Assessment of Family Alcohol Use on Alcohol-Use Disorder Among Recovering Clients in Rehabilitation Centers Nairobi, Kenya

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Abstract

Alcohol Use Disorder (AUD) is a burden to individuals, families, and the society. In most societies, the first socialization is mainly the family; particularly parents. This study assessed the Assessment of Family Alcohol Use on Alcohol-Use Disorder Among Recovering Clients in Rehabilitation Centers Nairobi, Kenya. The study was guided by the Family System Theory and Social Learning Theory. Ex post facto research design guided the study with a target population of 187 recovering clients composed of 161 males and 26 females. Following Krejcie and Morgan's (1970) table of sample size determination, the sample size was 152 males and 26 females. The representative sample was attained by using stratified sampling and simple random sampling methods. Expert judgment and pilot study was conducted in Kiambu County in National Campaign against Drug Abuse (NACADA) accredited rehabilitation centres to determine the validity of the data collection tools while the Split-half method was used to determine the reliability of the research instruments. A reliability level of 0.7 was accepted for the study. The researcher collected both quantitative and qualitative data. Qualitative data was analysed using descriptive and inferential statistics using Statistical Package for Social Sciences (SPSS) version 25 for windows while quantitative data was anlysed using the content analysis. This chi results showed that there was no statistically significant relationship between Fathers' alcohol use $\chi 2$ (16) = .460, p =. 977), mother's alcohol use $\chi 2$ (16) = 6.993, p =.136), older brothers' alcohol use $\chi 2$(16) = .920, p =.922), older sisters' alcohol use $\chi 2$ (16) = 3.321 p =.506) and alcohol use disorder among recovering clients in selected rehabilitation centers in Nairobi County. This meant that family alcohol use had no major effect on alcohol use of the participants nor the development of alcohol use disorder. Following the finding of this study, the researcher recommended more studies on personal factors and alcohol use disorder, studies to establish the effect of alcohol predisposition on development of alcohol use disorder and to establish the protective factors against alcohol use disorder.

Keywords: Family alcohol use, alcohol use disorder, non-user, social user, regular user, heavy user

INTRODUCTION

World Health Organization, (WHO) reports that 5.9% of deaths worldwide are Alcohol use disorder related. Alcohol Use Disorder (AUD) has been realized to have symptoms as progression that can be predicted and influenced by the person's genes and life situation just like many other diseases (Agostinelli & Grube 2005). Individuals diagnosed with AUD must meet certain principles delineated in the Diagnostic and Statistical Manual of Mental Disorders (DSM -5). The sternness of Alcohol use disorder slight, reasonable, or severe, is based on the number of criteria met. The

National Health Survey estimates that around 9% of men in the UK and 3% of UK women show signs of Alcohol use disorder (Babor et al., 2001). This means that consuming alcohol became so important, or at times the most significant factor in their life, such that the individuals with signs of Alcohol use disorder could not function without Alcohol.

Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-5) (2013) describes Alcohol use disorder as an alcohol use pattern characterized by the manifestation of two or more of the behaviours indicated below when they occur within the same twelve months' period. The behaviours include; an individual consuming more alcohol than intended with unsuccessful attempts to stop or reduce the amount of use. The person experiencing craving continues to drink even when a failure in major responsibilities and obligations results in interpersonal problems, health problems, and dangerous behaviours. Tolerance and withdrawal symptoms are also characteristics of Alcohol use disorder. Children with a family history of Alcohol use disorder demonstrate more escalation of alcohol use, and more often they develop Alcohol use disorder than children without a family history of the said disorder (Leung, Britton, & Bell, 2016).

