SOCIO-ECONOMIC EFFECTS OF ALCOHOLISM ON FAMILIES IN MUKURU SLUM, NAIROBI COUNTY

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ABSTRACT: Drug abuse is one of the monster threatening family structures in Kenya. Consumption of alcohol is sometimes integrated into our culture through wide appeal and acceptance from an early age. The legality of alcohol makes it readily available, and there is now a recognition that relatively a high proportion of the population consumes quantities which are considered to be harmful to their health. Alcohol consumption has severe negative effects in the society including drop out from school, death of family members, perform poorly in academics, sexual risk and even suicide. Although governments are pre-occupied with increasing economic growth and consequently concentrating most of their resources in that direction, alcohol and drug abuse threaten to erode those gains. In low income areas in Kenya, for example, drug abuse is rampant a vice associated with peer influence, readily available drugs, among other factors. Therefore this study sought to establish the socio-economic effects of alcoholism in families the slum. The authors conclude that alcoholism has led to break-up of families and suffering of children due to lack of basic commodities of life. Alcohol dependence is also related health and psychological disorders. Therefore there is need for the government to formulate policies to curb alcoholism to promote a healthy and a prosperous nation. This paper recommends that counseling programs should be initiated to bring a change of attitude among alcoholics because guidance provided by social workers can greatly enhance the fight against alcoholism in the slum.

KEYWORDS: Drug Abuse, Alcoholism, Socio-economic, Mukuru slum, Nairobi County, Kenya.

1 INTRODUCTION

Alcohol abuse in families remains a prominent problem in the world. Alcohol abuse among people is associated with a broad risk which include drop out from school, death of family members, perform poorly in academics, sexual risk even suicide [1].Consumption of alcohol is common in many countries especially most developing countries like Kenya; in many ways it is integrated into our culture through wide appeal and acceptance from an early age. 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. Alcohol misuse can have damaging physical, psychological and social consequences for adults, parents who regularly consume large amounts of alcohol may be in an even more vulnerable position as they are responsible for the care and wellbeing of their children. It is important to understand the impact of parental alcohol misuse on children’s development, family functioning, and parenting [2].

In different parts of the globe, the incidence rate of alcohol use among individuals in many families give room for great concern. The prevalence rate of alcohol use and abuse vary from one country to the other, for instance, in the United States of America, 52% of the eighth graders and 80% of the family members have used alcohol at sometime, while 25% of the eighth graders and 62% of the family members have been drunk [3]. In Nigeria, the situation shows there is high prevalence of alcohol use among family members and there is high probability that the frequency of alcohol drinking will continue to
increase [3]. In Nigeria, many of the family members in higher institutions engage in various risky behaviors such as smoking, reckless driving, premarital and indiscriminate sexual activities, alcohol abuse (binge drinking) and drug abuse. The high rate of deaths in Nigeria, especially among the youths may not be unconnected with the unhealthy lifestyles. Alcohol use among students is characterized by a number of risky behaviors which in the long-run affect their well being and academic performance. As levels of alcohol intake increase, so also is the prevalence of a variety of risky behaviors [3]. Parental alcohol misuse can have a number of effects on children, depending on individual characteristics in combination with a range of family characteristics and dynamics. These effects may be transmitted directly. For example, there is some evidence of genetic and intergenerational transmission of alcohol use disorders as well as the known effects of excessive alcohol consumption during pregnancy [4], [5]. There is also strong evidence of the indirect effect of parental alcohol misuse on children through the impact of alcohol misuse on family functioning and parenting. Parental alcohol misuse is a significant concern in many child protection reports [6], [7].

Alcohol and drug abuse presents itself with many facets and varying degrees of complexity across regions. Abuse of hard drugs especially in the city of Mombasa and particularly among men is a major problem however, by far and large alcohol abuse is perhaps the most prevalent form of substance abuse in the country. In fact in several pockets of the country the problem had hit runaway proportions and as a consequence led to a myriad of socio economic problems being the loss of productivity and the deterioration of family and social life [7].

A person’s substance use and abuse is influenced by a number of factors, among which are parental lifestyles, peer influence, parental attachment, and commitment to conventional activities among others [8]. Indeed, each of these factors exerts tremendous influence on an individual’s frequency of substance use and abuse. Families in which children have a cordial relationship with their parents, parental control efforts are effective means in preventing children from involving in problem behaviours. Thus, the attachment relationship goes hand in hand with parenting [9]. Parents who adequately control and supervise their family members may prevent them from starting to drink early in life. Children are also highly attached to their parents; the attachment relationship might strengthen the impact of control on adolescents’ alcohol use. Because of this, it is assumed that the expected association between parental control and an early development of drinking will be moderated by parental attachment [8], [9].

Several causes have been linked to the behavior and while credible, they vary in complexity depending on the region, hence, making the legislation and enforcement of laws to address the situation become more challenging especially across international borders thus making the problem and the actors involved difficult to apprehend or contain [9].

