

**COMMUNITY-BASED INTERVENTIONS IN REDUCING  
ALCOHOL ABUSE IN KAPSABET WARD, NANDI COUNTY,  
KENYA**

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University of Eastern Africa, Baraton

In Partial Fulfillment of the Requirements for  
The Degree of  
Master of Science in Global Health

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## **DECLARATION BY THE CANDIDATE**

This thesis is my original work and to the best of my knowledge this work has not been published and/or presented to any University for an award of a degree.

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**Date**

## **DECLARATION BY THE SUPERVISORS**

This thesis has been submitted for examination with our approval as University supervisors.

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**Date**

## **DEDICATION**

This work is dedicated to my wife for encouragement and moral support during the entire period of our studies. May God bless you for the support you gave me.

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## ABSTRACT

There are many cases of domestic and other forms of violence attributed to alcohol and drugs in Nandi County but most are not documented. The purpose of the study was to assess the effect of community intervention methods in reducing alcohol abuse in Kapsabet ward, Nandi County. The study evaluated the effect of community-advocacy campaigns, peaceful demonstrations, and family-based interventions against alcohol abuse in Kapsabet Ward – Nandi County. This study used quantitative exploratory descriptive research design. The target population of the study was 35,962 that comprised 185 Community leaders, 214 religious leaders, 289 socio-economic group leaders, and 35,274 community members. The sample size of 380 respondents was established using Krejcie & Morgan (1970) methodology. Proportionate stratified random sampling was used and further convenience sampling was used to identify specific respondents for interviews. This study used questionnaires and key - informant interviews to collect primary data. The study applied descriptive statistics that included mean, frequencies and percentages generated using SPSS software and excel programs. Qualitative data was analyzed thematically. Presentation of findings was done using pie-charts, tables and figures. The findings showed that the community-advocacy campaigns has a positive and statistically significant ( $r=0.868$ ;  $p<0.05$ ) effect on reducing alcohol abuse among the community members in Kapsabet ward, the effect of peaceful demonstrations has a positive and statistically significant ( $r=0.810$ ;  $p<0.05$ ) effect on reducing alcohol abuse and deaths among members of the community, the effect of religion as an intervention against alcohol abuse has a positive and statistically significant ( $r=0.853$ ;  $p<0.05$ ) effect on reducing alcohol abuse and deaths among members of the community and family-based intervention has a positive and statistically significant ( $r=0.817$ ;  $p<0.05$ ) effect on reducing alcohol abuse in the community. This implies that family- based intervention contribute greatly to the extent to which alcohol consumption can be reduced. In conclusion the policies regarding local brewing are disregarded by many brewers because they continue brewing changaa and busaa every day. There are low anti-alcohol campaigns done on peaceful demonstrations against alcohol abuse. Religious leaders are close mentors to many people in the society and therefore it is their duty to criticize and condemn the use of alcohol and drug substance. Further parents are always number one role models to their children and therefore their championing in demonstrations against alcohol abuse will leave their children and youths living the same lifestyle. The study recommends that the county government should put more pressure on follow-ups against law breakers who continue to brew *busaa* and *changaa*. The county government should introduce regular anti-alcohol campaigns done by various organizations against excessive use of alcohol. Religious leaders should lead by example and live a Christian life because many young and old people in the society use them as the role models. And finally parents are recommended to share more insights on the use of alcohol with their children. They should be open to communicate with children and clarify expectations regarding alcohol use at the family set up.

## **LIST OF ABBREVIATIONS**

**ANC:** African Youth Congress

**BMC:** Biomedical Central

**CAT:** Community Acceptance Testing

**NACADA:** National Agency for the Campaign Against Drug Abuse

**NCDC:** The Nandi County Alcoholic Drinks Control Act

**NCPHD:** Nandi County Public Health Department

**UEAB:** University of Eastern Africa Baraton

**WHO:** World Health Organization

# CHAPTER ONE

## INTRODUCTION

This chapter presents the background to the study, statement of the problem, research objectives, assumptions of the study, significance and justification of the study, theoretical framework, and scope of the study, and definition of operational terms used in the study.

### 1.1 Background of the Problem

Community intervention methods of reducing alcohol abuse are prevention measures which aim to reduce alcohol abuse and its consequences. Such measures include policies regulating alcohol-related behavior on the one hand and community and educational interventions seeking to influence drinking behavior on the other (Setlalentoa, Ryke & Strydom, 2015). Alcohol abuse is the excess use of alcoholic beverages, either on individual occasions (binge drinking) or as a regular practice. For some individuals, children or pregnant women, for example, almost any amount of alcohol use may be legally considered 'alcohol abuse.' Heavy alcohol abuse can cause physical damage and death (McKnight-Eily, Okoro, Mejia, Denny, Higgins-Biddle, Hungerford & Sniezek, 2017).

Globally, the liquor abuse can possibly prompt a alcohol use disorder (AUD). An AUD is a chronic illness in the cerebrum that is characterized by the impulsive utilization of liquor, a powerlessness to control the amount you drink, and negative sentiments when you are not drinking (Umhau, 2019). Signs that may demonstrate a AUD incorporate the accompanying: Neglecting individual/family obligations, Declining scholarly or proficient performance, Depression, Conflicts with friends and family, Preoccupation with drinking and longings, Inability to control drinking, Failing endeavors to quit drinking, desire to drink more liquor to feel sense of belongings, Getting alcoholic when it could be perilous, for example, before driving and Going through withdrawal when not drinking (McKnight-Eily et al., 2017).

In the United States only us, 61.2% of grown-ups are current consumers and concurring the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC), 8.5% of American grown-ups have a alcohol use disorder. The rates of youths and youthful grown-ups who report high-chance drinking practices are of increasing concern. Among youths (matured 12–17 years), 21% are current consumers and 10% report overwhelming or hitting the bottle hard, characterized as at least five beverages in a 2-hour time span. Undergrads are a specific high-risk group, with greater than 40% reporting recent binge drinking. A standard drink in the US contains 13.7 grams (0.6 ounces) of pure alcohol and generally is equivalent to a 12 ounce beer, 8 ounces of malt liquor, 5 ounces of wine, or 1.5 ounces of 80-proof distilled liquor (Shen, 2019).

In sub-Saharan Africa, evaluations of community intervention strategies on alcohol abuse occur inside intricate communal schemes (Abdulmalik & Gureje, 2018). Inhabitants of communities are ed by an assortment of natural and outward powers that influence their drinking practices. These incorporate segment qualities that seem identified with drinking designs; attributes of the neighborhood retail showcase that conveys liquor; the administration frameworks of retail foundations; implementation frameworks liable for laws in regards to deals, dissemination, and utilization of liquor; and the media that report on this movement and can be approached to help preventive mediations. Along these lines, any assessment of preventive mediations to diminish liquor related trauma in community settings is troublesome and dependent upon numerous local s (Abdulmalik & Gureje, 2018).

In South Africa, communal sustenance links such as public workforces and law enforcement agency and/or the police service have the obligation to mediate to decrease liquor misuse and the difficulties linked in corporation with public affiliates (Shields-Zeeman,

Pathare, Walters, Kapadia-Kundu & Joag, 2017). The key role of Network Data Management Protocol (NDMP) (2013-2017) is to enable South Africa cope with difficulties associated to substance abuse within societies. This means mediation requires the administrations and the entire community. They offer types of assistance in networks with an aim to bring various abilities, information and experience to battle the issue of liquor misuse and are alluded to as network encouraging groups of people (Shields-Zeeman et al., 2017). Network encouraging group of people offer help or administrations inside a specific community for helping occupants to meet social-passionate requirements, just as broad government assistance (Shields-Zeeman *et al.*, 2017).

Substance abuse is a persistent predicament in Kenya, transcending ethnic, terrestrial, socio and economic shapes (Wato, Maina & Stephen, 2019). Over the past two decades, the abuse of drugs in Kenya has rapidly increased and risen to anomalous level and no part of the country is safe from the scourge (Chemworsio, 2019). Drug and substance abuse is linked to the rising crime rate, human immunodeficiency virus and acquired immunodeficiency syndrome (HIV/AIDS) prevalence, school unrest, family dysfunction, poverty and other malaise in the country (Mahugu, Agak, Kabuka & Ekitala, 2016). Drug abuse affects the general population with the youth being the most affected. Studies have shown that the age of indulgence has dropped to as low as 4 years (Mahugu et al., 2016). Reports from NACADA shows the regularly misused drugs ascend from; alcohol, tobacco, bhang, miraa (khat), and variety of inhalants (Wato et al., 2019).

## **1.2 Statement of the problem**

Alcohol morbidities related causes are on a rise in the current society compared to the last few decades (Witkiewitz, & Vowles, 2018). Many youths and elderly people are losing their lives because of alcohol related phenomena. Nations have tried to intervene the matter by

coming up with various measures that they trust to help curb the menace but still the death trajectory is high (Witkiewitz, & Vowles, 2018). Pre-survey for this study noticed similar challenges in Nandi County where young and elderly residents deeply engage themselves in mild and heavy drinking habits. The consequences have been dreadful, for example a medical report from Kapsabet County Referral Hospital has shown that 99% of the patients that were hospitalized with alcohol related challenges died while undergoing treatment. Another common challenge facing alcohol and drug abuse patients in Kapsabet ward is the default to take medicine as prescribed especially TB patients and those under anti-retroviral drugs, domestic and other forms of violence is frequently reported. Due to the prevailing alcohol abuse in the county, the Nandi County government enacted the Alcoholic Drinks Control Act in 2014 (NCDCA, 2014) to aid in the control of the production, sale, and use of alcoholic drinks. Despite the county governments efforts to control alcohol abuse, high number of casualties linked to alcohol abuse are reported. The current study seeks to investigate the performance of the community based interventions methods to control alcohol abuse.

### **1.3 General Objective**

The purpose of the study is to assess the effect of community intervention methods in reducing alcohol abuse in Kapsabet ward, Nandi County.

#### **1.3.1 Specific objectives**

1. Investigate the effect of community-advocacy campaigns against alcohol abuse and deaths in Kapsabet Ward.
2. Determine the effect of peaceful demonstrations against alcohol abuse and deaths in Kapsabet Ward.
3. Assess the effect of religious practices as an intervention against alcohol abuse in Kapsabet Ward.
4. Assess the effect of family- based interventions against alcohol abuse in Kapsabet Ward.

## **1.4 Hypotheses**

H0<sub>1</sub>: There is no significant effect between the community-advocacy campaigns and reduction of alcohol abuse and alcohol related deaths in Kapsabet Ward.

H0<sub>2</sub>: There is no statistically significant effect between peaceful demonstrations and reduction of alcohol abuse and alcohol related deaths in Kapsabet Ward.

H0<sub>3</sub>: There is no significant effect between religion as an intervention and reduction of alcohol abuse and alcohol related deaths in Kapsabet Ward.

H0<sub>4</sub>: There is no significant effect between family-based and reduction of alcohol abuse and alcohol related deaths in Kapsabet Ward.

## **1.5 Significance of the study**

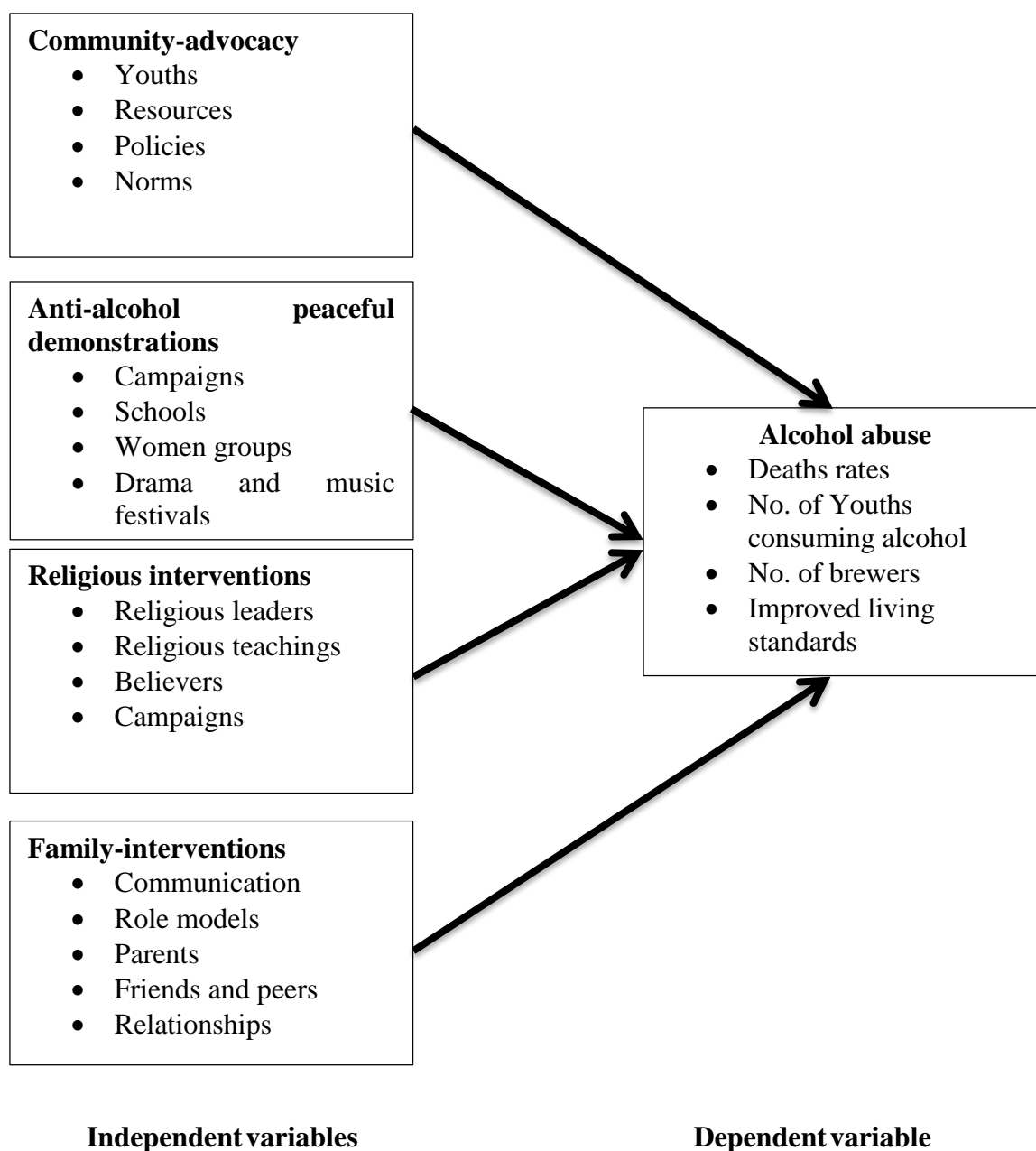
The findings of this study will be of importance not only to the selected location for the study but also to other wards and localities in the county, as well as the entire nation encounter similar difficulties. The discoveries of the investigation will be recommended to give methods of limiting the s of liquor addiction and liquor misuse. Suggestions of the investigation will advise County government and donors who may help in moderation programs and subsequently make it productive in getting preparation for and overseeing liquor related challenges. Likewise, this investigation will add value to a previously existing collection of information and aid scholars in further examination.

