THE EFFECTS OF PERCEPTIONS ON COMPLIANCE WITH THE KENYA ALCOHOLIC DRINKS CONTROL ACT 2010: A CASE OF RESIDENTS OF RHONDA ESTATE IN NAKURU COUNTY, KENYA

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DECLARATION

This proposal is my original work and has not been presented for a degree in any other university or for any other award.

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ABSRACT

Alcohol use has both positive and negative effects on psychosocial and economic development and for this reasons many countries Kenya included have put in place policies to regulate the use of alcohol in the society. The compliance or non-compliance of the policies may be influenced by many factors among them perceptions of the policy recipients. However, a few studies have focused on understanding how perceptions influence the compliance with alcohol policies. Using Psychological reactance theory and the Health belief model, this study sought to establish the effects of perceptions on compliance with the Kenya Alcoholic Drinks Control Act 2010 on residents of Kwa Rhonda estate in Nakuru County. Cluster sampling technique was employed where Kwa Rhonda estate was clustered in two geographical regions; upper and lower. Systematic random sampling was carried out in each stratum to come up with two hundred respondents. A descriptive survey research design was used to conduct the study. A questionnaire was used as the method of data collection. Quantitative data was coded and analysed using descriptive statistics such as percentages and frequencies. Data from open ended questions was analysed using narrative analysis. The findings of this study show that though majority of the residents believe the government was right in coming up with that law for the benefit of its citizen’s social and health well-being, most of them are however concerned about its implementation. The residents of Kwa Rhonda estate view the law as one that interferes with their day to day life by punishing the low income earners as well as people who are employed in the informal sectors. Due to this negative perception, the compliance level is quite low and the reaction to the law can be described as rebellious. The implementers need to involve the stakeholders that the residents have more trust in like the church and the nyumba kumi initiative in the Laws implementation process. They need to do a lot of civic education and refrain from using threats as this makes the residents more determined to resist any attempts at controlling them as "children"
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ABBREVIATIONS & ACRONYMS

AADAC: Alberta Alcoholism and Drug Abuse Commission

AIDS: Acquired Immune Deficiency Syndrome

MOH: Ministry of Health

NACADA: National Campaign against Drug Abuse Authority

WHO: World Health Organization

DALY: Disability-Adjusted Life Year

BAC: Blood Alcohol Concentration Levels

GATT: General Agreement on Tariffs and Trade

GATS: General Agreement on Trade in Services
Definitions of Terms

Alcohol abuse: this is the excessive and/or unhealthy consumption of alcoholic drinks.

Alcohol policies: authoritative decisions made by governments through laws, rules and regulations pertaining to alcohol, health and social welfare.

Alcohol: any product obtained by fermentation or distillation which is used by people for purposes of intoxication.

Alcoholic drink: includes alcohol, spirit, wine, beer traditional alcoholic drink capable of being consumed by a human being.

Awareness levels: how well the residents know about the requirements and content of the Kenya alcoholic drinks control Act 2010.

Chang’aa: a locally produced spirit.

Compliance level: the degree to which the residents are obeying the requirements of the Kenya alcoholic drinks control Act 2010.

Perception: the way in which something is regarded, understood, or interpreted.

Prohibitions: restricting Alcohol use.

Psychological: mental processes that are related to intellect.

Reactance: the ability to rebel.
CHAPTER ONE

INTRODUCTION

Background of the study

Alcohol has been part of human civilization since time immemorial. When consumed in small quantities, it can lessen tension and anxiety. In addition, alcohol has huge economic significance for both the underprivileged and the affluent throughout the world. On one hand, it offers direct employment opportunities in major alcohol industries. On the other hand, though indirectly, the alcohol industry provides employment opportunities for farmers where barley, maize and other raw materials are produced for use in the manufacture and fermentation of brews. Moreover, the alcohol industry is a rich source of revenue for many nations through direct taxation. For these reasons, alcohol is widely used, accepted and tolerated within the society.

For thousands of years, alcohol has been produced and consumed in Europe. Fermented alcoholic drinks and spirits were often, also, used as medicine, a practice that continued until the early twentieth century and the advent of modern medicine (Amundsen, Rossow & Skurtvei 2005). The Greeks and the Romans are examples of societies with a fairly widespread use of alcohol (McGovern, 2007; Phillips, 2000). In Africa, alcoholic beverages were consumed for pleasure soon after brewing or tapping (Odejide 1999; Odejide, 2006) and were rarely traded in the market (WHO, 2002).

However, alcohol has also negative effects and the negative effects of alcohol far outweigh its benefits. Alcohol is a drink that is addictive and many habitual
drinkers find themselves hooked in or to the drink and are many times unable to break off from it. According to Wedding (2001), as alcohol use progresses to abuse and finally dependence, an individual devotes more time, energy and resources in the pursuit of alcohol. World Health Organization (WHO) (2002, 2004) observes that alcohol causes 1.8 million deaths (3.2% of total) one third (600,000) of which result from unintentional injuries. It also causes a loss of 58.3 million (4% of total) of Disability-Adjusted Life Year (DALY). In Australia, alcohol intoxication is responsible for 30% of road accidents, 44% of fire injuries, 34% of falls and drowning, 16% of child abuse cases, 12% of suicides, 10% of industrial accidents and 67% of the years of life lost from drinking, over a 25% of all drug-caused deaths and five (5) per cent of deaths from all causes (Smith, 1998). Alcohol also leads to criminal behaviour – in Australia over 70% of prisoners convicted of violent assaults have drunk alcohol before committing the offence and more than 40% of domestic violence incidents involve alcohol. Wittchen (2011) further estimates 23million Europeans are dependent on alcohol in any one year. Looking from a health perspective, alcohol is responsible for about 195,000 deaths each year in the EU. This health impact is seen across a wide range of conditions, including deaths due to road traffic accidents, accidental deaths, homicides, suicides, deaths from liver cirrhosis, cancer, and episodes of depression. In Africa, spates of methanol poisoning occurred in Kenya in 1998 and 2000 while 80 died in Uganda in 2010 from similarly tainted banana gin. The latest case was in May, 2014 where more than 90 Kenyans died after consuming alcoholic drinks suspected to have been laced with methanol in their preparation.
In general alcohol has both positive and negative effects. For this reason, many countries worldwide have scouted for policies and laws to regulate use of alcohol.

The most prominent international legal obligations that affect alcohol policy are the General Agreement on Tariffs and Trade (GATT) dealing with goods, and the General Agreement on Trade in Services (GATS). The end result of GATT has been increase in prices of alcohol, hence discouraging its consumption. The international body most active on alcohol regulation, has been the World Health Organization (WHO), whose European office has undertaken several initiatives to reduce alcohol-related harm in its 52 Member States (WHO, 2008). These include the Framework for Alcohol Policy in the European Region, the European Charter on Alcohol and two ministerial conferences, which confirmed the need for alcohol policy to be developed without any interference with commercial or economic interests.

In western countries, governments have come up with policies to regulate the consumption of alcohol. These include the drinking-driving policies that are highly effective according to Haworth & Simpson (2004). These policies include unrestricted (random) breath testing, lowered blood alcohol concentration (BAC) levels, license suspension, and lower BAC levels for young drivers. In Asia, alcohol use is restricted on religious grounds in the predominantly Muslim countries of Bangladesh and Maldives (Mahal 2000). In Indonesia, which too is a predominantly Muslim country, the use, sale and production of alcohol vary from province to province.

In Africa, the main legislative framework for alcohol in South Africa is the
Liquor Act (Act 59 of 2003) whose objectives are to reduce the socio-economic and other costs of alcohol abuse by setting essential national norms and standards in the liquor industry. It also seeks to regulate the manufacture and whole sale distribution of liquor. In 2012, Zambia banned the sale of alcohol in cheap plastic sachets (Lythgoe, 2013).

In Kenya the situation has been similar to the rest of the world. The Government has always had legislation to control alcohol and drug abuse. These include various Acts such as the Chang’aa prohibition Act - CAP 70 of 1980, Traditional Liquor Act - CAP 122 of 1991, Chiefs Authority Act, Police and Administration Police Act, Penal code, The Narcotic Drugs and Psychotropic Substances (Control) Act of 1994. These alcohol control Acts mainly targeted what was termed as illicit brews. However, the effectiveness of these Acts in control of the consumption of illicit brews and drug, in Kenya, has been limited. The existing data suggests that crime, diseases, poverty and sometimes death associated with alcohol abuse is often reported (Kenya police, 2010). From the fatal effects of alcohol, it was clear that the existing laws were weak and ineffective in taming errant use of alcohol. This led to the enactment of The Kenya Alcoholic Drinks Control Act 2010 with the aim of regulating production, sell and use of all types of alcohol. The law is also supposed to protect all, including the slum dwellers, from the harmful effects of alcohol.

However, the successful implementation of the Act depends on the residents’ perception. There is likely to be less resistance if residents have the perception that they clearly understand the basic problem and the consequences associated
with alcohol consumption. In the absence of adequate information, people invent their own answers which may lead to imaginary problems and this could make implementation of the law challenging. Few studies have focused on how people perceive alcohol control laws. Examples of studies conducted include McKee et al (2012) whose study was conducted in nine U.S. cities in seven states and Brand et al (2007) who studied Comparative Analysis of Alcohol Control Policies in 30 Countries located in Europe, Asia, North America, and Australia. However, they did not consider perceptions of the residents. In addition, the studies were conducted in U.S.A and Europe which is a different context from Kenya. In Africa, Kenya inclusive, the studies that have been conducted have mainly looked at the effects of alcohol. This study focused on perceptions of the residents in Kwa Rhonda which is an informal settlement.

Kwa Rhonda estate, Nakuru County, is an informal settlement that shares a lot of similarities with other informal settlements in the country. It has been greatly affected by alcohol related deaths (MCN 1999). The percentage of all ethnic groups in Kwa Rhonda is almost the same as that of the entire country (De Meulder, 1998). Like other informal settlements in the country, brewing, selling and drinking illicit alcohol has gone on in the area despite existence of alcohol control laws. Both illicit brews (Chang’aa) and legal bottled alcoholic drinks are widespread, with the former having an edge. Most of the proprietors of the dens use it as their source of livelihood (Republic of Kenya, 2000). But together with the benefits, Kwa Rhonda has also been negatively affected by the excessive use of alcohol. Alcohol has caused a lot of suffering as a result of family breakages, diseases and death (Republic of Kenya, 2000). The emergence of second
generation alcoholic spirits makes the already bad situation worse. For Kwa Rhonda habitants, alcohol is not only a means to survival, but it is also responsible for negative psychosocial effect. In this study, the researcher sought to investigate the impact played by perception in compliance of the Kenya Alcoholic Drinks Control Act of 2010 in Kwa Rhonda.

