

KENYATTA UNIVERSITY

SCHOOL OF HUMANITIES AND SOCIAL SCIENCES

DEPARTMENT OF PSYCHOLOGY

**INFLUENCE OF PSYCHOSOCIAL WELL-BEING ON ALCOHOL ABUSE
AMONG PUBLIC SCHOOL TEACHERS IN NYERI COUNTY, KENYA**

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**A THESIS SUBMITTED TO THE SCHOOL OF HUMANITIES AND SOCIAL
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DECLARATION

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

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DEDICATION

This work is dedicated to God Almighty for His Grace upon my life. It is also dedicated to my husband Eng. Maingi Wambugu and our children Loise Wangui, Cate Wairimu, Gladys Nyambura and Esther Njoki as well as to my grandmother Wamucii Kimaru (blessed memories) and my mother Wairimu Kimaru.

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TABLE OF CONTENT

DECLARATION.....	II
DEDICATION.....	III
ACKNOWLEDGEMENT.....	iv
TABLE OF CONTENTS.....	v
LIST OF TABLES.....	IX
LIST OF FIGURES	X
ABBREVIATIONS AND ACRONYMS.....	xii
OPERATIONAL DEFINITION OF TERMS.....	XIV
ABSTRACT.....	xv
CHAPTER ONE:.....	1
INTRODUCTION.....	1
1.1 Background of the Study	1
1.2 Statement of the Problem.....	11
1.3 Purpose of the Study	12
1.4 Objectives of the Study	12
1.5 Research Questions	13
1.6 Justification and Significance of the Study.....	13
1.7 Scope and Limitations.....	15
1.8 Assumptions of the Study	16

CHAPTER TWO:	17
LITERATURE REVIEW	17
2.1 Introduction.....	17
2.2 Theoretical Framework.....	17
2.2.1 The Modified Social Stress Model (MSSM).....	17
2.3 Review of Related Literature.....	19
2.3.1 Prevalence of Alcohol Use.....	19
2.3.2 Environmental Mastery and Alcohol Abuse.....	21
2.3.3 Personal Growth and Alcohol Abuse.....	26
2.3.4 Self Esteem and Alcohol Abuse	29
2.3.5 Social Integration and Alcohol Abuse	30
2.3.6 Intervention Measures put in place to Address Alcohol Abuse.....	33
2.3.7 Summary of Literature Review.....	36
2.4 Conceptual Framework.....	37
CHAPTER THREE:	38
RESEARCH METHODOLOGY	39
3.1 Introduction.....	39
3.2 Research Design.....	39
3.3 Site of the Study.....	40
3.4 Target Population.....	40
3.5 Sample Size and Sampling Techniques	41
3.6 Research Instruments	43
3.6.1 Demographic Questionnaire for teachers.....	44
3.6.2 AUDIT Scale	44

3.6.3	Alcohol Consumption and Hazardous Alcohol Use	45
3.6.4	Quality of Life Scale (WHOQOL-BF)	46
3.6.5	Indepth Interview Guides.....	47
3.7	Validity and Reliability	48
3.8	Pilot Study.....	49
3.9	Data Collection Procedures.....	49
3.10	Data Analysis and Presentation	50
3.11	Data Management and Ethical Considerations	51
 CHAPTER FOUR:		52
 PRESENTATION OF FINDINGS.....		53
4.1	Introduction.....	53
4.2	Results.....	53
4.3	Presentation of Socio-Demographic Features.....	54
4.3.1	Gender of the Respondents	54
4.3.2	Age of the respondents.....	55
4.3.3	Respondents' Marital Status	56
4.3.4	Religious Involvement of the Respondents	57
4.3.5	Level of Education of the Respondents	57
4.4	Findings of the Main Research Objectives	58
4.4.1	Prevalence of Alcohol Use Among Teachers	59
4.4.2	Religious Involvement of the Respondents	69
4.4.2	Influence of Environmental Mastery on Alcohol Abuse	72
4.4.3	Influence of Personal Growth on Alcohol Abuse	79
4.4.4	Influence of Social Integration on Alcohol Abuse	91

4.4.5	Influence of Self Esteem on Alcohol Abuse.....	95
4.4.6	Summary of the Influence of Psychosocial Factors on Alcohol Abuse Measured by WHOQOL-BF.....	99
4.5	Modeling the Influence of Psychosocial Well-Being On Alcohol Abuse	102
4.6	Interventions put in place to Address Alcohol Abuse among Teachers	103
4.6.1	Awareness of Types of Measures Put In Place by TSC.....	104
CHAPTER FIVE:.....		109
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS		110
5.1	Introduction.....	110
5.2	Summary of the Findings.....	110
5.3	Conclusion	113
5.4	Recommendations.....	114
5.5	Suggestions for Further Research	116
REFERENCES.....		117
APPENDICES		129

LIST OF TABLES

Table 3.1: Sample distribution by sub-counties.....	43
Table 3.2: AUDIT Scoring	46
Table 4.1: Levels of Alcohol Use Among Respondents who consume alcohol.....	60
Table 4.2: Significance of Demographic Characteristics on Alcohol Abuse	72
Table 4.3: Alcohol Abuse by Environmental Mastery	73
Table 4.4: Alcohol Abuse by Personal Growth and Development.....	90
Table 4.5: Alcohol Abuse by Social Integration.....	91
Table 4.6: Alcohol Abuse by Self- Esteem.....	96
Table 4.7: Overall Alcohol Abuse by Constructs of Quality of Life.....	101

LIST OF FIGURES

Figure 2.1: Conceptual framework of the study	38
Figure 4.1: Respondents by Gender	54
Figure 4.2: Age Distribution of the Respondents	55
Figure 4.3: Respondents' Marital Status	56
Figure 4.4: Teachers by Religious Participation.....	57
Figure 4.5: Level of Education	58
Figure 4.6: Alcohol Consumption Among Teachers	59
Figure 4.7. Levels of Alcohol Use Among Respondents who consume alcohol.....	61
Figure 4.8: Alcohol Abuse by Gender	63
Figure 4.9: Alcohol Abuse by Age	64
Figure 4.10: Alcohol Abuse by Marital Status	66
Figure 4.11: Religious Involvement of the respondents	69
Figure 4.12: Alcohol Abuse by Religious Involvement	70
Figure 4.13: Respondents' Teaching Experience	80
Figure 4.14: Alcohol Abuse by Teaching Experience/Years Taught	81
Figure 4.15: Alcohol Abuse by Teaching Duration in Current Station	82
Figure 4.16: Respondents Responsibilities in School.....	83
Figure 4.17: Alcohol Abuse by Responsibilities in School	84
Figure 4.18: Alcohol Abuse by Level of Education	88
Figure 4.19: Alcohol Abuse by Environmental Mastery, Self Esteem and Social Integration	100
Figure 4.20: Awareness of Measures by TSC to Address Alcohol Abuse	103
Figure 4.21: Measures put in place by TSC to Address Alcohol Abuse among teachers	104

LIST OF APPENDICES

Appendix I: Letter of Introduction.....	129
Appendix II: Demographic Questionnaire for Teachers.....	130
Appendix III:Quality of Life Scale (QOLS) for Teachers.....	131
Appendix IV: AUDIT Scale for Teachers	134
Appendix V. Indepth Interview Schedule for Teachers.....	136
Appendix VI: Interview Schedule for TSC County Director:	138
Appendix VII. Map Of Nyeri County.....	139
Appendix VII1: Research Authorization from Graduate School.....	140
Appendix 1X: Research Authorization from Ethics Review Committee	141
Appendix X: Research Authorization from NACOSTI.....	142
Appendix X1: Research Permit from NACOSTI	143
Appendix X1I: Research Authorization from County Commissioner Nyeri County	144

ABBREVIATIONS AND ACRONYMS

AUDIT	Alcohol Use Disorders Identification Test
BOM	Board of Management
BI	Brief Interventions
BSI	Brief Symptom Inventory
BT	Beginning Teachers
CIPD	Chartered Institute of Personnel and Development
CRI-A	Coping Responses Inventory for Adults
DSM-V	Diagnostic Statistical Manual Version V
EAP	Employee Assistance Programs
FGD	Focused Group Discussion
FT	Family Therapy
KDHS	Kenya Demographic and Health Survey
MOE	Ministry of Education
MI	Motivational Interviewing
MSSM	Modified Social Stress Model
NACADAA	National Agency for Campaign Against Drug Abuse Authority
NACOSTI	National Commission for Science, Technology and Innovation
SDS	Severity of Dependence Scale
SPSS	Statistical Package for Social Sciences
TPAD	Teacher Professional Appraisal and Development
TSC	Teachers Service Commission
UK	United Kingdom
USA	United States of America
WHO	World Health Organization

WHO/PSA	World Health Organisation/Programme on Substance Abuse
WHOQOL-BF	World Health Organization Quality of Life Brief Form
WHOQOLS	World Health Organization Quality of Life Scale

OPERATIONAL DEFINITION OF TERMS

- Alcohol Abuse:** Excessive or hazardous use of alcohol. Categorised as a disorder under the Diagnostic and Statistical Manual of Mental Disorders (DSM).
- Alcohol use:** Drinking alcohol in moderation therefore not putting one's health and safety at risk or causing other alcohol-related problems.
- Environmental mastery:** A sense of mastery, competence and efficacy or sense of effectiveness in mastering challenges. Indicated by physical safety, financial resources, opportunities for acquiring new skills, health and social care.
- Personal Growth:** A feeling of personalised continued development. Indicated in teachers level of education, professional growth and responsibilities held in school.
- Psychosocial well-being:** When individuals, families or communities have cognitive, emotional and spiritual strengths combined with positive social relationships.
- Psychosocial:** The dynamic relationship between Psychological and social processes or internal and external influences of behaviour.
- Self- Mastery:** A sense of self-efficacy and competence. Indicated by the ability to adapt to stress, manage emotions and regulate behaviour.

- Self-Esteem:** Psychological state of self-evaluation on a scale that ranges from positive to negative. Indicated by positive feelings, personal beliefs and bodily image.
- Social Integration:** The bond that attaches people to the larger society including participation and membership to religious and social organisations. Indicated by marital status, religious involvement and social support.
- Teachers:** Professionals teachers employed by the Teachers Service Commission on permanent terms to teach in public primary and secondary schools.
- Tolerance:** A need for increased amounts of alcohol to achieve desired effects and a diminished effect with continued use of the same amount of alcohol.

ABSTRACT

Psychosocial wellbeing is important for effective functioning and plays a key role in individuals behaviour including alcohol abuse. There are few empirical studies that have examined the influence of psychosocial wellbeing on alcohol abuse. The purpose of the current study was to assess the influence of psychosocial well-being on alcohol abuse among public school teachers in Nyeri County. The objectives of the study were to establish the prevalence of alcohol abuse as well as determine the influence of environmental mastery, personal growth, self-esteem and social integration on alcohol abuse among the teachers. The study further aimed at identifying the intervention measures put in place to address alcohol abuse among teachers in Nyeri County. The study was guided by the Modified Social Stress Model (MSSM), a Theory developed by Rhodes and Jason and modified by the World Health Organisation/Programme on Substance Abuse (WHO/PSA). A mixed method approach employing correlational and phenomenological approach was used in this study. The target population consisted of teachers employed by the Teachers Service Commission (TSC) in public primary and secondary schools in Nyeri County, Kenya. The study utilized a multistage approach to obtain the sample required. The region was clustered into Sub-County and type of school (primary/secondary) after which a random sample was used to select the schools that participated in the research. In the schools, convenience sampling was used to obtain a sample of 386 respondents from a population of 6264 teachers. A self-administered questionnaire and in-depth interviews were used to collect data. An interview schedule was conducted with the TSC County Director and teachers to capture the views concerning the alcohol situation in the county and specific school. Data were coded and analysed using descriptive and inferential statistics. Qualitative data were analysed thematically. The results from the questionnaire and interview schedules were triangulated to provide enriched data to address the concerns of the study. Results on the prevalence of alcohol use revealed that 59% of teachers consumed alcohol while 32.7% fell under the category of hazardous use as per AUDIT Scale. Chi-square test and t-test for the independence of means were used for inferential analysis. T-test results with a degree of freedom (df) of 384 showed that in the different facets of environmental mastery, there was significantly better financial resources ($p=0.016$), opportunities for acquiring new skills/information ($p=0.002$), participation and opportunities for recreation ($p=0.002$), and health and social care ($p=0.039$) among the teachers who were not abusing alcohol as compared to those who were abusing alcohol. Level of education, as well as responsibility in school, were noted to have a significant effect on alcohol abuse with teachers having lower levels of education noted to have higher levels of alcohol abuse. Self-esteem also had a significant influence on alcohol ($p=0.001$). The spirituality ($p=0.012$), bodily image/appearance ($p=0.021$), and negative feelings ($p<0.01$) facets of self-esteem had a significant effect on alcohol abuse levels of the teachers. The findings were corroborated with qualitative data in which teachers who lacked social support, social responsibility and had lower educational qualifications were found to have higher levels of alcohol use than their counterparts. Overall, both the quantitative and qualitative data showed that psychosocial factors such as environmental mastery, personal growth, self-esteem and social integration may increase or decrease teachers vulnerability to alcohol abuse. The study recommends urgent interventional strategies targeting the enhancement of psychosocial wellbeing in the management of alcohol abuse among teachers.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

World Health Organization (WHO, 2010) defines alcohol abuse as an irresponsible use of alcoholic drinks that result in ill health and general malfunction to the abuser. DSM 5 provides parameters for defining alcohol abuse as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by 2 or more of the following, occurring at any time in the same 12-month period: Alcohol is often taken in larger amounts or over a longer period than was intended; A persistent desire or unsuccessful efforts to cut down or control alcohol use; A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects; Craving, or a strong desire or urge to use alcohol; Recurrent alcohol use resulting in a failure to fulfil major role obligations at work, school, or home ; Continued alcohol use despite having persistent or recurrent social or interpersonal problems; Important social, occupational, or recreational activities are given up or reduced because of alcohol use; Recurrent alcohol use in situations in which it is physically hazardous; Alcohol use is continued despite having a recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol. Other parameters include tolerance and withdrawal symptoms. (DSM-5).

According to the WHO (2010), global alcohol abuse has reached alarming levels with an estimated 2 billion people worldwide consuming alcoholic beverages. This is 33% of the global population and out of these, some 76.3 million people are estimated to have

diagnosable alcohol use disorders making alcohol the most widely abused substance world over.

Alcohol abuse is considerably rampant among teachers as evidenced by various prevalence studies. In the United Kingdom, a survey by the National Heads Association (2007), reported that up to 25% of teachers were engaging in alcohol abuse. In Botswana, South Africa and Malawi, alcohol abuse was reported to be a leading cause of high mortality among teachers and thus hampering the provision of quality education (WHO, 2008). Studies in Kenya such as TSC (2009), Otieno (2010) and Chege (2013) investigated and found a high prevalence of alcohol abuse among teachers. Studies have been conducted on the influence of psychological well-being on alcohol abuse among various socio-economic groups such as lawyers, doctors and nurses (ISSA, 2012; Obadeji *et al.*, 2015; Monroe & Kenaga, 2010). This study sought to determine the influence of psychosocial well-being on alcohol abuse among teachers with a view to acquiring research-based data for the development of effective intervention measures.

The term “psychosocial” according to Mathers and Loncar (2006), and WHO (2010) reflects the dynamic relationship between psychological and social processes. Psychological processes are internal and include thoughts, feelings, emotions, understanding and perceptions. Psychological wellbeing refers to how people evaluate their lives by giving conscious evaluative judgments on how they are satisfied by life as a whole. Diener, Suh and Oishi (1997) and Ryff (1989) designed measures for psychological wellbeing and proposed six components including self-esteem and efficacy, personal growth, purpose in life, environmental mastery, autonomy and positive

relations with others as factors that motivate all types of behaviour (both socially desired and antisocial). High scores in the facets suggest better psychological well-being thus better adaptation to life situations while low scores would lead to a negative outcome in life. The current study assessed the influence of selected psychological constructs including environmental mastery, personal growth and self-esteem on alcohol abuse among teachers in Nyeri County.

Social well-being connotes processes that are external comprising of social networks, community, family, environment and having the ability to get involved with other people in the community in a variety of contexts that show respect for self and others. This includes interpersonal relationships, social support networks and community engagement. Members of the community need to develop satisfying relationships, a capacity for intimacy, an understanding of self in relation to others and a sense of belonging. Keyes (1998) offers a definition of social wellbeing that captures five dimensions which are; social integration, social contribution, social acceptance, social actualization and social coherence and notes that higher scores in the facets demonstrate higher social integration and social support. Like the psychological construct, they have a significant effect on behaviour and the wellbeing of people. The current study also examined the influence of social integration on alcohol abuse among teachers in Nyeri County.

Research by Gallagher, Lopez & Preacher (2009) in the United States indicated a successful integration of psychological and social wellbeing models. This followed the work of Keyes (2007), which had previously examined the potential for integrating models of Psychological well-being (Ryff, 1989) and Social wellbeing (Keyes, 1998) into

a combined structure. In an attempt to establish the influence of psychosocial wellbeing on alcohol abuse among teachers, this study utilized the WHO Quality of Life Scale (WHO QOL), which measures a combination of psychological and social wellbeing constructs. The constructs examined in the current study included environmental mastery, personal growth, self-esteem and social integration. Studies in Kenya such as TSC (2009), Oteyo & Kariuki (2009) and Chege (2013) have shown that teachers have a higher prevalence of alcohol abuse than the general population. This could be attributed to the fact that teachers, especially in public schools, experience many challenges in performing their duties such as lack of facilities, low pay, overcrowded classes and poor conditions of service (Emmanuel, Maroh, Sewanu, & Olaniyi, 2017). This is likely to affect the psychosocial well-being of some teachers who might resort to alcohol use as a coping mechanism. There was therefore need for an in-depth understanding of the psychosocial correlates associated with alcohol abuse among this professional group with the aim of informing possible intervention measures.

Studies by Freeman & Parry (2006) and Ryan *et al.* (2014) found many possible factors such as socio-economic status and lower levels of education to influence alcohol abuse thus placing psychosocial factors high on the policy agenda. Consequently, the Commission for the Social Determinants of Health (2008) recommended the inclusion of policies on the management of psychosocial risks into the occupational health and safety measures. Although the studies were conducted on factors that lead to alcohol abuse, few studies have been conducted to determine the psychosocial factors influencing alcohol abuse among teachers. Studies that have been conducted on alcohol abuse among teachers have focused on the causes and effects of alcohol abuse on teachers'

professionalism (Otieno, 2010 & Chege, 2013). The studies emphasized the main causes of alcohol abuse among teachers to be poor remuneration and work overload. This is despite the fact that psychosocial wellbeing is key in influencing the behaviour of all people including teachers.

One of the central findings of research by Al-Marri & Oei (2009), Al-Haqwi (2010) & Ahmed (2012) that examined the psychosocial causes of alcohol abuse, is that multiple psychosocial factors mutually influence each other in causing alcohol abuse. Such factors include personality characteristics, emotional status, lack of knowledge about the effects of alcohol abuse as well as the influence of friends, family, education, income and religion. These studies focused more on the personal factors leaving out many factors that form the psychosocial world of individuals. Various theories have shown the importance of psychosocial constructs in influencing behaviour. For example, the Person-Centred Theory by Carl Rogers observes that the actualizing tendency which is about personal growth is the single basic motivating drive. Similarly, Bandura in his theory of reciprocal determinism views the environment as a key factor in motivating behaviour. On the other hand, self-esteem is crucial for the wellbeing of people. Arguing on the organismic valuing process, Carl Rogers observes that self-esteem is crucial for true or real valuation of self which is an important protective factor for wellbeing (Nelson-Jones, 2011). This study focused on psychosocial constructs to assess the vulnerability of teachers to alcohol abuse.

According to Reeve (2009) and Larry (2012), environmental mastery entails a sense of mastery, competence and efficacy. It is described as a sense of effectiveness in mastering

challenges. It is indicated by the ability to adapt to stress, manage emotions, think constructively, regulate and direct behaviour. Successful adaptation to stress includes the ways in which individuals control their autonomic arousal and act in the social and non-social environments to modify or lessen sources of stress. Applied to this study, teachers need to be competent and believe in themselves to be able to have control over their work environment. Teachers who lack competence in mastering challenges and stressful situations related to their work environment may be driven into alcohol abuse as a coping mechanism. Few studies have examined the ability of teachers to cope with the stresses of the work environment and their effectiveness in mastering challenges of teaching. Most studies have examined the effects of alcohol on teachers work. For example, in Kenya, Chege (2013) in his work on alcoholism among teachers sought to find out the effects of stress on the professionalism of teachers. Other studies in Kenya like Oteyo and Kariuki (2009) and Ong'any (2004) have examined the effects of alcoholism on teachers' productivity and health.