## **1.6 Justification of the study**

In general, drug abusers in Kenyans are over thousands and they encounter a lot of troubles. The challenges are not limited to young downing, alcohol enslavement, over-the-counter medications prescription, and illicit drug use. Alcohol consumption is gaining recognition, as a major risk factor for non-communicable diseases, infectious diseases and injury, disability and mortality caused by accidents, violence and crime.

In 2014, eight people, among them a chief, a teacher and a lab technician were confirmed dead after they consumed adulterated alcohol in Kapsabet town, Nandi County (KTN News Published on 10 July 2014 00:00 EA). Projects, for example, media crusades, liquor addiction recuperation endeavors, and school instructive endeavors have for quite some time been well known anticipation techniques in society, while local endeavors that try to change the whole community framework utilizing public strategy have a moderately concise history. Numerous people group based endeavors have emphasized education and training to modify individual drinkers' behavior without changing structural features of the community. The effectiveness of this kind of approach is short-lived. Communities focus on the development of community-wide environmental strategies to address alcohol problems. This has been undertaken in Kapsabet Ward, and this study evaluates its effectiveness in reducing alcohol abuse.

## 1.7 Conceptual Framework



**Figure 1: Conceptual framework of independent variables that can influence the outcome of alcohol abuse.**

Source (Author, 2020)

According to the figure above, the coordination of Religion, family-based, Anti-alcohol campaigns interventions and community advocacy leads to reduced Alcohol abuse. The

independent variables, Religion interventions, family-based interventions, Anti-alcohol campaigns interventions and community advocacy interventions are explained in the literature review.

Independent variables are:

1. Community-advocacy campaigns done to create awareness in the affected communities. These are conducted by the government organizations such as NACADA in collaboration with community groups and religious groups.
2. Anti-alcohol Peaceful Demonstrations organized by the community directed to the authorities (government) condemning alcohol abuse and advocating for law enforcement to control the menace.
3. Religious interventions which involves the churches, temples and mosques as the champions to promote morality and sanity of humanity. They conduct religious based crusades and youth camps to preach against illicit alcoholism and drug abuse.
4. Family interventions involve parents, relatives and friends that take care of each other by reminding and teaching each other on the effects of alcohol and substance abuse. Parents need to act as good role models for their children.

### **1.8 Scope of the study**

The main scope of this study was to determine the effects of community intervention methods in reducing alcohol abuse in Kapsabet ward, Nandi County. Collection of data was done between the months of January to March of 2020 among Community leaders, Religious Leaders, Socio-Economic Group Leaders and Community Members concerning alcohol abuse intervention programmes in Kapsabet ward. The study involved the use of self-administered questionnaires and in-depth interviews to collect primary data for the study.

## **1.9 Definition of Terms**

**Alcohol:** Alcohol is a chemical compound produced by fermentation of sugars often from grains using yeast (Mosier & Ileleji, 2019).

**Anti-alcohol campaigns:** This is work in an organized and active way opposing the excessive consumption of alcohol (Razvodovsky, 2016).

**Community advocacy:** The act of engaging all sectors of a community in a community-wide prevention effort (Pettifor et al., 2018).

**Community:** A population which is geographically focused but which also exists as a discrete social entity, with a local collective identity and corporate purpose (Manderson and P. Aaby, 1992)

**Drug abuse:** The use of illicit drugs or the abuse of prescription or over-the-counter drugs for purposes other than those for which they are indicated or in a manner or in quantities other than directed (Lovegrove *et al.*, 2019).

# **CHAPTER TWO**

## **LITERATURE REVIEW**

### **2.1 Introduction**

In this chapter, the reviews of literature from various sources on interventions of alcohol abuse are presented. The main themes were on community based intervention methods. How successfully those methods have been applied in other communities and the effect they have had.

### **2.2 Intervention Approaches**

Environmental-level interventions seek to reduce opportunities (availability) to underage drinking, increase penalties for violating minimum legal drinking age (MLDA) and other alcohol use laws, and reduce community for alcohol use and misuse by youth (Sutton, 2018). Individual-level interventions seek to change knowledge, expectancies, attitudes, intentions, motivation, and skills so that youth are better able to resist the pro-drinking influences and opportunities that surround them (Sutton, 2018). This section discusses four types of individual- and environmental-level programs: school-based programs, family-based programs, macro-environmental programs, and multicomponent programs.

In USA, researchers use scientific methods, such as randomized controlled trials, time-series analysis, and computer simulation, to determine the effectiveness of prevention initiatives (Leatherdale, 2019). The resulting data may both inform policy and guide community and educational prevention efforts. Statistics show that not all alcohol consumers convert to addiction stage nonetheless, vulnerable groups exist (Leatherdale, 2019). The uses of liquor differ among individuals, and there are factors that to be considered including age, family status, family ancestry, and how much and how regularly one beverages. It ought to be noticed that liquor addiction varies from individuals (Leatherdale, 2019).

### **2.3 Community advocacy interventions**

Community-based advocacy interventions offer wide potential for populace to decrease level of liquor abuse among youth and grown-ups (Hoare, Thorisdóttir, Kristjansson, Sigfusdóttir, Hayward, Allender, and Jacka, 2019). A typical component of fruitful community procedures is dependence on nearby alliances to choose and completely execute preventive intercessions that have been demonstrated to be successful in changing variables that decrease danger of youth participating in liquor use, including both proximal and auxiliary and additionally natural elements identified with liquor use (Hoare et al., 2019). Incorporation of an all inclusive, school-based avoidance educational plan in the bigger community based exertion is related with the decrease of liquor use by youth more youthful than 18 years old and can help arrive at enormous quantities of youth with successful liquor abuse anticipation (Lin, Flanagan, Varga, Zaff and Margolius, 2019).

Assessments of community prevention programs occur inside complex community frameworks. Occupants of community are faced by an assortment of inherent and extraneous powers that influence their drinking practices (Lin et al., 2019). These incorporate segment qualities that seem identified with drinking designs; attributes of the neighborhood retail showcase that disseminates liquor; the administration frameworks of retail foundations; authorization frameworks answerable for laws in regards to deals, dispersion, and utilization of liquor; and the media that report on every one of these exercises and can be approached to help preventive mediations (Eckermann, and McCaffrey, 2017). Hence, any assessment of preventive intercessions to diminish liquor related injury in network settings is troublesome and dependent upon numerous neighborhood factors.

A community has only limited energy and resources to direct towards the problem of drug abuse. In order to harness this energy and attract resources, the Community Acceptance Testing (CAT) must be persuasive and enthusiastic. Small successes can generate a great deal

of enthusiasm. Members of a community action team should look towards their own use of drugs before they try to influence the community. Changing your life-style or that of the community is a difficult but rewarding task (Akuru, Onukwube, Okoro, & Obe, 2017).

Existing community based based liquor misuse prevention measures are custom fitted to local conditions, which makes it hard to distinguish the particular segments that characterize this sort of approach (Crowley and Jones, 2017). In any case, community activation endeavors share practically speaking the objective of decreasing liquor abuse by changing the bigger condition, utilizing approaches that are claimed and worked by the local communities (Akuru et al., 2017). Most projects depend on alliances of network partners to cooperatively plan and arrange counteraction exercises. Now and again, alliances center around actualizing, in an organized design, different, discrete avoidance projects and practices that look to diminish raised hazard factors and improve discouraged defensive/promotive components identified with liquor (Akuru et al., 2017). Different endeavors explicitly center around changing nature by means of changes in nearby statutes, standards, and strategies identified with liquor (Akuru et al., 2017). These last endeavors focus on an increasingly set number of hazard factors, especially network standards and laws identified with liquor use, the accessibility of liquor, and individual mentalities great for liquor use. Some people group put together endeavors depend with respect to a blend of these systems (Gomez, & Fliss, 2019).

A study by Chilenski, Perkins, Olson, Hoffman, Feinberg, Greenberg, and Spoth, (2016) established that the potential advantage of community-based strategies is their reliance on members of the local community to plan, implement, and monitor prevention activities, usually via coalitions made up of stakeholders from diverse organizations and backgrounds. By actively involving the community in the prevention effort, these approaches may enhance community buy-in for prevention activities and may help to ensure that services are a good fit with local needs, resources, and norms. The levels of risk and protective/promotive factors

vary across communities, and measures most needed in one community to reduce youth alcohol use may not be needed in another community (Chilenski *et al.*, 2016). Hence, prevention measures that depend on evaluating local needs (i.e., hazard and defensive/promotive elements looked by those in the society) and actualizing anticipation procedures that are most appropriate to address these necessities might be more powerful than executing a solitary counteraction program across numerous networks. Community activation likewise may take into consideration compelling pooling of data and assets across organizations and people, limiting duplication of administrations, and possibly offering more financially savvy benefits that can be executed better and are bound to be supported (Chilenski *et al.*, 2016).

Communities have their own methods of solving problems and making decisions about issues of common concern to their members. In some rural societies, this could involve a discussion of the problem by an informal group, or a committee, under the leadership of an elected or traditional leader. The decision might then be binding for the rest of the community (Vangrieken, Meredith, Packer, & Kyndt, 2017). In urban societies, problems might be discussed by an elected community welfare group (e.g., the residents' welfare association) or a recognized formal association (e.g., the employees' union). The community action team should attempt to negotiate with these key decision-making groups in order to get the issue of substance abuse on to their agendas and to obtain an appropriate response. This can only be achieved if the appropriate groups are approached in an acceptable way (Vangrieken *et al.*, 2017).

Chilenski *et al.*, (2016) explained that most communities have a local newspaper or news sheet. Many have more than one, as well as other forms of communication (e.g., radio, TV). A very important component of the CAT's work is to raise the community's level of

awareness about drug and alcohol problems and programmes. This will involve patiently developing a strong relationship with key individuals with access to communication channels.

According to Savic *et al.*, (2016), native people are obliged to change their alcohol consumption set-up as the methodology to reducing alcohol-involved problems. The changes in the environment effect changes in drinking behavior. There are numerous examples of prior use of community action to develop local policy as a means to reduce problems (Savic *et al.*, 2016). Community advocacy is the movement of community members from dormancy in preexisting groups or potential in yet-to-be formed groups toward action. It typically begins with a meeting of everyone who has a stake in the change process such as families, schools, employers, government, education providers, health and family support services, libraries, religious, civic and business groups (Savic *et al.*, 2016). The advocacy process can start with a formal group meeting or a simple gathering with a group of people interested in a common cause. Community-based approaches that engage community members in tackling important community issues are becoming increasingly important in disease prevention and health promotion initiatives (Savic *et al.*, 2016).

According to Sumnall (2019), a program, The Massachusetts Saving Lives Program, aimed at curbing drunk driving and speeding through activities such as drunk-driving checkpoints, speed watch telephone hotlines, police training, alcohol-free promotion nights, beer-keg registration, business information campaigns, media campaigns, and increased surveillance of attempts by minors to buy alcohol. The program also paid a great deal of attention to media advocacy, seeking to create and shape news stories in ways to support the prevention efforts. After the implementation of the program, self-reported driving after drinking among those under age 20 dropped from 19 percent to 9 percent, the prevalence of speeding was cut by 50 percent, and alcohol-related traffic deaths were reduced 45 percent more in the treatment cities compared with the rest of the State over the project's 5 year period.

According to Stockings, Bartlem, Hall, Hodder, Gilligan, Wiggers and Wolfenden, (2018), the Communities Mobilizing for Change on Alcohol (CMCA) project was designed to reduce the flow of alcohol to youth under age 21 years. The project identified five core components: (1) influences on community policies and practices, (2) community policies, (3) youth alcohol access, (4) youth alcohol consumption, and subsequently (5) youth alcohol problems. Although the project was clearly community-wide in terms of the community institutions involved, the project was focused on one particular target group, the youth.

Fifteen communities (defined by school districts with at least 200 students in the ninth grade, students were drawn from more than three municipalities) in Minnesota and western Wisconsin were recruited before randomization was used to determine which would be the intervention communities and the comparison group. Pairs of communities (along with one group of three, due to being an odd number of communities) were chosen and matched on their size, state, proximity to a college or university, and baseline data from an alcohol purchase survey. One member community of each pair was then selected to be the intervention site when the time came to begin the community organizing. In the end, there were seven intervention and eight comparison sites ranging in size from approximately 8,000 to 65,000 residents, with an average of about 20,000 (Stockings *et al.*, 2018).

Giesbrecht (1992) described the results of a six-community effort in Manitoba Canada (“Saving Lives”) to reduce alcohol-involved driving crashes and deaths. The community interventions produced a 25% reduction in fatal crashes, and fatal crashes involving alcohol decreased 42%, comparing 5 years before and the 5 years of the program. A six-county community project in northeast Manitoba was designed to prevent or reduce alcohol use among young adolescents using a multilevel, community-wide approach. At the

end of 3 years, students in the intervention school districts reported less initiation of drinking and prevalence of alcohol use than students from reference districts, who served as controls.

A New Zealand project initiated in the mid-1980s emphasized both mass media and community organization in support of alcohol policy changes. A community prevention trial implemented in Woonsocket, Rhode Island was based on the “Community Gatekeeper Model” (Stout, 1992). The Community Trials Project (Holder *et al.*, 1997) was a five-component community trial conducted in three experimental communities matched to three comparison sites. The objective of the project was to determine, through an efficacy trial, whether a comprehensive series of interventions could produce a statistically significant reduction in alcohol-involved injuries and death. The outcome was overwhelming. There was a significant reduction in alcohol sales and consumption (Taylor, 2019).

As depicted from the literature, the community is an appropriate setting for preventing drug and alcohol problems. Besides being where the problems are experienced, it also produces particular problems, because of the way community life is organized. For example, curing or removing the individual with a drug problem will not necessarily reduce drug-related harm, because the community dynamics that caused those problems remain unchanged (Stockings *et al.*, 2018).

There must be recognition of the central role of the community in drug and alcohol programmes among young people. Healthy communities are made up of individuals and families of different ethnic and cultural groups that interact with each other to identify their needs and strengths and to create access to appropriate services and support structures relevant to their needs. That helps to build resiliency by reducing stereotyping and highlights real issues confronting the community. At the same time, it sends a positive message to society and concerned government agencies.

There needs to be an awareness of the value systems that operate within the local community. They may operate between men and women, elders and young people. Elders and custodians of the land hold special meaning in indigenous cultures and therefore deserve particular acknowledgement and respect (Derges, Kidger, Fox, Campbell, Kaner & Hickman, 2017). Mainstream services should be encouraged to establish links with community leaders and to have a responsibility to better understand and reflect the link between culture and health and well-being in their work.

Among local people many of the interventions aimed at addressing drug-related problems are community-based. Such intervention programmes generally fall into four broad categories: Acute interventions, such as night patrols or sobering-up shelters; Treatment facilities, such as medical services and both residential and non-residential treatment centres; Support services, such as accommodation and crisis care; Prevention programmes, such as personal injury prevention, health promotion, alternatives to use and cultural initiatives (Derges *et al.*, 2017).