Signs of alcohol use disorder reported by Babor et al. (2001) concur with those in 2013, that there was an increase in high-risk drinking in the United States from 65.4% to 72.7 % among women as compared to the reported increase from 49% to 69% among men within 12 months (Grant, et al., 2017). The same increase of 65.4% to 72.7 % among women and 49% to 69% among men within 12 months was reported concerning Alcohol Use Disorder (AUD) in the same year. Leung et al. (2016), in their study points out that children with family history of problematic alcohol use demonstrate more escalation of alcohol use, and more often develop

Longitudinal predictors of young adolescent binge drinking have been linked with an emphasis on possible parental influences in studies such as that carried out by Pedersen & Soest (2013). Such studies indicate a link between parental and their offspring in light of alcohol consumption and related behaviours including Alcohol use disorder development at the age of 28 years. The purported positive correlation can be attributed to the phenomenon of offspring emulating their parents' alcohol consumption patterns or the absence of effective parental supervision.

Learning theory such as Classical conditioning, argues that all behaviours associated with rewarding stimuli can be acquired (Cherry & Gans, 2023). An intoxicated individual has little inhibitions and might look happier and less stressed, making the experience look rewarding and worth experimenting by the adolescents. However, not all observed behaviour is learned.
Choice theory by Glasser (2000) on the other hand posits that human beings make choices that help them to meet their specific need but not just observe and copy model after other peoples' behaviours. Research indicates that the level and frequency of alcohol consumption among parents has a significant impact on the alcohol consumption patterns, misuse, and development of alcohol use disorders among their offspring. Bratek et al. (2013) reported that individuals who consume alcohol are more prone to have experienced parental separation during their upbringing. Bratek, et al., (2013) further reports that alcoholic persons grew up with alcoholic parents who were less caring for them when young. Due to their Alcohol use disorder, these parents were less dependable, helpful, and supportive. Reality Therapy holds that normal individuals always work to achieve the genetically coded needs which are survival, freedom, fun, power, love, and belonging (Glasser, 2017).

Bratek et al. (2013) conducted a study which observed that individuals with alcohol dependence are more likely to have been raised by parents who themselves struggle with alcoholism and exhibit lower levels of parental care during their formative years. They continue to report that children's absenteeism from school contributes to their development of AUD as they try to deal with the pain of isolation from their school-mates and friends. A qualitative study by Desai et al. (2020), to investigate how out-of-school youth's social networks influence alcohol use show that family members who are similar in age either sibling or members of their extended family support each other in alcohol use through financing and social support. This result is consistent with the findings of Brown (2013), who posited that the conduct people exhibit is influenced by their familial ties and interactions.

In Kenya, most children's roles are connected to schoolwork. When they are out of school, they are idle and this pushes them deeper into alcohol abuse and dependency. A study by Wangui et al. (2017), reports that family Alcohol use disorder negatively influences the children's school attendance, motivation to learning, and discipline. Alcohol-dependent parents' offspring would miss school either due to a lack of resources or moral support. Absenteeism would result in poor academic performances which discourage learners, making them to suffer from psychological pain, social isolation, and other negative emotions.

According to Masaba (2017) reports that individuals who abused alcohol are between 22 and 27 years and that eighty percent (80%) of the respondents who abused alcohol have a family history of AUD. It was also reported that some parents allow the company of their children to bars and other alcohol selling places. The children are directly or indirectly being introduced to alcohol use and abuse. The young offspring might get the impression that it is acceptable to use alcohol.

This is supported by the finding that 18% of the respondents who abuse alcohol were introduced by their parents. The vast majority of individuals who exhibit addiction to alcohol learn the drinking behaviour from the family. Fathers with an alcohol problem and especially Alcohol use disorder will most likely have children who will develop alcohol use disorder in their adulthood (Githui, 2011). Offspring can develop alcohol problem and Alcohol use disorder either through modelling their father's alcohol behaviours or out of a perception that abuse of alcohol is a way of life. These findings concur with other results such as (Masaba, 2017).