There is no single, simple explanation for why some individuals develop problems with alcohol. One of the central findings of the large body of research that has examined the psychosocial causes, or etiology, of alcohol use is that there are multiple pathways to behavior that involves alcohol consumption [10]. Multiple biological and psychosocial factors mutually influence each other in causing alcohol abuse; it would be incorrect to view psychosocial causes as either independent from or competing with, biological causes. Rather, alcohol use and alcoholism are best viewed as end products of a combination of bio-psychosocial influences. Researchers face the challenge of explaining diverse alcohol-related behavior ranging from simple alcohol experimentation to severe alcohol dependence. Clearly, different factors may influence different aspects of drinking, such as initial experimentation, later maintenance of regular drinking, and the decision to stop drinking [11].

Different people may drink for different reasons and at different times as celebration, social aspects in order to relieve tension, shyness, fear and escape from problems/pressures of life, conform to peer groups, feel good, reduce loneliness, to get drunk among other factors. Society under the legal aspects is divided into two, one legalizing the local brew or alcohol such as chang’aa and other the legalizing of conventional or industrially manufactured alcohol such as whiskies, beer, though both categories have some effect of dependency [7].

Heavy alcohol intake may lead to depression and liver damage [3]. In addition, alcohol affects many parts of the brain, but the most vulnerable cells are those associated with memory, co-ordination, and judgment. Short-term effect usually lasts up to 72 hours after heavy use [12]. Alcohol has several physiological and psychological effects, which may inhibit academic performance of an individual [13]. Cognitive abilities are affected by even small amounts of alcohol and can persist for a substantial period of time after the acute effects of alcohol impairment disappear. Students’ poor academic performance is associated with alcohol consumption; this is because it contributes to students missing classes, failing tests, dropping out of school due to poor grades, and compromising the academic mission of colleges and universities [3]. One of the most common consequences of alcohol abuse by students is difficulty keeping up with academic responsibilities. Alcohol abuse in the context of this study connotes excessive consumption of alcohol which in order word is referred to as binge drinking [6], [7].
The effects of alcohol abuse are characteristically medical and socioeconomic and can be felt on many different levels: on the individual, on friends and family, on society, and on the entire nation. On the individual level, people who use alcohol experience a wide array of physical effects other than those expected like for example alcohol interferes with motor control and are factors in many automobile accidents [14].

Alcohol use also affects many families because drinks are often expensive, so uncontrolled use can lead to financial problems. It has been observed that tension and arguments within the family become frequent when income required for the support of the family is spent on drug related problems. Pronounced use of the drink, tend to rigidly define social groups it may limit one’s circle of friends. Continual or large scale of use of alcohol also has a bad effect on most people’s sex-life [14].

Alcohol definitely lowers people’s ability to resist harming themselves when they have problems and can lower people’s inhibitions against hurting others. Moreover, it greatly lessens people’s ability to say no to unwanted sexual encounters which they would have definitely avoided had they had been sober. Many serious accidents are also alcohol drinking related and have serious impacts on the family income and also the national economy [14].

In Kenya alcohol beverages come in many forms as those prepared by fermentation i.e. traditional beers, (busaa, mnazi, muratina etc) and bottled beer. Those that are prepared by distillation i.e. wines and spirits (chang’aa, whisky, vodka, etc). The traditional beer is mostly consumed among low income people especially those living in rural areas and slum dwellers.

While governments are preoccupied with increasing economic growth and consequently concentrating most of their resources in that direction, ironically, alcohol and drug abuse threaten to erode those gains. A case in point is the US where the costs of drug abuse were documented to have increased at an average of 5.3 percent per year from 1992 through 2002 a figure that was very slightly above the 5.1 percent annual at the time [3]. These costs mainly result from the use of resources to address health and crime consequences as well as the loss of potential productivity from disability, death and withdrawal from the legitimate workforce. [12]

Due to the severe effects associated with alcoholism as explained above a knowledge gap exists regarding the effects of alcoholism in families in low income areas in Kenya. The purpose of this study therefore was to determine the socioeconomic effects of alcoholism on families in Mukuru slums.

2 MATERIAL AND METHODS

This paper is an outcome of the research that was conducted in Mukuru Slums Nairobi County, Kenya. The study utilized descriptive research design to yield both qualitative and quantitative data required to answer research questions. The design was be used because it is suitable for obtaining insights of a phenomenon like socio-economic effects of alcoholism on families. The authors’ focus on Mukuru slum is based on the fact that drug abuse is rampant compared to other slums in Nairobi.

3 RESULTS AND DISCUSSION

3.1 MAJOR FACTOR INFLUENCING ALCOHOL CONSUMPTION IN MUKURU SLUMS

The study established that gender, social, emotional and environmental factors are the most common causes of alcoholism in the slum. Gender as a cause of alcoholism stood at 21% this was due to reasons like socializing, relaxing and celebration among other factors which keeps on occurring and end up forming a habit hence leads to alcoholism and even further addictions.

With regards to social and emotional the research above found 49% of the population developed alcoholism as a result of frustration and hunger, social pressure and internal temptation, they further expressed that due to much work and low pay made some of the population turn to alcohol as a means of relieve from the pressure of work and high demand and need from their families which they were not able to meet or handle. They used alcohol as a means to forget and face the other day as it comes.