In addition to school and family programs is mass media. Mass media is important in increasing awareness and knowledge of prevention skills but less extent motivates behavior change. However, any mass media prevention programs work well when complemented with other prevention programs. Next channel is grass root community programs that involve community agencies, businessmen and community leaders (Sudhinaraset, Wigglesworth & Takeuchi, 2016).

Community-based interventions provide mental health services within the normal environment of an individual or population (Das, Salam, Lassi, Khan, Mahmood, Patel, & Bhutta, 2016). Service sites may include the home, school, or other neighborhood settings and increase access to care for under-served populations, particularly for individuals who do not

have the resources to travel to specialty clinics and therapy centres (Das *et al.*, 2016). Community interventions may target specific individuals who have already begun to display high risk of alcohol abuse or they may target select groups who may be at greater risk for engaging in these behaviors. In many community interventions, a social support component for adolescents and their parents is important and may decrease the likelihood of relapse (Das *et al.*, 2016).

### **2.3.1 Preventing Alcohol abuse and Suicide among the *Yup'iks***

The people resilient awakening project was developed by community psychologists Gerald Mohatt, James Allen and their colleagues (2019) through the Center for Alaska Native Research at the University of Alaska. The project grew out of discontent among *Yup'iks* about the problems of Alcoholism and suicide in their communities, who perceived an overemphasis on community deficits within conventional intervention approaches to the neglect of important cultural strengths. More specifically, two yup'ik communities implemented the *Elluam Tungiinu* (Towards Wellness) intervention strategy to bolster local protection and intervention to alcohol abuse. Various activities were designed to support intervention measures at the levels of individuals, family, and community. These included self-efficacy, communal-mastery, establishing parenting skills support groups, and conducting anti-drug campaign walks for the entire community. These community initiatives reduce alcoholism by 26% (Gone, 2017).

### **2.3.2 *Espoir Goutte d'Or* (France)**

In France, the strict legislation surrounding services targeting black and minority ethnic communities appears to have been overcome by *Espoir Goutte d'Or* (EGO). This drug service is based in the *Goutte d'Or* district of Paris, a well-known drug using and -dealing area and also home to a large population of immigrants from the Maghreb, black Africans and people from the French overseas departments and territories. Thus, the majority of EGO clients are

from those communities. The project operates by involving all members of the community in all its activities and it is a focal point and mutual aid network dealing with drug abuse and HIV/AIDS. EGO offers a range of social and health services, including a needle exchange, and training in community work, AIDS and hepatitis prevention and the reduction of drug-related harm (Schifano, Chiappini, Corkery, & Guirguis, 2019).

### **2.3.3 Southall Community Drugs Education Project**

The Southall Community Drugs Education Project is an on-going project based in an area of London that has a large South-Asian population, and is also home to other black and minority ethnic communities. The need for such a project became apparent following national and local research into drug prevention issues that highlighted the inaccessibility of drug prevention information, in particular to parents in South-Asian communities. The Southall Community Drugs Education Project began with the following three main themes: to access black and minority ethnic communities in a sensitive manner; to engage young people; and to raise awareness within a wide range of voluntary, community and religious organizations, as well as among families (Rasmus, Charles, John & Allen, 2019).

The aims of the project were achieved through high-profile efforts to raise public awareness about the project; the action of a panel for young persons; the work of volunteers who were trained to deliver drugs-awareness education to families; and work with professionals, business leaders, voluntary organizations and religious groups. Such an approach provided the community with ownership of the project, ensured that the voice of young people was heard and laid the foundations for future sustainability through a local management group. Thus, the whole community was involved in both a needs assessment and the response to those needs. Drugs education and awareness were delivered at the same time as needs were being discovered and stigmatization was avoided (European Monitoring Centre for

Drugs and Addiction, “Workgroup review of qualitative research on new drug trends” (Schifano *et al.*, 2019).

#### **2.4 Peaceful demonstrations against alcohol abuse and deaths**

According to a study by Muturi (2016), community prevention efforts used by Maendeleo ya Wanawake and other organizations include demonstration against excessive alcohol use, strict enforcement of alcohol related laws, organizing information dissemination barazas, encouraging prosecution of offenders of alcohol related laws, and supporting treatment of alcoholics. Other prevention methods not used but recommended by the participants included alternative alcohol free entertainment, economic empowerment of youth and illicit alcohol brewers and sellers. These community prevention efforts have reduced the production, sale and consumption of illicit alcohol, reduced school drop outs, and reduced alcohol related illnesses, increased performance in national examinations among other effects.

The community was on the preparation stage (stage five) of readiness which indicated that community members had general information about the alcohol abuse, pros and cons of prevention activities, policies and actions but it was not based on formally collected information. It was also noted that the community leadership offers modest support of the prevention efforts. The major challenge was that the efforts were sporadic and there was need for long term sustainability strategies (evidence based intervention, community involvement, fidelity in implementation, funding and monitoring) such that this community could move to the next advanced stages of readiness to implement feasible and effective prevention measures (Muturi, 2016).

Effective prevention hinges on the extent to which schools, parents, law enforcement, healthcare providers, the faith community, and other community groups work comprehensively and collaboratively through community-wide efforts to implement a full

array of education, prevention and enforcement strategies (Rasmus *et al.*, 2019). Several primary prevention programs have been implemented using the following channels of delivery: schools, community, family and mass media (Cost, 2017). The most common kind of prevention program is school based in which prevention is delivered by teachers or teacher counselors. School based program draw on theories of social influence and teach peer pressure resistance and social competence skills. Many school based drug prevention programs have borne little success because they focused on increasing knowledge or changing attitudes rather than changing behavior (Koca-Atabey, 2016).

Stallwitz (2016) discussed that the methods needed to motivate a community to act depend on the particular community's stage of readiness. At lower stages of readiness, individual and small group meetings may be needed to attract support from those with great influence in the community. At higher levels of readiness, it may be possible to establish a community board or coalition of key leaders from public and private-sector organizations. This can provide the impetus for action. Community coalitions can and do hold community-wide meetings, develop public education campaigns, present data that support the need for research-based prevention programming, and attract sponsors for comprehensive drug abuse prevention strategies.

Research has shown that prevention programs can use the media to raise public awareness of the seriousness of a community's drug problem and prevent drug abuse among specific populations (Moore, Gilder, Grube, Lee, Geisler, Friese, & Ehlers, 2018). Using local data and speakers from the community demonstrates that the drug problem is real and that action is needed (Moore *et al.*, 2018). Mass media has been used both by the alcohol industry to promote its products and by governments to control the harm from alcohol use. While mass media is a popular means for attempting to control the harm from alcohol use, evidence

suggests that complementary and reciprocal community actions pursued in conjunction are more effective than media campaigns alone (Moore *et al.*, 2018).

#### **2.4.1 Anti-Alcohol Abuse Campaigns**

In South Africa, African National congress Youth League (ANC YL) was structured at branch, zonal, regional, provincial and national levels to engage in a campaign to ensure that alcohol and drugs abuse are completely stopped, with a targeted focus on young people (Lee, 2018). The campaign was aimed at but not limited to, raising community awareness on the destruction alcohol has in our communities and society at large, discouraging irresponsible consumption of alcohol by all people in society and particularly youth, ensuring that there is legislative interventions on the days and timeframe within which alcohol outlets can sell alcohol, ensuring that there is a legislative intervention on the number of year young people are eligible to buy alcohol, with a focus of increasing the number of years from 18 to 21 (Lee, 2018).

In USA, The U.S. government has worked with the White House Office of National Drug Control Policy's National Youth Anti-Drug Media Campaign to put forward a new focus on reduced alcohol consumption. Anti-alcohol campaigns mostly target drinking and driving (James, & Jordan, 2018). However, although efforts are being made to decrease drug use and alcohol use, they are not always effective (National Drug Control, 2016).

In India an increasing number of grassroots movements are pressuring local state governments – which earn vast sums from the sale of alcohol – to impose restrictions or bans. This is in response to medical official experts saying that alcoholism is a serious problem in Tamil Nadu, with a growing public health (Burridge, Heller, Huemer, King, Lakhdar, Leuenberger, & Morocco, 2019).

## 2.5 Religious intervention

According to Li, Stampfer, Williams and VanderWeele (2016), the role of religion in substance abuse prevention and recovery, it is impossible not to reflect on a provocative correlation: Americans are simultaneously identifying with religion less and suffering from substance abuse more. Over the past decade, the proportion of the US population that is unaffiliated with any religious group has risen sharply from 13.7% in 1998 to 24% in 2016, with the Pew Research Center (2018) estimating that 29% of American adults in 2017 were non-religious. The growth of the religiously unaffiliated population is occurring across multiple demographic groups; however, it is more concentrated among millennials, 35% of whom identify themselves as religiously unaffiliated (Pew Research Center 2015). This is particularly worrying because about one out of every six American young adults battled a substance use disorder in 2014, which represents the highest percentage out of any age-group (Thomas 2018). Over the same time period, drug overdose deaths rose from 6 per 100,000 in 1999 to 20 deaths per 100,000 in 2016, and the National Institute on Drug Abuse (2018) reported an estimated 72,306 overdose deaths in the USA in 2017, which is 22 deaths per 100,000.

Religion and religious participation can address the many issues that lead people to alcohol and/or drug dependency that medical interventions alone can fail to address. The evidence we have reviewed and presented above shows that religious belief, practices, and belonging as well as spiritual programs inspired by faith in a Higher Being significantly contribute to the prevention of and recovery from substance abuse. The study by Ransome, Haeny, McDowell and Jordan, (2019) finds that 73% of substance abuse recovery programs in the USA include a spirituality-based element, as embodied in the 12-step programs and fellowships, the majority of which emphasize reliance on God or a Higher Power to stay sober. Addicts with a faith or spirituality heal faster (Ransome *et al.*, 2019).

Individuals who belong to religious communities perceive greater social support. The perceived social support provided by religious involvement has the potential to act as a protective mechanism or buffer against negative health outcomes during stressful events. Although both religiosity and spirituality can include religion according to the literature (Thompson, 2017), there are conceptual and operational distinctions between the two. Religiosity often refers to both religious behaviours and religious attitudes and encompasses an organized system of beliefs, practices, rituals and symbols designed to facilitate closeness to a higher power, or ultimate truth and foster one's sense of connection and responsibility to others in the faith community (Thompson, 2017). Both public and private elements of religiousness have been found to be inversely related to alcohol use (Thompson, 2017).

Religiosity serves to protect from drug consumption those people who regularly attend church, who abide by the teachings of their declared religion, believe in the importance of religion in their lives, or who have received formal religious education as children. Thompson (2017) found that attendance at rituals and masses contributed to a reduction in the consumption of drugs such as cocaine, even when there was not necessarily any kind of formal treatment offered in these places (Steers Chen, Neisler, Obasi, McNeill, & Reitzel, 2019).

Some studies have reported a negative association between fewer religious beliefs and greater risk of drug and alcohol use during adolescence (Steers *et al.*, 2019). Indicators of religious beliefs, such as being a member of a religious denomination, attending religious services and having personal devotions were inversely associated with alcohol consumption and/or illicit drug use (Steers *et al.*, 2019). The forms of "treatment" that are common among the groups include: prayer, reflection about life after death and faith as a way of promoting a good quality of life. The objective of the "treatment" is total abstinence; none of the groups accepted damage limitation as a measure of success. The issues of awareness about life after death and the meaning of faith are treated in weekly religious gatherings, which have a

different name according to the religion (Mass, worship, “Gospel”). These meetings include regular moral and informative guidance, meaning that the principal teachings of the scriptures come to form the moral foundation for the follower (Steers *et al.*, 2019).

In addition to the efficacious role of spirituality, congregations and faith-based institutions are particularly effective in community advocacy and timely response to crises (Manuel, & Glatzer, 2018). Faith communities are adept at facilitating quality group interactions focused on overcoming past negative experiences, which are often drivers of the emotional and spiritual despondency that feed mental illness and substance abuse. Manuel and Glatzer, (2018) further found that volunteer addiction recovery groups meeting in congregations across the USA contribute up to \$316.6 billion in savings to the US economy every year at no cost to tax payers. Based on the effectiveness of faith-based initiatives to address substance abuse, it is justifiable that public spending support their work.

A growing body of research suggests that religion is an important protective factor against substance use, and that religion may help people who are trying to recover from substance abuse by helping them find meaning, direction and purpose in life (Manuel, & Glatzer, 2018). According to the US National Drug Control Strategy, in the 2004 State of the Union Address, President Bush asked for an additional \$600 million over three years to be provided directly to individuals in the form of vouchers for treatment services. Although a matter of legal debate, these services can now be provided by faith based organizations and permit prayer, scripture study and other explicitly religious activities believed to aid in recovery from substance abuse.

## **2.6 Family-Based Prevention Programs**

Programs that intervene at family rely on secondary or tertiary prevention approaches with parents and are often aimed at changing behavior of adolescents who have history of drug

abuse. These programs often use trained therapists to identify family dynamics that may encourage adolescents to experiment with drugs (Letourneau, Schaeffer, Bradshaw & Feder, 2017). In addition to school and family programs is mass media.

Interventions designed for the family target risk and protective factors specific to the family context as well as interactions between the family and other contexts that may involve the child or have an impact on the child. Research has identified a number of family-level risk and protective factors associated with initiation of drug use (Donaldson, Handren, & Crano, 2016). Family risk factors include parental or sibling use of alcohol, tobacco, and other drugs; positive family attitudes toward and acceptance of substance use; lack of attachment to parents at any developmental stage; sexual or physical abuse; economic instability; and poor family management (Brook *et al.*, 1990). The ability of parents to influence whether their children drink is well documented and is consistent across racial/ethnic groups (Barnes *et al.*, 2014). Setting clear rules about children not drinking, consistently enforcing those rules, and monitoring child behavior reduce the likelihood of underage drinking (Donaldson *et al.*, 2016). Family conflict and lack of cohesion are associated with increased risk (Bogenschneider *et al.*, 2011).

Family interventions encourage parents to be aware of the risks from underage drinking, to communicate with children, to clarify expectations regarding alcohol use, to set rules and consequences for violations, to monitor children's activities, and to reduce the availability of alcohol in the home (Johnson, 2017). Additionally, content on family management practices and communication skills often are included. Parent-directed programs have been included with school-based interventions, some of which have evidence of success; but these components have not been evaluated separately (Flay 2000). Stand-alone family interventions have been successful in reducing alcohol use and other risk behaviors (Das *et al.*, 2016).

O'Hara *et al.*, 2019 have demonstrated the importance of the family as an intervention context by showing, in longitudinal and cross-sectional analyses of prevention interventions, that enhancing parenting behaviors that have been shown to be protective can have a positive influence on the child. Specifically, they demonstrated that skill in parental monitoring can be taught and that this skill is a viable method of preventing early-onset of drug use in children. Because teenagers are influenced by many aspects of their environment (such as family, peers, teachers, cultural norms), community interventions often take place across a number of settings to maximize the ecological validity of the intervention and to support practice of skills learned in treatment (O'Hara *et al.*, 2019).