Teachers work under conditions that are sometimes difficult and often with limited resources available to them (Emmanuel, Maroh, Sewanu, & Olaniyi, 2017). Great pressure is placed on teachers who also understand the impact they can have on students for good or ill and the requirement to master all that entails educating and learning. The knowledge of these stakes can create stress and anxiety in the mind of a teacher. However, few studies have examined how the lack of necessary competencies to effect teaching could contribute to alcoholism among teachers. This study aimed at establishing the role of environmental mastery in alcohol abuse among teachers.

Personal growth according to Ryff's (1989) theory of Psychological Well-being describes a feeling of personalized continued development. Research by Piers, Joseph, and Jones (2008) has shown that individuals with well definable life goals have high levels of personal development and well-being. Boredom has been negatively associated with perceived lack of purpose in life. The lack of purpose in life is a recipe for depression. Similarly, boredom proneness has been found to significantly correlate with depression, anxiety, and substance use and abuse. Teachers personal growth could be seen in professional development, level of education and responsibilities held in school. The Employee/ Customer Satisfaction Survey (Information Commissioner Office, 2009) and Kobia (2007) show that the most discouraging factor for teachers' morale was remuneration and stagnation in one grade. Teachers who have stagnated in their career with no indication of personal growth may experience boredom and frustration which are risk factors for alcohol abuse. However, there are limited empirical studies that show how stagnation in one job group could lead to frustration that may drive teachers to alcoholism. This study investigated the influence of personal growth on alcohol abuse among teachers.

Snyder (2002) and Rosenberg (1985) defined self-esteem as an individual's feeling of value about himself or herself and as the evaluative dimension of the self-concept. It is viewed as a psychological state of self-evaluation on a scale that ranges from positive to negative. An individual's self-esteem is based upon a combination of the objective information about oneself and the subjective evaluation of that information. Self-esteem is an important psychological construct for the wellbeing and productivity of teachers.

However, studies that have been conducted have rarely addressed the place of self-esteem in influencing alcohol abuse among teachers.

Social integration according to Social Well-being Theory by Keyes (1998) is indicative of an individual's appraisal of the quality of their own relationship with society and community. Kerry *et al.* (2010) defined social integration as the bond that attaches people to the larger society including participation and membership to religious and social organizations. Teachers all over the world work to uplift the lives of people in society. Although teaching is valued in policy and theory, in practice many teachers face daunting demands from society. For example, in Kenya, society has placed a heavy burden on teachers to ensure that learners pass examination irrespective of their abilities. News media is fraught with news about the condemnation of teachers every year when examination results are released. Teachers have therefore become generally prone to stress due to the working environment and the pressure society puts on them. However, studies conducted on alcohol abuse have not addressed the influence of social integration on alcohol abuse among teachers which this study investigated.

Various studies in the United States of America (USA) and in the United Kingdom (UK) such as Rehm *et al.* (2003) and Britain and Raul (2016) have found the overall prevalence of alcohol abuse to be twice as high in populations with psychological problems as in the general population. In the USA, Katherine *et al.* (2012) found that positive connectedness to parents, teachers and school protected students from alcohol abuse, while in Pakistan, Akhter (2013) found an association between low self-esteem and alcohol abuse. Studies such as Huang (2010), Gibbs (2005), and Bahr, Hoffmann, & Yang, (2005) have

documented that correlation exists between social influences such as integration, attachment, and parental influence with alcohol abuse. The studies confirm what WHO (2008), Cicala (2003), Yoruk and Yoruk (2012) and NIDA (2011) had reported that a correlation exists between psychosocial well-being and alcohol abuse and that alcohol abuse is frequently accompanied by mental health challenges. Whereas research has identified alcohol abuse risk factors, few studies have examined which of the factors most strongly contributes to alcohol abuse among teachers. The current study examined the collective influence of environmental mastery, personal growth, self-esteem and social integration on alcohol abuse among teachers.

In Kenya, Oteyo & Kariuki (2009) found that most of the respondents with low self-esteem scored highly in alcohol abuse. Studies such as Taylor, Lloyd & Werhet, (2006), Parker & Benson (2004) and Dubois & Silverthorn (2004) established that self-esteem and drug use were negatively correlated. Similarly, William *et al.* (2006) asserted that low self-esteem, lack of resistance and refusal skills are drivers of alcohol abuse. Although only a few studies of protective factors have looked specifically at teachers, other studies have found evidence of risk buffers among children such as parent – family connectedness characterized by a feeling of being close to people. However, little information was available on the influence of psychosocial variables on alcohol abuse among teachers and that was the burden of this study.

According to Ghana Health Foundation (Movement for Global Health, 2006), the causes of alcohol abuse have not been explained clearly but most experts indicate that a combination of psychological, environmental and psychological factors are involved.

According to Akyem (2013), people in Ghana take alcohol to manage problems while others take alcohol to enhance work performance. While studying the factors associated with substance abuse among university students in Ethiopia, being a follower of religion was shown to be protective of alcohol abuse (Gezahegn, Andualem, & Mitiku, 2011). This gave the impetus to examine the influence of psychosocial well-being including religious participation among a different population. The level of alcohol abuse among teachers in Kenya is high (TSC, 2009; Chege, 2013) and this demands special attention, preventive measures, targeted information, education and communication.

In Kenya, NACADAA (2010) presents the relationship between psychological well-being and alcohol abuse and implicated the high prevalence of alcohol abuse in Central Kenya to the high prevalence of psychological problems of individuals and families. While examining the psychosocial factors associated with alcohol abuse, an earlier study by NACADAA (2007b) found a link between breakdown of family connectedness and values to alcohol abuse. However, the study by NACADAA did not delve into the influence of specific psychosocial constructs on alcohol abuse. According to WHO (2010) people who have established strong positive relationships and attachments or social connectedness to family and community are less likely to engage in risky behaviour such as alcohol abuse. This research assessed the influence of selected constructs of psychosocial wellbeing on alcohol abuse among teachers.

In Kenya, the Teachers Service Commission (TSC, 2009) in a prevalence survey in five sampled districts of Malindi, Kisumu East, Bomet, Igembe and Thika, reported a high prevalence of 67.41% of alcohol use among teachers. This indicates a higher prevalence

compared to the general population of 14.2% indicated by NACADAA (2010). In another study aimed at establishing the causes of indiscipline among teachers, the TSC sampled 16 counties of Kakamega, Elgeyo-Marakwet, Nakuru, Narok, Siaya, Kisumu, Homabay, Nyandarua, Nyeri, Kitui, Makueni, Garrisa, Kilifi, Kwale, Bomet, and Kisii. The results of this study indicated that 42% of all indiscipline cases were caused by alcohol abuse (TSC, 2010). However, the two studies did not examine the influence of psychosocial well-being of teachers on alcohol abuse. This research investigated the collective contribution of selected constructs of psychosocial wellbeing to alcohol abuse among teachers in Nyeri County.

1.2 Statement of the Problem

Psychosocial wellbeing has been found to play an important role in protecting individuals from engaging in socially undesired behaviour such as alcohol abuse. People who have difficulties in managing thoughts, feelings, maintaining relationships and functioning in expected social roles may be prone to alcohol abuse. Alcohol abuse has been found to be prevalent among teachers. However, few studies have examined the influence of psychosocial factors on alcohol abuse among teachers.

Studies such as Ong'any (2004) and TSC (2009 & 2010) on alcohol abuse among teachers have mostly focused on the prevalence and effects of alcohol abuse. The two studies examined the prevalence, characteristics and patterns of substance abuse in learning institutions and found high prevalence among teachers. Other studies such as Otieno (2010) and Chege (2013) focused on the effects of alcohol abuse on teachers' professionalism in Ugenya and Laikipia districts respectively. However, few studies have

examined the psychosocial factors that lead to alcohol abuse among teachers. Therefore, the problem that provided the impetus for this study was that although psychosocial wellbeing is important in moderating behavior, little was known about the influence on alcohol abuse among teachers in Nyeri County. Moreover, previous researches have focused on external factors of prevalence and effects leaving out the internal factors of psychosocial wellbeing which are important for competence enhancement and personal self-management. It was therefore imperative to explore the internal factors that could either increase or decrease teachers vulnerability to alcohol abuse. The current study therefore sought to examine the influence of psychosocial well-being on alcohol abuse among teachers in Nyeri County.

1.3 Purpose of the Study

The purpose of this study was to assess the influence of psychosocial wellbeing on alcohol abuse among teachers in Nyeri County.

1.4 Objectives of the Study

The objectives of this study were to:

- i. Establish the prevalence of alcohol abuse among teachers in Nyeri County.
- ii. Determine the influence of environmental mastery on alcohol abuse among teachers in Nyeri County.
- iii. Assess the influence of personal growth on alcohol abuse among teachers in Nyeri County.
- iv. Examine the influence of self-esteem on alcohol abuse among teachers in Nyeri County.

- v. Analyse the influence of social integration on alcohol abuse among teachers in Nyeri County.
- vi. Identify the intervention measures put in place to address alcohol abuse among teachers.

1.5 Research Questions

The research questions in this study were:

- i. What is the prevalence of alcohol abuse among teachers in Nyeri County?
- ii. What is the influence of personal growth on alcohol abuse among teachers in Nyeri County?
- iii. How does environmental mastery influence alcohol abuse among teachers in Nyeri County?
- iv. How does self-esteem influence alcohol abuse among teachers in Nyeri County?
- v. How does social integration influence alcohol abuse among teachers in Nyeri County?
- vi. What measures have been put in place to address alcohol abuse among teachers in Nyeri County?

1.6 Justification and Significance of the Study

Psycho-social wellbeing among teachers is fundamental. This is because teachers are regarded as role models for the youth in schools and agents of imparting social values. Moreover, primary and secondary school students are in their formative years of education, career development, social skills and identity formation. Teachers play a vital role in shaping the future of young people and hence they need to be well physically, psychologically and socially. Unless the psychosocial wellbeing of teachers is enhanced,

the quality of education may continue to suffer and have financial, economic and social effects on the nation. A study to establish the influence of psychosocial wellbeing on alcohol abuse among teachers was therefore imperative as a way of enhancing the already existing management strategies.

The findings of this study would provide valuable knowledge on the influence of psychosocial wellbeing on alcohol abuse among teachers to enable teacher managers to effectively support the teachers. This knowledge would help the TSC and the MOE to establish appropriate programs that have a better chance of effectively mitigating the effects of alcohol abuse on the psychosocial wellbeing of teachers and thus salvage the image of teachers to take their rightful place in society.

This approach would help policymakers and teachers understand which domains of psychosocial wellbeing constitute priorities for policy. This would reinforce the importance of initiatives for integrated management programs and call for the adoption of psychosocial wellbeing of teachers as a policy goal. Most importantly the findings of the study would help to improve on management, administration and supervision of education and in turn help in improving the quality of teaching and education in the country.

Teachers who are diagnosed with psychosocial disorders can be helped using a variety of treatment options, including learning new ways of dealing with psychosocial issues, thus leading to improved psychosocial functioning. This research used the competence enhancement approach whose distinctive feature is focusing on personal self-management and social coping skills derived from examining the factors that may put

teachers at risk or act as buffers against alcohol abuse. The findings of the study would help to shift the focus from external to an internal locus of control as teachers work towards enhancing the protective and reduce the risk factors in alcohol abuse. The learners who look up to teachers as role models would benefit by having quality education and more contact hours from teachers who are in control of their lives. This would therefore improve the performance of learners who constitute the future workforce expected to help the country meet development goals.

1.7 Scope and Limitations

The study was carried out in Nyeri County and in particular eight Sub-counties namely Othaya, Kieni East, Kieni West, Mathira East, Mathira West, Mukurwei-in, Nyeri Central and Nyeri South. The County had 389 public primary and 199 public secondary schools and a total of 6264 teachers (TSC County Directors Office).

The findings of the current study account for teachers in public primary and secondary schools in Nyeri County who were in school at the time of data collection and on permanent employment by the Teachers Service Commission. Though alcohol abuse affects all teachers as is evident in studies carried out among teachers (Otieno, 2010 and Chege 2013), the current study did not seek the opinion of teachers in private institutions, those under the Board of Management (BOM) and others who were engaged in class at the time of data collection. Therefore, the findings may not be generalised to all teachers in Nyeri County.

Although there are other psychosocial constructs that may influence alcohol abuse, this study only aimed at investigating environmental mastery, personal growth, self-esteem

and social integration to allow for focus and intensity. Any other factors outside this were left for other researchers to explore. Further, teachers belong to a professional group whose experiences may differ from others. It may be imperative not to generalize the findings of the current study outside the teaching profession.

1.8 Assumptions of the Study

This study was carried out with the following assumptions:

- i. That participants would respond to the questionnaire and be coherent and cooperative when answering the questions.
- ii. That environmental mastery influences alcohol abuse among teachers.
- iii. That personal growth is protective in alcohol abuse among teachers.
- iv. That self-esteem and social integration were important factors in alcohol abuse among teachers.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This Chapter discusses the conceptual framework and presents the theory that grounds the study. The chapter also presents the literature reviewed according to the objectives of the study.

2.2 Theoretical Framework

There are a number of psychosocial theories put forward by various researchers in a bid to explain the influence of psychosocial well-being on abuse of alcohol and other substances. This study, however, was guided by the Modified Social Stress Model (MSSM).

2.2.1 The Modified Social Stress Model (MSSM)

The model was originally developed by Rhodes & Jason (1988) and modified by World Health Organization/Programme on Substance Abuse (WHO/PSA) to include the effects of alcohol or substances, the personal response of the individual to alcohol, and additional environmental, social and cultural variables that influence drug and alcohol abuse. The theory posits that in a person's life there are factors that may encourage drug and alcohol abuse behaviour called risk factors and factors that make one less likely to abuse drugs and alcohol called protective factors. The central tenet expounded by the MSSM Theory is that when many risk factors are present in a person's life, the person is more at risk of beginning, intensifying and continuing to use drugs (Pryor, Akyeampong, Westbrook & Lussier, 2012)

The MSSM model has six components that include stress, normalization of behaviour and situations, skills, attachments and resources. Some of the factors like stress, normalization of behaviour and situations and effect of behaviour and situations are regarded as risk factors that may increase vulnerability to alcohol abuse. Further, skills, resources and attachments are regarded as factors that may reduce vulnerability to alcohol abuse (Pryor *et al.*, 2012). This model may serve as a guide in the development of programmes to enhance the psychosocial well-being of teachers by increasing the protective factors and reducing the risk factors that may make teachers begin, intensify and continue the use and abuse of alcohol.

The theory has been useful in the development of risk and protective factors of drug use for Asian countries by UNESCO-MOE (2007) and provided a useful model for the current study for the ability to incorporate risk and protective factors in the management of alcohol abuse among teachers. The model maintains that the key to health and healthy families is increasing the protective factors while decreasing the risk factors. Once the risk factors are identified, work can begin on reducing the risks and strengthening the protective factors.

The current study assessed the influence of psychosocial well-being on alcohol abuse among teachers. The constructs under study included environmental mastery, personal growth and development, self-esteem and social integration. In addition to the above risk and protective factors, there could be other psychosocial issues which contribute to the present scenario in families, schools and communities of teachers as suggested in the literature review. The ability to identify both risk and protective factors in addition to

skills and resources that help people succeed in reducing incidents of alcohol abuse are what informed the choice of the Modified Social Stress Model. The theory is useful as a way of planning interventions to prevent or treat problems related to alcohol abuse among teachers. The actual state of affairs needed exploration for factors unique to Nyeri County in Kenya, where the investigation was carried out.

2.3 Review of Related Literature

In this section, literature was reviewed according to the objectives with the intention of identifying research gaps. The empirical review was organized according to the variables in the study.

2.3.1 Prevalence of Alcohol Use

The World Health Organization (2008) estimated that more than 2 million deaths in the world were as a result of abuse and harmful use of alcohol. The report also catalogued the negative effects of alcohol abuse which include disease and disabilities, family problems and breakups, violence, child abuse and neglect and work-related problems including absenteeism, unproductivity and loss of jobs.

A survey conducted in the United Kingdom in 2016 by the National Association of Head Teachers found that almost half of the teachers had an alcohol-related problem. The report (NAHT, 2016) indicated that up to 25% of teachers were engaging in stress-induced alcohol dependence. The same report stated that many teachers were driven to alcoholism because of work-related stress. With the safety of learners at risk and the reputation of the teaching profession getting compromised, there is a need to take steps and find a solution.

A study conducted in Botswana to find out the association between HIV/AIDS and alcoholism found a high prevalence of HIV/AIDS among the educationists who were abusing alcohol (WHO, 2008) thus implying some association between psychosocial well-being and alcohol abuse.

In a study conducted among secondary school teachers in Nigeria, the prevalence of alcohol use was found at 51.4 % (Emmanuel, Maroh, Sewanu, & Olaniyi, 2017). In the study, data were collected from 288 teachers. The female respondents were 186 while the males were 102. The results indicated that in the past one year, 78.4 % male teachers and 36.6% female teachers consumed alcohol. Out of the teachers found to be consuming alcohol, 30.9% met the criteria for hazardous alcohol use. Similar results had been found among teachers in Zimbabwe at 55.4% and in Texas at 50% (Emmanuel, Maroh *et al*, 2017). The level of alcohol use found among teachers in this study was much higher than that found among other professional groups in Nigeria and other countries. In Canada, problematic use of alcohol among lawyers was found to be 15-24% (Institute of Public Administration of Canada, 2016) while doctors in Belgium consumed alcohol at hazardous levels of 18.5%. (Joos, L., Grazemakers, I & Dom, G, 2013). This calls for effective intervention measures considering the significant role that teachers play as models to young learners,

Studies in Kenya have revealed high prevalence rates of alcohol use among teachers in both public primary and secondary schools. In 2010, a survey by the TSC revealed a prevalence of 67.41% of alcohol and drug use among teachers in both primary and secondary schools (TSC, 2010). The findings were expected to give recommendations

and appropriate interventions on the matter. The study focused on teachers from Igembe, Bomet, Malindi, Kisumu East and Thika districts. In 2013, 70% of teachers in Laikipia reported heavy alcohol use (Chege, 2013). The studies (TSC, 2010 and Chege, 2013) indicated a prevalence of alcohol use among teachers that was higher than the national prevalence of 14% reported by NACADAA (2010).

2.3.2 Environmental Mastery and Alcohol Abuse

According to Reeve (2009) & Larry (2012), environmental mastery entails a sense of self-mastery, self-efficacy and competence. It is described as an individual's ability to choose or create environments suitable for harmonious living and effectiveness in mastering challenges (Garcia, Nima, & Oscar, 2014). Environmental mastery is indicated by the ability to adapt to stress, manage emotions, think constructively, regulate and direct behaviour, and forms a central part of human development. This study focused on risk and protective factors of alcohol abuse indicated in the psychosocial well-being of teachers. Environmental risk factors include stressors and barriers such as family conflict, lack of opportunities for professional growth and economic deprivation. Individuals with higher environmental mastery tend to report higher levels of harmony in life (Garcia *et al.*, 2014). On the contrary, teachers with low environmental mastery may adopt maladaptive coping mechanisms including alcohol abuse.

According to Ryff's (1988) scale of psychological well-being, individuals who score high on environmental mastery demonstrate a sense of control and a strong belief in their capability to handle situations. Low environmental mastery is indicative of decreased psychological well-being which may present as depression. Depression signifies

compromised environmental mastery manifesting in hopelessness and lack of interest in previously enjoyed activities (Rodriguez *et al.*, 2012; Jonathan *et al.*, 2008).

Among teachers, depression has been studied more among male teachers than female teachers. A strong understanding of risk and protective factors associated with environmental mastery and indicated in decreased psychological well-being will help direct initiatives for management of alcohol abuse among teachers.

