those who were undecided were 27%. The high number of those undecided is proof enough that there is little awareness about psycho-spiritual counselors. However, based on the majority of the respondents, many youth alcoholics

were more familiar with psychological counselors than psycho-spiritual counselors. This is an acknowledgement that psycho-spirituality is a new area that has not been widely used to address the problem of alcoholism.

Asked whether addressing the spiritual life of alcohol addicts is an important aspect of their treatment, 52% of the respondents strongly agreed, 34% agreed, 7% were undecided, 4% strongly disagreed while those who disagreed formed 3% of the respondents. Similarly, most of the participants were of similar opinion. To stress this point, Participant 1 wondered why many alcoholics visit churches in the night before Christmas day, insisting that even alcoholics have spirituality in them. Participant 2 had the following to say about spiritual life of the alcoholics:

Alcoholics are also human beings who in spite of their condition have a need for God. Personally, I believe I can overcome my situation with the help from God. People think we have no time for God or religion. That is not true. I am a believer myself everything else notwithstanding. We are all God's children (Participant 2).

Another participant who is a recovering addict had the following to say about his spirituality:

I am currently able to abstain from alcohol not because of my own strength but because I believe in a higher power after my own will failed me several times in the past (Participant 3).

In the light of these findings and based on the overwhelming majority of the respondents, it is evident that addressing the spiritual life of alcohol addicts is an important aspect of their treatment. This finding agrees with Scott and Lambert (2015) who reported that spirituality is an essential element in the treatment of addiction disorders. Similarly, Sneed (2008) noted that it is desirable to incorporate spirituality in the treatment of alcoholism.

The respondents were asked to respond to the statement that 'Alcoholism is a three-fold disease, one of the body, the mind, and the soul that can be addressed by psycho-spiritual

counselors,' to which, 43% strongly agreed, 38% agreed, 13% were undecided while 4% strongly disagreed and 3%, disagreed. Hence, majority of the respondents agreed that alcoholism can be addressed by psycho-spiritual counselors who would be in a position to offer physical, psychological and spiritual needs of the alcoholics. This finding agrees with that of Sneed (2008) who observed that there is a link between spirituality and both positive life orientation and level of social support among recovering alcoholics. After being explained the role of psycho-spiritual counselors, most of the participants were in agreement that alcoholism can be addressed effectively by this group of counselors as it is a disease that involves mind, body and soul. For instance one counselor had the following opinion to say:

I can attest to the fact that counselling is a multifaceted process that involves many aspects of the victim's life. If you neglect one aspect, the counseling process remains incomplete (Participant 14).

Based on the majority of the respondents, this is confirmation that alcoholism is a three-fold disease, one of the body, the mind, and the soul that can be addressed by psycho-spiritual counselors. For instance, spirituality has been found to enhance a person's overall mental health in areas such as satisfaction with life, reducing feelings of depression, and reducing the length of hospital stays for those who get hospitalized.

When asked whether psycho-spiritual counseling help alcohol addicts forgive and mend relationships, 50% of the respondents strongly agreed and 33% agreed while 13% were undecided, 3% disagreed while those who strongly disagreed formed 1% of the respondents. Hence, majority of the respondents agreed that psycho-spiritual counselling can help alcohol addicts forgive and mend their relationships. Most of the participants also concurred with this

finding. For instance, Participant 4 was convinced that psycho-spiritual counselling is able to help heal past wounds.

Since I joined this rehabilitation centre, there is this one program that has really helped me to change for the better. This program known as the twelve steps which I have been practicing has everything to do with spirituality. Today I am able to relate with my close friends and relatives, something that would have been very difficult before (Participant 4).