# CHAPTER THREE

## RESEARCH METHODOLOGY

### 3.1 Introduction

This chapter describes the research design, the location of the study, target population, sample size and sampling procedures, data collection and analysis procedures and ethical issues.

### 3.2 Study area

The study was conducted in the Kapsabet ward of Nandi County. Kapsabet ward occupies 74.50km<sup>2</sup> geographically. It is home to the headquarters of the Nandi County. Kapsabet is predominantly a Christian town with Muslims as the minority. Kapsabet ward has a total population of 35,962 (Kenya National Bureau of Statistics (KNBS) 2019). The majority of residents belong to the [Nandi](#) dialect of the [Kalenjin](#) ethnic group. Kapsabet County Referral Hospital is the major healthcare facility in Kapsabet and serves referrals from the whole county and beyond. There are three types of alcohols that are mostly consumed in the study area: *changaa*, *busaa* beer, wines and spirits. The most commonly abused is *busaa* and *changaa*. In the year 2014 Nandi County experienced an upsurge of incidences of alcohol related deaths and hospitalization. On 10<sup>th</sup> July 2014, Kapsabet county referral hospital reported 6 deaths which occurred at an interval of less than five hours.

### 3.3 Research Design

This study adopted survey research design. Descriptive research methods are used when the aim(s) of the study are to describe specific behavior as it occurs in the environment (Kakkar, 2015). The design was applied because it provides detailed (rich qualitative) information, provides insight for further research and permits investigation of otherwise impractical (or unethical) situations. The design is favorable to the study because of its

descriptive nature that enabled collection of data from respondents relating to the the community intervention methods have on alcohol abuse.

### **3.4 Study Population**

Study population defines those units for which the findings of the study are meant to be generalized to give particular information (Dempsey 2003). The target population for this study was 35,962 residents of Kapsabet ward which comprised of 185 Community leaders, 214 religious leaders, 289 socio-economic group leaders, and 35,274 community members. According to Kothari (2011), the items under consideration in any field of inquiry constitute a population.

### **3.5 Sampling Technique**

The study used proportionate stratified random sampling because it provides better precision. It also provided proportionate sample size of each stratum to the population size of the stratum. Using same sampling fraction for all strata ensures proportionate representation in the sample thus reducing chances for biasness. Adequate representation of minority subgroups of interest was ensured by stratification & varying sampling fraction between strata as required (Smith, 2019).

Further purposive sampling technique was used to collect data from key informants using interviews (Community leaders, religious leaders and socio-economic group leaders). According to Etikan, Musa and Alkassim (2016), the main objective of a purposive sample is to produce a sample that can be logically assumed as representative of the population. Sampling was accomplished by applying expert knowledge of the population to select in a nonrandom manner a sample of elements that represents a cross-section of the population.

### 3.6 Sample size determination

A sample size is basically the number of observations that constitutes this study; it is a subset of the population of the study. This is where the researcher has to decide how many individuals are parts of the study. The sample size is in line with the objectives of the study and the circumstances of the investigation at hand, and is based on the Krejcie & Morgan (1970) methodology as used by Ghasemizad (2012). The summary of sample size determination is shown in Table 3.1.

**Table 3.1 Sample Size**

<b>Respondents</b>	<b>Population</b>	<b>Sample=<math>(\frac{n}{N}) * 380</math></b>	<b>Cumulative sample</b>
<b>Community leaders</b>	185	2	2
<b>Religious Leaders</b>	214	3	5
<b>Socio-Economic Group Leaders</b>	289	3	8
<b>Community Members</b>	35,274	372	380
<b>Total</b>	35,962	380	

### 3.7 Research Instruments

The research instruments that were used for data collection in this study were: questionnaires and key - informant interview guides to enable collection of detailed information on the community based interventions in reducing alcohol abuse. According to Kothari (2011), using interview schedules alongside questionnaires diversifies responses as well as reduces question fatigue'. Trained Graduate research assistant was recruited to aid in the data collection process.

#### 3.7.1 Questionnaire

The questionnaire was developed in line with the study objectives. The researcher employed multiple choice questions, rank-order (or ordinal) scale questions and rating scale questions formats in different sections of the instrument. Additionally, the questionnaire contained structured close-ended questions with a modified four-point-likert scale used to scale responses in the study as; 1= strongly agree, 2= agree, 3 = disagree and 4 = strongly

disagree. The questionnaire was administered randomly to community members within Kapsabet Ward.

### **3.7.2 Key Informant Interviews Schedules**

According to a study (Patton, 2002), in-depth interviewing is a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program, or situation. The study adopted in-depth interviews with the community leaders (Ward MCA, chiefs and sub-chiefs and area elders), religious leaders' representative and youth leaders.

### **3.8 Validity and Reliability Considerations**

Cypress (2017), states that validity and reliability are two factors which any researcher should be concerned about while designing a study, analyzing results and judging the quality of the study.

Validity determines whether the research truly measures that which it was intended to measure or how truthful the research results are. It estimates how accurately the data obtained in the study represents a given variable or construct in the study (Mugenda, 2003). The questionnaire was given to other experts in similar research to seek their opinion about the adequacy and representativeness of the instrument to ensure it covered all the variables being measured as a way of eliminating content validity. The study ensured reduction of construct validity by deriving the research variables from existing theoretical frameworks (Bedford & Spekle, 2018).

Wellman *et al.*, (2019), states that reliability is the extent to which results are consistent over time and an accurate representation of the total population under study. Cronbach's Alpha (1951) was used as a measure of reliability and internal consistency. The researcher reviewed

other scholarly articles before developing questions in the questionnaires. To determine the reliability of the instruments, a pilot study was conducted at Kesses Ward, Uasin Gishu County to 38 participants. The researcher administered questionnaires twice at an interval of two weeks and the scores from the first and the second test were recorded. Pearson's Product Moment formula was used to obtain the correlation co-efficient (r). Statistical Package of Social Sciences (SPSS v.20) was used to compute and run the reliability of research instruments. Results on reliability test are presented in Table 3.2. The overall Cronbach's Alpha value for all the research instruments was 0.919. This implies that all the research instruments were reliable to collect the desired information. Therefore there was no item to be improved.

**Table 3.2 Reliability Test Results**

<b>Item</b>	<b>Cronbach's Alpha</b>	<b>N of Items</b>
Community based interventions	0.919	4

### **3.9 Data Collection Procedures**

Data collection procedures are the series of events to be followed during the data collecting process (Barday *et al.*, 2019). The data was collected after receiving permission from the department, the relevant area administrative officers, and University of Eastern Africa, Baraton (UEAB) ethics committee. Closed-ended questionnaires was administered to three hundred and seventy two (372) community members and a total of eight (8) interview schedules were administered to (religious leaders, community group leaders, community leaders and community policing leaders). The respondents selected for the in-depth interviews were put in a relaxed and comfortable setting to enhance confidentiality and enable them talk

freely. All the interviews were recorded using pen and a note book in order to capture the dialogue between the interviewer and the respondents.

### **3.10 Data Analysis**

Data analysis is the process of creating order, structure and meaning to the mass of information collected. Data was analyzed using both descriptive and inferential statistics using Statistical Package for Social Sciences (SPSS) version 20.0. The quantitative data collected was analyzed using descriptive statistics such as standard deviation, means, frequencies and percentages. Presentation of this information was done using tables, graphs and charts.

Analysis of qualitative data (gathered by use of interview schedules) involved looking at the data, assigning categories and putting together the emerging issues into themes in an attempt to answer the research questions (Jwan & Ong'ondo, 2011). This study used themes to analyze the qualitative data. Thematic analysis is a method for identifying, analyzing, and reporting patterns (themes) within data. This study therefore adopted thematic analysis in the process of analyzing the data.

In order to test the relationship between the dependent and independent variables, the inferential tests including the Pearson Product-Moment Correlation Coefficient using multiple regression analysis. Correlation co-efficient is defined as a measure of the strength of linear association between two variables (Malhotra & Peterson, 2006). Correlation always ranges between -1.0 and +1.0. If the correlation is positive, then there is a positive relationship. Multiple regression analysis refers to a set of techniques for studying the straight-line relationships among two or more variables. According to Cohen, West and Aiken (2014), correlation coefficient is used to analyze the degree of relationship between two variables.

The regression model equation is indicated below;

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \epsilon \dots\dots\dots \text{Equation 1}$$

Where;

Y represents Alcohol Abuse;

$\beta_0$  represent intercept coefficients;

$\beta_1, \beta_2, \beta_3$  and  $\beta_4$  represent regression coefficients of the variables

$X_1$ , represent Community-advocacy

$X_2$  represent Peaceful demonstrations

$X_3$  represent Religion- based intervention

$X_4$  represent Family- based intervention

$\epsilon_i$  represents error term.

### 3.11 Ethical Considerations

Ethics is the branch of philosophy which deals with one's conduct and serves as a guide to one's behavior (Mugenda & Mugenda, 2003). Oso & Onen 2009 stated that despite the high value of knowledge gained through research, knowledge cannot be pursued at the expense of human dignity and a researcher should describe how he or she will ensure that ethical requirements are upheld in the study.

To ensure the aforesaid, ethical clearance from the UEAB Research Ethics Committee, National Commission for Science, Technology and Innovation (NACOSTI), Nandi County Authority and Kapsabet ward leadership were obtained and Clearance letters were also obtained from NACADA. Additionally written and verbal informed consents were obtained from the participants. The participants were assured of anonymity and confidentiality and no person was forced into participating in the study. All participants were treated with respect and their privacy observed.

# **CHAPTER FOUR**

## **PRESENTATION OF FINDINGS, ANALYSIS AND INTERPRETATION**

### **4.1 Introduction**

Chapter four presents data in the following subsections; the response rate, demographic information of the respondents, descriptive statistical findings which are in order with study variables and objectives and inferential statistical findings of each objective. The quantitative data were obtained through Questionnaire Schedule for community members, and qualitative data was obtained through interview schedule from community leaders. In this study, data was analyzed using percentages, frequencies, means, standard deviations, Pearson Correlation Coefficient, Multiple Regression Analysis and ANOVA output analysis. Findings from quantitative and qualitative data were integrated for discussions. This chapter begins by presenting the response rate.

### **4.2 Response Rate**

Response rate is the quantity of individuals with whom semi-structured questionnaires were appropriately completed divided by the aggregate number of individuals in the whole sample (Fowler, 2004). Out of 372 research questionnaires issued to Community Members, 331 were returned for analysis when completely filled and this accounted for a response rate of 89.0%. And 8 interview schedules administered successfully to Community leaders, religious leaders, socio-economic group leaders. The response rate of the research instruments were appropriate for the study analysis based on Van Buuren (2018) who concluded that the response rate of 70 percent and above is satisfactory to conduct adequate data analysis. The study response rate is summarized in Table 4.1.

**Table 4.1 Response Rate of Study Participants**

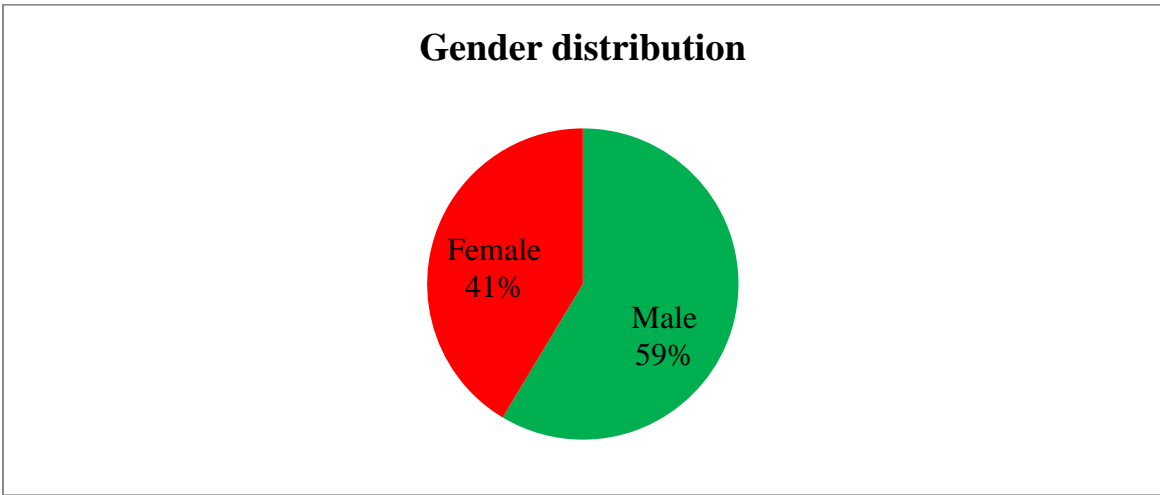
<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
Administered Questionnaires	372	100.0
Returned	331	89.0
Administered Interviews Schedules	8	100.0
Attended	7	87.5

### **4.3 Demographic Characteristics of the Respondents**

The background information outlined in this part relates to the respondents' gender, age bracket and level of education of the respondents.

#### **4.3.1 Distribution of Respondents by Gender**

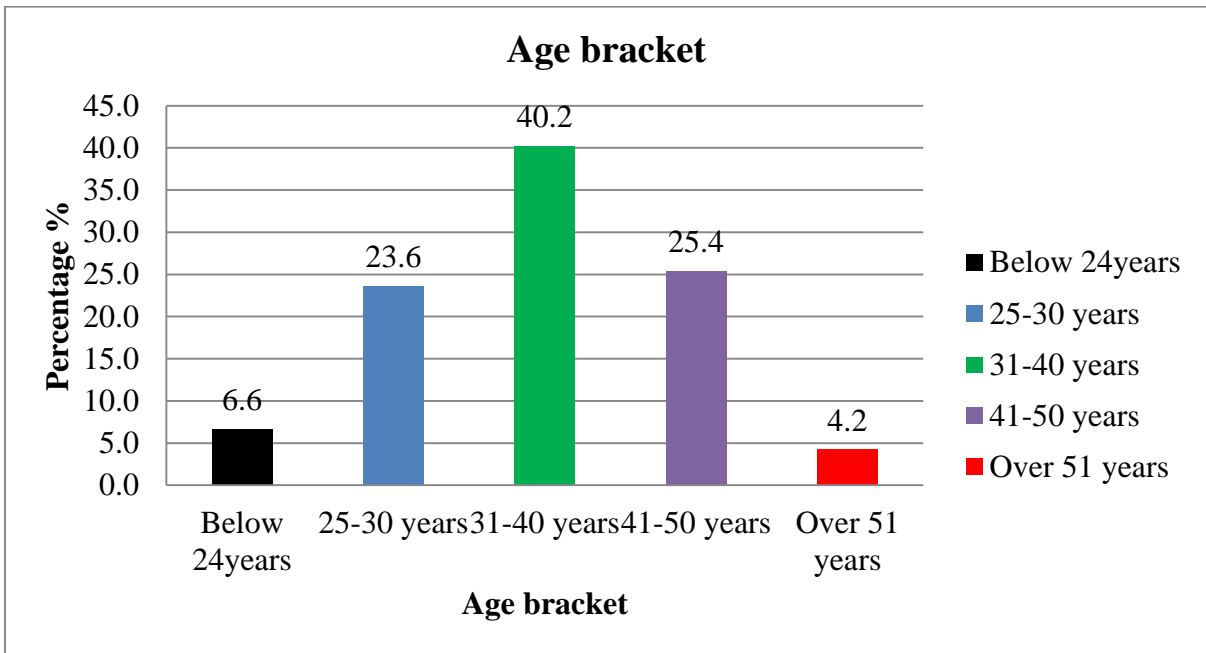
The study analyzed the distribution of respondents by their gender and the results are as shown in figure 2 presented below. The study findings indicated that majority of respondents who participated in the study were male 194(58.6%) while female were 137(41.4%). This gives implication that the study considered both genders in obtaining information concerning the of community intervention methods in reducing alcohol abuse in Kapsabet ward, Nandi County to ensure that there was no biasness in data collection process.