1.2 Statement of the problem:

The problem underpinning this study is that although perception is known to shape behaviour, few studies have been conducted to establish how residents of Kwa Rhonda estate in Nakuru County perceive this Act and how this could be influencing their compliance with the law.

The Kenya Alcoholic Drinks Control Act 2010 contains important measures that will greatly reduce the harm caused by excessive consumption of alcohol, hence lessen the negative effects of alcohol. However, the laws also pose a threat on the economic and social benefits of alcohol to some groups in the society. This Act may impede on citizens’ freedom, privileges and what they perceive as their rights. By setting the hours of operation, citizens may feel that their freedom of choice and association is hampered leading to resistance in complying with the law. Perception shapes behaviour, therefore the successful implementation and compliance of a law would be mediated by the way the citizens perceive it. When people feel that their freedom to choose an action is threatened, they may get an unpleasant feeling called ‘reactance’. This motivates them to perform the threatened behavior, thus proving that their free-will has not been compromised.

However few studies have focused on perception and how it influences the compliance of alcohol laws. Studies conducted e.g. McKee (2012) Brand (2007)
have focused on context and alcohol control policies. In Kenya studies on alcohol have focused more on factors contributing to alcohol abuse. For example NACADA (2010) conducted a study in seven former Central Province survey on magnitude, causes and effects from the perspective of community members and individual users of alcohol. This study focused on perceptions of residents of Kwa Rhonda estate and how it influences compliance of the Kenya Alcoholic Drinks Control Act 2010.

1.3 Purpose of the study

The purpose of the study was to establish the perceptions of residents of Kwa Rhonda estate and its implication on compliance of the Kenya Alcoholic Drinks Control Act 2010.

1.4 Objectives of the Study

The objectives of this study were;

(i) To determine the level of awareness of Kenya Alcoholic Drinks Control Act 2010 among Residents of Kwa Rhonda informal settlement

(ii) To establish how Kwa Rhonda residents perceive Kenya Alcoholic Drinks Control Act 2010.

(iii) To investigate the effects of the perceptions of/among Kwa Rhonda residents on compliance with Kenya Alcoholic Drinks Control Act 2010.

(iv) To find out what needs to be done to improve compliance level of Kenya Alcoholic Drinks Control Act 2010 among Kwa Rhonda residents.
1.5 Research Questions:

The study was guided by the following research questions;

(i) What is the level of awareness among Residents of Kwa Rhonda informal settlement in regard to Kenya Alcoholic Drinks Control Act 2010?
(ii) How do residents of Kwa Rhonda perceive Kenya Alcoholic Drinks Control Act 2010?
(iii) What are the effects of the perception of residents of Kwa Rhonda on their compliance with Kenya Alcoholic Drinks Control Act 2010?
(iv) What can be done to improve compliance level of Kenya Alcoholic Drinks Control Act 2010 on residents of Kwa Rhonda?

1.6 Justification and Significance

The Alcoholic Drinks Control Act 2010 is an entirely new law in Kenya that aims at regulating alcohol use for the benefits of the society and especially the people of informal settlement who are mostly affected negatively by illicit use of alcohol. However, laws can only be effective if the citizens who are affected perceive it to be useful hence comply. Understanding how people perceive the Alcoholic Drinks Control Act 2010 and how this shapes their compliance can go a long way in enabling the policy makers and other stakeholders to put in place mechanisms that can enhance positive perception that can make the law effective. This could be achieved in an empirical research. This study that sought to establish how Kwa Rhonda residents perceived the Alcoholic Drinks Control Act 2010 and how that affects their compliance is thus justified.
The findings of the study would inform the Government on consumer’s perceptions on the alcohol control regulations as well as give guidelines on areas to improve on the law and its implementation. Similarly, the study would enlighten the alcohol consumers on the importance of positive attitude towards the regulations as a control mechanism to a wide variety of harmful effects that Kenyans are exposed to ranging from failing health to diminished productivity, social disharmony, exposure to HIV/STI infections and traffic accidents, among others. The clergy, counsellors and therapist will find new knowledge that can be applied in dealing with a myriad of issues affecting their clients.

In academics, the study will form a basis of further research in other localities on the same and on compliance of laws.

1.7 Scope and Limitations of the study

This study sought to establish the effects of the perceptions of residents of Kwa Rhonda estate and its implication on compliance of the Kenya Alcoholic Drinks Control Act 2010. The study covered Ronda estate in Nakuru town. The researcher was concerned with alcohol drinkers and non-drinkers within Ronda estate who are over eighteen years old. The study established the perceptions and how those perceptions impact on compliance of the Kenya Alcoholic Drinks Control Act 2010 on residents.

The study was limited by time because bar managers and staff who often have a busy schedule had limited time to be administered with the questionnaire. Having
a well laid work plan and consulting earlier with the top management sorted out the issue of time.

The study involved a sample size of two hundred of Kwa Rhonda residents. However, Kwa Rhonda estate is vast and is prone to insecurity. It required help from the local administration. The researcher also enlisted the services of research assistants.

1.8 Assumptions of the study

The assumptions of this study were;

(i) That the Alcoholic Drinks Act 2010 has been availed, explained or read and understood by alcoholic consumers.

(ii) That the residents of Kwa Rhonda had formed a perception with regard to the Alcoholic Drinks Control Act 2010.

(iii) That the perceptions created by the residents of Kwa Rhonda had an impact on their compliance to the Alcoholic Drinks Control Act 2010.

(iv) That the compliance level of The Alcoholic Drinks Control Act 2010 on residents of Kwa Rhonda could be improved.

(v) That the registered voters in Kwa Rhonda represented all the adults.
CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The purpose of the study was to establish the perceptions and implication on compliance of the Kenya Alcoholic Drinks Control Act 2010 on residents of Kwa Rhonda estate and its implication for alcohol regulation in Kenya. In this section the researcher explains the theoretical framework that guided this research. The chapters also covers relevant literature on the perception and perceived effects of the prohibition of alcohol on the general population in Kenya and what other countries have done to make alcohol policies successful. A conceptual framework is also provided.

2.2 Theoretical framework

This study was informed by two theories, the Psychological reactance theory and The Health Belief Model.

2.2.1 Psychological reactance theory

Reactance theory was developed by Brehm (1966). Psychological reactance is an aversive affective reaction in response to regulations or impositions that impinge on freedom and autonomy (Brehm & Brehm, 1981). According to Brehm and Brehm (1981), there are four elements that are fundamental to reactance theory: freedom, threat to
freedom, reactance, and restoration of freedom. The reaction is common when individuals feel obliged to adopt a particular opinion or engage in a specific behaviour. Reactance is experienced whenever an individual perceives that his/her free behaviour is restricted (Wicklund, 1974). If the free behaviours that are perceived as especially important are denied, reactance rises considerably. As the level of reactance rises, the motivation to re-establish freedom increases accordingly.

In this study reactance is conceptualized as the cognitions and affects individuals experience in response to, and directed at, a message, source, or Action that is perceived to be freedom threatening or limiting (Brehm&Brehm, 1981). A free behaviour, in the context of The Alcoholic Drinks Control Act 2010, is consumption of alcohol at the time and place the consumer feels he/she should; the selected beverage should also be the choice of the consumer. If the free behaviours that are perceived as important are denied, reactance is expected to rise considerably (Brehm, 1966). Consumers will drink excessively and will ensure that they drink during restricted times as a way of regaining their freedom. As the level of reactance rises, the motivation to re-establish freedom increases accordingly. Individuals who were not consuming alcohol may start to consume alcohol to show their displeasure. The consumers oppose the rules or courses of Action that were imposed and encouraged (Burgoon, 2002). Alcohol consumers and traders are most likely to display adverse attitudes towards the government that they perceive to be prohibiting their free behaviour. In line with this view, Kwa Rhonda residents are likely to increase use, and ignore other aspects of the law if they perceive their freedom is challenged. On the contrary if they believe that the law is beneficial then they will obey.
2.2.2 The Health belief model

The Health Belief Model was developed in the 1950s by a group of U.S. Public Health Service social psychologists: Irwin Rosenstock, Godfrey Hochbaum and Stephen Kegels (Burns, 1992; Mikhail, 1981) who wanted to explain why so few people were participating in programs to prevent and detect disease. It explains why patients may accept or reject preventative health services or adopt healthy behaviours. The theory predicts the likelihood of a person taking recommended preventative health Action. The conditions for change that may exist is when the person believes that he or she is at a serious risk of developing a specific condition which has undesirable consequences (Brown, 2009). Further the person believes that the risk will be reduced by a specific behaviour change. The person must also believe that barriers to the behaviour change can be overcome and managed. Thus knowing what aspect of the Health Belief Model citizens accept or reject can help the authorities to design appropriate interventions. If the residents of Kwa Rhonda are unaware of risk factors for non-compliance with The Kenya Alcoholic Drinks Control Act 2010 there can be direct teaching toward informing them about personal risk factors. If they are aware of the risk, but feels that the behaviour change is overwhelming or unachievable, the authorities can focus the teaching efforts on helping the residents of Kwa Rhonda overcome the perceived barrier.

2.30 Alcohol Control Laws and perception of recipients

Alcohol is the most popular drug misused by young people (Advisory Council on the Misuse of Drugs, 2006). As such, governments all over the world have tried to regulate its consumption. This is done through alcohol policies (Babor 2004; Longest 1998). The purpose of alcohol policies, according to Babor (2004), is to serve the interests of public
health and social well-being through their impact on health and social determinants, such as drinking patterns, the drinking environment, and the health services available to treat problem drinkers. According to Edwards (1994) effective alcohol policies should serve the public good by reducing the widespread costs and pain related to alcohol use. Prohibition and restriction of alcohol has been attempted many times in various parts of the world. In America, the alcohol policy involves pricing and taxation, regulating the physical availability of alcohol, modifying the drinking context, measures to prevent driving while intoxicated, regulating alcohol promotion, education and persuasion strategies, treatment and early intervention services (Perkins, Meilman, Leichliter, Cashin, & Presley, 1999). Alcohol taxation is considered as part of government efforts to regulate and control its public misuse. Alcohol regulation and taxation complement each other in the efforts to control its public consumption. Kirchler (1999) considers taxation as an effective policy instrument to internalize the cost of alcohol consumption, and make the consumers pay for the social costs of alcohol. However, few nations have considered how the citizens perceive the alcohol regulation policies that they put in place. According to Riegler & Riegler, (2004) Perception refers to the organization and interpretation of the information. Perception is a dynamic conflict between the attempts of an outer world to impose an actuality on people and their efforts to transform this actuality into a self-centred perspective (Rummel, 1975). Rummel (1975) further argues that perception takes place in a field of dynamic forces straining to maintain a cognitive balance between the percipient's personality, beliefs, and perception. This has the implication that individual’s perception is influenced by their beliefs about what is being imposed on them. Thus although the government and policymakers may view the alcohol regulation laws to be important in protecting the
citizens, the citizens may perceive them differently. In their attempt to balance the alcohol regulatory laws with their own held beliefs a conflict may arise hence resistance. However from a health belief model the perception of own susceptibility to harm is essential in influencing self-protective behaviour. This has the implication that if people have knowledge that regulations would protect them from harm, they would embrace them. Therefore perceptions of alcohol control Acts by recipients are likely to mediate in the effectiveness of the laws.

