

Causes of Excessive Consumption of Alcohol in Peri-Urban Kenya: Accounts from Uasin Gishu County

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ABSTRACT

Despite the high social, public health, and economic risks associated with excessive alcohol consumption, there is consistent evidence of the increasing prevalence of excessive alcohol consumption especially in peri-urban settings in Kenya. This paper explores some of the causes of this social behavior using evidence from accounts given by 367 alcohol consumers in peri-urban settings of Uasin Gishu County, which mirrored experiences in other counties in Kenya. The study was informed by the Family Systems Theory. The paper focuses on the causes of alcohol consumption in Peri-Urban settings. Using a descriptive research design, data was collected by an interview schedule for descriptive data and in-depth interviews for qualitative data. Participants who were alcohol consumers, but also household heads were the main units of analysis. Cumulatively, it was found that 83% of the participants were excessive drinkers, with 25% taking beyond the prescribed excessive drinking mark. These were caused by individual/personal reasons (74%), family issues (82%), and community-related factors (94%). The availability of cheap, potent, but not safe for human consumption commercial drinks (94%) was another fertile ground for excessive alcohol consumption. The study recommends that the County and National governments implement strategies to enhance the living conditions of the peri-urban population. Further, governments to strictly enforce the Alcohol Drinks Controls and regulations.

Keywords: Causes, Excessive alcohol consumption, peri-urban, Kenya

BACKGROUND OF THE STUDY

Alcohol production and consumption are as ancient as human history (Hamdan- Mansour, & Ayman, 2016; Ritchie, 2022). In Africa, alcohol has played a prominent role in the social and religious life of society for centuries. In many cultures, alcohol use is moderated and may be associated with relaxation, sociability, enjoyment, and enhanced social interactions (Ritchie, H., & Roser, M, 2022). Some medical studies have reported the positive effects of moderate alcohol consumption to include prevention of certain diseases and medical conditions, such as a heart attack (Clites, 2023). However, the Global Burden of Disease study demonstrated that excessive alcohol consumption was associated with three million premature deaths worldwide, or approximately 6% of all deaths and 5.1% of the Disability-Adjusted Life Years (DALYs) lost (WHO 2018).

White, 2020; and Goh et al., (2024) on causes of alcoholism have revealed a complex interplay of individual, family, and societal factors as the underlying issues. Previous studies (Dunbar, 2017; Hen-Herbst et al., 2021) has identified personal problems such as stress, trauma, and peer pressure as significant drivers of excessive alcohol consumption. Family dynamics, including a history of alcohol abuse within the family, also play a critical role. Additionally, community-related factors, such as the availability of alcohol and the socio-economic environment, significantly influence drinking behaviors (Dunbar, 2017).

Traditionally, alcohol consumption has been a gendered activity, with men consuming more alcohol more

frequently than women (White, 2020). However, recent studies indicate that this gender gap is narrowing, as women's drinking habits increasingly mirror those of men, raising concerns about the social and economic well-being of society (White, 2020; Goh et al., 2024). The dynamics in gender and alcohol consumption are also reflected in the risks associated with alcohol consumption, including impacts on individual health, family stability, and community economic status (Hen-Herbst et al., 2021).

In terms of global alcohol consumption patterns, Europe has the highest per capita alcohol consumption and continues to face significant social and health challenges related to excessive drinking. These manifest substantial financial burdens on governments, such as those witnessed in Scotland and Australia (Dimova & Mitchell, 2021; Laslett, 2023). The COVID-19 pandemic further complicated global drinking trends, leading to varied patterns of alcohol consumption. For instance, while overall consumption decreased in countries like Australia, the United States experienced a rise in drinking frequency, and the United Kingdom saw an increase in binge drinking (Castaldelli-Maia, 2021; Colton et al., 2023; Sohi et al., 2022).