Environment factors stood at 30% whereby most of the population argued that the kind of place they were staying and easy accessible of alcohol at a lower price made it easy for them to drink at any time they felt like drinking. They can even cheaply purchase the alcohol they need and drink it with their friends in their houses.
3.2 Alcohol Testing Among the Youth

This research sought to analyze the factors that led to early tasting of alcohol among the youth and school age children. From the study findings, it’s apparent that the male youth aged 20-26 years tasted alcohol at an early age at 60% unlike to their female counterparts who stood at 40% this was due to readily available alcohol, being introduced to alcohol by their parents, copying their parents behaviors and seeing the behavior as a good thing to try out, and also their peers challenging them to try and term it as a ‘in thing’ (fashionable, trending thing). The study also established that youth in the slum abuse drugs due to frustration.

3.3 Various Types of Alcohol Used in Mukuru Slum

The study established that both industrially manufactured and local produced alcohols are abused in the slum. Industrially manufactured alcohol like beer, keg, whisky stand at 37% and its counterpart locally produced alcohol like chang’aa, busaa, mnazi, muratina standing at 63%. The consumption of locally produced alcohol stood relatively at a high percentage people giving excuses as it’s affordable and that they can easily access it.

3.4 Strategies to Support Children and Families Affected by Parental Alcohol Abuse

The major strategy to support children and families affected by parental alcohol misuse was proper parenting campaigns (58%) and this was about setting clear and consistent goals and boundaries between the parents and children. Not over disciplining or under disciplining the children when growing up but guiding them through the right choices and letting them know each choice has a consequence. Setting alcohol consumption rules stood at 31% like parents not overdrinking and staggering home drunk, coming up with specific times to drink like the ‘muthuto’ laws not carrying alcohol home since this makes the children have the anxiety to taste or start drinking. Also identified was working with families to prevent and minimize harm at 11%, this can be done through education in schools where teachers should work hand in hand with the parents in guiding and monitoring a child’s behavior, involving both parents and children in welfare societies where they get to come together and share various experiences in life.

3.5 The Socio-Economic Effects of Alcohol Consumption Within Mukuru Families

The study established various effects of alcoholism on families in mukuru slum and the major one was family break ups at (42%) where by the respondents said that alcoholism had made most of the families to separate or even break due to one partner drinking a lot and not wanting to change the habit making the other to leave and try life as a single parent to protect the children. There was also domestic violence which was at 21% whereby they said alcoholism led to domestic violence where most cases reported when investigated were found out were as a result of alcohol and this is affecting most families within mukuru slum. Lack of education for children within the families was also an effect raised by the respondents where they argued that in cases where both parents are drinking less consideration is taken to the children’s education and this leads to a high number of dropouts and children loitering around the streets which on the other hand increased child labor because now the children have to fend and look for ways of survival. Loss of jobs also was at 11% where most alcoholics would easily lose their jobs due to either going to work drunk, leaving work early to go drink, or even drink within working hours due to the strong urge they have of alcohol. Others lose their jobs due to not reporting to work for many days after they have received their salary reason being they are drinking from one den to the other because they have the money and do not care of what tomorrow holds. This posed as a challenge to the families involved because most of them depend on both partners working for them to be able to meet their daily needs and if one partner looses work due to alcoholism you find that it becomes challenging given the present economic times of our country and the globe at large. There was increased crime at 9%, where by people affected with drinking or those with drinking problems sometimes involve in theft, pick pocketing in order to get money to drink. Most of this was reported by the respondents that it comes as a result of the people who lose their jobs become jobless and idlers and there urge to drink is still in them and they are forced to indulge in crime so as to service there need that is alcoholism. Spread of diseases also was the lowest at 6% where most people when drunk they lose their sense of judgment and in most cases end up indulging in sex with their drinking partners without protection and spread diseases like HIV/AIDS which is also spread to their partners. Others also engage in sex especially the female in exchange for alcohol which is a risky behavior especially to the youth of mukuru slum.
4 CONCLUSION

Currently, drug abuse in Kenya is a major concern. The government and most non-governmental organizations have struggled to root out this vice from society since many people have died of drugs related illness and crimes are mostly committed across the country as a result of drug abuse. Subsistence abuse in most cases is influenced by the readily availability of the drugs and government authorities ought to carry out crack down of drug traffickers if Kenya is to attain its vision 2030. Alcoholism has led to breaks ups of families and suffering children due to lack of basic commodities of life. Alcohol dependence is a substance related disorder in which an individual is addicted to alcohol either physically or psychologically. Alcohol dependence syndrome is an illness that is characterized by a variety of elements which include craving to drink which is the inability to control the desire to drink even when a decision has been made to stop drinking. A stop in alcohol consumption varies with individual levels of commitment, discipline and a will to discontinue the habit. Counseling programs initiated to bring change of attitude among alcoholics and guidance provided through social workers has greatly enhanced the fight against alcoholism. Therefore the government and other stakeholders in development need to initiate programs to sensitize citizens on severity of drug consumption if development is to be achieved in the country.

REFERENCES