2.3.1 Alcohol control from a global perspective

Due the positive and negative effects of alcohol, all nations worldwide have had different mechanisms of regulating alcohol use. For example every country in the European Union (EU) has a number of laws and other policies that set alcohol apart from other goods traded in its territory, often for reasons of public health (Lachenmeier, 2011). These policies take place in a specific cultural setting and are also adopted and enforced in the context of people’s views on alcohol policy. Like in America, the laws seem to be in favour of controls on advertising and young peoples’ drinking. Preventive alcohol policy has gained importance in the EU especially during the last decade. However, the EU is still basically an economic union and its effect to alcohol consumption, alcohol abuse, drinking habits or alcohol-related problems from public health or social policy point of view is very restricted (Lachenmeier, 2011). There are, for instance, no directives affecting or guiding alcohol control measures in the member states. In individual states, for example, one can describe the Danish alcohol policy at the end of the twentieth century as liberal, but recently going in a more restrictive direction. Denmark has introduced age restrictions on off-premise sale of all alcoholic
beverages, a lower BAC level, and restrictive rules on alcohol advertising and sponsorship (Lachenmeier, 2011). The trend in the Finnish alcohol control during the last fifty years has been towards less and less official alcohol control. Simpura & Karlsson (2001) argues that Alcohol control measures in Belgium are rather diverse, and preventive alcohol control measures vary according to the linguistic communities and regions. In very general terms they include, for instance, licensing of alcohol production and trade, age limits on on-premise retailing, prohibition of consumption of distilled spirits and wine at workplace, restrictions on serving distilled spirits along highways or certain public leisure events, a legal Blood alcohol content (BAC) limit for drunk driving and special excise duties on alcoholic beverages (Lachenmeier, 2011).

Brand, Saisana, Rynn, Pennoni, & Lowenfels (2007) studied Comparative Analysis of Alcohol Control Policies in 30 Countries located in Europe, Asia, North America, and Australia. He used composite scoring systems based on expert opinion to evaluate existing alcohol control policies. He concluded that there is a clear inverse relationship between policy strength and alcohol consumption. The authors concluded that most governments could reduce alcohol-related problems by strengthening alcohol policy, and that such changes are likely to be cost-effective. However, these studies did not examine the perceptions of people on compliance with the laws.

The Centre for Addictions Research and School of Health Information Science of the University of Victoria, conducted a secondary analysis on the Canadian Addictions Survey using a randomised telephone survey of over 10,000 Canadians. The relationship between the amounts of drinking reported by the respondents was examined in relation to the perceived seriousness of alcohol problems in their communities and the endorsement of several alcohol policies. Results from that study show that the more the
people drink, the more they opposed taxation (Macdonald 2010). The results also indicated that increased amount of drinking was significantly related to lower perceptions of drinking-related risks. Furthermore, heavier consumers had less favourable attitudes than lighter drinkers and abstainers toward alcohol policies, such as increased taxation. The implications of these findings are that as people become aware of or recognize the dangers associated with alcohol in the community they become positively responsive to alcohol regulatory policies. However, the more they increase their intake and perhaps get addicted to alcohol, they may become more resistant to alcohol policies therefore making them ineffective.

In Asia, most countries do not have a national policy to reduce alcohol consumption. However, in countries with a predominantly Muslim population such as Bangladesh, the production, sale, and consumption of alcoholic beverages is prohibited by law (Mahal, 2000). India's constitution for example, states that the State shall endeavour to bring about prohibition of the consumption of intoxicating drinks due to religious as well as health reasons (Kusuma, 2009). Prohibition policy in India is strongly encouraged in the Constitution arising from the emphasis placed on abstinence by Gandhi and the religious principles of Hinduism (Mahal, 2000) Nevertheless; alcohol policy is a state subject with each state in India having full control of alcohol legislation, state excise rates and the organization of production and sale of alcohol. In general, several Asian countries for example India, Malaysia, Vietnam and Sri Lanka - have implemented piece meal legislation such as a ban on advertising on TV and radio, but the alcohol companies still have the freedom to promote their brands in the other media and carry out sponsorship Activities (Mahal, 2000). But it is not clear how the citizens of these countries perceive the alcohol control laws. As highlighted, religious beliefs mediate the consumption of
alcohol, but there is little or no information about perceptions of citizens and how this affects their compliance. This therefore creates the need for understanding the perceptions of people as regards the alcohol control laws.

In Africa, alcohol has been a constant presence in social life for centuries as it has been in most parts of the world. Except where it is banned for religious reasons, large quantities of brewed or distilled drinks are produced in local communities or by modern commercial enterprises to satisfy the tastes of a growing number of consumers (Obot, 2000). Like other aspects of life in the continent, tradition remains strong even as the influence of modernity in the form of western alcoholic beverages has penetrated remote villages (Obot, 2000). However, today commercially produced beer is the most preferred drink in Africa in comparison to the traditional brews (WHO, 2004).

Prior to the introduction of commercial (industrialized) alcohol beverages to the continent of Africa, informal alcohol policies existed in many African countries. In the South Western Nigeria, for example, children and females were forbidden from taking alcohol. Odejide and Odejide (1999) points out that the male adults who got drunk were barred from drinking for a certain period. With the introduction of industrial alcohol to Africa, new sets of alcohol policies were formulated into laws and regulations. The most prominent were pricing and taxation of alcohol beverages aimed at making the alcoholic drinks much more expensive, thus resulting to high prices thereby acting as a deterrent (Odejide, 2006). However, there is little on how the citizens of Nigeria perceive these laws. Uganda has no clear regulatory policy on alcohol (WHO, 2004). Commercial sale of traditionally produced spirits is supposedly regulated by the Liquor License Act of
1964, which forbids the sale and consumption of crude Waragi (WHO, 2004). However, few studies have looked at the perception of citizens of Uganda regarding these laws.

2.3.2 Alcohol control in Kenya

The Kenya Government has always had legislation to curtail alcohol and drug abuse:

The Chang'aa Prohibition Act - CAP 70 of 1980 is an Act of Parliament that prohibits the manufacture, supply and possession of chang'aa. It permits an administrative officer or a police officer to enter and search any premises at any time when he has reasonable grounds to believe that chang'aa is being manufactured, stored, sold, supplied or consumed thereon. For that reason, alcohol consumers and sellers resorted to black-market. As a result, an Act of Parliament was enhanced. It impacted on, “the control of the manufacture for sale, and the sale, of intoxicating liquor, other than spirits, of traditional types; for the control of premises upon which such liquor is manufactured or sold; for the imposition of a tax upon the manufacture of such liquor; and for connected purposes” (the Alcohol Traditional Liquor Act - CAP 122 of 1991). Similarly, the Chiefs Authority Act, Police and Administration Police Act, Penal code in Chapter 49, emphasise the Intoxication and Alcoholic Beverage Offenses. In addition, The Narcotic Drugs and Psychotropic Substances (Control) Act of 1994 role was to curb production and trafficking of illicit hard drugs and psychotropic substances.

All the above Acts, generally, outlaw brewing and consumption of brews and others conditionally allows consumption to authorized ceremonial occasions. These laws interfered directly with citizens’ perceived freedom to brew, drink and supply their preferred alcoholic drink. Ordinances prohibiting sale, cultivation and use of psychotropic substances were issued and used by the colonial administration and post-
independence successive governments (Partanen, 1993). Former President Moi of
Kenya, who was known for his firm support for temperance, closed the traditional beer
halls everywhere in the Kenya (Partanen 1993). The brews outlets throughout the country
were closed in a resolve to protect the citizens from the harmful effects of drugs and
substances and specifically consulting the civil society prior to consideration by the
Board. In later years, Moi strengthened laws against distillation, limited nightclubs and
ordered closure of off-licence premises selling beer (Partanen 1993). However, sale and
consumption of illicit brews continued despite the strict laws.
Kenya has also ratified the United Nations Single Convention on Narcotic Drugs 1961;
Convention on psychotropic substances 1971; United Nations Convention against Illicit
Traffic in Narcotic Drugs and Psychotropic Substances 1988. Likewise, the Political
Declaration by the UN General Assembly on Guiding Principles of Drug Demand
Reduction and Measures was ratified to enhance international cooperation to counter the
world drug problem. Kenya maintains close liaison with other international
organizations (that is WHO and UNDCP) involved in combating the drug menace.
Besides, as a member of Organization of African Unity (OAU), Kenya subscribes to the
Yaoundé Declaration and Plan Of Action On Drug Abuse And Illicit Trafficking Control
However, despite the efforts made to regulate the consumption of alcohol, Kenyans from
some sections of the society have continued to experience negative effects of alcohol.
The existing data suggests that crime, diseases, poverty and sometimes death associated
with alcohol abuse have been on increase. According to Kenya police (2010) in the year
2010 alone, April, ten (10) people were confirmed dead and seven (7) admitted and later
discharged after taking unknown illicit brew in Shauri-Moyo- Nairobi Kenya. Police
officers also netted over 304,300 litres of kang’ara (another illicit brew in Kenya) and 4,800 litres of chang’aa (an illegal spirit). More than 900 people suspected of brewing, selling and consuming the unknown illicit brew were arrested and charged in court at Shauri Moyo as a result of that incident (Kenya police, 2010). In July the same year, in Kibera (an informal settlement), fifteen people were confirmed dead after taking lethal brew (Methanol) at Kibera-Laini Saba (Nairobi County). Seventy six people were arrested and charged before court for the offence of brewing and consuming chang’aa within Kibera estate alone (Kenya police, 2010). In August the same year, in Ngobit Laikipia County, six men were confirmed dead after drinking illicit brew. It was later established that they had consumed lethal brew distilled by one of the alcohol Companies located in Ruiru in Kiambu County (Kenya police, 2010). Other most conspicuous cases include the use of kurni kurni (illicit potent drink similar to Changa’a) in November 2000 which resulted in 140 deaths and loss of sight among some users in poor Nairobi neighbourhoods (Mukuru Kwa Njenga and Mukuru Kaiyaba) (Mureithi, 2002). Similar incidents have also been reported in Murang’a county (Muthithi and Kabati areas), Naivasha (Nakuru County) and Machakos county. The latest deaths as a result of methanol poisoning occurred in May 2014 where more than 90 deaths were reported as a result of consumption of illicit brews in various counties in Kenya. The catastrophic effects of alcohol persist despite the stringent regulatory law. Studies conducted to establish increased use of alcohol in Kenya have mainly focused on factors contributing to alcohol use and the effects of alcohol on the society. For example NACADA (2010) conducted a study in seven former Central Province districts (as at 1999 Census) namely Kiambu, Kirinyaga, Muranga, Nyandarua, Nyeri, Thika and Maragua survey on magnitude, causes and effects from the perspective of community
members and individual users of alcohol. It was a cross-sectional survey which gathered views of community members and of individual alcohol users from quantitative means. The findings revealed that some of the risk factors included: idleness; peer pressure; unemployment; work related stress. The study did not reflect on perceptions of the citizens about the laws and how this could be probably be influencing their compliance. Yet, perceptions have been found to influence behaviour (Riegler & Reegler, 2004, Rummel, 1975). In an attempt to fill this gap, this study’s focus was on the perceptions of the citizens of Kwa Rhonda on the Alcohol Control Drink Act 2010 and how this influences their compliance.