**Figure 2 Distributions of Respondents by Gender**

#### **4.3.2 Distribution of Respondents by Age**

The study analyzed the distribution of respondents in regards to their age bracket. The results are shown in Figure 3. The study findings on age bracket indicated that respondents who had below 24 years were 22(6.6%), those with 25-30 years were 78(23.6%), respondents with 31-40 years were 133(40.2%), respondents with 41-50 Years were 84(25.4%) while those who were 51 years and above were 14(4.2%). Therefore, the study included all age brackets when collecting data.



**Figure 3 Distribution of Respondents by Age**

#### 4.3.3 Distribution of Respondents by Level of Education

The study examined the distribution of respondents by their level of education and the results of analysis are shown in Table 4.2. The study also considered education level of the respondents where majority of them had certificate 101 (30.5%), followed by others with 93(28.1%), those with diploma was 84(25.4%), those with degrees were 48 (14.5%) and finally post graduates at 5(1.5%). This gives an implication that the study obtained information from respondents across all education levels. It also revealed that respondents who participated in the study had formal education and they were able to give accurate information concerning the of community intervention methods in reducing alcohol abuse in Kapsabet ward, Nandi County.

\*\*The 28.1% (other) of the respondents who did not complete any form of education level were accorded assistance to interpret questions asked. Researcher translated questions from English to Kiswahili and also to local dialect for them to understand and give responses that were recorded.

**Table 4.2 Distribution of Respondents by Level of Education**

<b>Level of Education</b>	<b>Frequency</b>	<b>Percent</b>
Postgraduate	5	1.5
Degree	48	14.5
Diploma	84	25.4
Certificate	101	30.5
Other	93	28.1
<b>Total</b>	<b>331</b>	<b>100.0</b>

#### **4.4 Community-Advocacy Campaigns against Alcohol Abuse and Deaths**

The study sought to determine the effect of community-advocacy campaigns against alcohol abuse and deaths in Kapsabet Ward – Nandi County. The study used questionnaires to sought responses from members of the community at Kapsabet Ward. The findings are analyzed and presented in Table 4.3.;

**Table 4.3 Community-Based Interventions against Alcohol Abuse**

		<b>SD</b>	<b>D</b>	<b>N</b>	<b>A</b>	<b>SA</b>	<b>Mean</b>
There is need to review some norms in our society (i.e alcohol drinking habits during cultural functions) because culture plays a key role in the intervention against alcohol abuse.	F	30	21	5	138	137	4.00
	%	9.1	6.3	1.5	41.7	41.4	80.0
Leaders mobilize the community to avoid alcohol abuse whenever there is a community gathering.	F	19	16	24	82	190	4.23
	%	5.7	4.8	7.3	24.8	57.4	84.6
Our community has only limited energy and resources to direct towards the problem of drug abuse.	F	11	28	24	75	193	4.24
	%	3.3	8.5	7.3	22.7	58.3	84.8
Policies regarding local brewing are disregarded by many brewers because you still find the <i>changaa</i> and <i>busaa</i> every day by bribing law enforcers	F	2	12	14	101	202	4.48
	%	.6	3.6	4.2	30.5	61.0	89.5
Most of the community based programs rely on coalitions of community stakeholders to collaboratively plan and coordinate prevention activities.	F	4	28	41	110	148	4.12
	%	1.2	8.5	12.4	33.2	44.7	82.4
Youths in the community have been mobilized to be the forerunners against alcohol abuse.	F	51	118	15	75	72	3.0
	%	15.4	35.6	4.5	22.7	21.8	60.0

Key: (**SA**: Strongly Agreed; **A**: Agreed; **UD**: Undecided; **D**: Disagreed and **SD**: Strongly Disagreed, **F**: Frequency)

Table 4.3 shows the study findings on the of community advocacy campaigns against alcohol abuse and deaths in Kapsabet Ward – Nandi County. Respondents were asked to give their opinion on the statement that there is need to review some norms in our society (i.e alcohol drinking habits during cultural functions) because culture plays a key role in the intervention against alcohol abuse and 41.7% agreed, 41.4% strongly agreed, 9.1% strongly disagreed, 6.3% disagreed and 1.5% were neutral on the statement that there is need to review some norms in our society (i.e alcohol drinking habits during cultural functions) because culture plays a key role in the intervention against alcohol abuse. On a scale of 100%, 80.0 % (mean=4.0) of the respondents accepted that there is need to review some norms in our society (i.e alcohol drinking habits during cultural functions) because culture plays a key role in the

intervention against alcohol abuse. The existing regulations on drinking habits demand review in our society because many young people introduce themselves to alcohol abuse annually. The society has not taken strict measures to ensure that drinking habits are minimized; for example the brewers and bar sellers allow customers to drink at the point of selling unlike the developed countries where shops selling alcohol cannot be allowed to let their customers drink whilst within the shop instead they take them home. It is necessary for our custom norms to be reviewed so as to minimize alcohol consumption. Vangrieken *et al*, (2017) concurred that appropriate community policies are necessary because communities have their own methods of solving problems and making decisions about issues of common concern to their members. In some rural societies, this could involve a discussion of the problem by an informal group, or a committee, under the leadership of an elected or traditional leader. The decision might then be binding for the rest of the community.

Respondents were also asked to give their opinion on the statement that leaders mobilize the community to avoid alcohol abuse whenever there is a community gathering and the responses shows that 57.4% strongly agreed with the statement, 24.8% agreed, 7.3% were neutral, 5.7% strongly disagreed and 4.8% of the respondents disagreed with the statement. In an overall view 84.6% (mean=4.23) of the respondents accepted that leaders mobilize the community to avoid alcohol abuse whenever there is a community gathering. Leaders have the ability to ensure that their area of authority is alcohol free if they are dedicated to save the lives of the young generation, but ironically you find some chiefs and their assistance colluding with the brewers so that the business can continue.

Moreover respondents gave their view on the statement that our community has limited resources to direct towards the problem of drug abuse and the resultant results showed that 58.3% of the respondents strongly agreed with the statement, 22.7% agreed, 8.5% disagreed, 7.3% were neutral and 3.3% strongly disagreed. Respondents therefore accepted at 84.8%

(mean=4.24) that our community has limited resources to direct towards the problem of drug abuse. It is evident that most of the local leaders are not empowered by the government to combat alcohol brewing. The government channel limited resource towards constant supervision of dens that hide alcohol. The findings are supported by Akuru *et al.*, (2017) who found that members of a community action team should look towards their own use of drugs before they try to influence the community. Also a community has only limited energy and resources to direct towards the problem of drug abuse.

Respondents were also asked to give their suggestion on the statement that policies regarding local brewing are disregarded by many brewers because you still find the *changaa* and *busaa* every day. The study results showed that 61.0% of the respondents strongly agreed with the statement, 30.5% agreed, 4.2% were neutral, 3.6% disagreed and 0.6% strongly disagreed. Respondents thus accepted at 89.5% (mean=4.48) that policies regarding local brewing are disregarded by many brewers because you still find the *changaa* and *busaa* every day. Unfortunately many alcohol brewers still exist in the current generation because they use it as a source of income. The higher number of brewers use tactical ways like ‘bribing’ the *law enforcers* to survive government directives in eliminating local brewing and off time selling in the bars and clubs. Muturi (2016) concurred with findings that the community was on the preparation stage (stage five) of readiness which indicated that community members had general information about the alcohol abuse, pro and cons of prevention activities, policies and actions but it was not based on formally collected information.

In addition 44.7% of the respondents strongly agreed with the statement that most of the community based programs rely on coalitions of community stakeholders (organizations such as church, school and other organization – NGOs and CBOs) to collaboratively plan and coordinate prevention activities, 33.2% agreed, 12.4% were neutral, 8.5% disagreed and 1.2% strongly disagreed with the statement. Respondents accepted at 82.4% (mean=4.12) that most

of the community based programs rely on coalitions of community stakeholders to collaboratively plan and coordinate prevention activities. Collaboration of leaders to jointly coordinate alcohol combating activities is generally poor in the society. A number of leaders are not dedicated to their duties others are lazy in strategizing solution needed hence sabotage the whole process of reducing alcohol abuse.

The findings are supported by Lin *et al.*, (2019) who posits that a common feature of successful community strategies is reliance on local coalitions to select and fully implement preventive interventions that have been shown to be effective in changing factors that influence risk of youth engaging in alcohol use, including both proximal influences and structural and/or environmental factors related to alcohol use. Inclusion of a universal, school-based prevention curriculum in the larger community-based effort is associated with the reduction of alcohol use by youth younger than 18 years of age and can help reach large numbers of youth with effective alcohol misuse prevention

Further, 35.6% of the respondents disagreed with the statement that youths in the community have been mobilized to be the forerunners against alcohol abuse, 22.7% agreed with the statement, 21.8% strongly agreed, 15.4% strongly disagreed and 4.5% were neutral on the statement. Respondents accepted the statement at 60.0% (mean=3.0) that youths in the community have been mobilized to be the forerunners against alcohol abuse. Youths in the community should be used as the forerunners to champion campaigns against use of alcohol in the society but the sad reality is that a low number of youths are engaged in such programs. Majority of the respondents showed that youths need more engagements for better results in the society than ever before because they are the ones languishing in the dens of drunkenness. Chilenski *et al.*, (2016) concurred that establishing the potential advantage of community-based strategies is their reliance on members of the local community to plan, implement, and monitor prevention activities, usually via coalitions made up of stakeholders from diverse

organizations and backgrounds. By actively involving the community in the prevention effort, these approaches may enhance community buy-in into prevention activities and may help to ensure that services are a good fit with local needs, resources, and norms

#### 4.5 Peaceful Demonstrations against Alcohol Abuse

The study sought to determine the effect of peaceful demonstrations against alcohol abuse and deaths in Kapsabet Ward – Nandi County. The study used questionnaires to sought responses from members of the community at Kapsabet Ward. The findings are analyzed and presented in Table 4.4.

**Table 4.4 Peaceful Demonstrations against Alcohol Abuse**

		SD	D	N	A	SA	Mean
There are regular anti-alcohol campaigns done by various organizations (for example NACADA, residents, activists) against excessive use of alcohol.	F	106	84	80	54	7	2.31
	%	32.0	25.4	24.2	16.3	2.1	46.2
Schools are used to train pupils on effects of alcohols	F	15	12	48	100	156	4.12
	%	4.5	3.6	14.5	30.2	47.1	82.4
Themes on drama and music festivals are sometimes used to demonstrate effects of alcohol abuse in the society.	F	23	2	26	120	160	4.18
	%	6.9	.6	7.9	36.3	48.3	83.7
Women groups and youth groups are used to mobilize the society against misuse of drug substance especially alcohol.	F	12	6	32	123	158	4.24
	%	3.6	1.8	9.7	37.2	47.7	84.7
Christian gatherings teach against use of alcohol and other drug substance.	F	9	8	9	157	148	4.29
	%	2.7	2.4	2.7	47.4	44.7	85.8

Key: **SA:** Strongly Agreed; **A:** Agreed; **UD:** Undecided; **D:** Disagreed and **SD:** Strongly Disagreed, **F:** Frequency

Table 4.4 shows the study findings on the of peaceful demonstrations against alcohol abuse and deaths in Kapsabet Ward – Nandi County. Based on the table above, 32.0% of the respondents strongly disagreed with the statement, 25.4% disagreed, 24.2% were neutral, 16.3% agreed and 2.1% strongly agreed with the statement. Respondents accepted at 46.2% (mean=2.31) that there are regular anti-alcohol campaigns done by various organizations (for

example NACADA) against excessive use of alcohol. Majority of the respondents disagreed with the fact that regular anti-alcohol campaigns done as a way of peaceful demonstrations against alcohol abuse. There is need to crosscheck and improve campaigns in the society against alcohol abuse. Local authorities and international bodies should be invited to the community levels regularly for the purpose of reminding the society dangers linked to alcohol abuse. Muturi, (2016) concurred that community prevention efforts used by Maendeleo ya Wanawake and other organizations include demonstration against excessive use, strict enforcement of alcohol related laws, organizing information dissemination barazas, encouraging prosecution of offenders of alcohol related laws, and supporting treatment of alcoholics.

The study asked respondents to give their opinion on the statement that schools are used to train pupils on the effects of alcohols and 47.1% of the respondents strongly agreed with the statement, 30.2% agreed, 14.5% were neutral, 4.5% strongly disagreed and 3.6% disagreed. Respondents thus accepted at 82.4% (mean=4.12) that schools are used to train pupils on the effects of alcohols. In some schools with weak administration and thus poor discipline, some students pick up bad habits including alcohol abuse from peers in school

Schools are good training grounds to sharpen the characters of young generation and therefore the government need to consider emphasizing better presentation and teaching on the uses of alcohol and the effect on the society. Cost, (2017) concurred that the effective prevention of alcohol abuse hinges on the extent to which schools, parents, law enforcement, healthcare providers, the faith community, and other community groups work comprehensively and collaboratively through community-wide efforts to implement a full array of education, prevention and enforcement strategies. Several primary prevention programs have been implemented using the following channels of delivery: schools, community, family and mass media.

The study also asked respondents to give their opinion on the statement that some themes on drama and music festivals are sometimes used to demonstrate effects of alcohol abuse in the society. The study results as shown in table 4.4 revealed that 48.3% of the respondents strongly agreed with the statement, 36.3% agreed, 7.9% were neutral, 0.6% strongly disagreed and 6.9% disagreed. Respondents thus accepted at 83.7% (mean=4.18) that some themes on drama and music festivals are sometimes used to demonstrate effects of alcohol abuse in the society. Drama and music festivals are used to pass specific message to the congregation hence the government departments concerned with music and drama should emphasize on themes that address the problems affecting the youths especially alcohol abuse and other drug substance.