A study conducted in Iran among 216 teachers of English language highlighted the possible direct and indirect role of self-efficacy in reducing work-related stress among teachers (Reza & Alivesa, 2015). Self-efficacy being an indicator of environmental mastery could act as a protective variable which could reduce the effects of work-related stress among teachers. Similar results were found while investigating the personal and job resources involved in teacher burn-out. In a study conducted among 413 teachers from 47 elementary primary and secondary schools in Spain, Laura, Maria & Vivente (2016) found an association between teachers perceived job demands, perceived self-efficacy and coping. Further, Michelle & Ridwan (2016) showed that school and class efficacy were negatively related to job tension and job discontent among teachers. The study was conducted among 62 secondary schools and 338 BTs (Beginning Teachers) in the Netherlands. The results of these studies show that teachers' self-efficacy and available job resources could function as moderator variables which could reduce the chances for teachers engaging in maladaptive coping mechanisms such as alcohol abuse.

Moreover, Fernando (2006) conducted a study in Spain to investigate the relationships among teachers' occupational stressors, self-efficacy, coping resources and burn-out. In a

sample of 247 Secondary school teachers, the study examined the moderating role of self-efficacy and coping resources. Teachers with a high level of self-efficacy and more coping resources were found to experience less stress than others with low levels of self-efficacy and fewer coping resources. In addition, a study by Steven *et al.* (2007) showed that certain maladaptive coping mechanisms like excessive alcohol consumption were associated with factors of teacher burn out. This was found in a sample of 365 North Texas school teachers. This supports the assertion of the importance of environmental mastery and self-efficacy as a protective factor against maladaptive behaviour including excessive alcohol use.

A study carried out in Sweden by Garcia, Nima & Kjell (2014) to investigate differences between affective profiles in psychological wellbeing and harmony and how psychological well-being relates to harmony, established that harmony in life was significantly predicted by environmental mastery and self-acceptance. Among the 500 participants studied, 313 were females and 187 males. Environmental mastery was found to influence people's ability to adapt to the changing environment. Similarly, Brooks *et al.*, (2006) in their study on 1468 participants from South America indicated a strong correlation between personal attributes and alcohol abuse. While investigating the relationship between alcohol abuse and psychological well-being among young adults in the United States of America, Yoruk and Yoruk (2012) found a correlation between psychological well-being and alcohol abuse. Individuals with better environmental mastery reported feeling more energetic, active, and optimistic, and show the best performance during stress. The study is in congruence with the MSSM Theory, which identifies stress as a risk factor in alcohol abuse.

While studying the link between psychosocial well-being and alcohol abuse among older adults, WHO (2010) found that poorer psychological well-being was most highly correlated with heavier drinking. The study catalogued psychological problems as among the major health challenges brought about by alcohol abuse. In America, mental health challenges were found to have an impact on alcohol and substance abuse and were implicated in 30 per cent of the Army's suicide deaths from 2003 to 2009 and in more than 45 per cent of non-fatal suicide attempts from 2005 to 2009 (NIDA, 2011).

Environmental mastery according to Larry (2012) is indicated by coping strategies and psychological well-being. While examining coping strategies among teacher education students in Spain, Gustems and Calderon (2012) combined descriptive and correlational methodology to examine 98 undergraduates aged between 19 and 42 years. Coping strategies were evaluated using Coping Responses Inventory from Adults (CRI-A) (Moos, 1993) while psychological well-being was assessed using the Brief Symptom Inventory (BSI) (Derogatis and Spencer, 1982). The study found a positive relationship between coping style and psychological well-being. Similar findings emerged from a study by Canrinus *et al.*, (2012) on the relevant indicators of teachers' sense of professional identity which showed that the perception of environmental mastery was related to higher motivation, satisfaction and commitment. The study intended to examine the relationship between coping style, efficacy and psychological well-being but did not explore how this may influence alcohol abuse.

Among the indicators of environmental mastery is the ability to adapt to stress, manage emotions and regulate behaviour. A study conducted among teachers in Nigeria found

stressful work conditions, huge workload and uncondusive school environment to have an influence on the use of alcohol as a coping mechanism by secondary school teachers (Emmanuel, Maroh *et al*, 2017). Data were collected from 288 teachers out of who 186 were females while 102 were males. The same study found a significant relationship between psychological distress and alcohol-related injury. Some aspects of teacher's responsibilities may induce stress. These may include standing for long hours assessing and marking exam papers, preparation of teaching notes and pressure to finish the syllabus. Resorting to alcohol consumption may be one of the coping mechanisms for psychological distress.

In Kenya, a study carried out in Central Kenya by NACADAA (2010) found a relationship between alcohol abuse and psychological problems. The report attributed the high prevalence of alcohol abuse in Central Kenya to the high rate of psychological problems including depression, anxiety and other problems seen as the cause of a myriad of problems to the individual alcoholics and their families. While alcohol can have a temporary positive impact on people's mood, it can cause big problems for mental health. The present study assessed selected constructs of psychosocial well-being influencing alcohol abuse among teachers and focused on environmental mastery, personal growth, self-esteem and social integration.

Research by TSC (2010), found a significant prevalence of alcohol use among teachers and recommended further research to establish the factors influencing alcohol abuse among teachers. The current study investigated the psychosocial component and

particularly personal growth, environmental mastery, self-esteem and social integration and hoped to determine which constructs required priority for policy formulation.

Teachers need to be competent and believe in themselves to be able to have control over their work environment. Lack of competence in mastering challenges and stressful situations related to the work environment may increase teachers vulnerability to alcohol abuse. Few studies have examined the ability of teachers to cope with the stresses of the work environment and their effectiveness in mastering challenges of teaching. Most studies have examined the effects of alcohol on teachers' work. For example, Chege (2013) in his work on alcoholism among teachers in Laikipia County sought to find out the effects of stress on the professionalism of teachers. Other studies like Oteyo and Kariuki (2009) examined the effects of alcoholism on teachers' productivity and teachers' health. The present study assessed the influence of environmental mastery on alcohol abuse among teachers in Nyeri County.

2.3.3 Personal Growth and Alcohol Abuse

Personal growth, according to Ryff's theory of Psychological Well-being describes a feeling of personalized continued development. In this study, personal growth is indicated by the teachers' level of education and the responsibilities held in the school. Teachers enter the profession at different levels depending on the level of education. Some are deployed to primary and others to secondary schools. Most teachers take personal initiative to pursue further studies thus increasing their chances of promotion and assignment of more responsibilities in school. The constructs of level of education

and responsibilities held in school were examined for potential risk or protective properties.

A study conducted in Great Britain found that better-educated individuals were better at managing risky behaviours such as alcohol abuse by stopping or keeping consumption low before the problem worsens (WHO, 2008). The study sampled individuals born in Britain and measured education using the highest educational attainment. Similar research indicated that education was negatively associated with heavy drinking (Caldwell *et al.*, 2008). Other studies show that individuals from low socio-economic backgrounds have higher levels of alcohol consumption compared with their better-off colleagues (Mossakowski, 2008). The present study sought to examine the influence of level of education and responsibilities in school on alcohol abuse among teachers as some of the indicators of personal growth.

Teachers were found to experience lower job satisfaction and poor mental health when compared with other professions (Cheryl, Travers and Cooper, 2007). This was found from a nationwide study conducted among teachers in the United Kingdom. Data were collected from a sample of 1790 teachers drawn from different school types, sectors and teaching grades. The study established that job pressure, the structure of the school and lack of status and promotion were the major causes of job dissatisfaction among teachers in addition to the intention to leave the profession. Teachers who experience job dissatisfaction due to limited chances of promotion may resort to maladaptive coping behaviour including alcohol abuse.

A glimpse of the influence of personal growth on alcohol abuse can be found in a study conducted among the police in Uganda where it was reported that among members of the Uganda Police Force, there is a correlation between mental health, poor work output, forced retirement and alcohol abuse (Ovuga & Madarama, 2006). The study sought to determine the association between psychosocial problems and alcohol abuse. Twenty respondents (19.2%) met criteria for alcohol use disorder, 26.0% met criteria for alcohol use problems and 9.6% reported that their health was poor. Lack of job satisfaction, problems in implementing personal plans, disciplinary problems, and inability to save from personal earnings and debts were correlated with alcohol abuse. A similar study conducted among teachers in Uganda found that teachers' jobs and careers pushed some teachers into the consumption of alcohol (Rukundo & Magambo, 2013). This could be attributed to the introduction of educational reforms that have made teaching to be a challenging profession especially when teachers lack the requisite skills to implement the new policies (Lavisa, 2012).

Studies in Kenya such as Kobia (2007) and Employee Customer Satisfaction Survey (Information Commissioner Office, 2009) found the most discouraging factors for teachers' morale to be remuneration and stagnation in one grade. Teachers growth could be seen in professional development, level of education and responsibilities held in school. The current study sought to assess the influence of personal growth on alcohol abuse among teachers.

2.3.4 Self Esteem and Alcohol Abuse

Snyder (2002) defined self-esteem as the evaluative dimension of the self-concept. It is viewed as a psychological state of self-evaluation on a scale that ranges from positive to negative. An individual's self-esteem is based upon a combination of the objective information about oneself and the subjective evaluation of that information.

While studying self-esteem and alcohol abuse in India, Thiyam & Shivi (2014) confirmed the hypothesis that low self-esteem is associated with high substance abuse and that high self-esteem would be associated with lower substance abuse. In the study, data were collected from 120 participants in the Jaipur out of which 60 were alcohol dependents. The overall quality of life of alcohol dependents was also found to be poor (Singh & Shukla, 2012)

A study by (Hamid, 2011) conducted in Iran to identify the role of self-esteem in the tendency towards drug abuse, theft and prostitution sampled 300 people out of whom 200 were prisoners in Kerman jail. These 200 had a history of drug abuse, theft and prostitution and the remaining 100 were ordinary people without a criminal record. Data were collected using a 30-question Eysenck Personality Inventory (Self-esteem). The study found self-esteem to have a meaningful role in individuals' tendency to addiction, theft and prostitution. The study recommended the importance of enhancing self-esteem in order to decrease the tendency to addiction. The current study sought to examine the relationship between self-esteem and alcohol abuse as well as other variables like personal development, environmental mastery and social integration.

The findings of this study resonate with similar results found among tertiary education students in South Africa (Indiran, Kathryn & Xolile, 2017). The study sampled 700 female psychology students. Abuse of alcohol was attributed to low self-esteem, peer pressure and stressful life events. The current study explored the role of self-esteem in alcohol abuse among teachers. This was important because other studies have found that people with low self-esteem are twice as likely as those with higher self-esteem to abuse alcohol.

A similar study conducted among male students in public schools of Nakuru Municipality in Kenya indicated that peers accounted for the greatest influence for alcohol and cigarette use followed by siblings, parents, level of self-esteem and mass media respectively (Oteyo and Kariuki, 2009). This is similar to studies such as Compton (2005) in the US which show an association between low self-esteem and binge drinking and a close connection with depression. The studies above only examined the association between low self-esteem and alcohol abuse but did not examine the collective influence of other psychosocial constructs.

2.3.5 Social Integration and Alcohol Abuse

This construct according to Kerry *et al.* (2010) and Keyes (1998) is indicative of an individual's appraisal of the quality of their own relationship with society and community. Social integration is defined as the bond that attaches people to the larger society including membership and participation in religious and social activities.

In a study conducted in Italy, Caterina *et al* (2017) found that dissatisfaction with the social support received was predictive of burnout among teachers. The study explored the

relationships among teachers' emotional competence and social support. Internal and external support was evaluated as well as dissatisfaction of teachers with the support being received. Data were collected from 149 primary school teachers. Stress and burnout have been shown to cause maladaptive coping mechanisms including alcohol abuse. Similarly, a study conducted among teachers in the UK found that social support mitigates the negative effects of emotional demands of the teaching profession (Maya and Rima, 2016). This was observed among 628 teachers working in secondary schools. The results of these studies add impetus to the current study in providing evidence to show the function of social integration as a moderator variable which could reduce incidents of psychosocial distress among teachers.

According to the WHO Quality of Life Scale (WHOQOL-BF), some of the indicators of social integration include personal relationships and social support which may emanate from family and social groups. While examining the role of marriage and religiosity in the co-occurrence of alcohol abuse and psychological distress and the nature of this relationship, Tenorio (2011) confirmed the hypothesis concerning the mediating roles of religiosity and marriage. The cross-sectional survey aimed at investigating the relationship between alcohol consumption and various aspects of psychological health and social integration. Data were collected from 443 male and 380 female Norwegian tertiary school students. Other studies in the United States of America and the United Kingdom such as Merrill, Folsom & Christopher (2005) and Wallace *et al.* (2003) have found religious involvement a significant protective factor from substance abuse. Similarly, a study conducted in the USA by Willis & Sandy (2003) found that adolescents who considered religion as an important part of their life were half as likely

to use drugs as those who did not have religious affiliation. The studies examined two constructs of psychosocial well-being namely marriage and religious participation unlike the current study which focused on the collective influence of psychosocial constructs on alcohol abuse among teachers.

In a study conducted on teacher well-being on post-war Liberia, over half of the teachers interviewed stated that their inability to care for their own families impacted their well-being negatively (Shriberg, 2007). The study recommended that attention be paid to teacher psychosocial well-being in teacher training and management programs. Effective management of family obligations enhances social integration and social support. Teachers whose well-being is affected by the inability to cater for their families may try to cope by resorting to hazardous alcohol use. Social integration is an important buffer for alcohol abuse. Heavy drinkers often lose the support of family and friends. As conflict and disapproval increases at home and at work, many drinkers feel a loss of control over their lives and may drink even more thus falling into a vicious cycle of alcohol abuse.

A study by Maithya, Muola & Mwinzi (2012) among secondary and university students in Kenya found that substance abuse was determined by the existence of risk and protective factors which included attachments with family, peers and institutions as well as skills that help people succeed in life. The study utilized a descriptive survey design and collected data from 360 students from 9 secondary schools and 342 students from 3 Kenyan Universities using Focus Group Discussion, interviews and questionnaires. The study by Maithya *et al.* (2012) argues that the lack of attachment to parents could lead to alcohol abuse among children. Similar findings were established in a study by

NACADAA (2007) in which alcohol abuse was found to be a major social problem in Kenya. The studies examined the relationship between family attachment and alcohol abuse but did not explore other variables that may influence alcohol abuse.

2.3.6 Intervention Measures put in place to Address Alcohol Abuse

This study examined the influence of psychosocial well-being on alcohol abuse and this section will review various psychosocial interventions. Workplace programs to prevent and reduce alcohol-related problems among teachers can have considerable potential. This is because teachers spend a lot of their time at work. Co-workers and supervisors may have the opportunity to notice a developing problem and also the employer can influence teachers to get help for an alcohol problem. Prevention strategies are more successful when different interventions are employed (Klimas *et al.*, 2013).

Psychosocial interventions can be understood as psychologically-based interventions aimed at reducing alcohol abuse but which exclude pharmacological treatments. Several psychosocial interventions exist to prevent alcohol abuse and are directed towards health promotion activities involving educational and psychosocial interventions (Klimas *et al.*, 2013). The most frequently used interventions include Motivational Interviewing (MI), Brief Intervention (BI) and family therapy among others.

Motivational interviewing helps people to explore their views about alcohol abuse and begin to make behavioural and psychological changes that set them on a positive path. Motivational interviewing involves expressing empathy through reflective listening, developing discrepancy between individuals' goals or values and their current behaviours, avoiding arguments and direct confrontation and supporting self-efficacy and

optimism. This strategy is more effective when used together with other psychosocial strategies (Mark, 2016). Teachers who abuse alcohol may benefit from motivational interviewing as a psychosocial intervention.

Psychosocial interventions have been found to be effective in dealing with alcohol abuse. Sonali (2014) asserts that Brief Interventions help individuals understand the risks of alcohol use and encourage them to reduce or stop their use. A brief intervention can range from 5 minutes of brief advice to 15-30 minutes of brief counselling delivered when opportunities arise. The intervention has been found to result in a 20-30% reduction in excessive drinking (Sonali, 2014). This psychosocial strategy can be useful in a school setting where teacher counsellors may sensitize affected teachers on the effects of alcohol abuse. Brief interventions may be combined with other psychosocial strategies for optimal effectiveness.

Psychosocial interventions lead either to reduction or abstinence from alcohol abuse and improvements in physical and psychological health as well as interpersonal relationships and employment (Sonali, 2014). Alcohol users report problems in psychological and social aspects and psychosocial treatments are considered important components to any prevention strategy. Any form of psychosocial treatment leads to better outcomes compared to no psychosocial treatment. The current study identified the measures that have been put in place to address alcohol abuse among teachers in Nyeri County.

Besides psychosocial interventions, other workplace programs have also been found to be effective. Employee Assistance Programs (EAPs) were found to be effective in a study conducted among the police in South Africa (Rajin, 2012). The study employed stratified

random sampling to 42 police officers at Moroka Police Station to gain insight into the functioning of EAPs and to gather employee's opinion about its effectiveness and ascertain how it can be improved. From the study, it was reported that 55% of the respondents do not display any form of resistance when referred to the EAP, 54 % had positive experiences for their consultation of EAP and 89% felt that EAP was good and helpful especially with issues of alcohol abuse. The study also established that employees needed to be given more information on EAP.

A National baseline survey on alcohol and substance abuse conducted in the learning institutions of Kenya also identified some of the strategies put in place to address the issue of alcohol abuse among teachers (Ong'any, 2004). The study which sampled 1154 teachers who included 510 males and 644 females identified some strategies which included; guidance and counselling, referral to rehabilitation centres, transfers, interdiction and eventually, dismissal. The respondents rated these strategies as reactive rather than proactive. The conclusion was that the interdictions, suspensions and expulsion did more damage and were therefore not effective. There was, therefore, need to improve the quality, effectiveness and efficiency of future prevention and management programs.

The TSC has made some efforts at addressing the issue of alcohol abuse among teachers. The development of an Alcohol and Drug Abuse Policy (2010) is one of the measures taken to curb alcohol abuse among teachers following the survey that found a 67.41% prevalence of alcohol use among teachers (TSC, 2009). The policy recommends that teachers struggling with addiction should seek treatment and rehabilitation (TSC, 2010).

The policy is based on the Jellinek (1960) view of alcoholism and addiction as a disease from which one can get treated. Of particular interest in this study is the issue of treatment and rehabilitation given that NACADAA (2012) found a general lack of rehabilitation facilities for alcohol abuse and, while where they were available were only found in urban centres. Genevieve & Joel (2011), after reviewing the opportunities workplaces provide for preventing alcohol problems and the use of programs put in place to address alcohol abuse among employees recommended a need for additional research focused on the workplace and alcohol issues.

2.3.7 Summary of Literature Review

From the literature reviewed, it was clear that various dimensions of psychosocial wellbeing as expounded by Mathers and Loncar (2006), Ryff and Keyes (1995) and the WHO Quality of Life Scale have an influence on alcohol abuse. Existing literature suggests that psychosocial factors mediate not only in the wellbeing but also in maladaptive behaviour such as alcohol abuse. This has the implication that unfavourable psychosocial environments could be a recipe for alcohol abuse among teachers. Psychosocial factors such as, lack of personal growth, poor environmental mastery, low self-esteem and social integration could push individuals to alcohol abuse. On the contrary, environmental mastery, personal growth, self-esteem and social integration act as buffers against alcohol abuse.

Studies reviewed have demonstrated a wide coverage on the prevalence of alcohol abuse among teachers and their effects on the teacher's professionalism and wellbeing. However, few studies have been conducted to assess the psychosocial factors that influence teachers to engage in alcohol abuse. The literature reviewed and the theory that

inform this study thus provide knowledge that conceptually guided this study. This is captured diagrammatically in the conceptual framework below.

2.4 Conceptual Framework

This section examined the conceptual framework of the study. Regionel (2015) indicates that conceptual frameworks are used to illustrate how particular variables in the study connect with each other. In the present study, a conceptual framework was drawn to guide the study illustrating the variables in the study as shown in figure 2.1.