In Africa, alcohol consumption patterns differ significantly from those in other regions, characterized by a high number of lifetime abstainers (57.5%). However, the few who do drink consume large volumes of alcohol, leading to significant social and health consequences (WHO, 2018). Although the overall per capita alcohol consumption in Africa has decreased, the volume consumed by drinkers has increased, particularly among adolescents, leading to a rise in alcohol-related illnesses (Osak et al., 2018; Varghese & Dakhode, 2022). In Tanzania, for example, alcohol plays a dual role in society: on the one hand, it fosters social cohesion and supports economic development through sales and taxes; on the other hand, it is linked to serious social problems, including stigma, sexual harm, interpersonal conflicts, injuries, and financial instability (Sontate, et al., 2021). South Africa is among the countries with the highest rates of harmful alcohol use patterns in the world (Chen et al., 2023).

In Kenya, the lifetime prevalence of alcohol use was 30.2%; the annual prevalence was 15.1% (NACADA, 2017); and the consumption by June 2020 was 12.2% (Patel, 2020). The latest NACADA report on the National Survey on the Status of Drugs and Substances Use in Kenya indicated that the prevalence of alcohol use in Kenya was 11.8%, with 1 in every 15 Kenyans aged between 15-65 years being a current consumer (NACADA, 2022). Alcohol was the most widely abused substance, with a growing demand for cheaper and more accessible commercial options than traditional brews (NACADA, 2022).

Alcohol-related issues in Kenya are prevalent across rural, peri-urban, and urban settings, with poverty, community influences, and cultural practices acting as significant barriers to addressing problematic alcohol use (Patel et al., 2020). However, the peri-urban areas, which constitute over 60% of the urban dwellers in Kenya, recorded the highest prevalence of excessive alcohol consumption (Gitatui, 2019). In the context of the current study, the focus on peri-urban settings is unique in the attributes that constitute such socio-economic and geographical spaces. These are areas of transition between rural and urban settings that share characteristics of both. However, critical to alcohol consumption, are the high population density, the low-income status of the majority of the residents, and the poor access to social amenities ideal to other urban dwellers. Most of the settlements are informal and unplanned. These are characterized as problematic settlement areas with most of the residents undergoing serious psycho-social and economic challenges including unemployment that push them into alcoholism as one of the adaptation mechanisms. These conditions provide a rich ground for the production and consumption of alcohol (Goh et al., 2024). The conditions further converge, exacerbating the problem of alcoholism into the prevalence of chronic addiction and excessive drinking among the residents (Chen et al., 2023). In this paper, the authors delve into specific causes of excessive consumption of alcohol in a peri-urban context.

METHODOLOGY

This paper is an output of a study that was carried out between May and August 2023, in Uasin Gishu county, Kenya. The study targeted the 8,121 households composed of household heads that were engaged in excessive consumption of alcohol. Using Krejcie & Morgan (1970) Table, the 8,121 households engaged in alcoholism, had a corresponding sample size of 367 household heads which formed the sample size of respondents that participated in the study. By Using systematic sampling procedure, proportionate sample sizes from each of

the three sub-locations were selected. A self-administered questionnaire was issued to the 367 household heads. Seven (7) key informant interviews and two (2) focused group discussions were held with selected members from the study area. Qualitative data from interviews was analyzed thematically by review of phrases, statements, and words. The themes were then interpreted and presented in the form of narratives, descriptions, and quotations. Quantitative data was analyzed by use of descriptive statistics and presented in form of matrix tables.

Limitations

Some of the limitations of the paper are that, the study utilized self-reported data, which introduced potential biases such as underreporting due to social stigma or recall inaccuracies. To mitigate this, anonymous questionnaires were employed. Additionally, the study could not establish a direct cause-and-effect relationship between excessive alcohol consumption and household socio-economic status due to the presence of potential confounding variables. Given the sensitive nature of the topic, some respondents were hesitant to participate, a challenge further intensified by a government crackdown on illicit brews during the study period. To overcome this, the researcher-built rapport by engaging trusted community contacts and ensuring confidentiality and respect. To reduce respondent burden, only questions directly relevant to the study's objectives were included, and cognitive cues were provided to assist with recall.