Additionally respondents gave their view on the statement that women groups and youth groups are used to mobilize the society against misuse of drug substance especially alcohol. The study results as shown in table 4.4 revealed that 47.7% of the respondents strongly agreed with the statement, 37.2% agreed, 9.2% were neutral, 3.6% strongly disagreed and 1.8% disagreed with the statement. Respondents thus accepted at 84.7% (mean=4.24) that women groups and youth groups are used to mobilize the society against misuse of drug substance especially alcohol. The use of existing youth groups and women groups in the society can be a very positive move to reduce use of alcohol consumption. Government should channel funds to the groups that specifically uplift the lives of the local brewers so that they can start other better businesses that are profitable for income generation. According to Stallwitz (2016) the preparedness of government to support local people determines the success of their future in minimizing and reducing use of alcohol consumption. At lower stages of readiness, individual and small group meetings may be needed to attract support from those with great influence in the community. At higher levels of readiness, it may be possible

to establish a community board or coalition of key leaders from public and private-sector organizations

Further the study asked respondents to give their view on the statement that Christian gatherings like churches teach congregations against use of alcohol and other drug substance. The study results as shown in table 4.4 revealed that 47.4% of the respondents agreed with the statement, 44.7% strongly agreed, 2.7% were neutral, 2.7% strongly disagreed and 2.4% disagreed with the statement. Respondents thus accepted at 85.8% (mean=4.29) that Christian gatherings teach against use of alcohol and other drug substance. The role of churches in the society is to teach the members on proper characters that are worth living. Therefore church has the ability to reach out to the local brewers and alcohol addicts so that they can teach them and give them hope on the importance of living without alcohol and other drug abuse. The need to embrace the changes that make their lives better when they receive Jesus Christ can change their lives and renew their hopes.

#### **4.6 Religion as an Intervention against Alcohol Abuse**

The study sought to assess the role of religion as an intervention against alcohol abuse in Kapsabet Ward – Nandi County. The study used questionnaires to sought responses from members of the community at Kapsabet Ward. The findings are analyzed and presented in Table 4.5.

**Table 4.5 Religion as an Intervention against Alcohol Abuse**

		<b>SD</b>	<b>D</b>	<b>N</b>	<b>A</b>	<b>SA</b>	<b>Mean</b>
Religious leaders frequently urge the local community to desist from abusing alcohol.	F	4	5	7	173	142	4.34
	%	1.2	1.5	2.1	52.3	42.9	86.8
Religious teachings forbid use of drugs and therefore encourage Christians to live health life.	F	2	8	48	124	149	4.24
	%	0.6	2.4	14.5	37.5	45.0	84.8
Churches campaign persistently against the use of alcohol and other drug substance since it breaks families.	F	4	55	27	78	167	4.05
	%	1.2	16.6	8.2	23.6	50.5	81.1
Very rare cases do you find a Christian getting drunk because they have a helper and a doctrines they use in worship and that they uphold their standards.	F	7	0	16	147	161	4.37
	%	2.1	0.0	4.8	44.4	48.6	87.5
Fewer religious believers are associated to greater risk of drug and alcohol use.	F	10	0	19	157	145	4.29
	%	3.0	0.0	5.7	47.4	43.8	85.8

Key: **SA**: Strongly Agreed; **A**: Agreed; **UD**: Undecided; **D**: Disagreed and **SD**: Strongly Disagreed, **F**: Frequency.

Table 4.5 shows the study findings on the of religion as an intervention against alcohol abuse in Kapsabet Ward – Nandi County. The study results show that 52.3% of the respondents agreed, 42.9% strongly agreed, 2.1% were neutral, 1.5% disagreed and 1.2% strongly disagreed with the statement that religious leaders frequently urge the local community to desist from abusing alcohol. Respondents accepted at 86.8% (mean=4.34) that religious leaders frequently urge the local community to desist from abusing alcohol. Religious leaders are close mentors to many people in the society and therefore it is their duty to criticize and condemn the use of alcohol and other drug substance. Their bold stand in condemning the use of alcohol will save many lives if the society accepts their guidance as indicated in the holy books of God such as the bible and Quran.

Table 4.5 also show that 45.0% of the respondents strongly agreed that religious teachings forbid use of drugs and therefore encourage Christians to live health life, 37.5% agreed with the statement, 14.5% were neutral, 2.4% disagreed and 0.6% strongly disagreed.

Respondents accepted at 84.8% (mean=4.24) that religious teachings forbid use of drugs and therefore encourage Christians to live health life. Respondents also acknowledge that religious verses forbid alcohol consumption unnecessarily. The teachings are against the use of alcohol and other drug substance because they are not good for health the general living in the society. The Bible does not contain statements specific against alcohol addiction, but it can be found in some of the verses: Alcohol “bites like a snake and poisons like a viper: Alcohol leads you “astray” which is “not wise” Getting drunk leads to “reckless indiscretion” Proverbs 23:32. Another verse is Proverbs 23:20: "Do not join those who drink too much wine or gorge themselves on meat, for drunkards and gluttons become poor, and drowsiness clothes them in rags." ... Ephesians 5:18: "Do not get drunk on wine, which leads to debauchery. Instead, be filled with the Spirit."

In addition table 4.5 show that 50.5% of the respondents strongly agreed, 23.6% agreed, 16.6% disagreed, 8.2% were neutral and 1.2% strongly disagreed with the statement that churches campaign persistently against the use of alcohol and other drug substance since it breaks families. Respondents accepted at 81.1% (mean=4.05) that churches campaign persistently against the use of alcohol and other drug substance since it breaks families. The study showed that churches persistently campaign against alcohol abuse since they are not good for human consumption.

The study findings on table 4.5 show that 48.6% of the respondents strongly agreed with the statement that very rare cases do you find a Christian getting drunk because they have a helper and doctrines they use in worship and that they uphold their standards, 44.4% agreed, 4.8% were neutral and 2.1% strongly disagreed. Respondents accepted at 87.5% (mean=4.37) that very rare cases do you find a Christian getting drunk because they have a helper and a doctrines they use in worship and that they uphold their standards. As it has been mention by a

number of bible verses on dangers of drunkardness it is advisable for believers to leave by example so that other people in the society can have a witness to give.

Further, respondents were asked to give their opinion on the statement that fewer religious believers in a community are associated with greater risk of drug and alcohol use. The study results indicated that 47.4% of the respondents agreed with the statement, 43.8% strongly agreed, 5.7% were neutral and 3.0% strongly disagreed. Respondents accepted at 85.8% (mean=4.29) that fewer religious believers in a community are associated with greater risk of drug and alcohol use. Majority of the respondents accepted the idea that in very rare cases do you find a Christian getting drunk because they have a helper and a doctrines they use in worship and that they uphold their standards. Converting many members in the society to be believers is a very positive move in reducing and combating alcohol use.

#### **4.7 Family- Based Interventions against Alcohol Abuse**

The study sought to assess the of family- based intervention against alcohol abuse in Kapsabet Ward – Nandi County. The study used questionnaires to sought responses from members of the community at Kapsabet Ward. The findings are analyzed and presented in Table 4.6; Key.

**Table 4.6 Family- Based Intervention against Alcohol Abuse**

		<b>SD</b>	<b>D</b>	<b>N</b>	<b>A</b>	<b>SA</b>	<b>Mean</b>
Parents can communicate with children to clarify expectations regarding alcohol use.	F	0	32	5	175	119	4.15
	%	0.0	9.7	1.5	52.9	36.0	83.0
Parents should support demonstrations regarding alcohol use for the good of their children.	F	2	5	8	160	156	4.40
	%	.6	1.5	2.4	48.3	47.1	88.0
Parents are the role models for children against the use of alcohol because children copy the lifestyle of their parents.	F	5	4	14	157	151	4.34
	%	1.5	1.2	4.2	47.4	45.6	86.9
Parents should seek annual school meetings to address the challenges brought by alcohol abuse.	F	2	0	50	161	118	4.19
	%	.6	0.0	15.1	48.6	35.6	83.7
Parents should act as an example abiding by the government policies and laws that against alcohol consumption.	F	4	12	51	133	131	4.13
	%	1.2	3.6	15.4	40.2	39.6	82.7

Key: **SA:** Strongly Agreed; **A:** Agreed; **UD:** Undecided; **D:** Disagreed and **SD:** Strongly Disagreed, **F:** Frequency)

The study findings on the of family-based intervention against alcohol abuse in Kapsabet Ward – Nandi County are shown in table 4.6. Very positive results was evidenced by 52.9% of the respondents who agreed that parents can communicate with children to clarify expectations regarding alcohol use, 36.0% strongly agreed on same statement, 9.7% disagreed and 1.5% were neutral. Respondents accepted at 83.0% (mean=4.15) that parents can communicate with children to clarify expectations regarding alcohol use. On the statement that parents should support demonstrations regarding alcohol use for the good of their children 48.3% of the respondents agreed with the statement, 47.1% strongly agreed, 2.4% were neutral, 1.5% disagreed and 0.6% strongly disagreed. Respondents accepted at 88.0% (mean=4.40) that parents should support demonstrations regarding alcohol use for the good of their children. Parents are always number one role models to their children and therefore their championing in demonstrations against alcohol abuse will leave their children and youths living the same lifestyle. Parents should always live a life they desire their children to be in future.

The study results in table 4.6 also showed that 47.4% of the respondents agreed with the statement that parents are the role models for children against the use of alcohol because children copy the lifestyle of their parents, 45.6% strongly agreed, 4.2% were neutral, 1.5% strongly disagreed and 1.2% disagreed. Respondents accepted at 89.5% (mean=4.48) that parents are the role models for children against the use of alcohol because children copy the lifestyle of their parents. As previously discussed parents are the key role models in the society.

Respondents were also asked to give their opinion on the statement that parents should seek annual school meetings to address the challenges brought by alcohol abuse. The study results as shown in table 4.6 showed that 48.6% of the respondents agreed with the statement, 35.6% strongly agreed, 15.1% were neutral and 0.6% strongly disagreed. Respondents accepted at 89.5% (mean=4.48) that parents should seek annual school meetings to address the challenges brought by alcohol abuse

Further 40.2% of the respondents agreed with the statement that parents should act as an example abiding by the government policies and laws that are against alcohol consumption, 39.6% strongly agreed, 15.4% were neutral, 3.6% disagreed and 1.2% strongly disagreed. Respondents accepted at 82.7% (mean=4.13) that parents should act as an example abiding by the government policies and laws against alcohol consumption abusively.

#### **4.8 Inferential Analysis**

Inferential analysis was conducted in order to determine the existence of the relationships between the study variables. The study conducted inferential analysis using Pearson's product moment correlation coefficient and regression analysis. Correlation is a statistical technique that shows how strongly pairs of variables are related. The correlation coefficient ranges from -1 to +1; the correlation coefficient value of -1.000 indicates a perfect

negative correlation and a correlation coefficient value of +0.001 to +1.000 indicates a perfect positive correlation and a correlation coefficient value of 0.000 implies that there is no relationship between the study variables (Orodho, 2013). The correlation results are as shown in table 4.7.

**Table 4.7 Overall Correlation Analysis Results**

		Correlations				
		Community-advocacy	Anti-alcohol peaceful demonstration	Religious interventions	Family-interventions	Reduced alcohol abuse
Community-advocacy	Pearson Correlation	1				
	Sig. (2-tailed)					
Anti-alcohol peaceful demonstration	Pearson Correlation	.819**	1			
	Sig. (2-tailed)	.000				
Religious interventions	Pearson Correlation	.734**	.631**	1		
	Sig. (2-tailed)	.000	.000			
Family-interventions	Pearson Correlation	.652**	.656**	.766**	1	
	Sig. (2-tailed)	.000	.000	.000		
Reduced alcohol abuse	Pearson Correlation	<b>.868**</b>	<b>.810**</b>	<b>.853**</b>	<b>.817**</b>	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	331	331	331	331	331

**\*\*.** Correlation is significant at the 0.01 level (2-tailed).

#### 4.8.1 Community-advocacy

The study sought to determine the effect of community-advocacy campaigns against alcohol abuse and deaths in Kapsabet Ward – Nandi County. These are conducted by the government organizations such as NACADA in collaboration with community groups and religious groups. The findings as shown in Table 4.7 indicate that the community-advocacy campaigns have positive and statistically significant effect on reducing alcohol abuse among the community members at Kapsabet ward with ( $r=0.868$ ;  $p<0.05$ ). This implies that the

community-advocacy campaigns contribute greatly to the extent to which alcohol abuse can be reduced. More organizations can be used to mobilize society communities on the effects of alcohol consumption. Community members that are educated on the economic, social, physical emotional and spiritual effects of alcohol among other aspects can relief themselves from the burden of drunkenness by making some members withdraw from the drinking dens.

#### **4.8.2 Anti-alcohol Peaceful Demonstrations**

The study sought to determine the effect of peaceful demonstrations against alcohol abuse and deaths in Kapsabet Ward – Nandi County. The findings as shown in Table 4.7 indicate that the effect of peaceful demonstrations have positive and statistically significant effect on reducing alcohol abuse and deaths among members of the community with ( $r=0.810$ ;  $p<0.05$ ). This implies that the effect of peaceful demonstrations against alcohol consumption contribute to reduction of consumption of alcohol because people are made aware of the effects alcohol have done to them. When people are given close attention and concern over their problems, they tend to respond by acknowledging the efforts made otherwise more problems will probe their living.

#### **4.8.3 Religious interventions**

The study sought to determine the effect of religion as an intervention against alcohol abuse in Kapsabet Ward – Nandi County. The findings as shown in Table 4.7 indicate that the effect of religion as an intervention against alcohol abuse has a positive and statistically significant effect on reducing alcohol abuse and deaths among members of the community with ( $r=0.853$ ;  $p<0.05$ ). This implies that the effect of religion as an intervention strategy against alcohol abuse contribute to reduction of alcohol use within the community. Christians who attend church regularly tend to stay away from the evil deeds in life and alcohol is one of the most dangerous substances that when people consume they misbehave both in public and private life.

Religious crusades that are made annually help to boost community gain spiritual growth and stay away from the bad habits that lead to edition in life.

#### **4.8.4 Family interventions**

The study sought to assess the of family- based intervention against alcohol abuse in Kapsabet Ward – Nandi County. The findings as shown in Table 4.7 indicate that family-based intervention have positive and statistically significant effect on reducing alcohol abuse in the community with ( $r=0.817$ ;  $p<0.05$ ). This implies that family- based intervention contribute greatly to the extent to which alcohol consumption can be reduced. Family members have shown better performance in life when they decide to share their challenges in life and seek advice as well as motivational talks on the effects of alcohol and other drug substance in life. Families are known to hold the secrets of everyone and how the trends in life are therefore getting the right therapy to alcohol and substance edicts can be easily treated through family members.

#### **4.9 Multiple Regression Analysis**

The study used multiple linear regression analysis to determine the combined linear relationship between the dependent variable (Alcohol abuse) and the independent variables (Community-advocacy , Anti-alcohol Peaceful Demonstrations, Religious interventions and Family interventions). The findings as shown in Table 4.8 showed that ( $R^2 = 0.913$ ). This implies that there is a positive effect of intervention strategies to reduce alcohol abuse among members of the community and therefore 91.3% of variation in community intervention methods used in reducing alcohol abuse among members of the society is accounted for by the following strategies; Community-advocacy , Anti-alcohol Peaceful Demonstrations, Religious interventions and Family interventions in this study whereas 8.7% of the intervention of

alcohol abuse among members of the community is accounted for by other factors that were not investigated in this study.