2.3.3 The Alcoholic Drinks Control Act 2010

The Alcoholic Drinks Control Act 2010 is the latest attempt that the Kenyan government enacted to restrict the consumption of alcohol. The law was touted to significantly change the rules in the industry and place greater demands on manufacturers and retailers. First of all, this Act legalizes, under certain conditions, the production and sale of homemade spirit chang’aa, in order to better control the product and generate more excise tax from it (Republic of Kenya, 2010). However, getting licences for brewing local liquor is tedious and expensive for traditional local brewers because they have to be certified by public health technicians which involve a lot of documentations that have financial implications. Implementation of the Act has also been slow, and faced many legal bottlenecks such as court cases from the major players in the industry (Ng’au, 2011). Even though traditional brewing remains a lucrative business, its challenge to the mainstream liquor industry has not yet been felt and deaths arising from consumption of low-standard traditional liquor are still being reported (Republic of Kenya, 2010).
The Act's main objective is to control the production, sale and consumption of alcoholic drinks. The Act also seeks to mitigate the negative health, social and economic impact resulting from the abuse of alcoholic drinks. Generally, the law contains important measures that could greatly reduce the harm caused by excessive consumption of alcohol. Here, it sets the hours of operation for alcohol selling premises (Part V). This is regulated by the following licences: Supermarket or Franchised Retail Stores, Hotel Alcoholic Drink License; Restaurant Alcoholic Drink License and General Retail Alcoholic Drink License which have restricted selling of alcohol from Monday to Friday during the hours of 5.00 p.m. to 11.00 p.m. Likewise, during weekends and public holidays selling of alcohol has been accepted during the hours of 2:00 pm to 11:00 pm (Republic of Kenya, 2010). Equally, sale and access of alcoholic drinks by minors has also been restricted. The Act also sets rules on promotion, packaging and labelling of alcohol.

Other than making alcohol expensive, the new law has set times when alcohol should be consumed. Its assumptions is that all consumers work during the day and relax during the stipulated times. However, most of the residents in informal settlements have no formal jobs (De Meulder, 1998). Others work during the night and as such can only relax for a drink during the restricted times.

2.4 Perception of restriction of alcohol

Perception according to Babor (2010) refers to interpretation of what people take in through their senses. Different people perceive different things about the same situation. The way in which something is regarded, understood, or interpreted influences how
human beings behave. If an event is perceived positively by people, then it has a high degree of success. However, if perceived negatively, its chance of success is diminished. According to Leyshon (2010), there is a growing body of evidence in Wales, which suggests that exposure to alcohol promotion is related to increased levels of consumption. Therefore, this influences drinking intentions and perceptions of what is considered to be normal drinking behaviours. Leyshon (2010) argues that sponsorship and other forms of alcohol promotion and marketing normalize and, in many cases, glamorize the use of a damaging substance, and that tighter restrictions are urgently required to address increasingly harmful levels of alcohol consumption in Wales. Similarly, beer manufacturers in Kenya sponsor and advertise sporting activities. Persistent sponsorship and advertisements confuse people’s initial perception of alcohol as being harmful to its consumers.

USA’s National prohibition of alcohol (1920-33) was undertaken to reduce crime and corruption, solve social problems, reduce the tax burden created by prisons and poorhouses, and improve health and hygiene in America, which came about as a result of excessive consumption of alcohol. The results of that undertaking clearly indicate that it was a failure on all counts. This results affirms sound psychological reactance theory, which predicts that reactance to prohibition of mutually acceptable goods in this case alcohol can provoke behaviours that oppose the rules or courses of action that were imposed and individuals who prohibit some free behaviour are regarded unfavourably (MacKinnon, 2007).
2.5 Perceived effects of restriction of alcohol

The perceived effects of the restriction of alcohol can be derived from the people's reactions and responses. According to MacKinnon (2007), perceived local enforcement of drinking laws and personal beliefs may influence alcohol use. Popular perceptions of actions and responsibilities relating to alcohol are important for policy-making, with policy-makers both contributing to perceptions, as well as, responding to them (Simpura 2001). People in different countries differ on whose responsibility it is to formulate alcohol policies. This could be attributed to different cultural backgrounds. Italy, Sweden, Poland and the Baltic countries (and to a lesser extent France) agree it is the government's responsibility, while those in Germany and Finland disagreed (Hemström, Leifman, and Ramstedt 2001; Reitan 2003).

A study was conducted by The University of Notre Dame Australia on evaluation of the effects of alcohol restrictions in Fitzroy Crossing relating to measurable health and social outcomes, community perceptions and alcohol related behaviours on residents. The quantitative and qualitative data reveals continuing health and social benefits for the residents of Fitzroy Crossing and the Fitzroy Valley communities. They experienced positive benefits of the restriction but some identified negative impacts from the restriction due to changed drinking patterns and increased mobility associated with obtaining alcohol from neighbouring towns. A significant minority of respondents supported restrictions being modified to allow for the purchase of limited take-away alcohol once a week on a Friday afternoon or Saturday afternoon (University of Notre Dame Australia, 2010). The perceived impact of the restriction is that though a minority, if they would not be allowed to buy at Fitzroy valley at least once a week, then they
would feel that their rights are being infringed upon. This can lead to unrecorded alcohol sales (University of Notre Dame Australia, 2010).

In India, Mahal (2000) examined the alcohol policy in some Indian states in 2000 and included a prohibition dummy for Gujarat in his analysis. He found that prohibition has large negative effects on alcohol consumption and simulated declines in consumption rates of 30% - 67% for those over 25 years of age and of 90% for those aged between 15 - 25 years. The increase in alcohol consumption amongst those over 25 years could have been attributed to feeling that they are adults; therefore, they did not need the government to control their alcohol consumption, hence the reactance effects.

Robin (1988) says that Australia's regulatory policies significantly reduced total alcohol consumption, as well as, the incidence of alcohol-related health problems; notably cirrhosis mortality and alcoholic psychosis. Baum (2004) agrees with Robin (1988) but adds that all of this happened under regulated sale, not prohibition. This explains why alcohol policies success is influenced by other factors. The perception citizens have of the law and its implementation may be an influence.

In Kenya, the discomfort by the alcohol consumers about the Alcoholic Drinks Control Act 2010 catapulted the seeking of amendments to the Act which eventually did not succeed. The Kapondi Bill 2011 (named after Mt Elgon legislator Fred Kapondi) sought to extend drinking hours, allow children conditional access into bars, and legalise the licensing of bars to operate next to schools (Kamunya, 2012). He argued that the aim was to make the Act respond to the practical challenges, such as licensing, and the fact that not everybody works at the formal sector that had arisen out of its enactment and implementation.
2.6 Methods for enhancing effectiveness of alcohol policies

There are some countries and institutions where alcohol prohibition and restriction is effective. In Arabia, it was a total success because it was presented on religious lines. Prophet Mohammed using the Koran banned the consumption of alcohol to all Muslims. A religious leader is perceived to be a good role model and is likely to be obeyed than an administrative public servant. Individual churches should aim at stopping its members from consuming alcohol (Wilson, 1980).

In Europe, universities and colleges are committed to promote health and provide information about alcohol and drugs (Aveyard, 1999). As such, universities have tried to come up with the strategies that have so far reduced the alcohol consumption within their student population without the negative effects of prohibition. Alcohol prevention in universities is generally organised and delivered in a wide health promotion framework (Dunne & Somerset 2004). The strategies in these universities are developed and delivered by, or in conjunction with, religious institutions and aims to help young people to understand the risks associated with drug use by providing credible and reliable information.

The aim of this campaign is to inform students about alcohol and safe drinking and to encourage them to think about their alcohol consumption (Curtis, 2005). Students’ perceptions of peers’ alcohol consumption predicts and explains a significant amount of variance in alcohol (Kilmer, 2006; Perkins, 2005). Drug prevention strategies, mainly around alcohol, have often aimed to change students’ inaccurate perceptions and subsequent behaviour. Also, there is increasing evidence that social norms interventions may be an effective strategy in preventing alcohol use (Zhao et al., 2006).
In US universities, social marketing campaigns are popular interventions in reducing binge drinking and seem to have some effectiveness in influencing students' beliefs and behaviour (Vicary & Karshin, 2002). Haines and Spear (1996) found that after a social marketing campaign, fewer students perceived binge drinking as the norm, thus, a reduction in self-reported binge drinking was observed.

Interventions, that include feedback, conclude that feedback can be effective in changing perception about the norm of alcohol consumption, whether delivered by mail, the internet or face-to-face (Walters & Neighbors, 2005). Allowing alcohol consumers to express their feeling can work in reducing alcohol consumption because the consumers will feel a sense of ownership to the process.

Other measure used by universities and colleges without necessarily restricting alcohol use includes youth activities (Larson, 2000). The effectiveness of extracurricular Activities as part of drug prevention programmes for adolescents (Stigler, 2006) and the findings about the role of extracurricular substance free Activities among college and university students (Murphy, 2005) have potential implications for prevention programmes in universities and colleges.

Adolescents participating in extracurricular Activities, such as prosocial Activities, team sports and performing arts, have reduced involvement of risk taking behaviours, including alcohol and drugs and better self-esteem (Eccles, 2003). Different types of Activities among them leisure Activities that occupy the general population can be used to reduce alcohol consumption. Such Activities include soccer, athletics and other sports. Murphy, (2005) found that students who decreased their drinking showed increased reinforcement from substance free Activities.
Eccles, (2003) says that one possibility for raising awareness in society of the negative health and social consequences of alcohol is to initiate a national focus day on preventing or reducing alcohol-related problems. This day can be used to influence the perception that people have on alcohol laws. Used in combination with other more long-term measures, such an alcohol free day, could be an important instrument in increasing knowledge of the extent and magnitude of alcohol-related problems; thus stimulate support for effective alcohol policy options.