National Hospital Insurance Fund's (NHIF) report that in 2017- 2019 the organization spent Kenya shillings 65.3 million for alcohol-related treatments including the inpatient recovering clients' treatment bills. As per the 2017 Rapid Situation Assessment survey conducted by the National Authority for the Campaign Against Alcohol and Drug Abuse on drugs and substance abuse, it has been observed that locally, the highest burden of substance use disorders is attributed to alcohol abuse (The Standard, 2019). In Kenya, alcohol was found to be the most abused drug with 3,199,119 of the population affected, followed by Tobacco and Khat at 2,305,929 and 964,737 affected people respectively. The survey further conducted by NACADA (2022) reported that alcohol continues to be the most widely used substance of abuse in Kenya with findings pointing towards increasing demand for cheaper and readily available alcoholic products especially chang'aa, traditional brews, and potable spirits. NACADA has made several recommendations to salvage the situation among them; is a proposal to amend the Narcotics and Psychotropic Substances (Control) Act, 1994 and also suppress online sales and marketing of alcoholic beverages, drugs, and other

substances of abuse (NACADA, 2022). Nevertheless, the problem of alcohol use disorder persists as a significant concern. It is imperative to comprehend the correlation between family alcohol use and Alcohol Use Disorder (AUD) among individuals undergoing rehabilitation in order to devise efficacious intervention and prevention measures. Therefore, the objective of this study was to assessed the influence of family alcohol use on alcohol use disorder among recovering clients in selected rehabilitation centers in Nairobi County, Kenya

THEORETICAL REVIEW

Family Systems Theory was initially formulated by Murray Bowen, a psychiatrist and researcher, in the 1950s and 1960s (Noone, 2019). Since then, numerous scholars and practitioners have expanded upon and refined the theory. Family System Theory holds the assumption that in a dysfunctional family system, parents and their offspring engage in repetitive and negative interactions based on miss-conceptualized goals that motivate both the parents and their offspring (Robin & Foster, 2002). Society expects parents to take the leadership role in family while their offspring directly or indirectly learn from them. Where parents are alcohol dependent, their children can learn the behaviour directly or indirectly.

Alcohol use disorder is a behaviour that individuals might use to express dysfunctionality within a family. Like other problems in the family, Alcohol use disorder can be a symptom of how the family system functions and not just a person's maladjustment (Deas & Brown, 2006). Family System Theory argues that every member of a family is connected to living systems and any change in one section of the system reverberates throughout all sections in the system (Broderick, 1993). The living system is the basic agent. This makes it important to evaluate the relationship between different behaviours within family system and the development of Alcohol use disorder.

This Social Learning Theory was developed by Bandura (1986). It combines both Classical Conditioning by Ivan Pavlov and Operant by B.F. Skinner (Mcleod, 2023). Classical conditioning contends that Reflex behaviours are acquired through the association of an unconditioned stimulus with a neutral stimulus for a length of time (Cherry & Gans, 2023).

Social Cognitive Theory by Bandura (1986) was an expansion of Social Learning Theory. In social cognitive theory, Bandura includes the concept of self -efficiency where he argues that an individual's confidence in managing a situation makes him/ her participate in it. Persons experiencing Alcohol use disorder might have encouraged alcohol consumption with the expectation that they can manage the effect of the alcohol situation. Relapse can be explained using Social Cognitive Theory's self-efficiency context. Individuals experiencing high self-efficiency have higher possibilities to engage in difficult tasks, with an expectation of mastering and managing the difficult task such as managing and controlling Alcohol use disorder. Social Cognitive Learning Theory argues that individuals model after others depending on the motivation, past reinforcements, promises, and vicarious reinforcements.

Social cognitive learning theory argues that learning or change of behaviour depends not only on observation but also on the internal reward which includes pride, satisfaction, and a sense of accomplishment.