Another respondent had similar opinion. She had the following to say:

Counselling has sobered me up. Through counselling which has had psychological and spiritual aspects, I am able to come to peace with myself and my significant others. I must confess that this counselling is working (Participant 6)

From the above excerpts, there is a common agreement that psycho-spiritual counseling can help alcohol addicts forgive and mend relationships with other people and especially their close relations. Therefore, there is strong agreement among all categories of the respondents to the fact that psycho-spiritual counseling help alcohol addicts forgive and mend relationships with people that they may have wronged in their interactions. This finding is in agreement with John (2012) who noted that spiritual awakening facilitates appreciation of others. Similarly, Sneed (2008) concurs with this finding by noting that spirituality is helpful in the recovery of alcoholics as it guards against negative emotions.

On whether alcoholism is associated with lack of sense of meaning in life which can be addressed by psycho-spiritual counselors, 39% of the respondents strongly agreed, 36% agreed, 13% were undecided, 8% strongly disagreed while those who disagreed were 5% of the respondents. This implies that alcoholism is associated with lack of sense of meaning in life which can be addressed by psycho-spiritual counselors. This finding agrees with Mbatia, et al

(2009) who carried out a study on the prevalence of alcohol consumption established that those coming from less affluent areas which are associated with poverty and lack of sense of meaning in life are likely to abuse alcohol in their life time. Several participants also concurred with this finding. For instance, one of them had this to say:

We are driven into alcoholism by stress in life as a result of joblessness. If I had a stable job or an income generating venture, I would not have idled in the alcohol dens which eventually made me become an addict. I blame my hopelessness in life for my predicament (Participant 8).

Another respondent had similar views as the following excerpt shows:

I did not have a job so to speak. I could do casual jobs once in a while but to talk the truth, I had a lot of ample time to idle around especially in pubs. That is how I became a daily drunkard (Participant 9).

Another respondent had almost similar opinions as follows:

I can blame my problem to my peers and my alcoholic relatives who could always ask me to accompany them in their drinking escapades. But of course I was idle and disillusioned (Participant, 10).

From the above excerpts, it implies that many participants were in agreement that hopelessness has something to do with spirituality which can thus be tackled by psycho-spiritual counselors. These findings are validated by the study carried out by Kleftaras and Katsogianni (2012) who reported that there is evidence that points to the important role that spirituality and meaning in life plays in treating people with medical and psychological conditions. The results of the study indicated that spirituality and meaning in life were statistically significantly associated to alcoholism and depressive symptoms. In particular, depression was correlated with the onset of alcohol use and the dimensions of spirituality and meaning in life. This implies that psycho-spiritual counseling is important in addressing the problem of alcoholism.

Based on the majority of the respondents, it shows that alcoholism is associated with lack of sense of meaning in life which can be addressed by psycho-spiritual counselors. Spirituality is concerned with the belief that life has a meaning and purpose. It also implies that there is something bigger and greater than our individual existence. This area is one of the specialties of the psycho-spiritual therapists and therefore they are expected to be able to help the alcoholics recover from this problem.

4.7 Summary of the Chapter

The analysis has shown that alcohol has adverse effects on youth's psychological, social and moral behaviour. Psychological behaviours exhibited included making of impaired judgments such as involvement in unprotected sex with partners they barely knew. The study has also established that alcohol abuse leads to memory loss (blackout). The study has also established that those who abuse alcohol are also likely be involved in violence and impulsive behaviour.

The analysis has also established that alcohol affect youth's social behaviour in a profound way. The study has established that upon drinking alcohol the youth are likely to be become more social, friendly and chatty as the effects of alcohol helps to reduce inhibitions. The study has also established that a significant number of youth who abuses alcohol are likely to be abusive or even engage in physical fights with other people.

The findings of the study have also found out that youth who abuse alcohol are likely to violate moral values such as manipulating other people, telling lies, committing crimes, being envious of other successful people. The study has found out that a significant number of youth who abuse alcohol usually experience guilt feelings, shame and powerlessness afterwards.