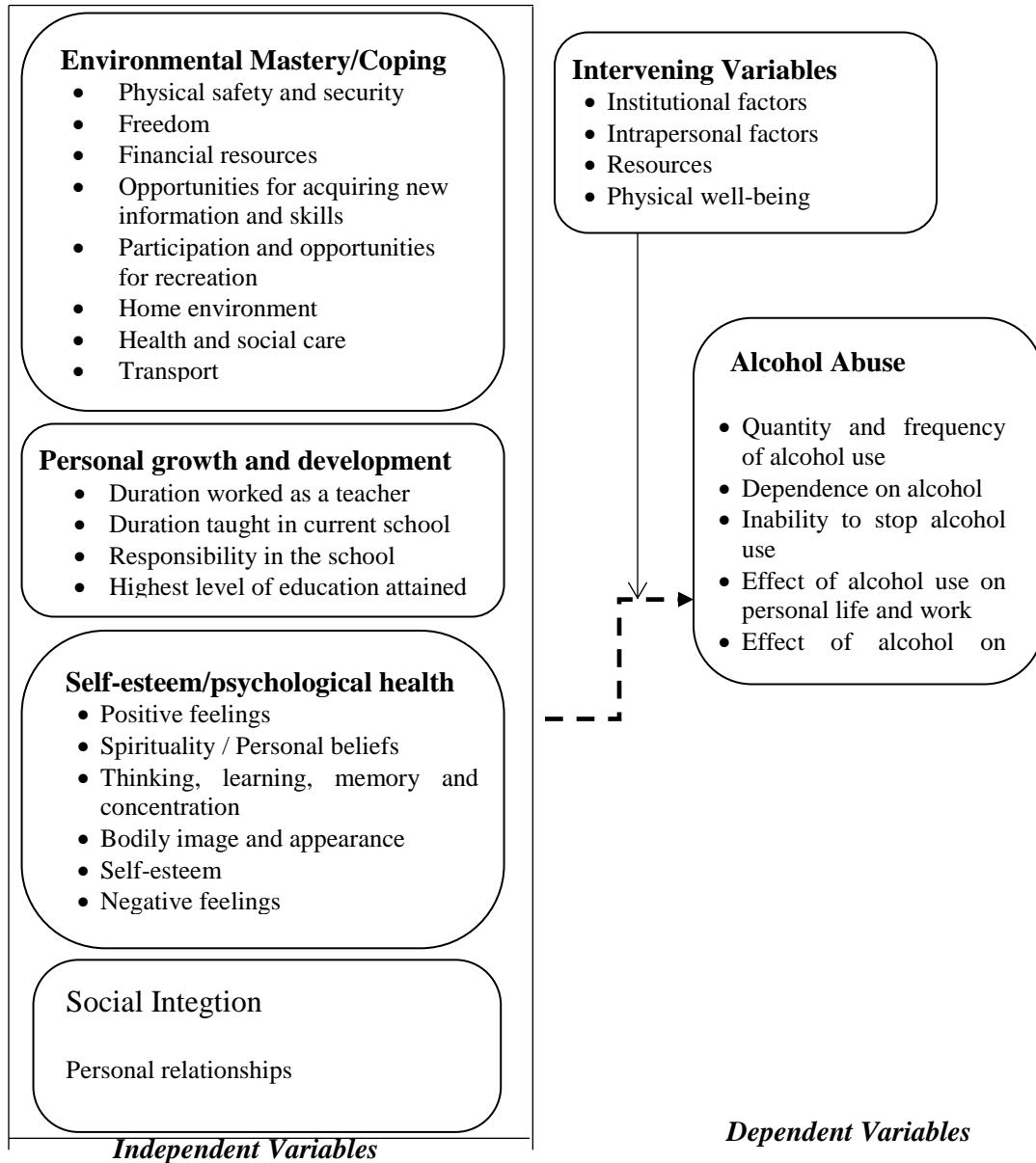


Figure 2.1: Conceptual framework showing the relationship between psychosocial wellbeing and alcohol abuse.

Source: Maingi (2016) –Author

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research methodology of the study under the following sub-sections; research design and site, target population, sample size, sampling method, data collection procedure, training of the research team, the procedure of administration of research tools, logistics of data collection and data management.

3.2 Research Design

The study employed a mixed method design mainly, correlational and phenomenological approaches. The correlational aspect of the study allowed the researcher to quantitatively establish whether there existed an association between psychosocial well-being and alcohol abuse. This was important because there was a need to establish the magnitude of the effects of psychosocial wellbeing. In addition, correlational approaches are more objective as the constructs are assessed as they exist in the environment. Further, quantitative methods enabled the access to a larger population, therefore, allowing generalization across a larger perspective.

The phenomenological approach was employed for in-depth interviews to allow the researcher to collect additional data from teachers' experience of alcohol abuse to support the findings from the quantitative data. In-depth interviews are credited for revealing subjective information that was crucial for this study. The current study was concerned with psychosocial factors such as self-esteem and social integration in which subjective perspective is crucial. In essence, both objective and subjective assessment on the effects

of psychosocial wellbeing was deemed crucial to address the concerns of this study. The mixed-method design was thus found appropriate.

The independent variables in this study were socio-demographic characteristics, environmental mastery, personal growth, self-esteem and social integration. The dependent variable was alcohol abuse among teachers in Nyeri County.

3.3 Site of the Study

The study was conducted in Nyeri County which was chosen due to the several cases of alcohol abuse reported from the area both among teachers and the general population by NACADAA (2007). Nyeri county is located on the slopes of Mt. Kenya and is bordered by Laikipia, Meru, Kirinyaga, Murang' a and Nyandarua counties. The county is divided into eight sub-counties as indicated in Appendix V11.

3.4 Target Population

This study targeted all teachers in public primary and secondary schools in Nyeri County. According to the office of the TSC County Director, Nyeri County, there were 367 public primary and 212 public secondary schools in the County and a total of 6264 teachers. Nyeri County was selected because a national baseline survey on the prevalence of alcohol abuse in Central Kenya had found a high prevalence among males at 60.8% and 8.6% for females (NACADAA, 2010). Considering that most of the teachers in counties come from the local population it was possible that some of those found to be abusing alcohol were teachers. Given that the primary role of teachers is to impart knowledge and inculcate moral values among learners, there was the need to find out the psychosocial factors that could be influencing alcohol abuse for effective intervention.

3.5 Sample Size and Sampling Techniques

Sampling is concerned with the selection of a subset of individuals from within a statistical population to estimate characteristics of the whole population (Groves *et al.*, 2010). A comprehensive list of the teachers in the schools was obtained from the TSC County Director in Nyeri County to provide the sampling frame, from which the participating teachers were selected based on their school type and school location. From the population of 6264 teachers, a sample size of 386 participants was selected using Cronbach's sample size formula as shown below. Though studies have shown general alcohol abuse level to be at close to 14%, the researcher opted to use a probability (p) of 50% to ensure a maximum sample size as there was no study indicating alcohol abuse levels among teachers in the County.

Formula:

$$\frac{Z_{95\%}^2 pq}{e_2}$$

where:

n = the sample size

Z: = the level of confidence which is chosen for the purpose of the study to be 95% and $Z_{95\%} = 1.96$

p = the probability of the main variable of the study (alcoholism), taken as 0.5

q = is 1-p, taken in the study as 0.5

d = the accepted margin of error/precision level, here it is 0.05

$$\frac{Z_{95\%}^2 pq}{e^2} = \frac{1.96^2 \times 0.5 \times 0.5}{0.05^2} = 384.16$$

This gives a minimum sample size of 385, with a buffer of 5%. To cater for any incomplete data sources, the researcher targeted to have 386 respondents. A total of 386 teachers participated in the study to ensure that the required level of precision was achieved.

This study utilized a multistage sampling approach to obtain a representative sample. First, the region was clustered into Sub Counties. Nyeri county has a total of 8 sub-counties. In each sub-county, the schools were further clustered into either secondary or primary. This ensured that participants were distributed in the study area equally with limited selection bias. From each Sub-County the schools were randomly selected. In the sampled schools, convenience sampling was used. This was because some teachers were in class while some were out on official duties. This meant that teachers who were in school and not in class participated in the study. The sample was distributed proportionately across the different sub-counties and zones based on the total number of teachers and schools in the respective sub-county to achieve a total of 386 participants.

The ratio of primary school teachers to secondary school teachers in the overall teacher population was 5:3, which was also observed in the sample mainly attributed to the high number of primary schools as compared to secondary schools. Using the sampling frame which was obtained from the TSC County office, the researcher then broke down the list of teachers by the sub-county, zone and type of school (primary or secondary). Table 3.1 shows the distribution of sampling as per sub-county and type of school.

Table 3.1: Sample distribution by sub-counties

SUB-COUNTY	Primary Schools Teachers	Secondary Schools Teachers	Total Sample Size
Kieni West & East	38	38	76
Mathira East	23	18	41
Mathira West	18	16	34
Mukurweni	39	22	61
Nyeri Central	35	18	53
Nyeri South	36	30	66
Othaya	29	26	55
TOTAL	218	168	386

Research Instruments

Data was collected from all the consenting teachers in the sampled schools. The research instruments included the social demographic questionnaire, the AUDIT Scale and the WHO Quality of Life Scale. An interview schedule was presented to the TSC County Director to capture the views concerning the alcohol situation among teachers in the County. In-depth interview schedules were conducted on 8 teachers representing the eight sub-counties.

The study relied on the use of a questionnaire for teachers. The items for the questionnaire were constructed using questions drawn from several sources including Demographic factors, AUDIT Scale and the WHO Quality of Life Brief Scale. The AUDIT Scale and the WHO Quality of life brief scale are standard tools used internationally. The questionnaire was organized into three sections. Section one comprised of Demographic Factors Scale that examined the personal details of the respondents. Section two was the AUDIT Scale to capture alcohol use patterns of

teachers. Section three was the QOLS-BF to examine the psychosocial well-being of teachers on the constructs of environmental mastery, personal growth, self-esteem and social integration. The two standardized tools were used together to give valuable information that may indicate areas in which teachers are most affected. The questionnaire consisted of a list of structured questions, un-structured questions and Likert rating scales relating to the field of inquiry with space provided for selection of choices and explanatory answers. The self-administered questionnaire method was selected because the respondents were literate and the researcher would give enough time to respond to questions. In-depth interviews were conducted to collect additional information from the personal experiences of teachers and the County office.

3.6.1 Demographic Questionnaire for teachers

The demographic questionnaire examined the personal details of the respondents. These included gender, age, religion, educational level and length of service. The questionnaire also sought to find out whether the respondent had been using alcohol and for how long (see Appendix II).

3.6.2 AUDIT Scale

The AUDIT Scale was used to capture alcohol use patterns of the participants (see Appendix IV). The Test is a reliable and valid screening measure that was developed by the WHO to predict problematic alcohol use in a variety of clinical settings (Conigrave, Saunders, & Reznik, 1995). AUDIT measures three main domains of alcohol use. The three main domains are;

Alcohol consumption: This domain consists of three items (1, 2, & 3), which measure the frequency of drinking, typical quantity and frequency of heavy drinking. Scores higher than 1 in question 2 and 3 indicate alcohol abuse.

Signs of alcohol dependence: This domain consists of three items (4, 5, & 6), which measures impaired control over drinking, increased salience of drinking and morning drinking. Scores higher than 1 in any of the questions indicate signs of alcohol dependence in the individuals.

Alcohol-related harm: This domain consists of 4 items (7, 8, 9, & 10) that measure guilt after drinking, blackouts, alcohol-related injuries and others concerned about individual's drinking. Scores higher than 2 in any of these questions indicate alcohol harm to the individuals.

3.6.3 Alcohol Consumption and Hazardous Alcohol Use

The AUDIT tool was used to assess consumption and dependence levels of alcohol use. The resulting total scores from the AUDIT tool were summed up and categorized into four levels of risk as shown in Table 4.4. Level I refer to low-risk drinking or abstinence. Level II consists of alcohol use in excess of low-risk guidelines 5 and is generally indicated when the AUDIT score is between 8 and 15. A brief intervention using simple advice and patient education materials is the most appropriate course of action for these patients. Level III is indicated by AUDIT scores in the range of 16 to 19. Harmful and hazardous drinking can be managed by a combination of simple advice, brief counselling and continued monitoring, with further diagnostic evaluation indicated if the patient fails to respond or is suspected of possible alcohol dependence. The fourth risk level is

indicated by AUDIT scores in excess of 20. These patients should be referred to a specialist for diagnostic evaluation and possible treatment for alcohol dependence as indicated in Table 3.2.

Table 3.2: AUDIT Scoring

Risk Level	Intervention	AUDIT Score*
Level I (Low risk)	Alcohol Education	0-7
Level II (At risk use)	Simple Advice	8-15
Level III (High-risk use)	Simple Advice plus Brief Counselling and Continued Monitoring	16-19
Level IV (Very high-risk use-alcohol dependence)	Referral to Specialist for Diagnostic Evaluation	20-40

The AUDIT cut-off score varies slightly depending on the country's drinking patterns, the alcohol content of standard drinks, and the nature of the screening program. Clinical judgment should be exercised in cases where the patient's score is not consistent with other evidence, or if the patient has a prior history of alcohol dependence. It may also be instructive to review the patient's responses to individual questions dealing with dependence symptoms (Questions 4, 5 and 6) and alcohol-related problems (Questions 9 and 10).

In the study, all teachers were assessed using the AUDIT Scale and the ones who fell in level II and above with a total score of at least 8, were categorized as at risk users.

3.6.4 Quality of Life Scale (WHOQOL-BF)

The World Health Organization Quality of Life Brief Form (WHOQOL-BF), an abbreviated version of the WHOQOL-100, measures the quality of life that would be

applicable cross-culturally and in many situations (see Appendix III). The brief instrument comprises of 26 items, which measure the following broad dimensions, physical health, psychological health, social relationships and environment, that can be appropriately used for research studies. This tool is scored in four major domains as follows:

Physical health: this domain is made up of 7 items (3, 4, 10, 15, 16, 17, & 18), that measure the individual's physical pain and discomfort, energy and fatigue, sleep and rest.

Psychological Health: this domain is made up of 6 items (5, 6, 7, 11, 19, & 26), that measure an individual's positive and negative feelings, thinking, learning, memory, concentration, self-esteem, body image and appearance.

Social relationships: This domain consists of 3 items (20, 21, & 22), that measures an individual's personal relationships, social support, and sexual activity.

Environmental: this domain consists of 8 items (8, 9, 12, 13, 14, 23, 24, & 25), that measure physical safety and security, home environment, financial resources, health and social care, opportunities for acquiring new information and skills, participation in opportunities for recreation/leisure activities', physical environment and transport.

3.6.5 In-depth Interview Guides

In-depth interviews were conducted on a few teachers and the TSC County Director. This provided information to complement the findings from the quantitative data. Two different interview guides were used to conduct in-depth interviews. The guide for the TSC county Director focused on the perception of the director towards the alcohol abuse

problem and the measures taken by TSC to address alcohol abuse among teachers in the county (see APPENDIX V). Only one interview was conducted with the TSC County Director (see APPENDIX VI).

The interview guide for the teachers focused on awareness of the alcohol use challenge in the county, measures taken by TSC to address excessive alcohol use, contributors to alcohol abuse, and how alcohol abuse was affecting the role of the teachers in fulfilling their responsibilities.

3.7 Validity and Reliability

This section examined the validity and reliability of the research instruments selected for this study. Validity refers to the extent to which an instrument can measure what it ought to measure (Wallen and Fraenkel, 2000), and according to Mugenda and Mugenda, (2008), it refers to the extent to which an instrument asks the right questions in terms of accuracy. The two instruments employed in this study, AUDIT and WHOQOL-BF, are standardized tools developed and validated by WHO and different studies have been conducted to assess their validity and reliability.

Moreover, the combined constructs (Psychological wellbeing and Social wellbeing) facilitated the collection of valid data. The validity of data was established through triangulating data from different stakeholders. In this study, both primary and secondary teachers who work in different environments participated. Data from primary and secondary teachers were triangulated. Similarly, Nyeri county is vast with different geographical environments and development level. Data from different regions were

triangulated in addition to data as per gender. In addition, the use of both qualitative and quantitative data enhanced the validity of the findings.

3.8 Pilot Study

A pilot study was conducted among 10 teachers in two schools in Kirinyaga county which is neighbouring Nyeri County. Piloting was done to determine whether the items in the instrument were clear to the respondents. The items that were not clear in the first tool were revised to ensure clarity. The standardised tools have been used in Western countries and among different populations and were therefore tested in the Kenyan context and among teachers. The respondents seemed to understand and respond appropriately to the items in the questionnaires given that they were all educated group. The tools were therefore administered without any changes.

3.9 Data Collection Procedures

The respondents were assembled in a separate classroom where they signed the consent forms. The trained research assistants helped to administer and collect data using the data collection instruments. All the questionnaires were reviewed by the respondent and the researcher to identify any unanswered questions and also clarify any questions that needed further explanation. On completion, the respondents were then requested to place the questionnaires in a box which was later sealed for data confidentiality and security.

The main researcher administered in-depth interviews with selected teachers using the interview guide. The in-depth interview guide was used to ensure the key focus areas were covered during the interviews (Appendix V and VI). The interviewer would then take notes highlighting the different thematic areas of discussions with the teachers. On

average the in-depth interviews took 30 to 45 minutes. The interview with the TSC County Director took an hour.

3.10 Data Analysis and Presentation

Descriptive statistics were used to analyse quantitative data to describe the participants in the study by different socio-demographic and summary scores from other tools. The statistical tool of analysis that was used in this study were measures of central tendency, measures of dispersion and frequency distributions in the form of percentages. Data was presented in the form of graphs, pie charts and percentages. This was mainly used to achieve the objectives on the prevalence of alcohol use and measures put in place to address alcohol use among teachers.

In addition, the inferential analysis was done using the t-test for comparison of means to compare different categories. In addition, the Chi-Square test for independence was done to establish the relationship between alcohol abuse and psychosocial factors under study. To achieve objective ii, iv and v, the researcher used the T-Test comparison of means while the Chi-Square test for independence was used to achieve objective iii.

In addition to the quantitative data analysis, the collected qualitative data was analysed thematically, focusing on contributors to alcohol abuse, the effects of alcohol abuse and measures of addressing alcohol abuse. The notes taken during the in-depth interview were organized in thematic areas as guided by the objectives of the study. For example, on environmental mastery, factors such as lack of opportunities to foster personal development as well as lack of finance to explore the opportunities within the environment were picked as themes. Similarly, in the social integration objective, social,

personal and professional related contributors to alcohol abuse were identified as themes to enrich the study discussion.

All teachers responded to the WHOQOL-BF. In rare circumstances were there blanks in some of the responses. The requirement to use a participants' response to the WHOQOL-BF in the analysis of the data, a limited number of blanks was allowed. If no more than one item from the Physical Health or Environment domains was coded as missing, it was substituted by a person-specific average across the completed items in the same scale. Where two or more items were coded missing in these two domains, the domain score was not calculated. Likewise, if any items were coded missing in the Psychological and Social Relationships domains, a domain score for that respondent would not be calculated. The negatively scored items (3, 4 and 26) were reversed to be positive before being included in the calculations of the domain-specific calculations.

3.11 Data Management and Ethical Considerations

The Kenyatta University Ethics Committee protocol, which sets forth research ethics concerning individuals' personal data, was strictly adhered to, to ensure confidentiality. The Ethical Committee's approval of the study was obtained prior to data collection. Before embarking on data collection, the researcher sought a permit from the National Commission for Science, Technology and Innovation (NACOSTI), (APPENDIX X and 1X) and County Commissioner, Nyeri (APPENDIX X11)

During the data collection, approval was obtained from the TSC County Director and the School Headteachers with the assurance of confidentiality of the respondents' data. All respondents were assured of anonymity and confidentiality as there would be no record

of names, TSC numbers or name of schools on the questionnaire. The respondents were also informed that the results would be reported in groups but not individually. Consenting teachers would then be given the questionnaire to complete voluntarily. The teachers were also informed that they could drop out of the study if they were no longer willing to participate.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 Introduction

This chapter presents an analysis of research findings, and discussion guided by the objectives of the study. The purpose of this study was to assess the influence of psychosocial well-being on alcohol abuse among teachers in Nyeri County. The study utilized mixed qualitative and quantitative data collection procedures and techniques. Individual teachers completed questionnaires and in-depth interviews were conducted with the TSC County Director and teachers as part of the study. Research findings are presented in the form of summary displays, diagrams, graphs and tables.

Results were organized based on the study objectives, which included; to establish the prevalence of alcohol abuse, establish the influence of environmental mastery on alcohol abuse among teachers, assess the influence of personal growth and self-esteem on alcohol abuse as well as establish the influence of social integration on alcohol abuse while identifying the intervention measures put in place to address alcohol abuse among teachers in Nyeri County.

4.2 Results

A total of 386 male and female teachers responded to the individual teacher questionnaire which indicated a response rate of 95% out of a possible sample of 386 teachers. The response rate was high as the researcher was present during the interviews. In-depth interviews were conducted with 8 teachers who gave their views on alcohol use and how

it affects the role of teachers and another one conducted with the TSC County Director. The results are presented as per the objectives of the study.