Consequently, public perceptions of the problem and the evidence around effective interventions are influenced by the alcohol industry. This is clearly visible in the willingness of governments to increase regulation (Cook, 2007)

2.7 Summary of literature review and theoretical framework

The psychological reactance and health theories have explained why people rebel against laws or comply. Further the theories have explained why people may accept or reject to adopt healthy behaviours. The literature reviewed has shown that alcohol policies have been employed by many countries throughout the world. In some countries, it has been relatively successful, while in others, like the USA, it was a miserable failure. Furthermore, perception of the citizens on alcohol policies influences the success or failure of these laws.

By and large, it should be noted that most of the slum dwellers’ livelihood depends on jobs that do not have clearly defined times. This literature has illuminated on what is expected when laws that people think curtail their freedom and imposed on them. Also, it has suggested what countries and institutions that have effective alcohol policies have done. The theories selected to inform this study and the literature reviewed has shade
light on important areas that the study focused on. They thus provided a basis upon which the conceptual framework was built as captured in the diagram below.

2.8 CONCEPTUAL FRAMEWORK

The Kenya Alcoholic Drinks Act 2010 is rolled out. The residents' behaviour will either be rebellious or compliance depending on their perception. Compliance comes if the perception is positive or if they believe there is a serious risk for non compliance. Reactance comes if residents perceive the law as imposed and infringing on their freedom.

Figure 2.1 Conceptual Framework
CHAPTER THREE

RESEARCH METHODOLOGY

3.1: Introduction

This study sought to establish the effects of perceptions on compliance with the Kenya Alcoholic Drinks Control Act 2010 on residents of Kwa Rhonda estate in Nakuru County. This chapter presents a brief description of the research design, location of the study, target population, sampling techniques, sample size, and research instruments. Ethical consideration is also discussed.

3.2: Research design

The overall design of the study was descriptive survey of the effects of perception on compliance with the Kenya Alcoholic Drinks Control Act 2010. The descriptive survey design is advantageous because it enhances collection of data for a large population and is relatively cheaper and faster. Orodho (2008) argues that it allows researchers to easily summarize, present and interpret information gathered. Since Kwa Rhonda is a vast area and densely populated, this design allowed the maximum coverage of the entire representative area without comprising validity and initial objectives, as well as, saving on the costly transport that it would otherwise have been required to cover the area. Similarly, the cost of employing numerous research assistants was addressed.
3.4: Site of the study

This study targeted Kwa Rhonda Estate in Nakuru County. It is a vast estate bordering Shaabab and Kenlands to the north, Kaptembwa to the west, Barut to the south and Mwariki to the west. The low-class urbane population inhabits the estate, thus the reference as informal settlement (MCN, 1999).

Kwa Rhonda estate was purposefully selected because the percentage of all ethnic groups in Kwa Rhonda is almost the same as that of the country (De Meulder, 1998). There is only a fraction of the labour force that is actually employed in the formal sector. Most residents are casual workers and, therefore, the time set by the Alcoholic Drinks Control Act 2010 may affect their social life. There is a high dependency ratio, increasing unemployment and urban poverty in Kwa Rhonda estate. The settlements reflect the socio-economic status and are usually semi-permanent and congested (MCN, 1999).

3.5: Study population

The target population for this study included all people aged over eighteen years old, both alcohol and non-alcohol consumers within the Kwa Rhonda estate. Eighteen years is considered the universal adult age, more so in Kenya. The reason for including all the above categories is because the Act has impacted on all groups within the estate.

3.6: Sampling Technique and Sample Size

Cluster sampling which is based on geographical areas and random sampling was employed where Kwa Rhonda estate was be clustered into two, upper and lower. The upper Kwa Rhonda has a higher population than the lower part. Then each
cluster was then systematically random sampled to come up two hundred respondents. According to Barnett, (1991) the advantages of cluster sampling are convenience, economy and efficiency which are needed in this study.

3.7: Research instrument

A questionnaire was used to establish the perceptions of residents of Kwa Rhonda estate and its implication on compliance of the Kenya Alcoholic Drinks Control Act 2010. According to Kothari (1993) a questionnaire gives respondents adequate time to give well thoughtful answers which this study required. The questions were guided by the formulated research questions and objectives. In section one; the respondent gave personal information including age, sex, occupation, and marital status. Both open-ended and close-ended items were be used to achieve the research objectives. Mutai (2000) says that the open-ended format allows more spontaneity of response and provides opportunities for self-expression which was beneficial to this study.

3.8: Validity and reliability

Validity tries to answer whether the data collected will be accurate enough to reflect the true happenings in the study (Mugenda & Mugenda 1999). Content and Construct validity of the instruments were ascertained through consultation with colleagues and supervisors. Criticism and feedback was analyzed and incorporated in the study. Content validity was also determined through covering all the domains in the objectives where the responses were checked against research objectives. Mutai (2000) concurs that for an instrument to be considered
valid, the content selected and included in it must be relevant to the variable being investigated.

To ensure reliability of this study, test retest was used by administering the tool to a group of individuals after one week. The total score for each “set” was be computed, and checked against each other. Pearson’s correlation coefficient of 0.7 was achieved and hence acceptable. Piloting was also be used to check both reliability and validity of the questionnaire.

3.9: Pilot study

A pilot study was conducted at Kiamaina Estate in Laikipia County which shares similar characteristics with Kwa Rhonda estate. Piloting is important in ascertaining the validity research instruments (Van Teijlingen and Hundrey, 2001). This enabled the researcher to test the descriptive survey method intended to be used. Similarly, it identified any weaknesses in the methodology and highlights any potential pitfalls which were addressed. Therefore, the pilot study checked whether the instruments were clear to the respondents and if they were measuring what they should. Accordingly, the site was selected because there are drinking dens that are both legal and illegal. Lastly, the sample (20) selected was according to availability.

3.10: Data Collections Procedure

The researcher employed and oriented three (3) research assistants in the procedure of administration of the questionnaire. The researcher and research assistants administered the questionnaires individually by visiting the households sampled.
3.11 Data Analysis and Presentation

Upon completion of the research, quantitative data was coded and analyzed using descriptive statistics. Descriptive statistics technique proved useful in studying variable occurrences and summarizing the collected data in measurable units. The data was then presented in the form of graphs and pie charts.

Narrative analysis was used to analyze qualitative data from open ended questions. The data was coded thematically guided by research objectives.

3.12 Data management and ethical considerations

Before proceeding to the field, the researcher obtained written permission from the school of postgraduate of Kenyatta University, thereafter; proceeded to the National Council for Science and Technology (NACOSTI). Thereafter, the researcher sought informed consent from the willing respondents. Consequently, the researcher then provided psychological support when the interviews created undue stress or raised psychological complications.

Generally, the anonymity of the interviewee in relation to the information shared was maintained. Subsequently, adequate communication of the intent of the investigation was provided. However, participants had the right to disengage from a research study at any time. Finally, interviewees were not exploited for personal gain.
CHAPTER FOUR

ANALYSIS AND PRESENTATION OF FINDINGS

4.1 Introduction

This chapter presents findings about the perceptions of residents of Kwa Rhonda Estate, Nakuru County on the compliance of the Kenya Alcoholic Drinks Control Act 2010, and its subsequent implications. To arrive at these findings, the study was guided by the following research questions:

(v) What is the level of awareness among Residents of Kwa Rhonda informal settlement in regard to Kenya Alcoholic Drinks Control Act 2010?

(vi) How do residents of Kwa Rhonda perceive Kenya Alcoholic Drinks Control Act 2010?

(vii) What are the effects of the perception of residents of Kwa Rhonda on their compliance with Kenya Alcoholic Drinks Control Act 2010?

(viii) What can be done to improve compliance level of Kenya Alcoholic Drinks Control Act 2010 on residents of Kwa Rhonda?

A questionnaire was used as a main tool for gathering data. A total of two hundred questionnaires (200), consisting of close-ended and open-ended items were distributed to sampled alcohol and non-alcohol residents, above eighteen years of age. Out of all the questionnaires, one hundred and eighty-three (183) were duly filled and returned representing 91.5% which is agreeable. Eight
questionnaires (8) (only 8.5%) were unduly filled, and nine questionnaires were not returned at all.

4.2 Demographic Data
In this section, the researcher describes the demographic aspects of the sample such as age, gender, age, occupation and marital status.

4.2.1 Respondents’ Gender

Table: 4.1: Respondents’ Sex

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>120</td>
<td>65.6</td>
<td>65.6</td>
<td>65.6</td>
</tr>
<tr>
<td>Valid Female</td>
<td>63</td>
<td>34.4</td>
<td>34.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>183</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

From the data collected from the respondents, 65.6% of them were males while 34.4% were females. *Table 4.1* presents the distribution of respondents by gender. These findings indicate a gender imbalance which is common in most informal settlements in Kenya. Like in most African communities, women shy off when confronting government policies.

4.2.2 Age Distribution

In an effort to better understand the respondents, the researcher requested that they indicate their age bracket.
Table 4.2: respondents' age

<table>
<thead>
<tr>
<th>how old</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>80</td>
<td>43.7</td>
<td>43.7</td>
<td>43.7</td>
</tr>
<tr>
<td>25-30</td>
<td>23</td>
<td>12.6</td>
<td>12.6</td>
<td>56.3</td>
</tr>
<tr>
<td>31-35</td>
<td>8</td>
<td>4.4</td>
<td>4.4</td>
<td>60.7</td>
</tr>
<tr>
<td>36-42</td>
<td>32</td>
<td>17.5</td>
<td>17.5</td>
<td>78.1</td>
</tr>
<tr>
<td>Valid</td>
<td>43-48</td>
<td>16</td>
<td>8.7</td>
<td>8.7</td>
</tr>
<tr>
<td></td>
<td>55-60</td>
<td>16</td>
<td>8.7</td>
<td>8.7</td>
</tr>
<tr>
<td></td>
<td>61 and above</td>
<td>8</td>
<td>4.4</td>
<td>4.4</td>
</tr>
<tr>
<td>Total</td>
<td>183</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The age of the respondent is important because the alcohol law under investigations has limitations which are age related like in Kenyans national figure as well as most countries in the world. The majority of the respondents were those between 18 and 24 years (43.7%). This coincides with the national statistics where the youth comprise the majority in population.
4.2.3 Occupation

Table 4.3: Occupation

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>70</td>
<td>38.3</td>
<td>38.3</td>
<td>38.3</td>
</tr>
<tr>
<td>self employed</td>
<td>79</td>
<td>43.2</td>
<td>43.2</td>
<td>81.4</td>
</tr>
<tr>
<td>Unemployed</td>
<td>34</td>
<td>18.6</td>
<td>18.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>183</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The researcher wanted to know the occupation of the respondents. This is justified by the fact that the Law prohibits drinking of alcohol during the day when most of those employed in the formal sector are actually on duty. The majority of the respondents were self-employed (43.2%) and hence could be available during day time when the research was being conducted.
4.2.4 Marital status

Table 4.4: marital status

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>60</td>
<td>32.8</td>
<td>32.8</td>
<td>32.8</td>
</tr>
<tr>
<td>Single</td>
<td>119</td>
<td>65.0</td>
<td>65.0</td>
<td>97.8</td>
</tr>
<tr>
<td>Divorced</td>
<td>4</td>
<td>2.2</td>
<td>2.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>183</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Majority of the respondents were single (65%) while those that registered as divorced comprised of only 2.2% as shown in table 4.3 above. The marital status of the respondents was considered crucial because alcohol is known to have a negative impact on families lead into poverty and at worse break ages. Moreover people with dependants are wary of the law more than those who have nobody to care for.