RESULTS AND DISCUSSIONS

Causes of Alcohol Consumption

The main findings of the study were that excessive alcohol consumption was associated with personal, family and community-related factors. This is why the findings of the study will proceed in the following order:

Personal Factors Leading to Excessive Alcohol Consumption

The study investigated personal factors contributing to excessive alcohol consumption, including boredom, social interactions, relationship challenges, work-related stress, happiness, lifestyle choices, and financial difficulties. Respondents were asked to agree (Yes) or disagree (No) on these factors. Results are presented in Table 1 below;

Table 1: Personal Factors Responsible for Excessive Alcohol Consumption

Personal factors	Frequency n=367	Percentage %
When am bored or tired	350	96.4
When am hanging out with friends	367	100
When having relationships challenges	270	73.6
When having work related distress	323	88.1
Drinking is my source of happiness	244	66.4
Alcohol is my way of life	202	55.0
When having problems with finances	163	44.4

Source: Researcher, 2024

The above results show that friends (100%) personal friends had significant influence on excessive alcohol consumption, highlighting the crucial role of peers in drinking behaviors. A respondent stated 'I always drink alcohol with my friends, even on occasions when I do not have money, they are always ready to buy alcohol for me, or even share their alcohol. its us drinking that strengthens our friendship, because we do not have other

life". Peer pressure and social norms within friend groups emerge as major driving forces for alcohol consumption, echoing previous research (Schaefer et al., 2021; Mesman et al., 2020) that underscores the powerful impact of social influences on drinking patterns.

With boredom and fatigue (94.6%), the respondents indicate that they use alcohol as a coping mechanism. These findings align with previous research (Kuntsche et al., 2017) highlighting the tendency for individuals to turn to alcohol to alleviate emotional stress. Work-related distress (88.1%) was common where an individual would resort to alcohol as a means of coping with workplace pressures. Some of the work-related stressors included heavy and strenuous manual work, little pay, limited job prospects, job insecurity, and unpredictable work environment due to weather and harassment by security agencies. A discussant in a focused group discussion shared

"One of the reasons I drink alcohol is because I do not have a job. I rely on casual works in constructions sides, but currently such work is hard to come by. I spent the time hanging around the dens doing odd jobs for the brewers who instead of paying, they can only offer alcohol. again, when we get the so work, the same sellers are very much welcoming when they know you have money, you get the best treatment and in return, you end up spending all the hard-earned money on alcohol."

These findings are in line with previous research that correlated workplace stress and alcohol misuse (Smith & Chen et al 2023, Geda &Feng, 2022).

A majority (73.6%) of the respondents acknowledged the influence of relationship issues on alcohol consumption. Men-women and spousal-related issues were mainly cited as push factors for one of the spouses into excessive alcohol consumption. The assumption was that once the individual was drunk, then he/she would forget about the relationship troubles. However, during a focused group discussion, a participant said that "alcohol, only makes you forget your problems for a short while, but when you sober up, the same problems are waiting for you". Other respondents said that they would get drunk in order to gain courage and face their spouse. For instance, a respondent said,

"I have problems with my spouse, she looks down on me because she has money she makes from her business, yet I do not have a job and most of the time I end up with no earnings for even a month. As such for me to face my spouse I take alcohol to gain the courage to face my wife, on some situations I take excessively to an extent I even do recognize what is taking place, the people around here know me and most of the time when am totally drunk they carry me home"

This implies that feelings of inadequacy and perceived superiority in financial matters create emotional tension. To manage this stress, one turns to alcohol, forming a triangle between the consumer, the spouse, and alcohol. This coping mechanism may serve as an escape from emotional distress but ultimately reinforces dysfunction in the relationship.