4.3 Presentation of Socio-Demographic Features

Demographic information of the respondents was important for identifying other variables that may not have constituted the central objectives of the study but which were credible for the conceptualization of possible intervening and confounding factors in alcohol abuse prevention. The demographic features investigated included age, gender, religion, level of education and teaching experience.

4.3.1 Gender of the Respondents

The participants in the study were a total of 386 teachers employed by the Teachers Service Commission in Nyeri County. The results of participation by gender are shown in Figure 4.1

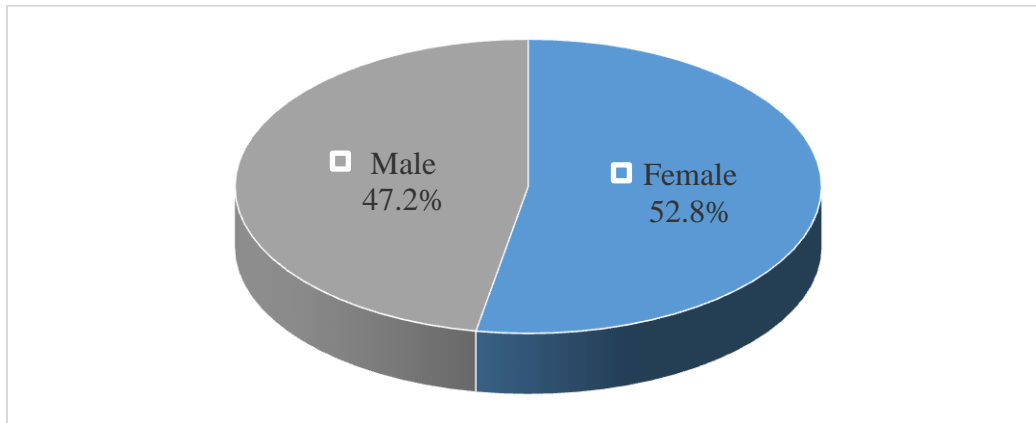


Figure 4.1: Respondents by Gender

More female teachers participated in the study as compared to male teachers. Among the total of 386 teachers who participated in the study, 52.8% of them were female as compared to 47.2% male respondents.

4.3.2 Age of the respondents

The study captured the age of the teachers who participated in the study. The results are shown in Figure 4.2

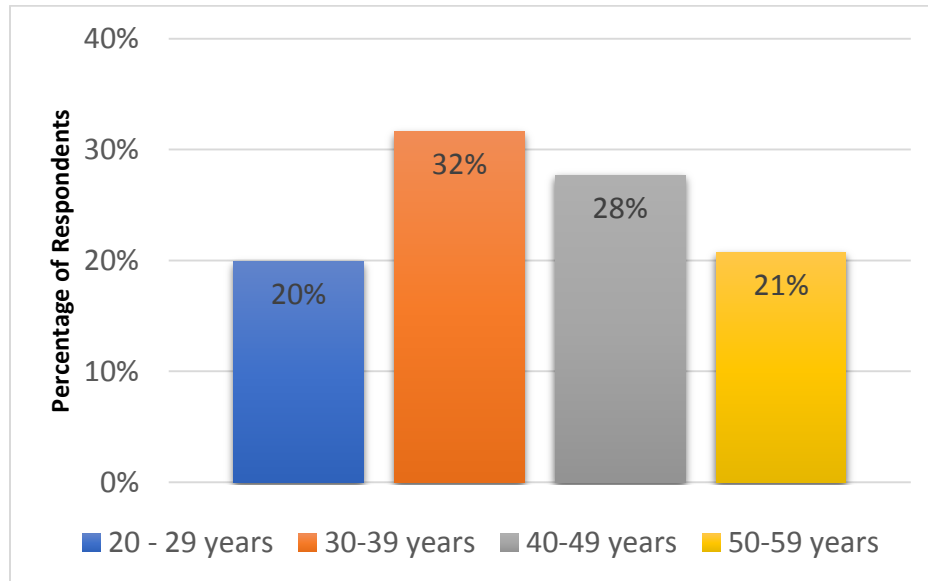


Figure 4.2: Age Distribution of the Respondents

The teachers' age ranged from 20 to 60 years, and this is mainly because of the recruitment age after college completion for the lower age boundary and a retirement age of teachers for the upper age boundary. Teachers aged 30-39 years formed the highest proportion (31.6%, n=386), followed by the 40-49 years (27.7% n=386) and 50 – 59 years (20.7% n=386), while the under 29 year olds were the least (19.9% n=386). The ages between 30- 39 had a higher percentage perhaps because this is the age when most people are settling in a career, which might explain why there were more teachers in this category. At 40-49 is another stage of development in which some people make decisions to either change jobs or settle in careers. This may represent the number of teachers who have settled in the teaching profession.

By age, 19.9% were below 29 years, 31.6% of the teachers were between 30 and 39 years, 27.7% were between 40 and 49 years and the remaining 20.7% were above 50 years. According to the TSC Guidelines for Recruitment (TSC, 2014), the TSC gives priority to trained teachers aged 40 and above during recruitment, which may explain the higher number of teachers between 30-49 years.

4.3.3 Respondents' Marital Status

The study also sought to find out the marital status of the respondents. This is because marriage has been found to play a part in alcohol abuse. The results are shown in Figure 4.3.

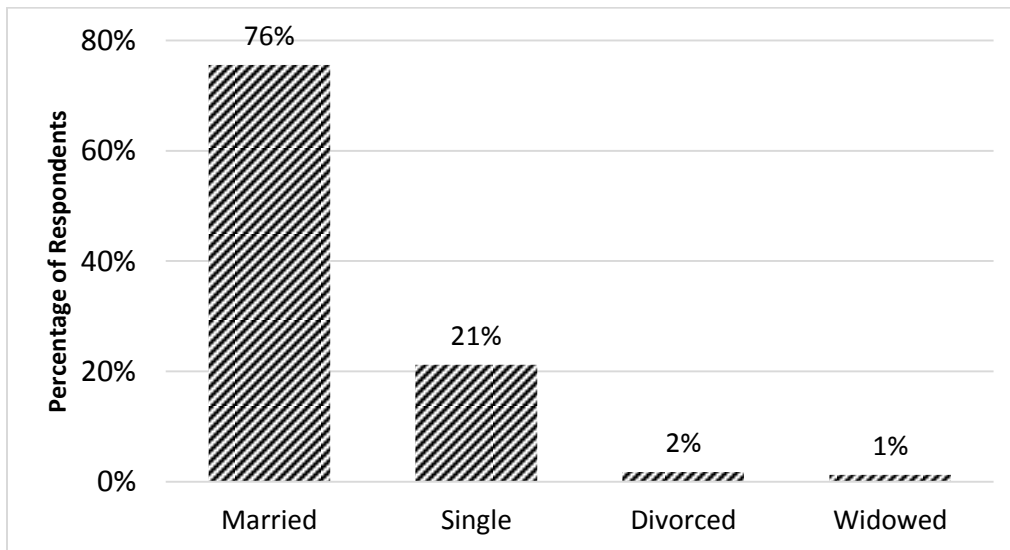


Figure 4.3: Respondents' Marital Status

Three quarters (75.9% n=386) of the teachers stated that they were married, 21.2% (n=386) were single, and the remaining divorced (1.8%) and widowed (1.3% n=386).

4.3.4 Religious Involvement of the Respondents

The study also sought to establish the religious involvement of teachers. This was important because religion is known to shape alcohol use among people. The results are shown in Figure 4.4.

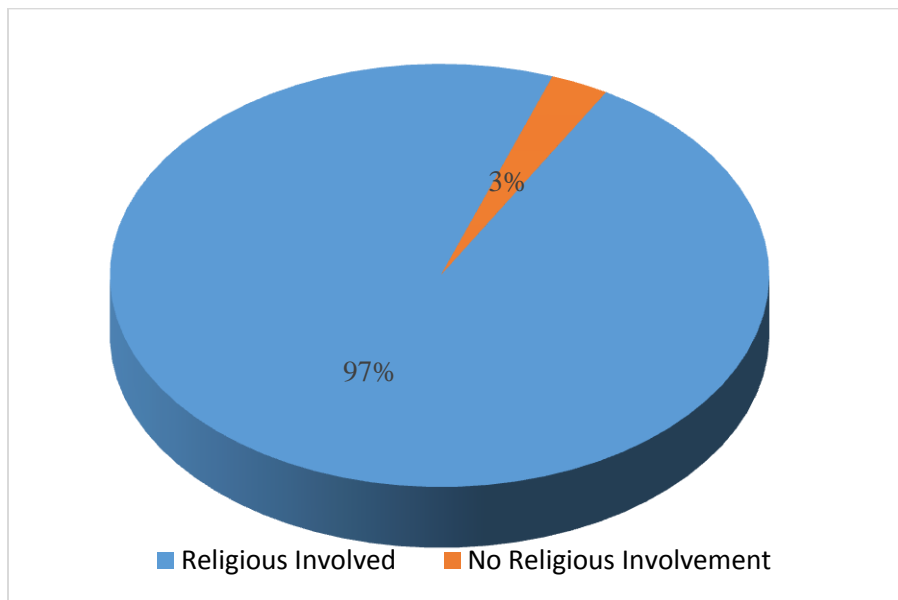


Figure 4.4: Teachers by Religious Involvement

According to the study findings, almost all the respondents claimed to be affiliated to a religion (97.2%, n=386) with only 2.8% (n=386) stating not to be affiliated to any religious belief.

4.3.5 Level of Education

The study sought to find out the level of education of the study respondents. This was important as an indicator of personal development of teachers which was one of the constructs under investigation. The results are summarized in Figure 4.5

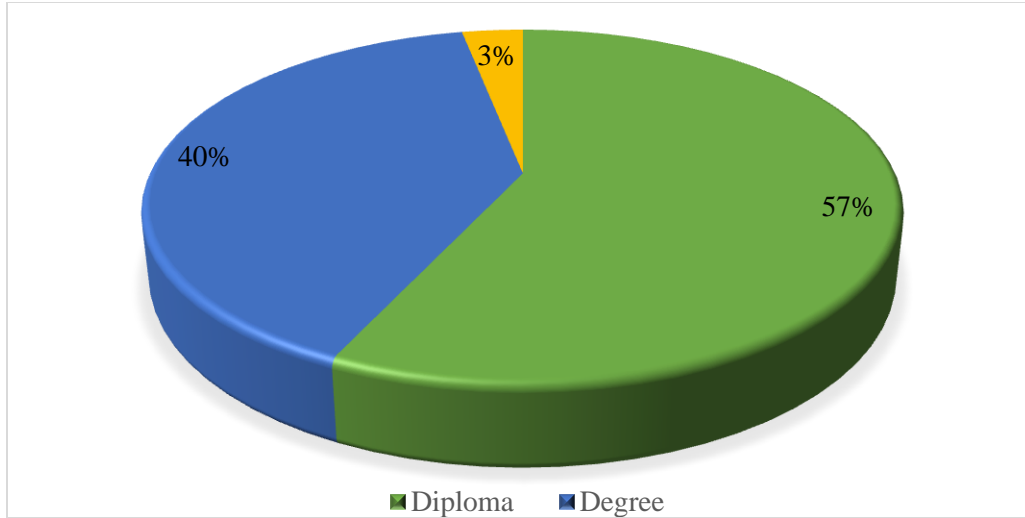


Figure 4.5: Level of Education

The research findings established that majority of the respondents had up to Diploma and P1 Certificate of education (57%, n=386), followed by those with an Undergraduate degree (40%, n=386) as the highest level of education achieved. Three per cent (3%, n=386) of the respondents had a Master's degree level of education.

Having determined the demographic features of the participants, the study sought to investigate findings from the main objectives which included; the prevalence of alcohol abuse, the influence of personal growth, environmental mastery, self-esteem and social integration on alcohol abuse among teachers in Nyeri County.

4.4 Findings of the Main Research Objectives

The intention of this study was to establish the influence of psychosocial well-being on alcohol abuse among teachers in Nyeri County and was guided by five objectives. The findings of the research objectives are presented and discussed in this section.

4.4.1 Prevalence of Alcohol Use Among Teachers

The first objective of the study was to establish the prevalence of alcohol use among teachers in Nyeri County. This was important in order to capture the drinking patterns using the AUDIT Scale. The results are presented in Figure 4.6.

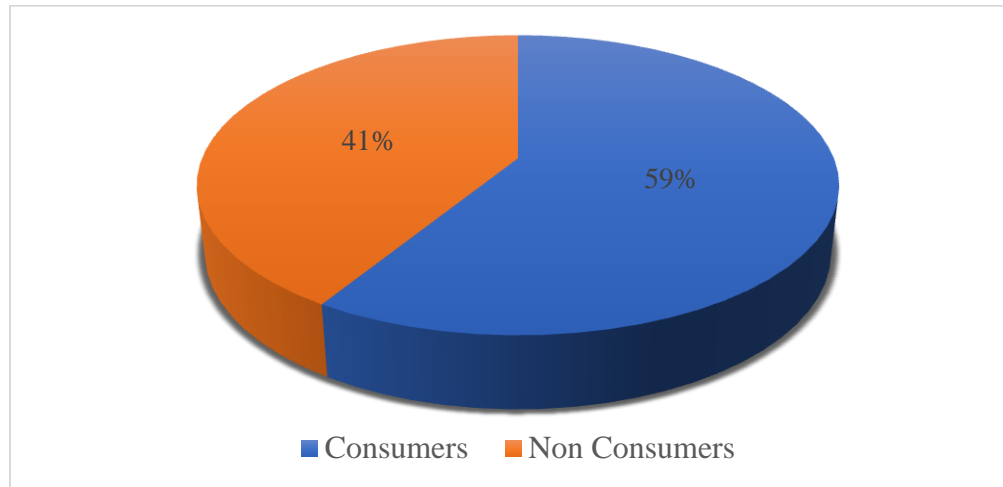


Figure 4.6: Alcohol Consumption Among Teachers

The study established that the prevalence of alcohol use among the teachers under investigation was at 59% (159 out of 386). This was slightly higher than what was reported in the Kenya Demographic and Health Survey (KNBS, 2015), which showed alcohol consumption of 36.7% among males in the central province of Kenya and 5.6% among women within the same region (KNBS, 2015). However, it was lower as compared to an earlier survey by TSC (2009) that found a 67.41% alcohol prevalence among teachers in five sampled districts while Ong'any (2004) found a 65% prevalence of alcohol use with 52% of teachers having alcohol-related health problems.

The findings of the current study resonate with other studies that have shown a significant prevalence of alcohol use among teachers. A study in Zimbabwe showed alcohol

prevalence of 38.6% and 8.2% among male and female teachers respectively (Siziya, Rudatsikira, & Muula, 2008). In Nigeria, the prevalence of alcohol was not just found among students but also among teachers undergoing training (Adewuya *et al.*, 2009). A prevalence of 59% of alcohol use requires attention considering the modelling role played by teachers to learners especially in the formative years. The AUDIT Scale utilised in this study measures three domains of hazardous alcohol use, dependence symptoms and harmful use. Without proper management of alcohol use among teachers, there is a likelihood of alcohol users developing hazardous use. The study further examined the levels of alcohol use in order to capture the patterns among the respondents.

4.4.1.1 Levels of Alcohol use among Teachers who consume alcohol

Having established the prevalence, it was important to establish the levels of alcohol use among teachers. The study utilized the AUDIT tool to classify the risk level of alcohol consumption among teachers. The results are shown in Table 4.1 and Figure 4.7

Table 4.1: Levels of Alcohol Use Among Respondents who consume alcohol

Alcohol Consumption Risk Level	Frequency (n)	Per cent
Level I (Low risk)	107	67.3
Level II (At risk use)	39	24.5
Level III (High-risk use)	3	1.9
Level IV (Very High-risk use- Alcohol dependence).	10	6.3
Total	159	100.0

The study established that at least two out of three (67.3%, n=159) of the alcohol consuming teachers were at low risk (level 1) of alcohol abuse. This was followed closely

by teachers at risk level II (24.5%, n=159), while Level III (1.9%, n=159) and Level IV (6.3%, n=159) had less than 10%.

Risk level II all the way to level IV were categorized as alcohol abuse. This implied that 32.7% (n=159) of the teachers who use alcohol fell into the category of hazardous alcohol use as indicated in Figure 4.7.

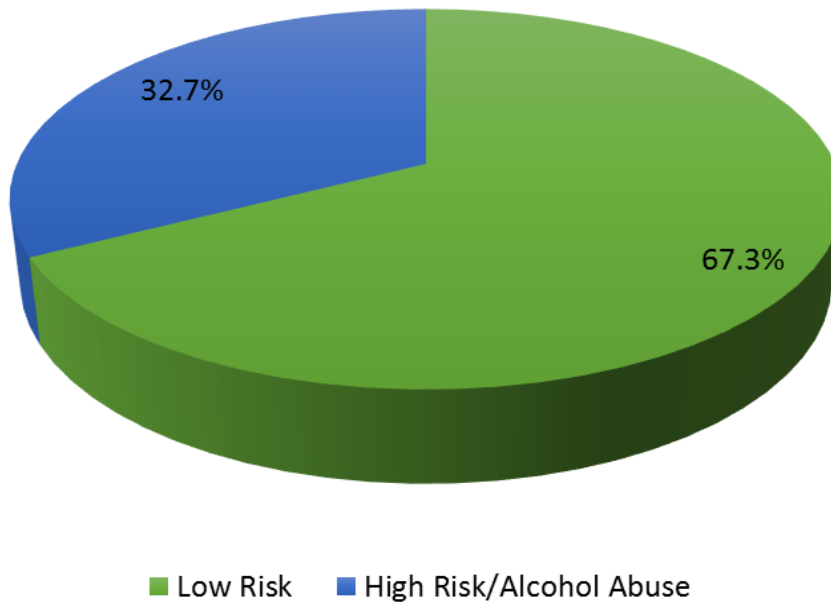


Figure 4.7. Levels of Alcohol Use Among Respondents who consume alcohol

NACADA (2007) in a national survey on alcohol use in Kenya reported an alcohol consumption prevalence rate of 14.2% for males and 5.9% for females. In spite of the relative picture on alcohol abuse in Kenya compared to other East African countries, NACADA (2010) reported that alcohol continues to cause havoc in Kenya with Central Kenya being the hardest hit. The curiosity of this study was to establish the prevalence of alcohol use among one of the professional groups in one of the Counties in Central Kenya and Nyeri was selected. This followed a survey conducted by TSC in 2009 to

establish the prevalence of alcohol use among teachers in Malindi, Thika, Kisumu, Igembe and Bomet and which found that 67.41% of teachers were using alcohol.

However, based on the findings of this study, it appears that the problem still persists and there are all indications that the prevalence of alcohol abuse among teachers is higher than among the general population (NACADAA, 2007; 2010). This is perhaps because there has been little reflection on the psychosocial factors that drive teachers to alcohol abuse. Given the important role played by teachers as role models to young minds, this calls for preventive measures that target the psychosocial well-being of teachers to mitigate the effects of alcohol abuse.

4.4.1.2 Alcohol Abuse among Teachers by Gender

Overall the alcohol abuse level was observed to be at 13.47% (n=386). The study sought to establish the level of alcohol abuse among teachers by gender. The results are presented in Figure 4.8.

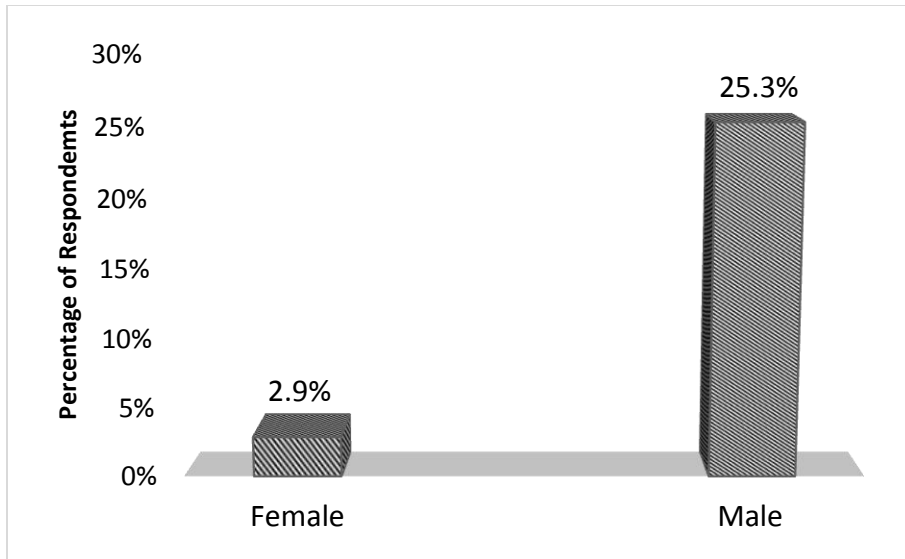


Figure 4.8: Alcohol Abuse by Gender

The findings of this study further established that alcohol abuse significantly varied by gender of the teacher. Hazardous alcohol use was significantly higher among male teachers (25.3%, n=182) as compared to female teachers with only 2.9% (n=204) consuming alcohol at a hazardous level.