According to the analysis, most of the respondents the psycho-spiritual counseling has the ability to offer holistic health to the alcoholics. The study has noted that both psychology and spirituality are essential ingredients that are necessary in the alcohol addiction recovery process.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of the Study

The purpose of this study was to establish the Effects of Alcohol Abuse on Behaviour of youth in Lang'ata Sub-County, Kenya: Implications for Psycho-Spiritual therapy. The study was guided by the following objectives: To determine the effects of alcohol abuse on psychological Behaviour of youth in Lang'ata Sub-County, Kenya; To examine the effects of alcohol abuse on social behaviour of youth in Lang'ata Sub-County, Kenya; To find out the effects of alcohol abuse on moral behaviour of youth in Lang'ata Sub-County, Kenya; To explore the psycho-spiritual interventions that could be used to help the youth in Lang'ata Sub-County, Kenya.

The study was also grounded on three theories namely: Problem Behaviour Theory, Disease Alcohol Theory and The Transtheoretical Model of Behaviour Change. Problem behaviour Theory helps one to understand personality changes over time in terms of social environment and behaviour. The theory is therefore useful in forecasting important transitions, such as beginning to drink, starting to use marijuana, and becoming sexually active. There is strong evidence that problem behaviours are interrelated. The Disease Theory of Alcoholism helps in appreciating that by declaring alcoholism a disease, it enables alcohol addicts to seek treatment and therefore give them a second chance to live normal productive lives. The Transtheoretical Model of Behaviour Change has enabled people to understand the different stages of alcohol addiction recovery process thereby enabling therapists to offer the appropriate treatment to the patients.

A literature review was carried out from a variety of sources including journal articles, e-books among many others from international to regional to local levels. From the reviewed literature, it emerged that there are literature gaps that needed to be filled by a study of this nature. The research design adopted by the study was mixed design where both quantitative and qualitative methods were combined. The study enlisted 152 respondents drawn from Lang'ata sub-County, Nairobi County who were randomly selected from rehabilitation centers. Questionnaires were used to collect quantitative data while interview guides were used to gather qualitative data. Statistical Programme for Social Sciences (SPSS) version 21 was used to get descriptive statistics. Chapter five describes and discusses those findings as follows:

5.2 Summary of the Findings

5.2.1 Effects of Alcohol Abuse on Youth's Psychological Behaviour

Based on the findings of this study, alcohol was found to have adverse effects on psychological behaviour of youth. Specifically, it was established that alcohol abuse influences them to make impaired judgments such as involvement in unprotected sex with partners they barely knew. The study also established that alcohol abuse leads to memory loss (blackout). For instance, there are those who could take alcohol in excess and end up sleeping in ditches.

The study also found out that abusing alcohol was making the abusers think differently. It was evident among some respondents that when they abuse alcohol, there was high tendency of changing their original plans and this could involve failing to go to work or home as they continued to take alcohol contrary to what they had planned when coming to the drinking den. Alcohol was also found to make the abusers feel more confident about themselves as they could do things they cannot do when sober. Alcohol was also found to make the abusers relaxed in the

mind. However, this feeling is likely to encourage one to continue taking alcohol in order to experience such a similar feeling.

5.2.2 Effects of Alcohol Abuse on Youth's Social Behaviour

The findings of the study established that after drinking alcohol one becomes sociable. For instance, the abusers had courage to approach or talk to anyone without any inhibitions and strike a conversation without hesitations. The findings of the study noted that when youths take alcohol, they talk a lot and therefore can be regarded as social. The study also established that many youths after taking alcohol they become abusive to others. It was found out that after taking alcohol, most youth have a tendency to become argumentative which may end up either in verbal abuse or even getting involved in physical fights. Hence, there are those who fight others at home including their family members.

5.2.3 Effects of Alcohol Abuse on Youth's Moral Behaviour

The findings of the study found out that alcohol abuse among youth violates moral values. For instance, the alcoholics were found to be fond of telling lies, they manipulate others in order to get money to buy alcohol, and they are envious of those who have succeeded in life as their own stagnates. Although the study found out that many people do not consider alcoholics as sinners, it was however established that most youth who abuse alcohol commits wrong or evil acts in the process. Some of the reasons advanced for not branding them as sinners were that their problem could be as a result of genetic factors. The study also established that most of the youth who abuse alcohol are sick and they need medical help.