METHODOLOGY

This study was conducted in selected rehabilitation Centers in Nairobi County Kenya. Nairobi County is the Capital City of Kenya, located between 1.28 latitudes and 36.82 longitudes (Mathews, 2019). According to the 2019 Kenya Population and Housing Census the population was *4,397,073* with a population density of 6,247 people per Km^2 (Mwaura et al., 2023). NACADA Accredited Rehabilitation Centers are in four main categories which include; Outpatient Rehabilitation or treatment Centers, Inpatient Rehabilitation or treatment Centers, Residential Rehabilitation or treatment Centers, and Recovery housing (Waweru, 2019). The researcher collected data from Inpatients Rehabilitation or treatment Centers and Residential Rehabilitation or treatment Centers. In Inpatients Rehabilitation or treatment Centers, clients are admitted to a hospital for about one month with thorough and intense programmed medical care while in Residential Rehabilitation or treatment Centers, clients are given rigorous and extremely controlled attention in a non-Hospital well-managed venue.

The study used the Ex post facto research design. Using Ex post facto research design, the study was able to investigate and reveal possible relationships by studying an existing condition. The target population of this study was187 recovering alcoholics made up of 161 Male and 26 females in from Sapta, Asumbi, Chiromo Lane, Eden, Precission, the retreat, Bustani Treatment Center, Nairobi Addiction Centers, Living Hope Couns. Centers, and Silwan Fountain Treatment& Recovery centres located in Nairobi County.

To acquire a representative sample of rehabilitation Centers and the respondents, the researcher used stratified sampling, the Krejcie and Morgan (1970) Table of Sample size determination, and simple random sampling. Stratified sampling was used to divide the population into two groups based on gender. After using this table, the sample size of 152 males and 26 females was obtained. On the other hand, Simple random sampling was used to generate the study sample. The list of NACADA accredited Rehabilitation centers in Nairobi County Kenya and the admission records from the rehabilitation Centers was the sampling frame.

The study employed questionnaires and a structured Focus Group Discussions (FGDs) schedule as the instruments for data collection. Purposive sampling method was used to ensure the sampled respondents are good at sharing their opinions and experiences. However, aspects of gender, age, socio-economic status and religion were factored.

To determine the pilot study sample size, the researcher used the sample size rule of the thumb that states that thirty (30) participants are representative enough for a study (Whitehead, 2015). The pilot study was conducted in selected NACADA Accredited Rehabilitation Centers in Kiambu County, Kenya. Kiambu County was selected because the population resembles that in Nairobi County in the Heterogeneous nature. The Rehabilitations Centers in Kiambu include; New Hope Rehabilitation Centers, Genesis Sober Community, Sober Living and Recovery Community-based Org, Eden Village Rehab Centers, Nueva Esparanza Treatment and Rehabilitation, Jorgs Trust, The Raphaelites, Teens Challenge-Female rehab among others as in Appendix (vii). The County has twenty-two NACADA accredited rehabilitation Centers (NACADA, 2020). The researcher used the Krejcie and Morgan (1970) table of Sample size determination as indicated in Table 2 above. A population size of twenty-two (22) requires a sample size of nineteen. Purposive sampling was used to sample Centers that have both male and female clients and simple Radom sampling method was used to give every member of the population an equal chance to participate in the piloting.

Using the rule of the thumb (Whitehead, 2015), thirty (30) participants were selected. The collected data was coded and keyed into SPSS computer software Version 25. To establish the internal consistency of the tools, split–half reliability was used. The research tools were divided into two halves using odd and even numbers for each construct. The variables were tested for reliability by computing the Cronbach alpha where reliability coefficients of 0.90 was considered excellent, values around 0.80 as very good and values of around 0.70 as adequate (Leech, 2014). The respondents in the piloting did not participate in the main study.

Construct Validity of the current study was the degree to which the data collection tools are relevant to the hypothesis of the study. Content validity of the research instrument was acquired by ensuring they were relevant to the objectives of the study and consulting supervisors and other experts of research in the field of Psychology in relation to the objectives of the study.