**Table 4.8: Multiple Regression Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.955 <sup>a</sup>	.913	.912	.20559

**a. Predictors: (Constant), Community-advocacy , Anti-alcohol Peaceful Demonstrations, Religious interventions and Family interventions.**

#### 4.9.1 Assessing the Fit of the Model Summary

Analysis of variance was used to determine if the multiple regression models were fit for the data. The results as shown in Table 4.9 indicated that the effect of dependent variable was statistically significant ( $F=853.929$ ;  $p<0.05$ ). This implied that the multiple regression model was fit for the data, therefore the overall regression model for all the variables Community-advocacy , Anti-alcohol Peaceful Demonstrations, Religious interventions and Family interventions was statistically significant and affects alcohol abuse among members of the society.

**Table 4.9: ANOVA Test Results**

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	144.378	4	36.094	853.929	.000b
	Residual	13.780	326	.042		
	Total	158.157	330			

**a. Dependent Variable: alcohol abuse**

**b. Predictors: (Constant), Community-advocacy , Anti-alcohol Peaceful Demonstrations, Religious interventions and Family interventions.**

#### 4.9.2 Regression Coefficients

The T-test of statistical significance of each regression coefficient was conducted in order to determine the beta ( $\beta$ ) value which shows how strongly each independent variable

affects the dependent variable. Table 4.10 shows results of the study variables; the regression coefficients. The study findings revealed that Community-advocacy strategies had a positive and statistical significant effect on reducing alcohol abuse among members of the society ( $\beta=0.264$ ;  $p<0.05$ ), Anti-alcohol peaceful demonstration had a positive and statistical significant effect on reducing alcohol abuse among members of the society ( $\beta=0.244$ ;  $p<0.05$ ), Religious interventions had a positive and statistical significant effect on reducing alcohol abuse among members of the society ( $\beta=0.324$ ;  $p<0.05$ ) and family interventions had a positive and statistical significant effect on reducing alcohol abuse among members of the society ( $\beta=0.107$ ;  $p<0.05$ ).

**Table 4.10: Regression Analysis**

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std.	Beta		
(Constant)	.316	.080		3.951	.000
Community-advocacy strategies	.264	.030	.315	8.868	.000
Anti-alcohol peaceful demonstration	.244	.030	.298	8.002	.000
Religious interventions	.324	.030	.340	10.90	.000
Family interventions	.107	.032	.094	3.349	.001

From Table 4.10, the multiple regression equation can be written as:

$$Y = .316 + 0.264X_1 + 0.244X_2 + 0.324X_3 + 0.107X_4 \dots\dots\dots(\text{Eq.2})$$

The findings can be interpreted as; at constant, Community-advocacy , Anti-alcohol Peaceful Demonstrations, Religious interventions and Family interventions on reducing alcohol abuse was at 0.939 units. The coefficient of 0.264 indicates that an improvement in Community-advocacy by one unit increases reduction of alcohol abuse in the community by

0.264 units, the coefficient of 0.244 indicates that an improvement in the Anti-alcohol Peaceful Demonstrations by one unit increases reduction of alcohol abuse in the community by 0.244 units, the coefficient of 0.324 indicates that an improvement in Religious interventions by one unit increases reduction of alcohol abuse in the community by 0.324 units and the coefficient of 0.107 indicates that an improvement in Family interventions by one unit increases reduction of alcohol abuse in the community by 0.107 units.

#### **4.10 Hypothesis Testing**

In this study, all the four hypotheses were tested where p value of less than 0.05 shows there was significant relationship between the variables and null hypotheses were rejected while p value of more than 0.05 shows there was no significant relationship between study variables and the study fails to reject the null hypothesis.

##### **4.10.1 Hypothesis Testing of Community-advocacy campaigns on reduction of alcohol abuse and alcohol related deaths**

The first hypotheses ( $H_{01}$ ) of the study stated that there is no significant effect between the community-advocacy campaigns and reduction of alcohol abuse and alcohol related deaths. The study results as shown in Table 4.11 indicated that community-advocacy campaigns have a significant effect on reducing alcohol abuse and alcohol related deaths ( $\beta_1=0.264$ ;  $P=0.000<0.05$ ). The  $\beta$  factor of 0.264 implies that community-advocacy campaigns reduce alcohol abuse and alcohol related deaths by 26.4%. The p-value of 0.000 is less than the predictable value of 0.05 which indicates that the community-advocacy campaigns have a positive and statistical significant effect on reducing alcohol abuse and alcohol related deaths in Kapsabet Ward.

#### **4.10.2 Hypothesis Testing of Peaceful Demonstrations on Reduction of Alcohol abuse and alcohol related deaths**

The second hypotheses ( $H_{02}$ ) of the study stated that there is no significant effect between anti-alcohol peaceful demonstrations and reduction of alcohol abuse and alcohol related deaths. The study results as shown in table 4.11 indicated that anti-alcohol peaceful demonstrations have significant effect on reduction of alcohol abuse and alcohol related deaths ( $\beta_2=0.244$ ;  $P=0.001<0.05$ ). The  $\beta$  factor of 0.244 implies that anti-alcohol peaceful demonstrations affect reduction of alcohol abuse and alcohol related deaths by 24.4%. The p-value of 0.000 is less than the predictable value of 0.05 which indicates that anti-alcohol peaceful demonstrations have a positive and statistical significant effect on reduction of alcohol abuse and alcohol related deaths in Kapsabet Ward.

#### **4.10.3 Hypothesis Testing of Religion as an intervention on reduction of alcohol abuse and alcohol related deaths**

The third hypotheses ( $H_{03}$ ) of the study stated that there is no significant effect between religion as an intervention and reduction of alcohol abuse and alcohol related deaths. The study results as shown in table 4.11 indicated that religion as an intervention has significant effect on reduction of alcohol abuse and alcohol related deaths ( $\beta_3=0.324$ ;  $P=0.000<0.05$ ). The  $\beta$  factor of 0.324 implies that religion as an intervention affect reduction of alcohol abuse and alcohol related deaths by 32.4%. The p-value of 0.000 is less than the predictable value of 0.05 which indicates that religion as an intervention has a positive and statistical significant effect on reduction of alcohol abuse and alcohol related deaths in Kapsabet Ward.

#### 4.10.4 Hypothesis Testing of Family as an intervention on reduction of alcohol abuse and alcohol related deaths

The fourth hypotheses (**H<sub>04</sub>**) of the study stated that there is no significant effect between family-based interventions and reduction of alcohol abuse and alcohol related deaths. The study results as shown in table 4.11 indicated that family-based interventions has significant effect on reduction of alcohol abuse and alcohol related deaths ( $\beta_4=0.107$ ;  $P=0.001<0.05$ ). The  $\beta$  factor of 0.107 implies that family-based interventions effect reduction of alcohol abuse and alcohol related deaths by 10.7%. The p-value of 0.001 is less than the predictable value of 0.05 which indicates that family-based interventions has positive and statistical significant effect on reduction of alcohol abuse and alcohol related deaths in Kapsabet Ward.

**Table 4.11 Hypothesis Table**

Hypotheses	$\beta$ and P values	Decision rule(accept/reject)
<b>H<sub>01</sub></b> : There is no significant effect between the community-advocacy campaigns and reduction of alcohol abuse and alcohol related deaths.	$\beta_1=0.264$ ; $P=0.000<0.05$	Rejected the null hypothesis
<b>H<sub>02</sub></b> : There is no significant effect between peaceful demonstrations and reduction of alcohol abuse and alcohol related deaths.	$\beta_2=0.244$ ; $P=0.000<0.05$	Rejected the null hypothesis
<b>H<sub>03</sub></b> : There is no significant effect between religion as an intervention and reduction of alcohol abuse and alcohol related deaths.	$\beta_3=0.324$ ; $P=0.000<0.05$	Rejected the null hypothesis
<b>H<sub>04</sub></b> : There is no significant effect between family-based and reduction of alcohol abuse and alcohol related deaths.	$\beta_4=0.107$ ; $P=0.001<0.05$	Rejected the null hypothesis

#### 4.11 Results of Interviews

According to the interviews conducted by the study the effect of community-advocacy campaigns against alcohol abuse and alcohol related deaths in Kapsabet Ward – Nandi County showed that since the implementation of the proposed act, community campaigns against alcohol abuse have been done through various mediums. Community leaders take up chances whenever they attend any community function to address the problem. Social media (Local radio stations and face-book groups) have been engaged to teach people against abuse of alcohol. Chiefs and sub-chiefs are required to ensure local search and arrest of brewers that subvert the law.

The qualitative findings on the effect of peaceful demonstrations against alcohol abuse and alcohol related deaths in Kapsabet Ward – Nandi County showed that the rate of peaceful demonstrations is very lowest. Local women and youth groups have been fully empowered to fight against alcohol abuse in the ward. The county government has also not allocated enough resources to empower the youths who are jobless. The use of national and international bodies like NACADA to fight the problem was done but the frequency of visits to the local residents was minimal. The county government never made a good follow-up to ensure closer of brewing dens.

Further, the effect of religion as an intervention against alcohol abuse in Kapsabet Ward –Nandi County showed that religion play significant role in minimizing consumption of *beer, changaa, wine and spirits*. Religion teaches people how to stay health and good life. Therefore, most people who attend to church services are free from the burden and slavery of alcohol consumption. Pastors, imams, bishops and catechist use their own time to teach members of the community the importance of living holly life. They emphasized that ‘alcohol comprise thoughts of a normal human being, therefore staying away from it can save your

life'. Religious leaders have further attended rehab centers to teach Christian values to alcohol addicts and those who accepted change have prospered in life.

Moreover, family-based intervention against alcohol abuse in Kapsabet Ward –Nandi County had significant effect. Respondents showed that family set up dictate so much about the living with or without alcohol abuse. Family based intervention can help cure so many lost in the drinking habits. Family is the number one and the last place to living in and therefore the environment can change the way you behave. Family therapies have helped a number of drug addicts recover well. Contrary, many parents have forced their children to be drunken men and women because of their family pressure and stress. Parents act as example and if one abuses alcohol children will also do so once in their lifetime. Parents instill habits to their children and their behavior is copied by their children. It is therefore important that parents remain to be what they want their children to be.

Finally, the qualitative data from the responses showed that the current state of alcohol abuse in Kapsabet Ward –Nandi County have improved by about 40% compared to the time before enacting the Alcoholic Drinks Control Act in 2014. The measures that were put in place shows positive responses towards curbing and reducing alcohol abuse. Despite the fact that many youths are still consuming alcohol compared to the elderly the numbers have gawn down. The other challenge is the number of alcohol brewers that still exist despite close monitoring from the chief and the sub-chiefs. It is evident that local brewers bribe few local authorities so that their business can continue.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

Chapter five presents the summary of findings, conclusions drawn from the study findings, recommendations made to improve the situation by reducing alcohol abuse. The study based its results on the assessment of the effect of community intervention methods in reducing alcohol abuse in Kapsabet ward, Nandi County.

#### **5.2 Summary of the Study Findings**

The study made summary of the findings based on the four specific objectives in research study. The first was to determine the effect of community-advocacy campaigns against alcohol abuse and deaths, second was determine the effect of peaceful demonstrations against alcohol abuse and deaths, third was to assess the effect of religion as an intervention against alcohol abuse and fourth was to assess the effect of family- based intervention against alcohol abuse in Kapsabet Ward Nandi County.

##### **5.2.1 Community Based Interventions**

The study findings on the effect of community based interventions showed that the majority of the respondents agreed that the policies regarding local brewing are disregarded by many brewers because you still find the changaa and busaa every day by bribing law enforcers. The society has not taken strict measures to ensure that drinking habits are minimized since brewers and bar sellers allow customers to drink at the point of selling. Unlike in the developed countries shops selling alcohol cannot be allowed to let their customers drink whilst within the shop, instead they take them home. Leaders however has the task to ensure that their area of authority is alcohol free if they are dedicated to save the lives of the young

generation. Ironically some chiefs and their assistance collude with the brewers so that the business can continue.

### **5.2.2 Peaceful Demonstrations**

The study findings on the effect of peaceful demonstrations against alcohol abuse and deaths in Kapsabet Ward – Nandi County showed that Majority of the respondents disagreed with the fact that regular anti-alcohol campaigns are done as a way of peaceful demonstrations against alcohol abuse. There is need to improve campaigns in the society against alcohol abuse. Local authorities and international bodies should be invited to the community levels regularly for the purpose of reminding the society dangers linked to alcohol abuse. Another respondent observed that schools are good training grounds to sharpen the characters of young generation and therefore the government need to consider emphasizing better teaching on the uses of alcohol and the effect on the society. The use of social media, the existing youth groups and women groups in the society can greatly contribute towards reduction of alcohol consumption.

### **5.2.3 Religion**

The study findings on religion as an intervention against alcohol abuse in Kapsabet Ward – Nandi County showed that majority of the respondents accepted that religious leaders are close mentors to many people in the society and therefore it is their duty to criticize and condemn the use of alcohol and drug substance. Their bold stand in condemning the use of alcohol will save many lives if the society follows their guidance as indicated in the holy books of God such as the bible. The Bible also did not contain language specific to alcohol addiction, but it can be found in some of the verses: Alcohol “bites like a snake and poisons like a viper: Alcohol leads you “astray” which is “not wise” Getting drunk leads to “reckless indiscretion” Proverbs 23:32 . Another verse is Proverbs 23:20: "Do not join those who drink too much wine

or gorge themselves on meat, for drunkards and gluttons become poor, and drowsiness clothes them in rags." ... Ephesians 5:18: "Do not get drunk on wine, which leads to debauchery. Instead, be filled with the Spirit."

#### **5.2.4 Family-Based Interventions**

Finally the study findings on effect of family- based intervention against alcohol abuse in Kapsabet Ward – Nandi County showed that parents are always number one role models to their children and therefore their championing in demonstrations against alcohol abuse will leave their children and youths living the same lifestyle. Some parents contribute to the drinking problems of their children because they do not support needs of their children even at adulthood leading to stress and depression. To gap the menace, one of the elders mentioned that “parents should always live a life they desire their children to be in future since they are the role models for children against the use of alcohol because children copy the lifestyle of their parents’.

#### **5.3 Conclusions of Study Findings**

In conclusion the on community advocacy ; policies regarding local brewing are disregarded by many brewers because they continue brewing changaa and busaa every day. Also society has not taken strict measures to ensure that drinking habits are minimized because many people are still consuming alcohol illegally despite the measures put in place.