In addition, a significant percentage of the respondents (66.4%) indicated that alcohol was a source of happiness: highlighting the psychological aspect of drinking and how it may serve as a means of experiencing positive emotions. During a focused group discussion, participants were of the same opinion that alcohol provided happiness. For instance, a discussant stated, "for me the only source of leisure is taking alcohol. there is nothing else that makes me happy. I take alcohol every day and the day I don't drink, my moods are bad, you can even think am unwell. But the moment I take alcohol; my moods changes and I find the happiness I need". This excerpt illustrates the psychological motivation behind alcohol consumption, particularly its role in mood regulation and emotional well-being. The respondent's statement highlights how alcohol serves as a coping mechanism for enhancing positive emotions and alleviating distress.

The results also reveal that over half of the respondents (55%) identified alcohol consumption as a way of life,

suggesting that drinking habits have become deeply rooted and influenced their daily life. This echoes findings from MTRH Report (2023), which highlighted that more than half of the residents in the study area struggle with alcohol abuse, implying that it is a common phenomenon. A considerable percentage of the respondents (44.4%) attributed their alcohol consumption to financial difficulties, indicating a potential correlation between economic challenges and the utilization of alcohol as a coping mechanism to alleviate financial stress.

From the foregoing discussion, personal relationships and alcohol consumption seem to reflect a coping mechanism out of emotional distress by the consumers. According to the family systems theory, individuals do not function in isolation; rather, their behaviors—including coping mechanisms like alcohol use—are shaped by family dynamics and emotional processes. From this perspective, emotional distress within the family system such as unresolved conflict, poor communication, or dysfunctional roles—can contribute to an individual’s reliance on alcohol as a coping mechanism. These findings are supported by findings of previous research (Agarwal, et al. 2021; Kuntsche et al., 2017) that identified individual factors such as genetic susceptibility, sensation-seeking tendencies, and stress, as contributing to the excessive use of alcohol as a coping strategy.

Family Factors Leading to Excessive Alcohol Consumption

Considering that the family is a significant influencer in an individual's choices and actions, understanding their role in alcohol consumption was crucial factor (Koçak, et al 2021; Chartier et al 2017). This study delved into the interplay between family dynamics and alcohol-related behaviors, particularly exploring the aspects of family life that contributed to excessive consumption of alcohol as summarized in Table 2 below.

Table 2: Family Factors Influencing Alcohol Consumption

Family factors	Frequency(n=367)	Percentage (%)
Most of my family members take alcohol	43	11.4
My family brews alcohol	78	21.2
My spouse drinks too	62	16.8
My Family provide me with money to drink	56	17.9

Source: Researcher, 2024

Results in Table 2 above indicated that a significant number of the respondents (56) received money from their family members to purchase alcohol. A key informant during an interview echoed this when he shared that, “it is true, there are instances where parents provide financial assistances to their grown-up children for alcohol consumption so that they do not run into trouble or resort to criminal behavior, and in some reported cases, alcoholics demand money from their parents”. A discussant in a focused group discussion also added that “I get money for alcohol from home, especially from my mother, and sometimes siblings.” These findings highlight the role of the family in financing alcohol consumption among its members.

Findings in Table 2 also indicated that 78(21%) out of the 367 respondents were affirmative that their family brew alcohol, despite a few (43,11%) saying that their family members took alcohol too. This was further elaborated by a key informant who clarified that “brewing meant making and selling of alcohol.” With respect to making, the study established that the alcohol was illicit, and largely second-generation alcohol, which was manufactured without licensing and thus, compromising on the quality and safety standards. This posed a health-risk to consumers. A participant in the focused group discussion shared that, “my mother has been producing alcohol for as long as I can remember, and I learned to drink from my home environment, just like all my siblings, including one who is bedridden and the two that passed away due to alcoholism.” This indicated that the family setting contributed to alcoholism, which agrees with earlier findings by Kuria, K’Okul and M’Arimu (2023), who found that family members making and taking alcohol was a risk factor to other family members to develop alcohol use and disorders in Kenya.