From the demographic factors, the focus of this section is on the main research questions.

4.3.1 Level of Awareness of the Act.

One of the research questions that guided this study was to on establishing the level of awareness of the alcohol control act 2010. This question was important because awareness is a key factor in perception. It will be recalled from chapter two that perception refers to interpretation of what people take in through their senses. Different people perceive different things about the same situation. According to Riegler, and Riegler, (2004) conscious awareness enables
manipulating of representations of information which has the potential of influencing reasoning, communication and behaviour. It was thus important to establish the level of awareness as a starting point of understanding how people in Kwa Rhonda perceive the law and how this influences their compliance. To establish the level of awareness, the respondents were administered with a questionnaire that required them to state whether they were aware of the Kenya Alcoholic Drinks Control Act 2010. The results are shown in table 4.4 below.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>169</td>
<td>92.3</td>
<td>92.3</td>
<td>92.3</td>
</tr>
<tr>
<td>Valid No</td>
<td>14</td>
<td>7.7</td>
<td>7.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>183</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

As can be seen from the table 4.5 a good majority 92% were aware of the existence of the law on alcohol control of 2010. This was not surprising because alcohol use is prevalent in the area and because laws of the land are made public through various communication channels, the members of a society are likely to be interested in what concerns them. The Alcohol control Act previously known as Mututho Law was highly popularized both from the media and even the political scenes. It will be recalled from introductory chapters that some members of the public even went ahead to file petition against the proposed law and even in parliament it was extensively debated. The publicity given to the act was also due to the catastrophic effect of alcohol that had engulfed the whole country with
several deaths and loss of sight associated to alcohol. It is therefore not surprising that many respondents were aware of the Law.

However, given the many channels that advertised the new laws and regulation, the researcher sought to find out how the residents of Kwa Rhonda learnt about the law. This was important because the source of information is a key element that influences information processing. Some sources are considered credible while other are not hence the importance of establishing the source. Using credible information is a prerequisite for accurate analysis and utilizing information. Non-credible information will lead to inaccurate analysis, decision making and predictions. The question on how information on alcohol law as thus important. Therefore a question was put before the respondents on how they acquired the information. The results are shown in the figure below.
As can be seen in the figure 4.1 above, most of the respondents identified the media as their source (57%). Media is usually a source of all sought of information both credible and incredible. Credibility is defined as the quality of being trustworthy". In communication research, information credibility has three parts, message credibility, source credibility, and media credibility (Castillo, Mendoza, Poblet, 2011). According to the authors, in traditional media as well as social media, the credibility of the source has a great effect on the process of acquiring the content and changing audience attitudes and beliefs (Castillo, Mendoza, Poblet, 2011). Traditional media such as television, radio and Newspapers are considered credible sources (Kavacic, Erjavec and Stular, 2009), however, it is also possible that it lacks details and some people may not take the information seriously.
Further to that, a sizable number making up more than 40% learnt from the bar owners. The bar owners are people who sell alcohol and are more interested in the profit they make rather than the well-being of the people. Considering that the new alcohol law was meant to reduce considerably the number of hours spent in drinking dens and the customers by barring underage drinkers it was possible that they could distort information in the new law or even provide incomplete information. This could influence the perceptions of the Kwa Rhonda residents on how they perceive the law. This motivated the researcher to investigate how much information about the law was known to the residents of Kwa Rhoda. The results are shown in the figure 4.2 below.

![Knowledge of Drinking Times](chart.png)

*Figure 4.2: knowledge of drinking times*

As can be seen from the table further probing, revealed that the vast majority of the respondents (67%) had no idea of what was contained in the law. This was
indicative that although aware of the new law from a general perspective the residents of Kwa Rhonda did not have sufficient knowledge that could make them comply with the law. According Amodu (2008) community compliance to a law presupposes that they have a sufficient knowledge of it. In general, the Kwa Rhonda residents seem to be aware of the alcohol control act 2010, but they lack sufficient knowledge that can influence positive compliance.

4.2.2 Residents' Perception of the Act.

To establish the perception of the Kwa Rhonda residents, the researcher requested the respondents to suggest reasons why the government should come up with such a law. Most of the respondents agreed that the excessive consumption of alcohol could hurt many sectors of the economy if unchecked.

Table 4.6 perception of government control of alcohol

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
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Table 4.6 above captures the residents perception on the government control of alcohol.

A big proportion of the respondents agreed with the government in enacting the new law (63%). Table 4.6 demonstrates these findings. Most of them agreed that the excessive consumption of alcohol could hurt many sectors of the economy. The crucial problem was the health implication of excessive alcohol.
consumption. Generally, the respondents suggested that it was a good way of reducing the rate of crime, as well as, road accidents on Kenyan roads. This findings resonates well with the principles of health belief model that guided this study (see chapter two) The finding also is in agreement with Brand, Saisana, Rynn, Pennoni, &Lowenfels (2007) who concluded that most governments could reduce alcohol-related problems by strengthening alcohol policy, and that such changes are likely to be cost-effective. Further, Robin (1988) says that Australia’s regulatory policies significantly reduced total alcohol consumption, as well as, the incidence of alcohol-related health problems; notably cirrhosis mortality and alcoholic psychosis.

About 36.6% of the respondents did not see the reason for government interference in the liquor industry and wished the industry should regulate itself. Most of the respondents in this category felt that they are mature enough to make their own decisions in as far as alcohol consumption is concerned. This coincides with Mahal (2000) study where the increase in alcohol consumption for those over 25 years was attributed to their ‘feeling of being adults’, hence they developed reactance and their alcohol consumption rose to 90% after prohibition. It should be recalled that the theoretical framework that guide this theory demonstrated that psychological reactance takes place when people feel that their freedom has been violated. The findings of this study thus confirm the attributes of the psychological reactance theory. Those who agreed that the government should control alcohol sale and consumption were, however, divided on which age groups the government should target as shown in the figure below.

Table 4.7: target age group

<table>
<thead>
<tr>
<th>Valid</th>
<th>Frequency</th>
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<td>45.9</td>
<td>45.9</td>
</tr>
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<td>18-25</td>
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<td>49.7</td>
<td>95.6</td>
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<td>26-45</td>
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<tr>
<td>Total</td>
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<td>100.0</td>
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</table>
Table 4.7 above shows the findings where the residents were asked to establish which age group the government should target in alcohol control. Approximately 49.7% of the respondents believe that the government should target youths between 18-24 years; since those below 18yrs are considered minors hence are covered by other existing laws. The age group is also considered to be the most productive and at its prime and should, therefore, be protected from the detrimental effects of alcohol. About 46.9% of the respondents believe that alcohol control should target those below 18 yrs. This is in agreement with the Act which aims to restrict sale and access of alcoholic drinks by minors (Republic of Kenya, 2010). They categorize this group as minors which cannot make informed decisions. Moreover, this group is still in school and are, hence, legally dependents. An insignificant portion, 4.4%, felt that the government should target those between 26 - 45yrs arguing that this is the group that the country depends upon for her development.

To further establish the residents’ perception, the respondents were asked which groups, they thought, were seriously affected by the Act Figure 4.3 below demonstrates these findings.
Consequently, when asked which groups they thought were seriously affected by the Act, a big majority believe that casual labourers (40.4%) are greatly affected. Indeed, the reasons that the respondents gave were varied. A significant number (71%) felt that most of them were categorized as casuals and business people working as watchmen, in hotels and as boda boda operators; and as such, times set by the Act were disadvantaging them in their enjoyment of their favourite drinks. This finding complements De Meulder (1998) who stated that the residents of informal settlements have no formal jobs. Furthermore, subsequent repackaging of local brews led to subsequent increase of the prices. Actually, the business community seems to have been seriously affected by the law. About 31.1% felt that the Act had seriously affected legitimate businesses like bars and restaurants, as well as, the transport industry where taxis, tuk tuks (motorised rickshaws) and boda boda (motorbikes and bicycles taxis) businesses. This was attributed to the closure of bars and other entertainments spots very early (11pm) hence patrons felt safe to walk home.
4.2.3 Effects of Perception on Compliance with the Act.

The effects of the perceptions of/among Kwa Rhonda residents on compliance with Kenya Alcoholic Drinks Control Act 2010 were addressed by the respondents giving their feelings as described below. When asked about the effect of the Act on the frequency of drinking their favourite drink, most of the respondents 74.3% did not see how the law had affected them. However, 25.7% felt that the Act had an effect on consumptions of their favourite drink. Figure 4.4 demonstrates these findings.

![Figure 4.4: effect on the frequency of drinking their favourite drink](image)

In the figure above about 74.3% of the respondents did not see how the law had affected them. In fact they felt that they had more resolve now, than ever before, not to change their favourite drink. 'Nothing can make me give up tusker!' one of
the respondents said. This could be attributed to psychological reactance where an individual perceives that his/her free behaviour is restricted (Wicklund, 1974) and therefore strives to restore his/her perceived free behaviour. Nonetheless, about 25.7% felt that they had switched to cheaper brands. Like in a study by University of Notre Dame Australia (2010), some had decided to go for spirit brands instead of beer brands because spirits were more portable than beer and could easily be bought and consumed at home, sadly though spirits are more potent.

To further establish the effects of perception on compliance with the Act, the respondents were asked to comment on the Acts effect on prices of alcohol. The table below demonstrates those findings.