Similar findings were established in a study by Richard, Nancy & Roberts (2002) who found that men had more drinking episodes in which they consistently exceeded women in frequencies and quantities and that women were more likely than men to abstain from alcohol consumption. The findings of this study are consistent with a study conducted among college students in the United States where 24% of males were found to meet criteria for alcohol abuse as compared to 13% female college students (Kenneth *et al.*, 2008). This may call for more consideration of male teachers when planning intervention measures against alcohol abuse among teachers in Nyeri County and indeed the whole country.

The Kenya Demographic and Health Survey of 2014 (KNBS, 2015) also established that men are more likely to consume alcohol than women (29 per cent and 5 per cent, respectively) while NACADAA (2007) in a survey on alcohol consumption in Central Kenya found a prevalence of 14.2% for males and 5.9% for females. This presents a need for preventive measures that target male teachers more than female teachers.

4.4.1.3 Alcohol Abuse among Teachers by Age

The study sought to establish the drinking patterns of teachers by age. This was important because alcohol consumption has been found to vary in age among different populations.

The results are presented in Figure 4.9.

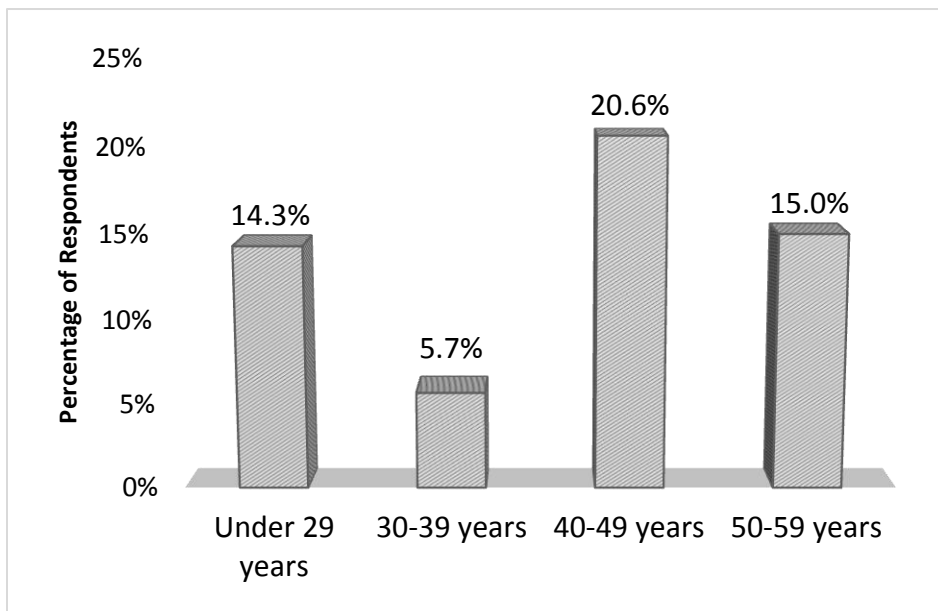


Figure 4.9: Alcohol Abuse by Age

The study established that teachers aged 40-49 had higher level of hazardous alcohol use (20%, n=107) while the ones aged 30-39 had the lowest (5.7%, n=132).

These findings were consistent with what Didenko & Pankratz (2007) found in America where alcohol abuse was indicated to affect 17% of older adults and to be one of the fastest growing health problems, a situation that remained underestimated, under identified, underdiagnosed and undertreated (Richard, Nancy, Sharen & Roberts, 2002). Similarly, Schieman (2001) indicated that self-mastery fluctuates over time and is lower in later life. This may be attributed to the fact that it is at this stage when people experience or resolve stressful life events, hardships and other life circumstances, which may cause a perceived loss of power and authority. In relation to this study, teachers at this age who are experiencing professional challenges such as lack of progression or work-related stress and are not able to adapt may revert to alcohol abuse as a coping strategy. Other studies have found that job pressure, the structure of the school and lack of status and promotion to be major causes of job dissatisfaction that may cause maladaptive coping behaviour such as alcohol abuse (Cheryl, Travers and Cooper, 2007).

Studies in UK and Kenya such as Employee Customer Satisfaction Survey (Information Commissioner Office, 2009) and Kobia (2007) found the most discouraging factors for teachers' morale to be remuneration and stagnation in one grade. There is, therefore, need to develop a framework that casts a wider net targeting both young and older teachers who are currently or are at risk of experiencing alcohol problems.

4.4.1.4 Alcohol Abuse by Marital Status

The study sought to establish patterns of alcohol abuse by marital status. This was important since marriage has been found to be a protective factor against alcohol abuse. The results are presented in Figure 4.10

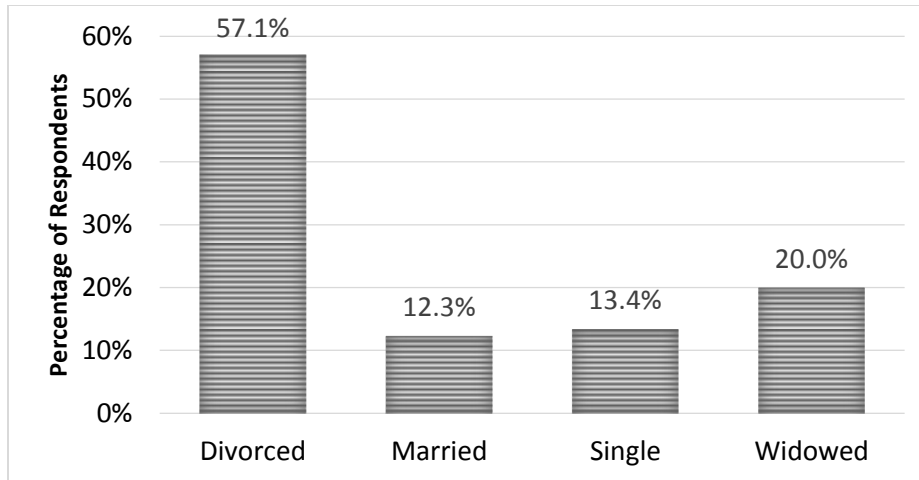


Figure 4.10: Alcohol Abuse by Marital Status

By marital status, more than half of the divorced teachers (57.1%, $n=7$) consumed alcohol at a hazardous level followed by the widowed teachers (20%, $n=5$). Married men had the lowest rates of alcohol abuse (12.3%, $n=292$) followed by single men (13.1%, $n=82$). It should, however, be noted that the number of divorced and widowed teachers was low and may not be sufficient for a conclusive decision. This could be explained by the fact that marriage provides companionship and eliminates loneliness, which sometimes causes people to indulge in alcohol abuse. People in marriage face challenges of life together while also bringing maturity due to added responsibilities especially where children are involved. This may leave less time and resources to use on alcohol. This is echoed by Natalie and Paige (2013) when she posits that marriage predicted a decrease in alcohol consumption while divorce predicted an increase, especially for men. The marriage resulted in a 59% reduction in risk of alcoholism in males and 73% in females. This shows that alcoholism is not just a problem of the genes or the brain but is also strongly related to issues of human experience like having loving and caring families where people keep each other in check.

These findings are also consistent with a broadly comparative picture of marriage as a protective factor against alcohol abuse found by Tenario (2011) while examining the role it plays in the co-occurrence of alcohol abuse and psychological distress. Widowhood was associated with increased drinking while getting married or divorced were associated with both increases and decreases in alcohol use. The MSSM Theory regards skills, resources and attachment including marriage as factors that may reduce vulnerability to alcohol abuse (Pryor, Akyeampong, Westbrook, & Lussier, 2012). This study identified marriage as being a component of social integration as a protective factor that may help teachers succeed in reducing incidents of alcohol abuse.

Similarly, according to Edlund *et al.*, (2010), the assumption of traditional social roles in young adulthood like spouse or parent protects against midlife substance use and is the driving force behind declines in substance use and the lower likelihood of initiation after young adulthood. This research adds substance to the fact that marriage is one of the psychosocial factors that mediate in alcohol abuse. This could be attributed to the fact that marriage puts individuals in a place of responsibility and accountability and is identified as a buffer against alcohol abuse especially where conflicts are resolved peacefully.

In addition, feedback from the in-depth interviews of the teachers also revealed that family disintegration usually puts people at the risk of abusing alcohol as a coping mechanism due to loneliness. Some of the teachers remarked;

“Teachers who are unable to take care of the children and spouses end up with broken families and as a result run to alcohol due to loneliness.” “Conflicts among couples increase and divorce have also increased. Stress levels among teachers lead to domestic violence which increases incidences of separation among couples. This results in loss of family income resulting in poverty and conflicts in families.”

The study found that conflicts, if not well handled can become a stressor that may drive teachers to alcohol abuse. This could be attributed to social roles of work as a major stressor if not well handled. According to Kaplan, Steven, & Robbins (1984), conflict related to social roles has the highest potential for psychological stress. The fact that there is a high premium laid on marriage especially when it is loving and satisfying, failure in some roles could push one to alcoholism. Further as stated, the conflicts may lead to separation thus denying the teachers the valuable support that they could get from their spouse. According to Natalie and Paige (2013), there is a causal relationship between marriage and alcohol abuse in that being married and having a close relationship with one's spouse provided social support for couples hence reducing chances of alcohol abuse. Teachers who experience family conflicts do not experience such benefits.

As indicated in the quote, stress also drives teachers to alcohol abuse. Therefore, other than family conflicts, the pressure of work and increased demands and expectations from students and parents are major life stressors in the life of teachers. This is supported by Dyson (2005) and Gardener (2010) who posit that stressors on teachers emanate from the ever-increasing demands for change associated with developments in technology and curriculum. Due to frustration at work and at home, teachers may use negative coping strategies including alcohol use in the hope that the stress will fade away (Newbury-Birch, Lowry, & Kamali, 2002). This demonstrates that social environment, especially in

the family settings, can push teachers to alcohol abuse. This only compounds the problem because it may lead to alcohol abuse and the teacher ends up being ineffective at home and at work.

4.4.2 Religious Involvement of the Respondents

The study also sought to establish the religious involvement of the respondents. This was important because religion is known to shape alcohol use among people. The results are shown in Figure 4.11

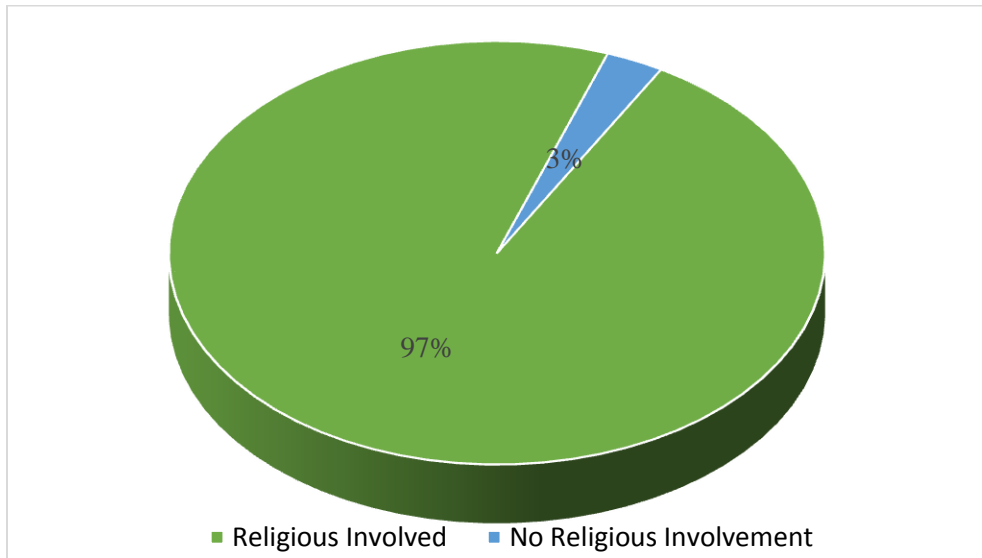


Figure 4.11: Religious Involvement of the respondents

According to the study findings, almost all the respondents claimed to be affiliated to a religion (97.2%, n=386) with only 2.8% (n=386) stating not to be affiliated to any religious belief. This is almost similar to the Kenya population Census of 2009 where only 2.4% of the population were found to be non- religious (KNBS, 2010).

4.4.1.5 Alcohol Abuse and Religious Involvement

The study sought to find out the level of alcohol abuse by religious involvement. This was important as religious involvement has been found to act as a buffer against alcohol abuse. The results are presented in Figure 4.12.

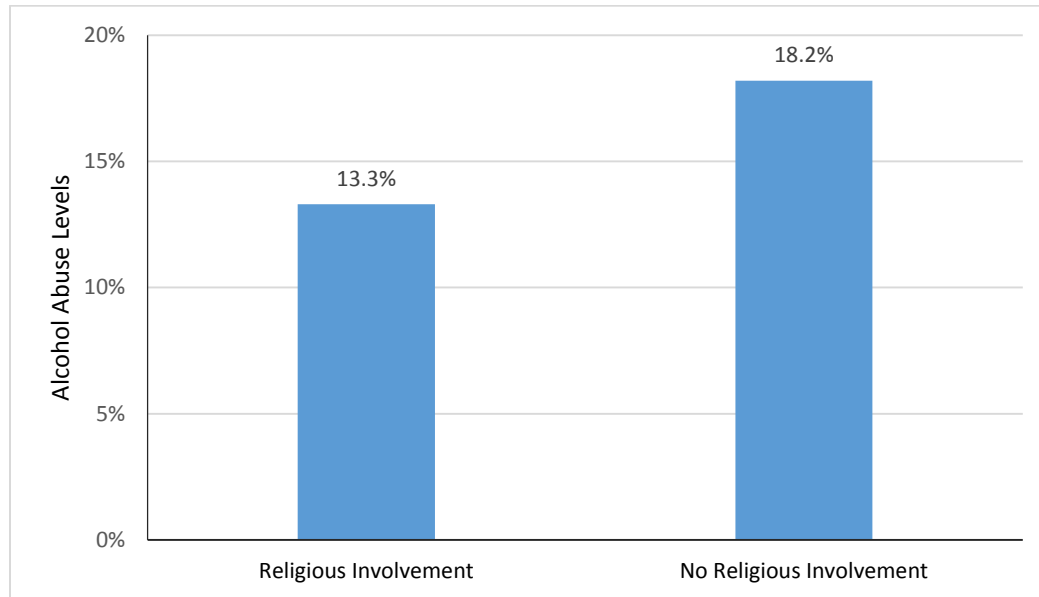


Figure 4.12: Alcohol Abuse by Religious Involvement

Though not significantly varying, teachers without religious involvement had a higher level of hazardous alcohol use (18.2%, $n=11$) as compared to those with religious involvement at (13.3%, $n=375$). Perhaps religious involvement is a protective factor in alcohol abuse because participation in religious activities creates a positive peer group that provides social support. One aspect of religion that is important in alcohol abuse is that it protects against self-rejection and creates a positive sense of self through the belief in a higher power. Additionally, religion provides stress outlets through prayer, friends and positive religious beliefs. Further, religion may serve as a guidance that protects teachers from use or abuse of alcohol.

The findings of this study concur with a study by Tenario (2011). While examining the role of religion in the co-occurrence of alcohol abuse, the study confirmed the hypothesis concerning the mediating role of religion. Being married and religious appeared to be protective factors with fewer cases of alcohol abuse being observed. Other authors have suggested that religious affiliation may be protective by instilling values of respect and sanctity of life while providing better self-control, less tolerance for deviance and higher levels of social support (Edlund *et al.*, 2010; Van Deer *et al.*, 2007; King and Koenig, 2009).

Similarly, studies such as that of Merrill, Folsom and Christopher (2003) have found religious involvement a significant protective factor from alcohol abuse. This may be attributed to the fact that religious affiliation involves a belief in a Supreme Being or higher supernatural force as well as formalized code of conduct to live by, which gives a perception of life as having meaning beyond the self. Belonging to a religious group may also offer chances for social support to teachers especially those working far away from home and family.

The demographic features appeared to have an effect on the use or abuse of alcohol. Features such as age, gender and religion as revealed in the study form part of the psychosocial factors that influence alcohol use and abuse. Therefore, though not part of the objectives, out of curiosity the researcher wanted to establish how the prevalence of alcohol abuse among teachers was comparing to other studies which had found that hazardous alcohol consumption differed by the different socio-demographic characteristics. The results are shown in Table 4.2.

Table 4.2: Significance of Demographic Characteristics of Alcohol Abuse

Demographic Characteristics	χ^2	Df	p-value
Gender	41.158	1	.000*
Age	11.077	3	.011*
Marital status	11.963	3	.008*
Religion	0.216	1	0.642

The findings from the Chi-Square test performed on the demographic characteristics indicates that gender ($\chi^2=41.158$, $df=1$, $p<0.00$), age ($\chi^2= 11.077$, $df=3$, $p=0.011$), and marital status ($\chi^2=11.963$, $df=3$, $p=0.008$) of the teachers had a significant influence on alcohol abuse. Though not significantly varying, teachers without religious involvement had a higher level of hazardous alcohol use. Alcohol abuse was significantly higher among the male as compared to female. The 40-49 year-olds had the highest level of alcohol abuse while the lowest was among the 30-39 year-olds. The alcohol abuse levels are also significantly differed by marital status and were significantly high among the divorced (57.1%) and widowed (20%) and lower among the married (12.3%). Having tested the effect of demographic factors on prevalence level the study delved into studying the relationship between psychosocial wellbeing and alcohol abuse starting with environmental mastery.

4.4.2 Influence of Environmental Mastery on Alcohol Abuse

The study sought to assess the influence of environmental mastery on alcohol abuse. In the Quality of Life Scale, environmental mastery is assessed using eight (8) questions from the 26 in the WHOQOL-BF tool. Each of the different questions addresses different facets. Teachers responded to the eight items on financial resources, physical safety and

security, health and social care, home environment, opportunities for acquiring new information and skills, participation in and opportunities for recreation, physical environment and transport. The results are presented in Table 4.3.

Table 4.3: Alcohol Abuse by Environmental Mastery

	Alcohol Use	Mean	Std. Deviation	T	Df	Sig. (2-tailed)
Physical safety and security	Non consuming/Low Risk Alcohol Use	3.21	1.275	.391	384	.696
	Abusing/High Risk	3.13	1.358			
Freedom	Non consuming/Low Risk Alcohol Use	3.31	1.271	-.281	384	.779
	Abusing/High Risk	3.37	1.401			
Financial resources	Non consuming/Low Risk Alcohol Use	3.19	1.302	2.420	384	.016*
	Abusing/High Risk	2.71	1.391			
Opportunities for acquiring new information and skills	Non consuming/Low Risk Alcohol Use	3.34	1.297	3.078	384	.002*
	Abusing/High Risk	2.73	1.443			
Participation and opportunities for recreation	Non consuming/Low Risk Alcohol Use	3.39	1.280	3.071	384	.002*
	Abusing/High Risk	2.81	1.205			
Home environment	Non consuming/Low Risk Alcohol Use	3.15	1.355	-.680	384	.497
	Abusing/High Risk	3.29	1.226			
Health and social care	Non consuming/Low Risk Alcohol Use	3.25	1.223	2.073	384	.039*
	Abusing/High Risk	2.87	1.344			
Transport	Non consuming/Low Risk Alcohol Use	3.23	1.323	-.305	384	.761
	Abusing/High Risk	3.29	1.460			

Results indicated a significantly better environmental mastery among the teachers not abusing alcohol as compared to the teachers who were abusing alcohol. In the different facets of the domain, there were significantly better financial resources ($p=0.016$),

opportunities for acquiring new skills/information (0.002), participation and opportunities for recreation ($p=0.002$), and health and social care ($p=0.039$) among the teachers who do not abuse alcohol. Freedom, physical safety and security, home environment and transport did not show a significant difference between the teachers using alcohol at different levels.