A spouse of an alcoholic often plays a complex and challenging role, which can include enabling behavior and

attempting to control the alcoholic (Rebbeca, 2022). In this study, only 62(17%) of the respondents said that their spouse consumed alcohol, representing a fairly low percentage of direct influence. From the study, family dysfunction can reinforce alcohol use through enabling behaviors, such as family members minimizing the problem or unintentionally facilitating drinking patterns. This cyclical relationship aligns with family systems theory, which emphasizes how behaviors are maintained through systemic interactions rather than isolated individual choices.

The findings indicated that various family factors were either directly or indirectly associated with excessive alcohol consumption, making the home environment an enabling condition that sustained excessive drinking and eventual addiction.

Community Factors Leading to Excessive Alcohol Consumption

The community-related factors that lead to excessive alcohol intake were evaluated in the study. The several community-related characteristics that influenced excessive alcohol use in the study area were enumerated and summarized in Table 3.

Table 3: Factor for Excessive Alcohol Consumption

Community Factors	Frequency n=367	Percentage %
Alcohol is easily available and affordable in this area	345	94
There is peer influence and support for alcoholism in my area	267	72.8
Majority of the households have someone consuming alcohol	324	88.2

Source: Researcher, 2024

According to findings in Table 3, majority (345, 94%) of the respondents reported that alcohol is widely accessible and affordable in their neighbourhood. During a focused group discussion, a participant stated that “alcohol is readily and cheaply available in nearly every corner of the community. Its affordability makes it very accessible to all as it can be sold as cheap as ten shillings per tot. For daily customers, one can be given on debt to pay later.” In line with this, a pastor, who was also a key informant observed that “most of the cheap alcohol is simply made by mixing chemicals with water. Making it easily manufactured and hard to detect the brewers since it can be done even on the road.” These cheap alcohols are also very potent but were observed to lack safety standards and thus, considered a health hazard by health experts. For instance, it was found that Two litres of ethanol costing Ksh.1000 were mixed with 20 litres of water to produce 20 litres of alcohol valued at about Ksh.6000 making over 300% profit. However, it was not easy to control how the concentrates were constituted, yet ethanol is a high-risk substance that causes blindness and even death when consumed (LaHood 2023).

In examining the community's peer support and influence on alcoholism, 72.8% of participants attested to the existence of peer support and encouragement for alcohol use in the area. During focused group discussion, a respondent expressed, "I believe there is this unspoken expectation among us that drinking is part of our social activities. It seems as though we are meant to enjoy it together, and those who don't may be perceived as not belonging to us. I can't recall ever drinking alcohol by myself; it's strange, and others might even think you are a witch." This finding suggests that peer pressure, which promotes and supports alcohol-related behaviours, reinforces excessive alcohol use. The findings align with the previous studies (Duell et al. 2022 Kaner et al., 2022; Kumar et al., 2022; Masresha et al., 2022), which showed that peer influence played a significant role in alcohol consumption and the development of addiction.

The results also indicate a majority (82.2%) of the respondents agreeing that households in the area had someone consuming alcohol. During a focused group discussion, participants were in agreement that alcoholism was affecting every household. One female discussant observed that “In our neighborhood, it is common to have someone in almost every household who drinks”. This was corroborated by the key informant who informed

that, “alcoholism in the area is not just an individual thing”. You can see it across households – and every household is affected and it is mainly the youths”. This finding implies that alcohol consumption is widespread in the study area, aligning to previous findings which showed half of the residents in Uasin Gishu County abused alcohol (*MTRH Research*, 2024.; Matelong et al., 2022).

In a nutshell, the community provided a fertile ground that sustained alcohol production, sale, and excessive consumption.