The qualitative data was analysed using content analysis categories into themes. Collected quantitative data was analysed using descriptive and inferential statistics. The descriptive statistics included a measure of central tendency and variance while inferential statistics were used for hypothesis testing. To test the research hypotheses, the researcher used chi-square. Package for Social Sciences (SPSS) version 25 was used in the analysis of the data.

RESULTS AND DISCUSSION

Influence of family alcohol use on alcohol use disorder among recovering clients in selected rehabilitation centers in Nairobi County

Children of alcohol abusing parents are at elevated risk for a range of maladaptive outcomes in childhood, adolescence and into adulthood, including increased health service utilisation, disturbances in psychological and emotional development, behavioural disorders, cognitive deficits and alcohol use problems (Hutchinson, 2014).

Table 1: Descriptive statistics on family alcohol use and Gender for the recovering clients in selected rehabilitation Centers in Nairobi County

		NU		SU		RU		HU		BD		Total
		N	%	N	%	N	%	N	%	N	%	N
Father alcohol use at the time the started using alcohol	M	10	23.8	10	23.8	12	28.6	6	14.3	4	9.5	42
	F	1	25.0	1	25.0	2	50	0	0.0	0	0	4
Mother alcohol use at the time they started using alcohol	M	35	76.1	5	10.9	5	10.9	0	0.0	1	2.2	46
	F	3	60.0	0	0.0	1	20.0	1	20.0	0	0.0	5
Older brother alcohol use at the time they started using alcohol	M	10	25.6	11	28.2	9	23.1	4	10.3	5	12.8	39
	F	1	33.3	1	33.3	0	0.0	1	33.3	0	0.0	3
Older sister alcohol use at the time they started using alcohol	M	22	75.9	6	20.7	1	3.4	0	0.0	0	0.0	29
	F	1	25.0	2	50.0	1	25.0	0	0.0	0	0.0	4

***Source**: Researcher, 2022.*

Key
1.Non user (NU) – does not take alcohol at all, Social user (SU) – only takes alcohol in social functions, Regular user (RU)– takes alcohol once in a while, Heavy user (HU) – takes alcohol and gets dysfunctional, Binge drinker (BD) – takes a lot of alcohol at a time

The findings indicate that there was an alcohol user in every family represented by the respondent. These findings concur Kimani (2013) who reported that sixty percent (60%) of all students who abused alcohol and participated in the study had a history of alcohol abuse and dependency in their family.

An investigation on the respondents' father alcohol use at the time they started using alcohol results showed that 10(23.8%) males, 1(25%) female started using alcohol when their father was a non-user, 10(23.8) males, 1(25%) female started using alcohol when their father was already a Social user ,12(28.6%) males,2(50%) female started using alcohol when their father was already a regular user, 6(14.3%) males and no female, started using alcohol when the father was already a heavy user and 4(9.5%) and no female started using alcohol when the father was already a binge drinker.

It is worth noting that most of respondents 12(28.6%) and 2(50%) females started using alcohol when the father was a regular alcohol user as compared to the least 4(9.5%) male and no female who started using alcohol when the father was a binge drinker. Fathers' regular alcohol use was more likely to have been modelled by their off springs resulting to the development of alcohol use disorder. Fathers' binge drinking could have had very small contribution to the development of alcohol use disorder among their off springs as demonstrated by the very small percentage (9.5%)

These findings concur with those from a study conducted in Muranga County (Mungai, 2019), whose findings indicated that the father using alcohol and having a family member living with Alcohol use disorder was a contributing factor to alcohol use and development of Alcohol use disorder. Ninety percent (90%) of the respondents were of the male gender making gender identity a most likely factor to influence alcohol use among the sons through modelling and subsequently the development of alcohol use disorder. This was confirmed by the small number 5(10.9%) males, 1(20%) female who started using alcohol when their mother was already a regular user.