The study found out that most youth who abuse alcohol usually experience guilt feelings, shame and powerlessness the morning after a drinking spree. This is mostly associated with lost

time, money wasted and important opportunities lost. The findings of the study also noted that the society looks down upon youth who abuse alcohol as irresponsible people. Some people look at the drunkards as useless, unproductive and a big burden to families, societies and the government as a whole. They opine that alcoholics spend most of their time either sleeping or taking alcohol or finding out how to get alcohol.

According to the findings of the study, it was evident that most youth after taking alcohol feel like indulging in sex. There were reports of youth involving themselves in illicit sex and some end up getting early pregnancies, sexually transmitted diseases including HIV/AIDS.

5.2.3 The Role of Psycho-Spiritual Therapy in the Management

According to the findings, most of the participants are aware about the existence of psycho-spiritual counselors and partly about what they do in the society. Most of the participants however, were more familiar with psychological counsellors than the psycho-spiritual counselors and are inclined to consult the counselors more than the psycho-spiritual therapists.

The study established that psycho-spiritual counseling has the ability to offer holistic health to the alcoholics. This was an acknowledgement to the vital role that psycho-spiritual counselors play towards treatment of alcoholics. The study noted that both psychology and spirituality are necessary in the alcohol recovery process. Further, the study found out that the clergy and pastors also play an important role in alleviating problems of youth affected by alcoholism, which is a confirmation that spirituality is important in the recovery process of the alcoholics.

Similarly, the study has found out that addressing the spiritual life of alcohol addicts is an important aspect of their treatment. It was understandable that human beings have a spiritual aspect in them regardless of their personality. Further, the study also found out that psycho-

spiritual counseling can help alcohol addicts to forgive and mend relationships with other people and especially their close relations that they may have wronged in their interactions. The study also established that alcoholism is associated with lack of sense of meaning in life which can be addressed by psycho-spiritual counselors. This was based on the understanding that spirituality is mainly concerned with the belief that life has a meaning and purpose and hence there is something bigger and greater than our individual existence. This area is one of the specialties of the psycho-spiritual therapists and therefore they are expected to be able to help the alcoholics recover from this problem.

5.3 Conclusion

The study concludes that alcohol abuse has a profound influence on psychological behaviour of the youth. Specifically, alcohol abuse leads to making impaired judgments such as involvement in unprotected sex with partners that are barely known. It also leads to memory loss (blackout). Alcohol also interferes with the thinking process. However, alcohol improves someone's confidence and has also a relaxing effect. Similarly, the study concludes that alcohol has an influence on youth's social behaviour. It leads one to become more friendly and chatty as it removes inhibitions and shame as well as making one abusive and engage in frequent fights.

The study also concludes that alcohol abuse has some effects on the moral behaviour of youths. Youth who abuses alcohol violates moral values by telling lies, stealing and even manipulating other people with the aim of getting means to acquire alcohol and involving themselves in risky behaviours such as unprotected sex. They also commit wrongs or evil acts in their drunkenness. The study concludes that most youth who abuse alcohol usually experience guilt feelings, shame and powerlessness in the morning after a drinking spree. They are also looked down upon by the society as irresponsible, useless, unproductive and a big burden to

families, societies and the government as a whole as they spend most of their time either sleeping or taking alcohol or finding out how to get alcohol.

The study concludes that although psycho-spiritual counselors are new in the field and are less known compared with psychological counsellors, they play a crucial role in the treatment of alcoholics as their treatment is more holistic as both psychology and spirituality are necessary in the alcohol recovery process.

5.4 Recommendations

The study recommends that all stakeholders such as the alcoholics, counselors and policy makers have an important role to play in addressing the problem of alcoholism.

5.4.1 Youth

The study recommends that the youth should be sensitized about the dangers of alcoholism in schools, churches and any other forum. By understanding alcoholism, youth will be able to prevent reaching the stage of addiction and if that happens, they will have knowledge of how to address it or the right people to seek help from. The youth with the problem of alcoholism should accept their situation and seek help from the relevant professionals that include psycho-spiritual counselors.