Financial resources are important for the psychological wellbeing of a person and without it, people are incapacitated in many ways that may lead to negative coping mechanisms such as alcohol abuse. For example, financial resources are likely to be correlated with other observable characteristics that affect psychological health, such as income and material wellbeing (Taylor, Jenkins & Sacker, 2011). People with financial resources are able to provide basic needs for their families as opposed to those who lack such resources. They are able to undertake development activities thus benefiting from the opportunities in the environment. In short, higher financial resources allow people wider access which enhances their opportunities to master their environment. Towards this end, teachers who are financially capable may engage in other productive activities in their environment thus reducing their urge to use alcohol. They are also able to form a relationship with conventional groups that may provide a better company that makes them engage in more socially desired roles.

From a different perspective, CIPD (2017) observed that the level of control that workers have over their finances irrespective of the pay and grade has a significant effect on their psychosocial wellbeing. Alcohol has been found to be addictive and therefore it is possible that teachers who abuse alcohol are unlikely to effectively take control of their

finances. This is likely to lead to the financial stress that could push individuals to alcoholism. The teachers who abuse alcohol may be limited in financial capability, which means they may not be able to plan and manage their finances to effectively interact with their environment. This may lead to further frustrations as they may not develop as their fellow teachers. Citing Blanchflower and Oswald (2004) Taylor *et al.*, (2011) observe that it is relative rather than absolute income that affects the psychological wellbeing of people. Accordingly, the difference in economic resources between individuals and their referent groups will affect their psychological health. Therefore, it is possible to argue that reflecting on their financial resources in comparison with their counterparts in the teaching profession, teachers who abuse alcohol may develop low self-esteem that could further push them to more alcohol abuse. According to the Self-efficacy Theory by Bandura (1982), the desire to be competent is fundamental to human nature. Self-perceptions of competence or self-efficacy have been shown to influence thinking and behaviour including addiction. Teachers who feel less confident about their ability to manage their financial resources are more likely to indulge in alcohol abuse.

On the contrary, teachers with financial capability will manage their incomes more efficiently and have higher levels of disposable income (or lower levels of debt) than the less financially capable with otherwise similar characteristics. Access to greater economic resources infers higher living standards and wellbeing as people with higher incomes are more able to meet their material aspirations and will feel better off. Environmental mastery is important because it mediates in the way people behave in their environment. For example, teachers facing financial challenges may not be able to live in

safe environments, afford opportunities for recreation and reasonable health and transport facilities. This may drive teachers into alcohol abuse as a coping mechanism.

Further, teachers lacking in self-mastery may sense a lack of power and control over themselves and the surrounding and may opt for alcohol abuse in search of that power. Unfortunately, alcohol lowers the reasoning capacity and causes a lack of correct judgement and decision making leading to impulsive actions and response to situations (DePaulo Jr and Horvitz, 2002). Public health practitioners have indicated that the environment in which people live and work affects their attitude and behaviour around drinking. It is, therefore, not surprising that alcohol abusing teachers score low on environmental mastery, while those who have better environmental mastery may adopt successful adaptation to the environment.

Elsewhere, Social Identification Theory as proposed by Tajfel (1981) observes that individuals classify themselves into social groups of reference to reinforce their self-esteem and self-concept when they sense recognition from the in-group identity. A teacher, who is identified and given responsibility, for example, is likely to feel valued and appreciated by the institution. This will help build his/her self-esteem which might act as a buffer towards alcohol abuse.

Opportunities for acquiring new knowledge were found to mediate in alcohol abuse ($p=.002$). New knowledge not only enlightens teachers but also enhances their competence, making them self-confident. According to the Adult Education Survey (European Commission, 2007), continuing learning is necessary to enable people to perform their jobs better and advance careers, hence high competence. Workers who are

not well trained or who do not upgrade the work skills may encounter difficulties with supervisors and co-workers if they do not meet the required standards. According to SAMHSA (2014), acquiring or improving marketable skills is important for maintaining employability. For example, teachers who upgrade their skills are well versed with skills required in their subject areas and are therefore able to guide their learners to the path that brings success. Teachers who post good grades in their teaching subjects will attract positive appraisal that could likely contribute to their professional growth and development. To the contrary, teachers who are not well skilled because they have not upgraded their skills in methodology or content of a certain subject may have difficulty teaching the subject, in addition to a distorted perception of skills required. This would lead to poor performance, which would not only attract negative criticisms but may also encounter difficulties with the administration and co-workers culminating in frustrations that could lead them to alcoholism. In Kenya, teachers who do not post good grades in their teaching subjects have been criticized and sometimes parents demand their ouster from school. Perhaps in response to teachers poor performance, the Teachers Service Commission has introduced Teacher Professional Appraisal and Development (TPAD) to enhance their professional development.

However, it is not clear how this is working for teachers' professional development. This notwithstanding, frustrations associated with poor teaching outcomes could lead to a maladaptive coping mechanism such as alcohol abuse. Towards this end, SAMHSA (2014) argues that personal competence and skill building programs may act as a buffer against drug and substance abuse. In this study, lack of opportunities for training appears to be associated with alcohol abuse suggesting that if teachers are continuously engaged

with training to upgrade or refresh their skills, they would perform better at their work hence feel motivated to stay more in schools rather than engage in alcoholism.

Lack of access and participation in opportunities for recreation was found to be a risk factor ($p=.002$) in alcohol abuse among teachers. Teachers who scored low on access to recreation facilities scored high in alcohol abuse. Recreation helps people to relax and energize to be able to undertake duties effectively. However, this requires proper planning to be able to balance between work and relaxation. If individuals are not able to get organised, they may not be able to find time and resources to relax leading to depletion of their resources.

Teachers who scored low on health and social care (2.87) had a high score on alcohol abuse (.039). It is imperative to make health services accessible to teachers. Health care relates to a broad infrastructure of services provided in the public and private health and social sectors. A report by the National Coordinating Agency for Population and Development in Kenya (2005) indicated a downward trend in health indicators, a decline in the use of health services and a low doctor-population ratio.

In-depth interviews with teachers found an association between environmental mastery and alcohol abuse;

“The workload in school tends to be demanding and many times school work is carried over to the house for marking at night. When work is carried home, very little time is spent with the family leading to communication problems. Due to frustrations at home and at work, some teachers resort to alcohol in the hope that the stress will reduce.”

The quote above shows that when teachers feel that they lack control over the circumstances in the professional and personal life including workload and family issues, they resort to alcohol as a coping mechanism. Although there is nothing wrong with carrying workload home, without proper balancing, resentment from family members who feel neglected by the teacher may arise. Instead of getting support, the teacher may end up being isolated by the family members thus complicating the problem. The isolation may drive the teacher into alcohol abuse. Associations have been found between workload and alcohol abuse. Effort-reward imbalance in the workplace is associated with alcohol abuse in men. Those receiving low rewards for high efforts have a higher risk of alcohol abuse (Head, Stansfeld & Siegrist, 2004).

When communication breaks down in the family as indicated in the above quote, this may lead to relationship distress that may cause alcohol-related coping behaviour among teachers. This finds concurrence in previous research, which has identified a strong connection between disrupted family relationships and alcohol abuse while suggesting that family members play an important role in the lives of those who abuse alcohol (Velleman, Templeton and Copello, 2005; Vimpani, 2005). This study, therefore, found family factors playing both protective and risk factors in alcohol abuse among teachers.

4.4.3 Influence of Personal Growth and Development on Alcohol Abuse

The influence of personal growth and development on alcohol abuse among teachers was also assessed in this study. To assess the teachers' personal growth and development, questions were asked on the duration taught as a teacher and at the current station, and the responsibility that the teachers were undertaking in the school. Higher education

levels, experience in teaching as well as teaching responsibilities were an indication of personal development.

4.4.3.1 Teaching Experience and Duration at Current Station

The respondents had different levels of teaching experience, which was assessed as part of the teachers' personal development. The results are presented in Figure 4.13.

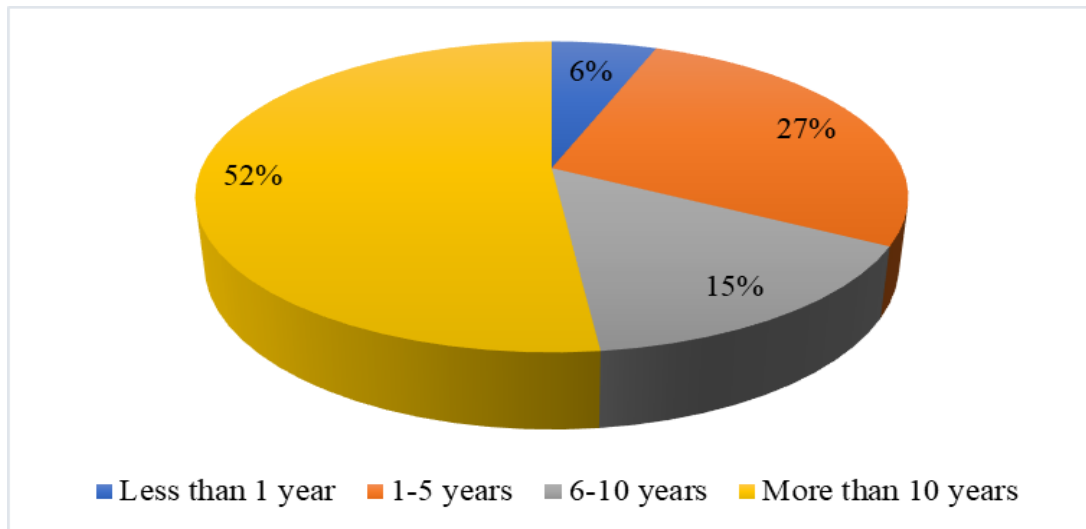


Figure 4.13: Respondents' Teaching Experience

A majority of the respondents (51.8%, n=386) had taught for at least 10 years, while 15% (n=386) had taught for between 6 and 10 years, 27% for between 1 and 5 years and only a few (6%, n=386) had taught for less than 1 year. Figure 4.14 provides details of levels of experience in years and how they relate to alcohol abuse.

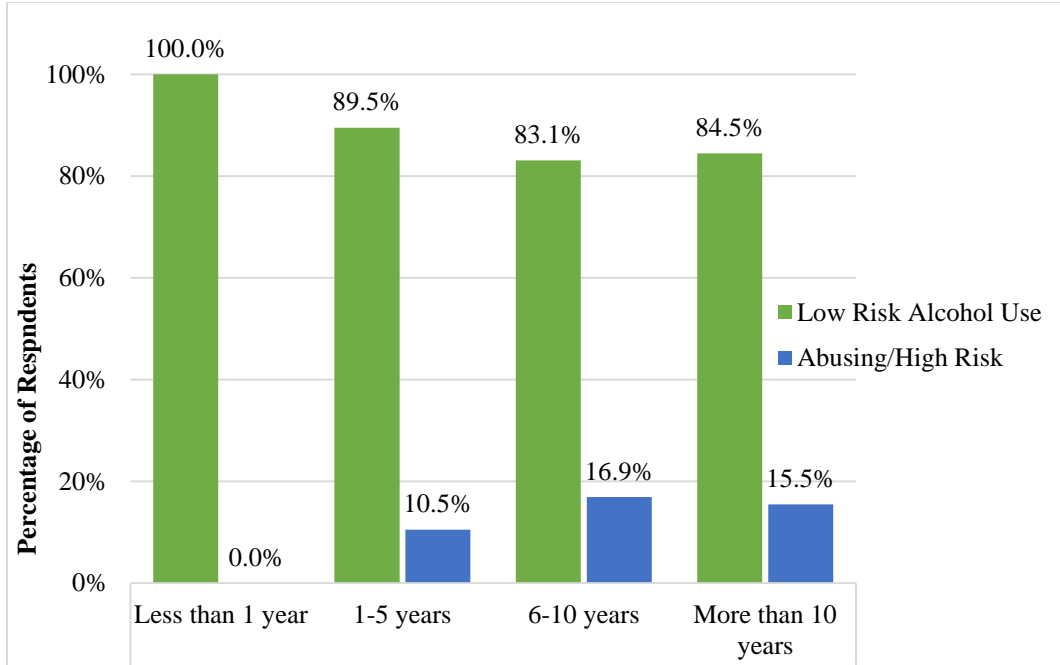


Figure 4.14: Alcohol Abuse by Teaching Experience/Years Taught

As can be seen from Figure 4.14 many teachers fall in low-risk alcohol use across the years. However, there is a small percentage that falls at high risk with those who have served between 6 and 10 years taking the lead (16.9%, n=59).

One of the measures mentioned as a way of addressing the issues of alcohol abuse was that teachers are transferred from one station to another. Therefore, the researcher also assessed the alcohol abuse by the duration at the current location as presented in Figure 4.15

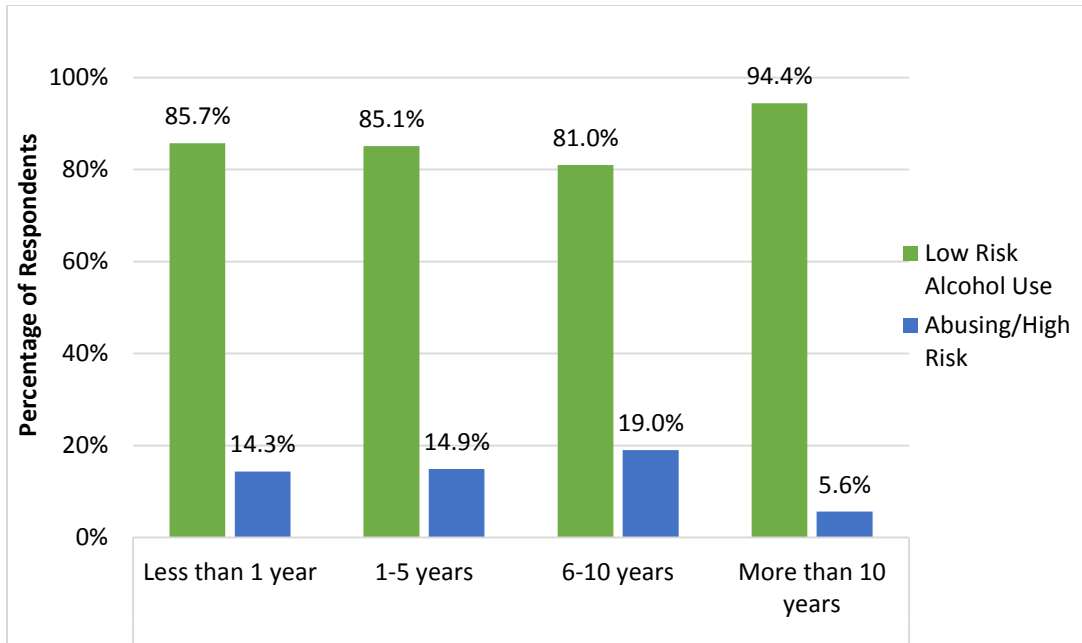


Figure 4.15: Alcohol Abuse by Teaching Duration in Current Station

The study found that the duration worked as a teacher and length of stay at a station did not have a significant variation in the levels of alcohol abuse. However, it was notable that no teacher who had taught for less than a year fell into the category of hazardous consumption of alcohol. This is probably because these were new teachers still settling in the career. The teachers who had taught between 6 and 10 years had higher levels of alcohol abuse (16.9%, n=59) followed by those who had taught for over 10 years (15.5%, n=200). This is probably because this category of teachers has settled in the profession and are probably grappling with the issues of family and work balance which can be overwhelming thus high chances of alcohol abuse.

4.4.3.2 Responsibilities in School

The responsibilities held by teachers were assessed as an indicator of personal growth. This was in order to assess the influence of responsibilities held in school on alcohol abuse. The results are presented in Figure 4.16.

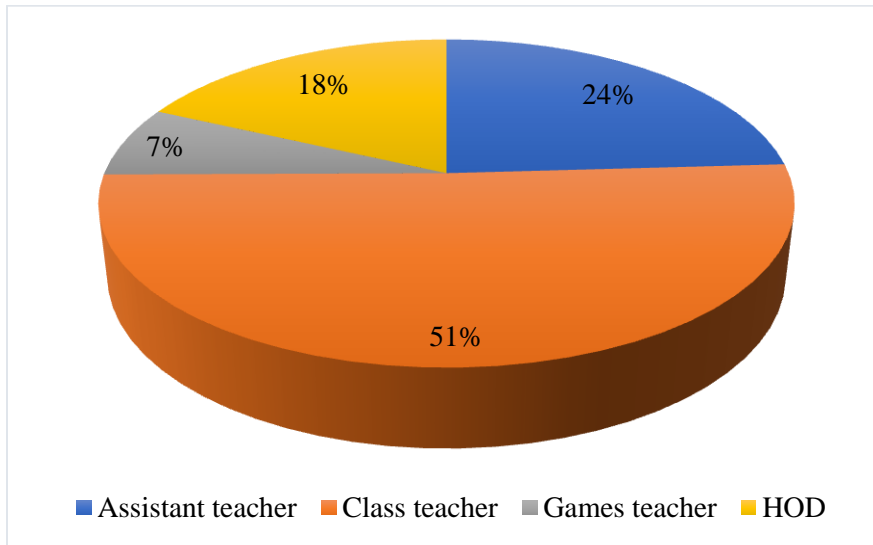


Figure 4.16: Respondents Responsibilities in School

More than half of the teachers (50.8%, n=386) had the responsibility of being class teachers. This was followed by the assistant teachers (24.1%, n=386) while 18.1% (n=386) were heads of departments. Only 7% (n=386) had the responsibility of being games teachers. The study sought to establish the influence of responsibilities held in school on alcohol abuse. The results are presented in Figure 4.17.

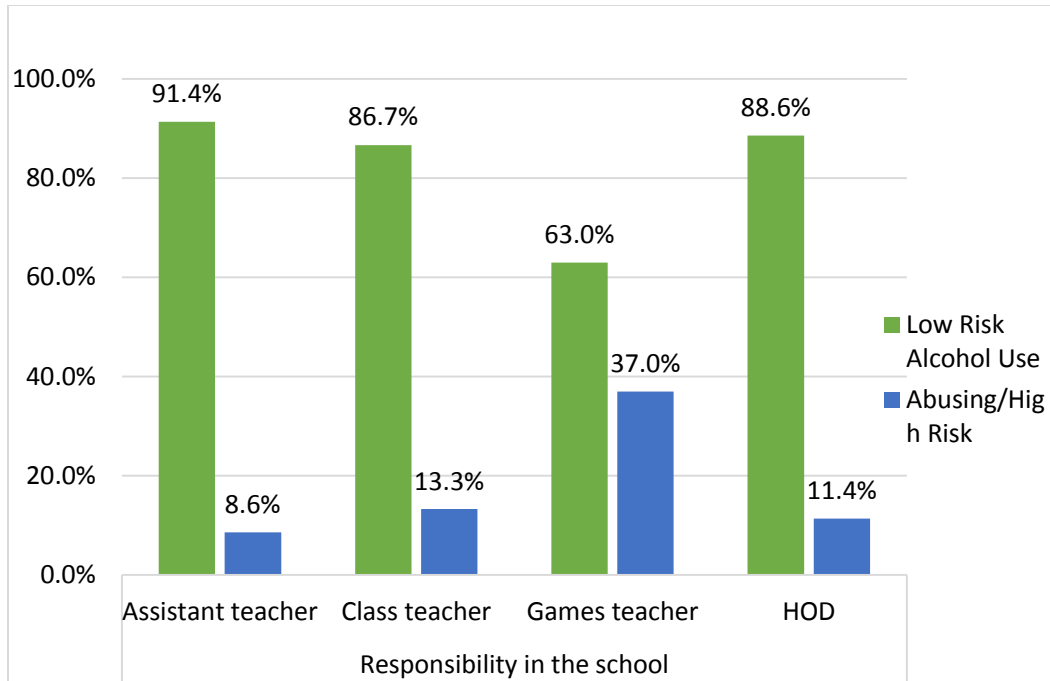


Figure 4.17: Alcohol Abuse by Responsibilities in School

The study findings revealed that teachers with higher levels of responsibility had lower levels of alcohol abuse with Heads of Department (11.4%, n=70) having lower levels compared to class teachers (13.3%, n=196). This study found responsibility as a protective factor probably due to more workload and less time to indulge in drinking. The above finding resonated with in-depth interviews with teachers that found low levels of personal growth and development having an influence on alcohol abuse and affecting the ability of teachers to fulfil their given responsibilities.