Table 4.8: Act effect on price

<table>
<thead>
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<th></th>
<th>Frequency</th>
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<td>51.4</td>
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<td>Total</td>
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<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

When asked whether the Act had affected the prices of alcohol, the respondents’ reaction was somehow balanced. While the majority, at 51.4%, felt it had, an equally big minority, at 48.6%, felt that it had not. Similar reaction was witnessed when the respondents were asked whether they had encountered any problems with local brews like muratina, busaa and chang’aa. The significance of this finding is that local brews, though considered dangerous by half the population,
the other half readily tolerates them. In the study conducted by the Centre for Addictions Research and School of Health Information Science of the University of Victoria (Macdonald 2010) the results also indicated that increased amount of drinking was significantly related to lower perceptions of drinking-related risks. Heavier consumers had less favourable attitudes than lighter drinkers and abstainers toward alcohol policies, such as increased taxation. The implications of these findings are that as alcohol problems in communities become worse, the population may become more resistant to effective alcohol policies. Accordingly, the restriction of alcohol has not reduced the amount of alcohol consumed. In fact, as far as the respondents were concerned, residents continue taking alcohol either at home or in illegal dens. These findings agree with similar findings by University of Notre Dame Australia (2010) which identified negative impacts from the restriction due to changed drinking patterns and increased mobility associated with obtaining alcohol from neighbouring towns. Moreover, bar owners in Kwa Rhonda Estate close the doors to their establishments but the patrons still remain inside the bars enjoying their drink. When the law enforcers catch up with them, they are released after paying bribes. 'It is much easier to deal with the police than with robbers, police only need ksh 100.' One respondent said. These findings have serious implications on the new Alcohol Control Act. It suggests that the law on its own without proper mechanism for implementations may be limited in its effectiveness. It also may mean that there are many groups that are involved in the implementation and may be required to be brought on board to make the law effective. In addition the government may need to strengthen the laws of eliminating corruption if the law has to be effective. Similar reaction was witnessed when the respondents were asked whether they had encountered any problems with local brews like muratina, busaa and chang'aa as displayed in Table 4.9 below.
Table 4.9 problem with local brews

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
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<tbody>
<tr>
<td>Yes</td>
<td>94</td>
<td>51.4</td>
<td>51.4</td>
<td>51.4</td>
</tr>
<tr>
<td>Valid No</td>
<td>89</td>
<td>48.6</td>
<td>48.6</td>
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</tr>
<tr>
<td>Total</td>
<td>183</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The restriction of alcohol, according to Figure 4.5, below has not reduced the amount of alcohol consumed by the respondents. Minority of the respondents felt the restriction of alcohol had reduced their consumption.
Restriction of alcohol has not reduced the quantity of alcohol drank according to the statistics of these study. The respondents were of the opinion that more alcohol sale is unrecorded. This is in agreement with the study conducted by The University of Notre Dame Australia on evaluation of the effects of alcohol restrictions in Fitzroy Crossing relating to measurable health and social outcomes, community perceptions and alcohol related behaviours on residents where restriction of alcohol led to unrecorded alcohol sales (University of Notre Dame Australia, 2010). The findings further strengthen the attributes of psychological reactance theory that guided this study.

Figure 4.5 restriction of drinking
4.2.4 Compliance Level and Improvement of the Act

The Compliance Level and Improvement of the Act could also be established by the respondents' response on whether the Act had been successfully implemented. Figure 4.9 below demonstrates their responses.

![Graph showing compliance level and improvement of the Act](image)

Figure 4.6: Implementation of the Act.

Majority of the respondents did not feel that the law had been successfully implemented (59%) as per figure 4.6 above. They felt that the government should involve more stakeholders and tame the police service to curb corruption. The government needs to know that this law cannot work without us, one respondent advised. The respondents had more trust in the newly constituted nyumba kumi initiative (24.4%), media (21.3%), and bar owners (20%), as the groups that
could successfully assist the government in insuring that the law was adhered to. Figure 4.7 below demonstrates these findings.

![Bar Chart](image)

**Figure 4.7: groups that can successfully assist the government**

Nyumba kumi initiative is relatively new policy where the residents are required to know at least ten members in the neighbourhood hence the term kumi for ten households. Since it is popularized by the government as a way of fighting terrorism and crime, the residents felt that such an approach would work well in stopping illicit sale of liquor.

To further establish how compliance of the law can be improved, the respondents were asked whether the church could be involved in the implementation of the Law. Table 4.10 below shows their responses
Table 4.10 should the church be involved in the implementation of the Act?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
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<td>Total</td>
<td>183</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
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</tbody>
</table>

Majority of the respondents also think that the Government should involve the church in the implementation process (57.9%). The church, according to the respondents, is a key stakeholder in the implementation of this law. This is because it has set structures that can disseminate information to the populace. On the other hand, the religious aspect, as far as compliance with law is concerned, cannot be understated. For example, in India, abstinence and religious principles of Hinduism have played important roles in compliance (Mahal 2000); therefore, respondents in Kwa Rhonda Estate believe that the church should assist the government in implementing the law. Undeniably, the respondents believe that if religious leaders are involved in civic education, the citizens (especially those who go to churches) are most likely going to comply. In fact, the church, according to the respondents, is a key stakeholder in the implementation of this law. "kila mtu anaenda kanisa siku hizi" translated to mean nowadays everybody goes church one of them said. This is because it has set structures that can disseminate information systematically to the populace.

In general, the findings of this study show that the alcohol control act has not been very effective on the Kwa Rhonda estate. This could be attributed to the
negative perceptions that the residents of Kwa Rhonda estate have formed on the new law.
CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The purpose of the study was to establish the perceptions and implication on compliance of the Kenya Alcoholic Drinks Control Act 2010 on residents of Kwa Rhonda Estate and its implication for alcohol regulation in Kenya. In this section, the researcher presents a discussion on the perception of residents of Kwa Rhonda Estate, Nakuru County and its implication on compliance of the Kenya Alcoholic Drinks Control Act 2010. The discussion is based on data collected from one hundred and eight three respondents.

5.2 Discussion

This discussion will be guided by the study’s research objectives

5.2.1 Level of Awareness of the Act.

One of the objectives in the study was to ascertain the levels of awareness about the new alcohol law by the people of Kwa Rhonda. The levels of awareness, specific knowledge, perceived susceptibility, the perceived seriousness of the alcohol in the society and the perceived benefits of the new alcohol policy in safeguarding the lives of people of Kwa Rhonda was tested. The health belief
model provided, to a significant extent, the theoretical context for designing the instrument so that the results obtained may provide some understanding of the level of awareness the alcohol law and how this informs the compliance to the new alcohol control act. The results obtained in this study suggest that awareness from a general perspective is high at 92%, but few residents have specific knowledge about what the law entails and the benefits of the alcohol control act 2010 is low.

The results in this study clearly demonstrate the dearth of knowledge about alcohol control act. Yet improved awareness would produce a corresponding improvement in compliance to the law because, according to the health belief model that guided the study, a high level of perceived personal susceptibility and seriousness would require only minor stimuli to trigger the recommended behaviour. Again, knowledge may serves as an important modifying factor that would awaken consciousness of the threat to life (Atulomah, Motunrayo, Olanrewaju, Amosu and Adedeji (2010) (social, psychological and physical) posed by excess and drinking of illicit brews and facilitate the role perception may play in the dynamics of influencing likelihood of compliance to the law. Therefore, there is need to provide adequate information to the citizens of Kwa Rhonda estate and the nation at large to help them understand the benefits of law hence influence their compliance

5.2.2 Perception of the Act

The perception of the Act among Kwa Rhonda residents was established when the respondents suggested reasons why the government came up with such a law. There is consensus that the excessive consumption of alcohol hurts many sectors of the economy including the health of the residents. Perception is known to shape behaviour. From the Health Belief model if people perceive that their lives are threatened than they are likely to comply with the new law. However, there are other factors that could also work alongside with the perception. For example
perceived interference with an individual’s freedom could lead to reactance. According to the psychological reactance theory, reactance is postulated to be experienced in response to the environment and used to help persons reestablish freedom and control of a situation. Therefore although the Kwa Rhonda people may be in consensus about the negative effects of alcohol, the approach used to effect the law may have been viewed as impinging on their freedom. When there is a threat to a person’s freedom, that person will attempt to restore the freedom by exhibiting opposition or resisting pressures to conform (Brehm and Brehm 1981). The current study provides evidence that, when alcohol control is perceived as intrusive, feelings of irritation are elicited which is an evidence of reactance.

Apparently, perceptions are related to the level of cognitive intensity with which alcohol consumers are determined to quench their thirst. However, through the health model, perceptions of intrusiveness may be moderated by explaining the dangers of excessive alcohol consumption.

Residents of Kwa Rhonda view the Law as a good way of reducing the rate of crime, as well as, road accidents on Kenyan roads. Brand, Saisana, Rynn, Pennoni, & Lowenfels (2007) concluded that most governments could reduce alcohol-related problems by strengthening alcohol policy. Similarly, Robin (1988) observed that Australia’s regulatory policies significantly reduced total alcohol consumption, as well as, the incidence of alcohol-related health problems; notably cirrhosis mortality and alcoholic psychosis. However, from the Kwa Rhonda estate this is only possible if stringent to curb corruption are put in place. In addition other service providers such as the police officers that help in
the implementation of the law should be educated on different ways of handling alcohol related issues. More over the Bar owners should be educated to understand the negative effects of their alcohol and in what ways this effects directly or indirectly affects the.. This may help avoid violating the law and sustaining corruption

5.2.3 Effects of Perception on Compliance with the Act.

The effect of the perception of among Kwa Rhonda residents on compliance with Kenya Alcoholic Drinks Control Act 2010 was addressed by the respondents giving their feelings on various issues. About 74.3% of the respondents did not see how the new law had affected their overall consumption of alcohol. Their perception being that the government had treated them like irresponsible children forced them to resolve to maintain their drinking habit especially so their favourite drink. In a similar finding Dillard and Shen (2005) gave participants health-risk information that either respected their freedom to choose or was less respectful of their freedom to choose. Communication perceived as less respectful of the person's decision-making freedom aroused more reactance, measured as a combination of both negative affect (anger) and negative cognition (assessed using a thought-listing task). Structural equation modelling showed that this reactance was subsequently associated with changes in attitude and intention, with reactance leading to less positive attitudes and to weaker intentions to engage in the recommended health behavior (Rains and Turner 2007). The implication is that for the laws to be effective the stakeholder need to be included in all process.
Further research suggesting that a negative impact of health communication is a result of perceived threat to decision-making freedom has been conducted by Invernizzi (2003). In their study, participants received health-risk information about smoking that was described as from either a health institute or from a neighbourhood association. The health-risk information attributed to the health institute was perceived by participants to be from a more freedom-threatening source and as being less respectful of individual’s freedom of choice than the information attributed to the neighbourhood association. Participants who read the information from the health institute also had lower intentions to quit smoking than did participants who read information from the neighbourhood association. Similarly, the perception created by the introduction of Kenya Alcoholic Drinks Control Act 2010 on residents of Rhonda could have resulted in there being no relatively big change in their choice of their favourite alcoholic drink. The choice of avenue for disseminating information would also have introduced a reactance.