Also there are low anti-alcohol campaigns done on peaceful demonstrations against alcohol abuse. Respondents confirmed that minimal efforts have been done by the county government to support local youths, activists and campaigns from NACADA and other groups on anti-alcohol programs. The policies and regulations on anti-alcohol peaceful demonstrations cannot be achieved because personnel are not dedicated to source funds necessary to steer peaceful

demonstrations. Drama and music festivals can be utilized to emphasize themes that address the problems affecting the youths especially alcohol abuse and other drug substance

Also religious leaders are close mentors to many people in the society and therefore it is their duty to criticize and condemn the use of alcohol and drug substance. Their bold stand in condemning the use of alcohol will save many lives if the society leave by their guiding as indicated in the holy books of God like bible. Christians who attend church regularly tend to stay away from the evil deeds in life and alcohol is one of the most dangerous substances that when people consume they misbehave both in public and private life. Religious crusades that are made annually help to boost community gain spiritual growth and stay away from the bad habits that lead to edition in life.

Further parents are always number one role models to their children and therefore their championing in demonstrations against alcohol abuse will leave their children and youths living the same lifestyle. Families are known to hold the secret of everyone and how the trends in life are therefore getting the right therapy to alcohol and substance edicts can be easily treated through family members. Parents should always live a life they desire their children to be in future.

#### **5.4 Recommendations of Study Findings**

The study made the following recommendations based on the study findings: The study recommends to the county government to put more pressure on follow-ups against law breakers who continue to brew busaa and changaa. Also leaders who are not dedicated to serve citizens should be forced to resign under the constitution.

The study also recommends to the county government to introduce regular anti-alcohol peaceful demonstrations and campaigns done by various organizations against excessive use of alcohol. The ministry of health needs to invite both local and international bodies that

champions against alcohol abuse. Local youth group, women groups, NACADA, Ministry of Health, all Christian denominations should be involved in the fight against reducing alcohol and substance abuse.

On religious perspective the study recommends to all religious leaders that they should lead by example and live a Christian life because many young and old people in the society use them as the role models. Finally on family intervention, parents are recommended to share more insights on the use of alcohol with their children. They should be open to communicate with children and clarify expectations regarding alcohol use at the family set up. This will help many understand that alcohol is not good even at old age. Since parents are role models children will also act as they are doing.

### **5.5 Recommendations for Further Research**

The focus of the current study was to assess the effect of community interventions methods in reducing alcohol abuse in Kapsabet ward, Nandi County. The study recommends further research to be done on the major causes of alcohol abuse in Nandi County.

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## **APPENDICES**

### **APPENDIX I: INTRODUCTION BY THE RESEARCHER**

I am Kiprono Mathew Kiprotich A masters student University of Eastern Africa Baraton. I am conducting this dissertational research in Kapsabet ward, Nandy county Kenya. This study will target the religious leaders, community group leaders, community leaders and community policing leaders of Kapsabet ward. The researcher will interview the area MCA, Chiefs, Administration police, and Human rights Representative. Closed ended Questionnaires and Interview schedules was used as the research tools. The questionnaires was sub-divided in various sections such as the demographic information, community-advocacy interventions, Anti-alcohol peaceful demonstrations, Religious interventions and family based interventions and their effectiveness on alcoholism reduction. The Interview schedules will have open ended questions that are aimed at obtaining a comprehensive explanation of the implementation of the various intervention techniques and the challenges faced. These instruments have been tested for consistency and clarity using Cronbach's Alpha reliability scale and found to be reliable in providing consistent information.

#### **Consent for Participation by the Respondent**

I volunteer to participate in a research project conducted by Kiprono Mathew Rotich from University of Eastern Africa Baraton. I understand that the project is designed to gather information about academic work. I was one of approximately 15 people being interviewed for this research.

1. My participation in this project is voluntary. I understand that I will not be paid for my participation. I may withdraw and discontinue participation at any time without penalty or intimidation.
2. I understand that most interviewees in this study will find the discussion interesting and thought-provoking. If, however, I feel uncomfortable in any way during the interview session, I have the right to decline to answer any question or to end the interview.
3. Participation involves being interviewed by the researcher in form of a questionnaire or an interview schedule. The interview will last approximately 15-30 minutes. I allow the researcher(s) to take written notes during the interview. I also may allow the recording (by audio/video tape) of the interview. It is clear to me that in case I do not want the

- interview to be taped I am at any point of time fully entitled to withdraw from participation.
4. I understand that the researcher will not identify me by name in any reports using information obtained from this interview, and that my confidentiality as a participant in this study will remain secure. Subsequent uses of records and data was subject to standard data use policies which protect the anonymity of individuals and institutions thereof.
  5. (For Police Officers) Administrators from my working station and jurisdiction will neither be present at the interview nor have access to raw notes or transcripts. This precaution will prevent my individual comments from having any negative repercussions.
  6. I understand that this research study has been reviewed and approved by the Institutional Research and Ethics Committee Studies Involving Human Subjects: Behavioral Sciences Committee at the University of Eastern Africa Baraton.
  7. I have been given sufficient information about this research project. The purpose of my participation as an interviewee in this project has been explained to me and is clear. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this research.
  8. I have been given a copy of this consent form.

_____	_____
My Signature	Date
_____	_____
My Printed Name	Signature of the Interviewer

For further Information, please contact:

Kiprono Mathew Kiprotich

Phone:+254711360228

Email: [taimathew@gmail.com](mailto:taimathew@gmail.com)

## APPENDIX II: QUESTIONNAIRE FOR COMMUNITY MEMBERS

### SECTION A: BACKGROUND INFORMATION

1. Gender;

Male { }

Female { }

2. Age bracket;

18-29 years { }

30-39 years { }

40-49 years { }

Over 51 years { }

3. Education level;

Certificate { }

Diploma { }

Undergraduate { }

Post graduate { }

**SECTION B: COMMUNITY-ADVOCACY CAMPAIGNS AGAINST ALCOHOL ABUSE**

4. Respond to the questions below by ticking the box that best describes your opinion on effect community-advocacy campaigns against alcohol abuse and alcohol related deaths in Kapsabet Ward ( **Key: SD-** Strongly disagree, **D-** disagree, **U-** undecided, **A-** agree, **SA-** strongly agree).

	<b>SD</b>	<b>D</b>	<b>U</b>	<b>A</b>	<b>SA</b>
There is need to review some norms in our society (i.e alcohol drinking habits during cultural functions) because culture plays a key role in the intervention against alcohol abuse.					
Leaders mobilize the community to avoid alcohol abuse whenever there is a community gathering.					
Our community has only limited energy and resources to direct towards the problem of drug abuse.					
Policies regarding local brewing are disregarded by many brewers because you still find the <i>changaa</i> and <i>busaa</i> every day.					
Most of the community based programs rely on coalitions of community stakeholders to collaboratively plan and coordinate prevention activities.					
Youths in the community have been mobilized to be the forerunners against alcohol abuse					

**SECTION C: PEACEFUL DEMONSTRATIONS AGAINST ALCOHOL ABUSE**

5. Respond to the questions below by ticking the box that the best describes your opinion on effect peaceful demonstrations against alcohol abuse and alcohol related deaths in Kapsabet Ward ( **Key: SD-** Strongly disagree, **D-** disagree, **U-** undecided, **A-** agree, **SA-** strongly agree).

	<b>SD</b>	<b>D</b>	<b>U</b>	<b>A</b>	<b>SA</b>
There are regular anti-alcohol campaigns done by various organizations (for example NACADA) against excessive use of alcohol.					
Schools are used to train pupils on effects of alcohols					
Themes on drama and music festivals are sometimes used to demonstrate effects of alcohol abuse in the society.					
Women groups and youth groups are used to mobilize the society against misuse of drug substance especially alcohol.					
Christian gatherings teach against use of alcohol and other drug substance.					

**SECTION D: EFFECT OF RELIGION AS AN INTERVENTION AGAINST ALCOHOL ABUSE**

6. Respond to the questions below by ticking the box that the best describes your opinion on effect of religion as an intervention against alcohol abuse in Kapsabet Ward ( **Key:** **SD-** Strongly disagree, **D-** disagree, **U-** undecided, **A-** agree, **SA-** strongly agree).

	<b>SD</b>	<b>D</b>	<b>U</b>	<b>A</b>	<b>SA</b>
Religious leaders frequently urge the local community to desist from abusing alcohol.					
Religious teachings forbid use of drugs and therefore encourage Christians to leave health life.					
Churches campaign persistently against the use of alcohol and other drug substance since it breaks families.					
Religious participation address many issues that can lead people to alcohol or drug dependency that medical interventions alone can fail to address.					
Fewer religious believers are associated to greater risk of drug and alcohol use					

**SECTION E: FAMILY-BASED INTERVENTION AGAINST ALCOHOL ABUSE**

7. Respond to the questions below by ticking the box that the best describes your opinion on effect of family-based intervention against alcohol abuse in Kapsabet Ward ( **Key:** **SD-** Strongly disagree, **D-** disagree, **U-** undecided, **A-** agree, **SA-** strongly agree).

	<b>SD</b>	<b>D</b>	<b>U</b>	<b>A</b>	<b>SA</b>
Parents can communicate with children to clarify expectations regarding alcohol use					
Parents should support demonstrations regarding alcohol use for the good of their children					
Parents are the role models for children against the use of alcohol because children copy the lifestyle of their parents					
Parents should seek annual school meetings to address the challenges brought by alcohol abuse					
Parents should act as an example abiding by the government policies and laws that against alcohol consumption					

## **APPENDIX III: INTERVIEW SCHEDULES FOR COMMUNITY LEADERS**

You have been selected to participate in this study and would wish to enlist your support by answering the interview schedule below. Kindly provide honest answers and the findings were handled with utmost confidentiality.

Thanks

1. What are the effect community-advocacy campaigns against alcohol abuse and alcohol related deaths in Kapsabet Ward – Nandi County?
  
2. What are the effect peaceful demonstrations against alcohol abuse and alcohol related deaths in Kapsabet Ward – Nandi County?
  
3. What is the effect of religion as an intervention against alcohol abuse in Kapsabet Ward –Nandi County?
  
4. What is the effect of family-based intervention against alcohol abuse in Kapsabet Ward –Nandi County?
  
5. How will you tell about the current state of alcohol abuse in Kapsabet Ward –Nandi County?

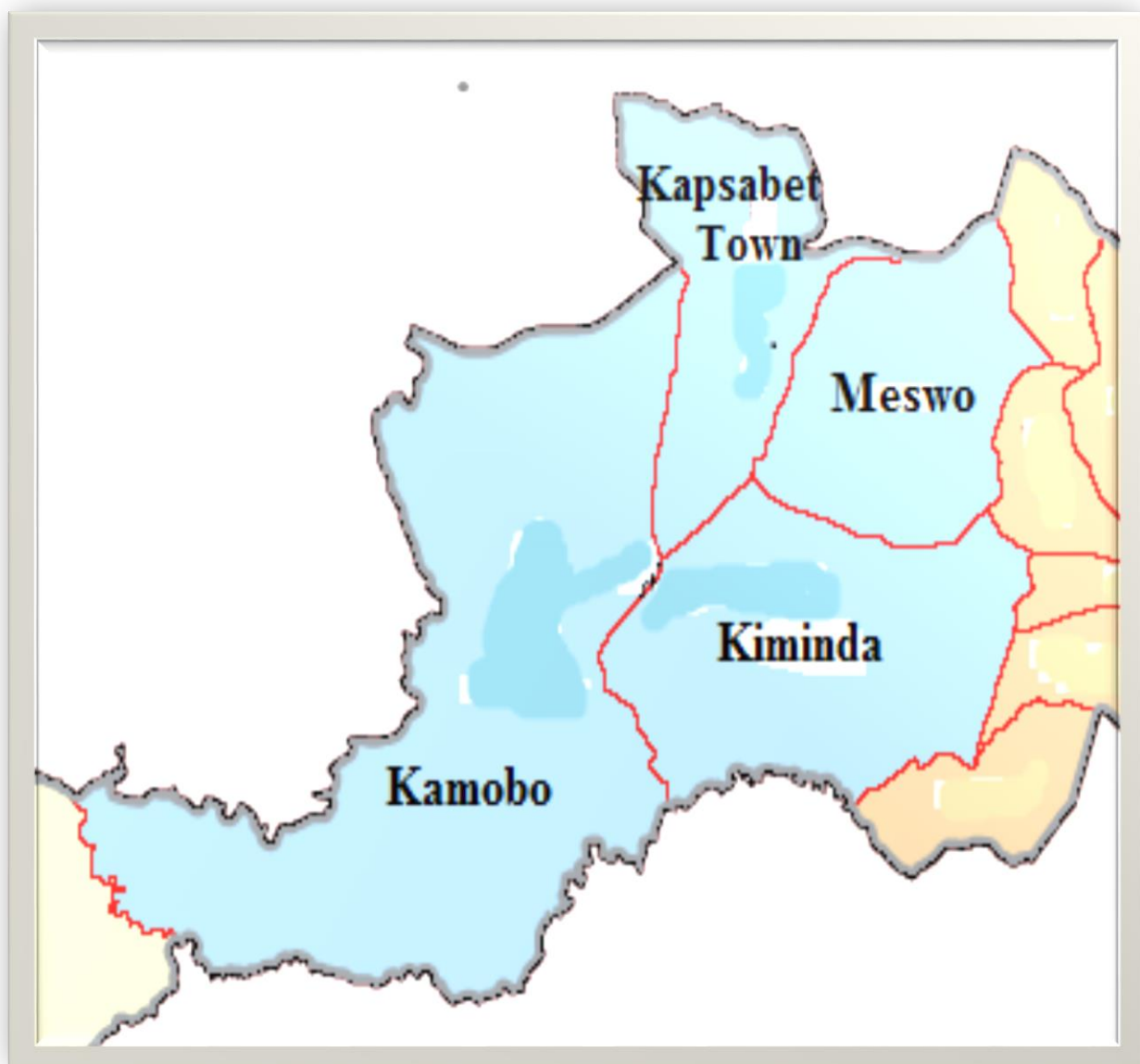
Thank you for taking your time for this interview.

**APPENDIX IV: DETERMINING SAMPLE SIZE FROM A GIVEN  
POPULATION**

N	S	N	S	N	S
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	102	1800	317
45	40	290	105	1900	320
50	44	300	109	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	198	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	100000	384

Krejcie & Morgan Table for sample size

**APPENDIX V: KAPSABET WARD MAP**



# APPENDIX VI: RESEARCH PERMIT



REPUBLIC OF KENYA

Ref No: **391360**

**11/July/2020**



NATIONAL COMMISSION FOR  
SCIENCE, TECHNOLOGY & INNOVATION

Date of Issue:

## RESEARCH LICENSE



This is to Certify that Mr.. **Mathew Kiprono Rotich** of **University of Eastern Africa, Baraton**, has been licensed to conduct research in **Nandi** on the topic: **COMMUNITY-BASED INTERVENTIONS IN REDUCING ALCOHOL ABUSE IN KAPSABET WARD, NANDI COUNTY, KENYA** for the period end : **11/July/2021**.

License No: **NACOSTI/P/20/5741**

**391360**

Applicant Identification Number

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