5.4.2 Psycho-Spiritual Counsellors

- The study recommends that psycho-spiritual counselors should familiarize themselves with all the intricacies of alcoholism with the aim of understanding the various aspects of the disease and be able to address it.

- Psycho-Spiritual counselors should endeavor to move to places such as schools, churches and homes to sensitize people about the role and importance of their services to potential alcohol abusers.
- The researchers in areas of alcoholism should try to publicize their findings and recommendations as a way of sensitizing the relevant bodies to implement their findings.
- They should not condemn the alcoholics as sinners but should look at the problem as a disease that needs to be treated.

5.4.3 Policy makers

- The study recommends that National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) in conjunction with the ministry of education should recommend the inclusion of a subject like substance abuse in the school curriculum in order to sensitize the young ones about the dangers of alcoholism and other substance abuse.
- The government especially the ministry of education should ensure that there are adequate recreational facilities to keep youth busy in healthy activities such as sports during their leisure time.
- Policy makers should encourage communities to go back to their traditions for instance that ensured that alcohol was only meant for the grown-ups and was only taken during special occasions.
- The traditional judicial mechanism that was led by respected elders should be revived and empowered to deal with cases of alcoholism at the homestead levels before they escalate to critical levels.

5.4.4 Parents

- The study recommends that parents and guardians have the primary responsibility of ensuring that their children live a morally upright life devoid of any attraction to drug abuse including alcohol abuse.
- They should be good role models by not keeping alcohol and taking alcohol and other drugs in the presence of their children or sending them to go and buy such. Instead they should encourage their children to keep off drugs including alcohol and keep away from peers with tendency to abuse such substances.
- Parents should instill proper life skills to their children to enable them cope with life temptations such as negative peer pressure.
- Parents should encourage their children to engage themselves in healthy activities such as sports during their free time.

5.5 Suggestions for further Research

This study only focused on the problem of alcoholism among youth in Lang'ata Sub-County, which is a small area considering that alcoholism is critical in most parts of Kenya. It would therefore be imperative for other studies to be carried out in a broader area in Kenya for the study to be acceptably generalized. Focus should also be on other categories of the society such as the middle aged as well. The following topics are therefore suggested for further research:

- a) A study of alcoholism among the middle aged in the society
- b) A study of alcoholism in institutions of higher learning
- c) A study to establish the treatment seeking behaviour among the alcoholics
- d) Role of psycho-spirituality in addressing alcoholism

- e) Economical and social impact of alcoholism

5.6 Research reflexivity

According to Patton (2001), reflexivity is the process of reflecting on oneself as the researcher with the aim of providing a more effective and impartial analysis. It is about self-awareness about influences that may occur due to a researcher's own patterns of thought and behaviour that have been informed by the researcher's personal values such as religious and political leanings, culture, ethnicity, age and even gender (Patton, 2001). In this regard, the researcher was aware of such influences and tried as much as possible to be objective when dealing with youth who had alcohol related disorders.

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APPENDIX I: QUESTIONNAIRE FOR YOUTH

Psycho-Spiritual Institute,
Marist International University College
P. O. Box 24450-00502
Karen – Nairobi
6th September 2016

Dear Respondent,

RE: DATA COLLECTION

I am a student of Psycho-Spiritual Institute, at Marist International University College pursuing a Masters in Psycho-Spiritual Counselling. I am carrying out a research on *“The Effects of alcohol on Behaviour of youth in Lang’ata Sub-county: Implications for Psycho-Spiritual Therapists.”* The research is one of the requirements in our course. I will be grateful if you kindly assist me to fill in this questionnaire. Kindly respond to the questions either by ticking [✓] or giving a brief explanation in the spaces provided. All the information you will provide will be treated with confidentiality.

Thank you in advance for your cooperation.