An examination on the respondents' mother alcohol use at the time they started using alcohol, outcomes displayed that the highest number of respondents 35(76.1%) males, 3(60%) females started using alcohol when their mother was a non-user, as indicated above a small number of respondents 5(10.9) males, no female started using alcohol when their mother was already a Social user, 5(10.9%) males, 1(20%) female started using alcohol when their mother was already a regular user, 1(20%) female and no male, started using alcohol when the mother was already a heavy user and 1(2.2%) and no female started using alcohol when the mother was already a binge drinker. There is an observation that children with a family history of Alcohol use disorder demonstrate more escalation of alcohol use, and more often they develop Alcohol use disorder than children without a family history of the said disorder from parents (Pui Kei Leung 2016.

An consideration on the respondents' older brother alcohol use at the time they started using alcohol, results demonstrated that 10(25.6%) males,1(33.3%) female started using alcohol when their older brother was a non-user,11(28.2) males, 1(33.3%) female started using alcohol when their older brother was previously a Social user, 9(23.1%) males, no female stared using alcohol when their older brother was already a regular user, 4(10.3%) males and 1(33.3%) female, started using alcohol when the

older brother was already a heavy user and 5(12.8%) and no female started using alcohol when the older brother was already a binge drinker.

A consideration on the respondents' older sisters' alcohol use at the time they started using alcohol, results demonstrated that 22(75.9%) males, 1(25%) female started using alcohol when their older sister was an alcohol non-user, 6(20.7) males, 2(50%) female started using alcohol when their older sister was previously a social user, 1(3.4%) male, 1(25%) female stared using alcohol when their older sister was already a regular user. The study indicated that no participant started using alcohol when their older sister was either a heavy user or a binge user.

The finding in the current study concurs with those reported in Pedersen and Soest (2013) that indicate a positive relationship between parental alcohol use and their offspring in light of alcohol consumption and related behaviours including Alcohol use disorder development at the age of 28 years. The finding of the current study also agreed with the Kirsimarja (2019) in a study to investigate variance in the occurrence of intellectual and interactive syndrome in a prolonged duration experienced by offspring's of parents without any alcohol complications, parents experiencing limited alcohol complications, parents experiencing severe alcohol complications including the relationship between mother's and father's alcohol misuse and offspring's jeopardy of disorders, the findings communicated a positive relationship between parental alcohol misuse irrespective of the severity of the misuse and their offspring's risk of developing intellectual and interactive syndromes .

Finding of the current study also concur with those by Solis (2012) as reported in Mosel (2022) who observed that adolescents and young adults whose mothers experience problematic alcohol use were more likely to abuse alcohol and develop alcohol use disorder. The study also observed that fifty to sixty percent (50-60%) alcohol use disorder development is accounted for by the individual's Genetic composition.

Gender identity was reported to be a factor in offspring's alcohol use and the development of Alcohol use disorder. Conferring to the findings a very big majority 35(76.1%) of the male participants and 3(60%) of the females' participants started using alcohol when their mother was a non-alcohol user. These observations conversed that the non-alcohol using behaviour of the mothers did not forbid her children from using alcohol. On the contrary 10(23.8%) of the males' participants and 1(25%) female participant started using alcohol when the father was a non-alcohol user. The findings communicated that fathers' non-alcohol using behaviour could have prohibited their children from using alcohol which develop to alcohol use disorder.

An investigation on the development of Alcohol use disorder and family non-alcohol use behaviour, results indicated that 83(48.3%) responses out of the total 172(100%) responses from the participants indicated that they started using alcohol when the parents and older siblings were not using alcohol (Mosel, 2022). These finding generate the need for a study to investigate the role of individual choices in development of Alcohol use disorder

Focus group discussion on the influence of family alcohol use on alcohol use disorder among recovering clients in selected rehabilitation centers in Nairobi County.

During focus group discussion, it was reported that when a family member and especially of a specific gender was using or abusing alcohol that was likely to

influences other family members of the same gender into the same behaviours. This could happen through modelling and more so gender identity, where men learn from each other and women also learn from their fellow women.