Comparative Context and Regional Relevance

These findings, give a comparative perspective by situating the results within the context of existing research on alcohol consumption in Kenyan and other African peri-urban areas. Studies other regions in Kenya regions such as Kiambu, Kisumu, and Nairobi (Takahashi, 2017; Gitatui 2019; Patel · 2020; Kamenderi, 2022; Murakami, K. and Hashimoto, 2019) observed that socio-economic factors, cultural influences, and regulatory challenges are key drivers of excessive alcohol consumption. For instance, research in Kiambu County found that peer pressure, drug availability, and unemployment significantly contributed to alcohol and substance abuse among the youth, with alcohol being the most abused substance at 62.5% (Gateri, N. L., & Nyakwana, T. (2018).

Similarly, studies in peri-urban areas of Tanzania have accentuated that the majority of consumed alcohol is informally produced, especially in informal settings (Madundo et al., 2024; Kureh, 2022; Sommer, 2020; Mushi, 2022; Staton, 2018). In Uganda, the informal sector accounts for a significant portion of alcohol production, with the Uganda National Bureau of Standards (UNBS) not monitoring this sector, making it difficult to establish the safety of these beverages (WHO, 2018). In peri-urban communities of Abuja, Nigeria, a study by Oshodi et al., (2021) reported a 22.8% prevalence of lifetime substance use among adolescents, with alcohol being one of the most commonly used substances. Factors such as low self-esteem, delinquency, and parental alcohol use were significantly associated with adolescent substance use. In South Africa, research in peri-urban areas of Tshwane North and West revealed that 65% of high school learners had easy access to alcohol through taverns and bottle stores, with motivations for consumption including self-pleasure, coping with stress, and enhancing self-esteem. The study also highlighted negative impacts on health, academic performance, and social relationships as consequences of alcohol use among adolescents (Mathibe et al., 2022). These comparative insights, demonstrate that the factors influencing alcohol consumption in Uasin Gishu are reflective of broader trends observed in similar socio-economic settings across Kenya and the African continent.

CONCLUSION AND RECOMMENDATIONS

It is the authors’ conclusion that personal, family and community-related factors were significant in promoting availability and access to alcohol and thus, sustaining excessive alcohol consumption among the residents in the study area. These personal, family and community factors were largely social and economic in nature. Theoretically, the family system theory that guided the study was validated in these results, reinforcing the finding that alcoholism is not merely an individual issue but rather a symptom of broader family and community dynamics. The study illustrates how individuals turn to alcohol as a coping mechanism for emotional distress within relationships and demonstrate how these behaviors are sustained and reinforced through family interactions and systemic patterns.

The findings of this study, though specific to the local community under investigation, have broader implications for peri-urban settings in Kenya and beyond. The high prevalence of alcohol consumption, driven by community norms, personal stressors, and limited family support, reflects patterns often seen in other peri-urban environments where socioeconomic pressures, limited access to mental health services, and widespread alcohol availability are common. Given the role of community factors such as the availability of cheap alcohol and peer influence it is likely that similar dynamics exist in other peri-urban areas across Kenya, making the findings potentially generalizable to regions with comparable socioeconomic and cultural conditions.

In view of the above conclusions, the paper recommends that:

1. There is need to create and increase the existing job opportunities especially among residents of peri-

urban areas. This will tame idleness, boredom, and peer influence that provide alternative time and stress management strategies in alcoholism.

2. There is need to rescue the family institution through deliberate efforts including public education, counselling and community sensitization on matters values, norms, role modelling and intergenerational support for sustainable cultural heritage.
3. The County and national government, and government agencies should enforce laws regarding production, sale and consumption of alcohol in order to stem, abuse and misuse of the same.

Ethical considerations

The study obtained necessary approvals and followed ethical guidelines, ensuring informed consent, confidentiality, and the right to withdraw. Anonymity was maintained by using codes instead of names.

Conflict of Interest

The researcher declares no conflicts of interest related to this study.

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