Sign:

Sr. Margaret

PSI /19/MT/15

Section A: Demographic Information

1. Gender : (a) Male [] (b) Female []
2. Age: **a).** 15-20 [] **b).** 21-25 [] **c).** 26-30 [] **d).** 31 and above []
3. Educational level: (a) Primary school [] (b) Secondary school [] (c) College [] (d) University []
4. Marital status: (a) Single [] (b) Married [] (c). Divorced []
5. Have you ever consumed alcohol? (a) Yes [] (b) No []

Section B: Effects of alcohol on Psychological Behaviour of youth

Put a tick [✓] in the most appropriate space to indicate your level of agreement using the scale given below: Strongly Agree (SA) Agree (A) Undecided (U) Disagree (D) Strongly Disagree (SD)

Psychological behaviour	SA	A	U	D	SD
1. Alcohol abuse makes me make impaired judgment					
2. Alcohol abuse has made me have memory loss (black out)					
3. After alcohol, I think differently					
4. Alcohol abuse has made me feel confident about myself					
5. When I drink, I feel somehow relaxed in my mind					

Section C: Effects of alcohol on Social Behaviour of youth

Social behaviour	SA	A	U	D	SD
1. After drinking alcohol, I am very friendly					
2. When I take alcohol I fight others a lot					
3. When I take alcohol, I feel like talking a lot					
4. When I take alcohol, I am abusive to others					
5. When I take alcohol, I fight others at home including my family members					

Section D: Effects of alcohol on Moral Behaviour of youth

Moral Behaviour	SA	A	U	D	SD
1. Alcohol abuse among youth violates moral values					
2. Alcoholics are sinners					
3. Youth who abuse alcohol are sick and they need help					
4. Most youth alcoholics experience guilt feelings, shame and powerlessness the morning after a drinking spree					
5. The society looks down upon youth who abuse alcohol as irresponsible people					
6. Most youth who abuse alcohol commits wrong or evil acts					
7. After taking alcohol, I feel like doing sex					

Section E: Role of Psycho-spiritual Counselling in addressing Alcohol Abuse among Youth

6. Have you ever heard about Psycho-spiritual counselors? (a) Yes [] (b) No []

STATEMENTS	SA	A	U	D	SD
6. Psycho-spiritual counselling has the ability to offer holistic health to the alcoholics					
7. The clergy and pastors play an important role in alleviating problems of youth affected by alcoholism					
8. I would rather consult a psychological counsellor than a Psycho-spiritual counsellor					
9. Addressing the spiritual life of alcohol addicts is an important aspect of their					

treatment					
10. Alcoholism is a three-fold disease, one of the body, the mind, and the soul that can be addressed by psycho-spiritual counsellors					
11. Psycho-spiritual counselling help alcohol addicts forgive and mend relationships					
12. Alcoholism is associated with lack of sense of meaning in life which can be addressed by psycho-spiritual counsellors.					

7. In your own opinion, what do you suggest should be the role of psycho-spiritual counselors in addressing alcohol abuse among youth?

APPENDIX II: INTERVIEW GUIDE FOR COUNSELLORS / FACILITATORS

1. In what ways does alcohol abuse affect youth psychologically?

2. In what ways does alcohol abuse affect youth socially?

3. In what ways does alcohol abuse affect the moral Behaviour of youth?

4. In your own opinion, what do you suggest should be the role of psycho-spiritual counselors in addressing alcohol abuse among youth?

APPENDIX III: RESEARCH AUTHORIZATION LETTER



Psycho-Spiritual Institute

TO WHOM IT MAY CONCERN

REF: **AUTHORITY TO COLLECT DATA**

The bearer of this letter by the name: **Sr.Margaret Kiuma** Admission No: **PSI/19/MT/15**

Is an MA student in **Psycho-Spiritual Counselling** at Psycho-Spiritual Institute, Marist International University College.

Having completed the course work, she is ready to conduct a research through collection of data. We are therefore requesting you or your Institution to assist her to collect the necessary data to enable her complete her research.

Thank you in advance, for your support.

Yours,

FR GEORGE MAINA

PSI ACADEMIC OFFICE.

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