When a significant member is using alcohol, the others feel it's okay or its 'cool'. The family members might continue with the use to remain in the company of the significant member of the family. Other times the significant member might be providing the alcohol or just make it easily available for the others.

Predisposition can also be a factor in family alcohol use making Alcohol use disorder develop faster in the predisposed persons as compared to others not predisposed though using the same substance. Alcohol use and eventually Alcohol use disorder can be as a result of it being used as a coping mechanism. Alcohol use as a coping mechanism was also reported by Nadkarni (2013) who observed that use of alcohol and development of alcohol use disorder was mainly as a result of using alcohol as a coping strategy for psychosocial stress and obtainability of un budgeted for revenue.

Alcohol use disorder is associate with financial misappropriation, problem with the Law, domestic violence among others. Children growing with significant member of the family experiencing Alcohol use disorder might be bullied and labelled by peers on the account of their family member Alcohol use disorder. This might make them turn to alcohol use and eventually develop Alcohol use disorder. Problem with the law can be expensive to manage and if a significant family member is convicted and jailed alcohol use becomes a coping mechanism for the children and other family members to deal with the absence and the associated stress.

A family member experiencing Alcohol use disorder creates a lot of uncertainty to the whole family and alcohol use can easily become a coping mechanism and the spouse and especially the wife joins alcohol use either due to modelling or as a coping mechanism from the stress related with husband's alcohol use and Alcohol use disorder.

Table 2: Relationship between family alcohol use and alcohol use disorder among recovering clients in selected rehabilitation centers in Nairobi County

Family alcohol use	chi	df	Asymptotic Significance
Father	.460	16	.977
Mother	6.993	16	.136
Older brother	.920	16	.922
Older sister	3.321	16	.506

Source: researcher, 2022. Significance level of .05

The analysis of father alcohol use was conducted and the conclusion the chi results $\chi 2$ (16) = .460, p =. 977) documented in table 4 above. This chi results $\chi 2$ (16) = .460, p =. 977) showed that there was no statistically significant relationship between Fathers' alcohol use and alcohol use disorder among recovering clients in selected rehabilitation centers in Nairobi County. This meant that fathers' alcohol use had no major effect on alcohol use of the participants nor the development of alcohol use disorder. The analysis of mothers' alcohol use was carried out and the findings recorded in table 2 above. The chi results $\chi 2$ (16) = 6.993, p =.136) showed that there was no statistically significant relationship between mothers' alcohol use and alcohol use disorder of the recovering clients in selected rehabilitation centers in Nairobi County. This meant that mothers' alcohol use did not contribute to the development of alcohol uses disorder among the recovering clients.

The analysis of older brothers' alcohol use was carried out and the findings recorded in table 2 above. The chi results $\chi 2(16) = .920$, $p = .922$) showed that there was no statistically significant relationship between' older brothers' alcohol use and alcohol use disorder of the participants in selected rehabilitation centers in Nairobi County. This meant that older brothers' alcohol use did not significantly contribute to the development of alcohol use disorder of the participants. The analysis of older sisters' alcohol use was also carried out and the findings recorded in Table 2 above. The chi results $\chi 2$ (16) = 3.321 p =.506) showed that there was no statistically significant relationship between' older sisters' alcohol use and development of alcohol use disorder among the recovering clients in selected rehabilitation centers in Nairobi County. This meant that older sisters' alcohol use was not of significant influence in the development of alcohol use disorder among the recovering cleints.

Table 3*:* Chi-square tests Results for Family Alcohol use and Alcohol Use Disorder among the recovering clients in selected rehabilitation Centers in Nairobi County

	Value	Df	Asymptotic significance(2-sided)
Pearson Chi-square	5.333	4	.255

According to SPSS Chi-square tests results recorded in table 3 above the P-values labelled as Asymptotic significance of these two variables is 0.255. This P-value is more than the significance level of 0.05 which indicated that there was no statistically significant relationship between family Alcohol use and Alcohol Use Disorder among the recovering clients in selected rehabilitation Centers in Nairobi County. This meant that the researcher failed to reject the null hypothesis.