5.2.4 Techniques to Improve Compliance Level of the Act.

Generally, the residents feel that the compliance level of the Act is wanting. The majority (59%) do not think that the law has been successfully implemented. The Kenya police are accused of taking advantage of this law to solicit for bigger bribes. The residents feel that the law can be made effective if they are fully and directly involved in its implementation. A small minority of the respondents (12%) felt that the government should be stricter by licensing, instituting heavy fines, and withdrawing licenses to business people not obeying the law. Further
they suggest that all corrupt police officers should be discharged from the police service. Notably this is a very small percentage. The religious aspect in regard to compliance is also well captured. 57.9% of the respondents were of the opinion that the church should be directly be involved in implementation of the law. This is indeed not surprising because the church has always steered clear of anything alcoholic licensing. Their approach is more persuasive, educational non-judgmental and makes people feel respected hence less psychological reactance. The respondents believe that if religious leaders are involved in civic education, the citizens (especially those who go to churches and other places of worship) are most likely going to comply. In fact, the church, according to the respondents, is a key stakeholder in the implementation of this law. This is because it has set structures that can disseminate information systematically to the populace. This is not a far-fetched idea because In India for example, abstinence and religious principles of Hinduism have played important roles in compliance (Mahal 2000);

The newly constituted *nyumba kumi* initiative (24.4%), media (21.3%), and bar owners (20%) are viewed as the groups that can successfully assist the government in ensuring that the law is adhered to. The police (8.7%) and alcohol manufacturers (7%) cannot be trusted by the residents to successfully assist the government in ensuring that the law is observed. This is because the police image is viewed as corrupt while the alcohol manufacturers are viewed as having a partisan interest. This has the implication that the government needs to change the method of approach if the Alcohol Control Act is to be effective. As suggested earlier more stake holders need to be involved and implementation needs to be more psycho-educational rather than forceful orders
5.3 Conclusion

To conclude, Kwa Rhonda residents' perception of the Kenya Alcoholic Drinks Control Act 2010 can be described as mixed feelings. Majority of the residents believe the government was right in coming up with that law for the benefit of its citizen's social and health wellbeing. The residents are however concerned about its implementation. Moreover the residents view the law as one that interferes with their day to day life by punishing the low income earners as well as people who are employed in the informal sectors and have no definite time.

The effects of the perceptions of/among Kwa Rhonda residents on compliance with Kenya Alcoholic Drinks Control Act 2010 were also varied. Majority of the residents did not change their choice of their favourite drink. The few that did that switched to cheaper brands which are considered more unhealthy and potent. Reduction of drinking was not reported hence the compliant level is quite low and the reaction to the law can be described as rebellious.

On what needs to be done to improve the compliance level of Kenya Alcoholic Drinks Control Act 2010 among Kwa Rhonda residents, the implementers need to involve the stakeholders that the residents have more trust in like the church and the nyumba kumi initiative in the Laws implementation process. They need to do a lot of civic education and refrain from using threats as this makes the residents more determined to resist any attempts at controlling the as “children”.
5.4 Recommendations

- The research has concentrated mostly on the perceptions of the residents of an informal settlement. It would be crucial to identify the feelings and attitudes of the affluent in the society.

- A similar research can be conducted specifically to realize the feelings of citizens who are below 18 years who are similarly affected by the alcoholism especially in the informal settlements. It would also be important to establish the feelings of the law enforcement officers.

- The government should consider perceptions of the citizens when formulating and implementing its policies.

- The researcher recommends that the government consults and seeks opinions of various stakeholders when formulating and implementing its policies.

- The government should use proper channels whenever they are addressing important issues such as laws that affect citizens.

- The laws on corruption should be made more stringent to reduce corruption related cases that impinge on the laws of the land.

- Psycho-education and Civic education should be conducted by groups or organizations that understand and believe in that cause.
REFERENCES


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University of Notre Dame Australia (2010). Fitzroy Crossing Report. Western Australia: The drug and Alcohol Office.


73
### APPENDICES

#### A1 ; WORK PLAN

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<td>@500 per day</td>
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<td>@ 50</td>
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A3: QUESTIONNAIRE
This questionnaire is presented to you on behalf of Sebastian Maina a master’s degree student at Kenyatta University who is conducting a research study as a mandatory requirement for the award of the master’s degree. The aim of this research is to establish the Kenya Alcoholic Drinks Control Act 2010 (Mututho law) ability to control alcohol consumptions. As a resident of Kwa Rhonda you are better placed to understand the locality. Your candid and honest information will be useful in determining future implementation of similar laws. You are assured that the information provided will be treated as confidential and used only for the purpose of the research.

Part 1

1. What is your age?
   18_24 (  )
   25_30 (  )
   36_36 (  )
   36_42 (  )
   43_48 (  )
   49_54 (  )
   55_60 (  )
   61 and above (  )

2. What is your sex?
   Male (  )
   Female (  )
3. What is your Occupation?

Employed ( )
Self-employed ( )
Unemployed ( )
Student: primary ( ), secondary ( ) college/university ( )
Others ( )
Specify .................................................................
........................................................................
........................................................................
4. What is your marital status?

Married ( )
Single ( )
Widowed ( )
Divorced ( )

Any other ( ) specify........

Part 2

5. Are you aware of the new Alcoholic Drinks Control Act 2010? Yes ( ) no ( )

6. What was your source of information?
........................................................................
........................................................................

7. Are you aware that:
You are expected to drink between 5pm_11pm on weekdays? Yes ( ) no ( ) what are your feelings on that? .................................................................

8. You are expected to drink between 2pm_11pm during weekends? Yes ( ) no ( ) what are your feelings on that?
........................................................................................................................................................................
........................................................................................................................................................................

9. Could you kindly suggest reasons why the Government should come up with the above times?
........................................................................................................................................................................
........................................................................................................................................................................

10. Do you agree with the Government’s reasons on the above?.........................................................................................

11. Give reasons why you agree or disagree with the above.........................

12. Do you think the government should control alcoholic drinks?.....................

13. If yes which age groups should the control target most? use a tick

   a. Below 18yrs {   }
   b. Between 18yrs and 25 yrs. {   }
   c. Between 26yrs and 45 yrs. {   }
   d. Between 46yrs and 60 yrs. {   }
   e. Above 61 yrs. {   }

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14. Could you give reasons for your choice/s above:

15. Which of the below groups do you think are seriously affected by the Act?
   a. Salaried people
   b. Casual labourers
   c. Business people
   d. Students

16. Could you give reasons for your choice/s above:

17. Which is your preferred alcoholic drink?

18. Why do you prefer the drink?

19. Has the Act affected the frequency of drinking your favorite drink? Yes ( ) no ( ) Why is that?

20. Has the Act affected the prices of the alcoholic drink? Yes ( ) no ( ) how has it affected?

21. Have you encountered any problem with the local brews like changaa, busaa, muratina? Yes ( ) no ( )
22. Do you feel that restriction of alcohol has reduced the number of drinks residents take?
   a. Yes ( ) no ( )

23. Give reasons .................................................................

24. Do you believe that the Law has been successfully been implemented? Yes ( ) no ( )

25. Explain why you believe so ...........................................................

26. What, in your opinion should the Government do to ensure that the law is effective in curtailing the excessive use of alcohol? .............................................................

27. Who among the groups below can successfully assist the government in insuring that the law is adhered to?

1. The media { }
2. The police { }
3. The village elders { }
4. Nyumba kumi members { }
5. Bar owners { }
6. Alcohol manufactures { }
28. Give reasons

I. Do you think the Government should involve the church in the implementation process?

Yes ( ) no ( )

Give reasons why you think so.................................................................
Our Ref: CSO/NKU/PT/21305/2010  DATE: 18th January, 2014

The Permanent Secretary,
Ministry of Higher Education, Science & Technology,
P.O. Box 30040,
NAIROBI

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION SEBASTIAN KABUE MAINA – REG. NO. CSO/NKU/PT/21305/2010

I write to introduce Mr. Sebastian Kabue Maina who is a Postgraduate Student of this University. He is registered for M.A degree programme in the Department of Psychology.

Mr. Maina intends to conduct research for a M.A proposal entitled, “The Effects of Perceptions on Compliance with the Kenya Alcoholic Drinks Control Act 2010: A Case of Residents of Rhonda Estate in Nakuru County, Kenya.”

Any assistance given will be highly appreciated.

Yours faithfully,

MRS. LUCY NMBAABU
FOR: DEAN, GRADUATE SCHOOL
A.5 letter of approval

KENYATTA UNIVERSITY
GRADUATE SCHOOL

FROM: Dean, Graduate School
TO: Sebastian Kabue Maina
C/o Psychology Dept.

SUBJECT: APPROVAL OF RESEARCH PROPOSAL

This is to inform you that Graduate School Board, at its meeting of 15th January, 2014, approved your Research Proposal for the M.A Degree Entitled, “The Effects of Perceptions on Compliance with the Kenya Alcoholic Drinks Control Act 2010: A Case of Residents of Rhonda Estate in Nakuru County, Kenya.”

Thank you.

DAVID NJOROGE
FOR: DEAN, GRADUATE SCHOOL

cc. Chairman, Department of Psychology

Supervisors:

1. Dr. Merecia Sirera
   C/o Department of Psychology
   Kenyatta University

A6 Research Permit
THIS IS TO CERTIFY THAT:
MR. SEBASTIAN KABIE MAINA
of KENYATTA UNIVERSITY, D-20100
NAKURU, has been permitted to conduct
research in Nakuru County

on the topic: THE EFFECTS OF
PERCEPTIONS ON COMPLIANCE WITH
THE KENYA ALCOHOLIC DRINKS
CONTROL ACT 2010: A CASE OF
RESIDENTS OF RHONDA ESTATE IN
NAKURU COUNTY, KENYA

for the period ending:
30th May, 2014

Applicant’s
Signature

Permit No: NACOST/IP/14/1122/1133
Date Of Issue: 15th April, 2014
Fee Received: Ksh 1,000

CONDITIONS

1. You must report to the County Commissioner and
the County Education Officer of the area before
embarking on your research. Failing to do that
may lead to the cancellation of your permit.
2. Government Officials will not be interviewed
without prior appointment.
3. No questionnaire will be used unless it has been
approved.
4. Excavation, mining and collection of biological
specimens are subject to further permission from
the relevant Government Ministries.
5. You are required to submit at least four(4) hard
copies and one(1) soft copy of your final report.
6. The Government of Kenya reserves the right to
modify the conditions of this permit including
its cancellation without notice.

REPUBLIC OF KENYA

National Commission for Science,
Technology and Innovation

RESEARCH CLEARANCE PERMIT

Serial No. A 1410

CONDITIONS: see back page