CONCLUSION

The investigation on family alcohol use and alcohol use disorder observed that there was no statistically significant relationship between family Alcohol use and Alcohol Use Disorder among the recovering clients in selected rehabilitation centers in Nairobi County. Conversely, family member taking alcohol is such a risk of other family members to develop alcohol use disorder.

RECOMMENDATION

The study came up with interventional strategies against the development of alcohol use disorder in society According to most of the participants, management of Alcohol use disorder was both preventive and curative. Psycho-education in the community especially among family members, in learning institutions, places of worship and other places of gathering was reported to be a preventive strategy by ensuring the community understand how alcohol use develop to Alcohol use disorder. The families, community, local government and National government need to join hands in order to keep their youth positively and productively engaged to reduce idleness which is a risk factor in alcohol use and the development of alcohol use disorder. The respondents also emphasized on the need for abstinence form alcohol use and especially if there's a family member suffering from Alcohol use disorder. This could be an indication that the family might be predisposed to alcohol making the development Alcohol use disorder a very likely possibility.

Individuals and family members need to realize the fact that Alcohol use disorder is a disease that is difficult to treat and heal from so members ought not to start the use of

alcohol and especially so if there is a member recovering from problematic alcohol use in the family. Families should organize family activities for fun among the members free from alcohol use, the parent should practice good parenting styles that are protective to the development of Alcohol use disorder

Policies on Brewing, selling & use of cheap liquor, alcohol use or purchase need to be adhered to by all. The acceptable age for purchasing and use of alcohol to be review from the 18yrs to 24 years. This gives the youth time to learn how to manage their freedom and early adulthood responsibility without alcohol. Advertisements of alcohol need to be controlled and the warning message well communicated, Adults and leader should be good role models and not encourage their young adults to get into alcohol use and especially so at young age. Access to alcohol need to be reduced by reducing the outlets and particularly with in the residential areas and specifically so the cheap liquor.

Individuals experiencing Alcohol use disorder should be taken to rehabilitation centers with professional personnel. The treatment environment should be conducive to enhance prober learning and recovery. The family members need to be involved in the recovery process and be sensitized on the importance of adherence to family & ethical values of living by all family members. Higher institutions of learning should take responsibility to sensitize their population on the harmful issues related to alcohol use.

Both the national and county Government should establish rehabilitation centers that are affordable to many and the recovering clients need to adhere to the recommendation of recovery process including the "AA". Alcoholic Anonymous. Individuals should take personal responsibility, learning new skills and hobbies, develop personal slogan or group slogans that will help to distract them from using alcohol and adherence to the religious teachings and practice. The national government and local government should support the increase of the number of responsible religious places of worship.

Each person to work towards personal development and get a job or create one and making sure they are busy earning a living positively. The society also to be sensitized on the need for treatment for those suffering from Alcohol related problem including Alcohol use disorder and to reduce stigmatization. Psycho-education on the effects of Addiction and how it is identified should be the responsibility of the society and not just a few members of the society. Assistance and support from home, work place, places of worship, learning institutions and other productive groupings should be encouraged.

The government both national and local to enact strict and punitive laws to manage the advertisements, sell and use of alcohol. The two governments to employ and deploy trained counsellors to offer free counselling services to the society, in order to create self-awareness to the society in relation to alcohol use, abuse and development of Alcohol use disorder. The recovering individuals should ensure that they are busy and have personal goals, choice friends to keep and the places to visit in order to avoid relapse.

Recommendations for further Research

According to the finding of this study the researcher recommends more studies to establish;

i. Personal factors that contribute to the development of alcohol use disorder in the society a part from family alcohol use.

ii. The role of alcohol predisposition in the development of alcohol use disorder.
iii. The protective and risk factors in the development of Alcohol use disorder in the society.

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