“Some teachers are not prioritized when responsibilities are given to others. They, therefore, have a lot of idle time which many uses for alcohol consumption. Some teachers who were promoted and continue or start taking alcohol are at times demoted because they cannot be able to fulfil their responsibilities at a senior level, so you will find many teachers with very little responsibilities also indulging in alcohol abuse. They no longer are role models to the students as they start influencing them into alcohol abuse.”

Teachers who have fewer responsibilities in school have more time to indulge in the consumption of alcohol and are likely to fall into hazardous use. Teachers who do not use alcohol are more likely to be selected for positions of responsibility. This finding is congruent to Ryff's theory of Psychological well-being, which describes personal growth as a feeling of personalized continued development. According to Ryff's Theory (1989), individuals with well definable life goals have high levels of personal development and well-being. The lack of personal growth and development may lead to alcohol use and abuse and this may explain why teachers with low levels of responsibility indulge more in alcohol abuse.

The importance of responsibility is that it helps teachers exploit their full potential, become creative in executing duty and gives motivation through external rewards. Teachers with more responsibility draw respect from those who look up to them as role models and are therefore cautious of what they do. More responsibility is given to teachers with higher qualifications and added skills, which in turn serves as an affirmation thus boosting self-esteem. Teachers without more responsibility apart from classroom teaching may feel left out and demoralized which may put them at risk of indulging in alcohol consumption. Similarly, Sallie (2010) found that stress among teachers was related to whether they perceived themselves to be effective and if they received recognition for their work, while in Finland, the well-being of teachers was linked to feeling engaged and supported by the employer (Hakanen & Bakker, 2006).

Responsibility is also likely to provide teachers with many opportunities to actively participate thus exercising their potentials. Accordingly, people in positions of

responsibility have opportunity to exercise authority, participate in decision making, and exercise some form of control over their work that not only boosts their self-concept but also acts as a buffer against occupational stress (WHO, 2003).

On the contrary, teachers without responsibility lack opportunities to exercise their potentials and may perceive themselves negatively, which may lead to occupational stress. According to WHO (2003), occupational stress makes it difficult for people to balance between work and non- work life. This leads people to unhealthy behaviour such as drug abuse. Accordingly, employees' psychological interpretation of organizational activities and sense-making processes leads to attitudinal and behavioural reactions (Azim, 2016) that could enhance or compromise their psychosocial wellbeing.

Further, responsibility at work is a construct that can enhance personal responsibility that is likely to make people take charge of their own lives. According to Brown (2012), a responsible actor may be seen as one whose job involves a predetermined set of obligations that must be met in order for the job to be accomplished. For example, the main functional obligation of a class teacher is to maintain a good learning environment in a class in order to facilitate learning. In this respect, a class teacher is not only expected to assume the functional but also a moral responsibility that is characterized by a certain level of moral maturity and an ability to reason. This may compel the teachers to carry out their duties but also ensure that they are good models to the class they take care of. Accordingly, Bevin (2012) drawing on Aristotle, observes that moral responsibility assumes a capacity for making rational decisions, which in turn justifies holding moral agents accountable for their actions. Therefore, teachers with responsibility may be

compelled to be reflective of their actions which helps to protect them from unhealthy behaviours such as alcohol abuse. In addition, responsibility spurs creativity and productivity among workers, which helps to boost their self-esteem. These are benefits that the people without responsibility do not experience. It is, therefore, not surprising that the teachers who had fewer responsibilities scored higher in alcohol abuse than those with more responsibilities.

Similarly, the Employee/ Customer Satisfaction Survey (Information Commissioner Office, 2009) concluded that the most discouraging factor for teacher morale was remuneration and stagnation in certain job grades, which cause psychological and professional frustrations. This may mean that when teachers perceive stagnation and lack of growth, they get frustrated and this may push them into harmful coping behaviours including alcohol abuse.

4.4.3.3 Level of Education and Alcohol Abuse

The study sought to establish the influence of level of education on alcohol abuse. The level of education was one of the indicators of personal growth. The results are presented in Figure 4.18.

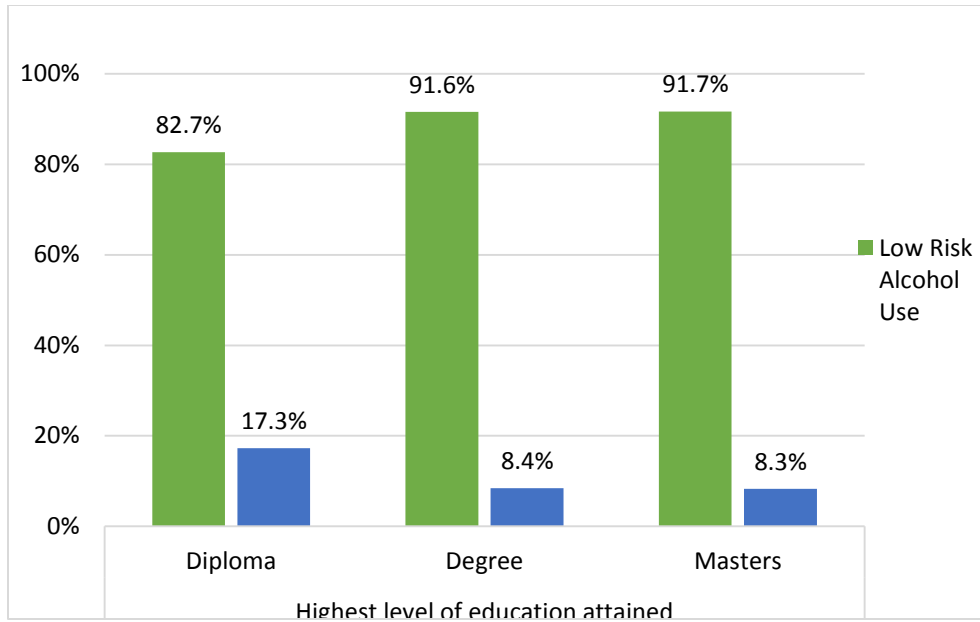


Figure 4.18: Alcohol Abuse by Level of Education

Education level was found to be a significant contributor to hazardous alcohol consumption. The teachers who had up to diploma level of education had higher levels of alcohol abuse (17.3%, n=220) as compared to the ones who had studied up to undergraduate level (8.4%, n=154) and masters degree level (8.3%, n=12). This indicated that higher levels of alcohol abuse were found among teachers with lower personal growth and development as compared to teachers with higher personal growth.

The influence of level of education on alcohol abuse was also noted by the teachers from the in-depth interview. In-depth interviews from the teachers gave the following information which also supports the assertion;

“Teachers who have come out of college at higher education level tend to be given higher responsibilities and don’t have time to go and drink, and because most of them are young they tend to be hungry for promotion so they want to further their education. The older teachers started teaching with lower educational qualifications and they get frustrated because of limited promotion at work and low salary levels and some resort to alcohol abuse.”

“Some teachers have not taken time to go back to further their studies so they do not get promoted because they are the same low level of education that they started with. Many of them get by-passed by younger teachers in terms of salaries and responsibilities. Some resign to their fate while others get frustrated and run to alcohol for solace.”

The quote above shows that teachers who have attained higher levels of education tend to get more responsibilities, therefore, boosting their chances of promotion. Getting promotion means that they earn more, and this gives higher self-esteem and a sense of personal identity. This may not be the case with teachers who remain in the same grade due to lower qualifications. Such teachers have fewer chances of promotion hence lower pay, which may lead to job dissatisfaction and harmful coping methods. The frustration may be more in older teachers when they are by-passed by younger teachers in promotion and pay. These findings resonate with a study by Rukundo and Magambo (2013) in Uganda which found excessive use of alcohol among teachers of lower socio-economic status and income. Similarly, Tenario (2011) found that white males in the United States of America who were lesser educated and living in poverty were more likely to indulge in substance abuse.

A summary of the findings on the influence of alcohol abuse on personal growth and development is presented in Table 4.4.

Table 4.4: Alcohol Abuse by Personal Growth and Development.

		Hazardous Alcohol Use				Chi-Square (χ^2 , df, p-value)
		Low-Risk Alcohol Use		Abusing/High Risk		
		N	%-age	N	%-age	
Duration worked as a teacher	Less than 1 year	22	100.0%	0	0.0%	5.551 3 .136
	1-5 years	94	89.5%	11	10.5%	
	6-10 years	49	83.1%	10	16.9%	
	More than 10 years	169	84.5%	31	15.5%	
Duration taught in current school	Less than 1 year	48	85.7%	8	14.3%	7.216 3 .065
	1-5 years	137	85.1%	24	14.9%	
	6-10 years	64	81.0%	15	19.0%	
	More than 10 years	85	94.4%	5	5.6%	
Responsibility in the school	Assistant teacher	85	91.4%	8	8.6%	15.012 3 .002*
	Class teacher	170	86.7%	26	13.3%	
	Games teacher	17	63.0%	10	37.0%	
	HOD	62	88.6%	8	11.4%	
Highest level of education attained	Diploma	182	82.7%	38	17.3%	6.341 2 .042*
	Degree	141	91.6%	13	8.4%	
	Masters	11	91.7%	1	8.3%	

The study findings revealed that personal growth and development have a significant influence on alcohol abuse among teachers more so in the areas of responsibility in school ($\chi^2=15.012$, $df=3$, $p=.002$) and level of education ($\chi^2=6.341$, $df=2$, $p=.042$). However, the results did not reflect a significant difference in the areas of work duration and length of stay in the current station.

The findings on the influence of level of education on alcohol abuse resonate with similar findings in Nigeria where a significant association was found between the lower level of education and hazardous alcohol consumption (Emmanuel *et al*, 2017). Lower levels of education may be related to lower socioeconomic status. Alcohol-related problems are higher among individuals with lower incomes. This may be due to

frustrations of not meeting many obligations. Some people may resort to the use of alcohol as a coping strategy thus aggravating the problem.

4.4.4 Influence of Social Integration on Alcohol Abuse

This study assessed the influence of social integration on alcohol abuse among teachers. This was important since social integration is regarded as a protective factor for alcohol abuse. The results are presented in Table 4.5.

Table 4.5: Alcohol Abuse by Social Integration

	Alcohol abuse		Mean	Std. Deviation	t	Df	Sig. (2-tailed)
Personal relationships	Low-Risk	Alcohol Use	3.21	1.230	.108	384	.914
		Abusing/High Risk	3.19	1.415			
Sexual activity	Low Risk	Alcohol Use	3.30	1.300	1.773	384	.077
		Abusing/High Risk	2.96	1.220			
Social support	Low Risk	Alcohol Use	3.33	1.353	2.713	384	.007*
		Abusing/High Risk	2.77	1.529			

In the WHOQOL-BF, Social integration domain comprises of three facets; Personal relationships Sexual activity and social support, that is Q20 and Q21 and Q23. The teachers who were not abusing alcohol had higher scores (3.21,3.30 and 3.33) as compared to the group that was found to be abusing alcohol (3.19, 2.96 and 2.77) while compared for each of the facets. A t-test for comparison of means between alcohol abusing teachers and those who do not abuse alcohol did not show a significant difference except in the facet of social support where teachers not abusing alcohol had a higher score ($p=0.007$). This may be attributed to the fact that social support which may be found as belonging to social groups and religious organisations can act as a buffer to

alcohol abuse. Teachers who isolate themselves from social support groups may not receive support when going through challenges, which may be a risk factor in alcohol abuse.

This finding resonates with the description of social integration according to Kerry *et al*, (2011) and Keyes (1998), as indicative of an individual's appraisal of the quality of their own relationship with society and community. Social integration is also described as the bond that attaches people to the larger society including participation in religious and social organizations as well as social organizational membership. Although only a few studies on protective factors have looked specifically at teachers, some other studies have found evidence of risk buffers such as family connectedness or integration characterized by feelings of being close to people (Akhter, 2013). Teachers who are not well integrated into society by having strong bonds in family and belonging to a social group may lack social support, which is a protective factor in alcohol abuse.

In-depth interviews with teachers also supported the finding that teachers who were low on social integration had alcohol abuse problems:

“...teachers who are not supportive of family members and the society also do not get social support from others. This also makes the rest of the society disassociate with the alcohol abusing teachers. They are separated with their families and this complicates the alcohol problem, which has a negative effect on how they interact with the society.”

The current study found that teachers who were not well integrated get isolated from the family and society. This may cause a feeling of isolation thus driving them deeper into alcohol abuse. This quote resonates with the Social Development Model, which emphasizes the role of bonding with family, church, school and peers as protective

against alcohol abuse. A research conducted by the Western Australian Centre for Health Promotion (2010) indicated that higher levels of social integration were associated with fewer depressive symptoms possibly because relationships with others increase the opportunities for social support during a time of adversity.

Teachers who lack social support as a result of working far from families are bound to get into alcohol abuse as indicated in the quote below:

“...Some teachers are posted to schools far away from home. Some are forced to leave their spouse and children at home due to the demand for work. The TSC does not transfer new teachers until after five years. Many of them start feeling lonely after some time and all they want is to go back to their families. Male teachers are more affected since they have to carry out household chores which they were not doing before. Some of these teachers suffer loneliness and the only places they can find solace are bars and nightclubs.”

The study found the importance of social support as a buffer for alcohol abuse. Teachers posted to schools far away from home and family may feel isolated from families. The frustration is more among male teachers who were used to getting support from their spouses especially when a teacher has to stay in the same station for five years before getting a transfer. It is important to take cognizant of the fact that during recruitment, teachers commit to working in any part of the Republic of Kenya. This has the implications that teachers may be prepared to stay separated from their families as dictated by the terms of employment. This, therefore, means that the social support that is crucial for protecting teachers from alcohol abuse does not only come from the family but also from their work environment. It is, therefore, possible to argue that if teachers find a supportive environment in schools, they are likely to adapt well hence refrain from alcohol abuse. Accordingly, the social cognitive theory as proposed by Bandura in his

Social Learning Theory (1986) posits that human functioning is an interplay between personal factors, such as cognition, affects and biological factors, behavioural and environmental influences (Pajares, 2002). Environmental influences thus have a significant influence on social integration.

The importance of social integration was emphasized by Katherine *et al*, (2012) in that positive connectedness to parents, teachers and school were found to protect students from alcohol abuse. Studies such as Huang (2010), Gibbs (2005), and Bahr *et al*, (2005) have documented that correlations do exist between social influences such as integration, attachment, and parental influence with alcohol abuse. The studies confirm what WHO (2008), Cicala (2003), Yoruk and Yoruk (2012) and NIDA (2011) had reported that a correlation exists between psychosocial well-being which comes from social support and alcohol abuse.

Social integration creates social capital and interdependent systems of obligations that make it hard to indulge in deviant activities including alcohol abuse. Social capital according to Edlund *et al*, (2010) is the knowledge and sense of obligations, expectations, trustworthiness, information channels, norms and sanctions that these relations engender. Lower social integration may result from unemployment, infrequent religious service attendance and may predict increased chances of drug use disorders. Teachers who are well integrated would have reduced chances of alcohol abuse as they try to live up to the group values and expectations.

Discussion with teachers from in-depth interviews also supported the findings on the protective role of social integration against alcohol abuse.

“some teachers avoid places of social interaction like churches which provide opportunities for social interaction, they only tend to interact with their fellow drunkards who are also not supportive of each other. This makes it hard for the rest of the society to interact with them and they become lonely. The feeling of isolation drives them to drinking places and with time they end up becoming alcoholic.”

The role of religion in giving social support is emphasized in the quote above. This shows that teachers who attend religious functions regularly get a chance to interact with other people where they have opportunities to share and get social support. Keeping the company of other teachers who abuse alcohol gets them enmeshed more deeply.

The role of social integration, religious involvement and marriage were similarly found to be protective factors from alcohol abuse in studies such as Merrill, Folsom & Christopher (2005), Wallace *et al* (2003), and Willis and Sandy (2003). Additionally, the MSSM Theory regards skills, resources and social attachments as factors that may reduce vulnerability to alcohol abuse (Pryor, Akyeampong, Westbrook, & Lussier, 2012). This model may serve as a guide in the development of programmes to enhance the psychosocial well-being of teachers by increasing social integration as a protective factor and reducing the risk factors that may make teachers begin, intensify and continue the use of alcohol.

4.4.5 Influence of Self Esteem on Alcohol Use Levels

This study sought to assess the influence of self-esteem on alcohol abuse among teachers. This was important since self-esteem has been found to be protective in alcohol abuse. The results are presented in Table 4.6.

Table 4.6: Alcohol Abuse by Self- Esteem

Alcohol abuse		Mean	Std. Deviation	T	Df	Sig. (2-tailed)
Positive feelings	Low Risk Alcohol Use	3.32	.807	-.029	384	.977
	Abusing/High Risk	3.33	.901			
Spirituality / Personal beliefs	Low Risk Alcohol Use	3.81	.975	2.518	384	.012*
	Abusing/High Risk	3.44	.916			
Thinking, learning, memory and concentration	Low Risk Alcohol Use	3.59	.792	1.950	384	.052
	Abusing/High Risk	3.37	.627			
Body image and appearance	Low Risk Alcohol Use	4.18	.990	2.316	384	.021*
	Abusing/High Risk	3.83	1.150			
Negative feelings	Low Risk Alcohol Use	3.34	.850	4.355	384	.000*
	Abusing/High Risk	2.79	.825			

In the Quality of Life Scale, self-esteem is assessed under the Psychological health domain, which comprises of bodily image and appearance, negative feelings, positive feelings, and thinking, learning, memory and concentration facets for each of the respondents. The comparison of mean scores by alcohol consumption level showed a significant difference between the teachers in the spirituality/personal beliefs ($p=.012$), bodily image and appearance ($p=0.021$) and negative feelings ($p=0.00$). A higher mean implied a better score in the specific facet. Among the facets, it was noted that the teachers who do not consume alcohol at hazardous levels had better scores.

These findings show that low self-esteem is associated with alcohol abuse among teachers. Teachers who may see themselves as less competent both professionally and economically than other occupations may suffer from low self-esteem and this may drive them into alcohol abuse. Teachers who reported higher body image and appearance concerns also reported higher drinking levels. Previous research such as Kira (2010) found a connection between body image and alcohol abuse consistent with the findings of this study. Other studies found body image concerns to be a risk factor for that may cause alcohol abuse problems (Franko *et al.*, 2005). Further, the two studies shed light on the association between negative body image and social anxiety suggesting that teachers with a higher level of social anxiety may use alcohol to increase their confidence in social situations.

These findings sit well with Snyder (2002), where self-esteem is espoused as the evaluative dimension of the self-concept. It is viewed as a psychological state of self-evaluation on a scale that ranges from positive to negative. An individual's self-esteem is based upon a combination of the objective information about oneself and the subjective evaluation of that information. Teachers with low self-esteem were also found to score high on alcohol abuse.

People with low self-esteem may be prone to hopelessness and depression and may be driven into alcohol abuse. According to Hamid (2011), self-esteem plays a meaningful role in alcohol abuse. When self-esteem is low, teachers may get depressed and apathetic and sometimes even suicidal. Others may form non-supportive relationships in which they are devalued and demeaned and this may drive them further into alcohol abuse.

Teachers may suffer low self-esteem partly because society does not recognize their efforts to ensure that students achieve academic excellence and also because the students, they teach soon become their superiors later in life, earning much higher incomes than them. This may push teachers into alcohol abuse. In-depth interviews with teachers revealed the influence of self-esteem on alcohol abuse;

“Some teachers have low self-esteem. Some drink alcohol on credit in pubs owned by parents to some of their students. The students see them drunk and when they come to school, they are ashamed. This makes them loose class control because of shame. The lack of self-esteem makes them drink even more to feel in control and this complicates the problem even further.”

The study found that teachers who have low self-esteem have problems with alcohol abuse and especially when students encounter them when drunk. This resonates with similar findings reported by Meril (2003), who found low self-esteem to be associated with high substance abuse. This also compares well with a study conducted among male students in Nakuru Municipality in Kenya which indicated that the level of self-esteem accounted for great influence for alcohol abuse (Oteyo and Kariuki, 2009). Other studies like Compton (2005) and Hamid (2011) demonstrated an association between low self-esteem and alcohol abuse in that people with low self-esteem constantly need external positive experiences in order to overcome negative thoughts and feelings.

Teachers with low scores on the bodily image, appearance and negative feelings had high scores in alcohol abuse. This is self-evaluative judgement where some teachers may have a poor concept of their appearance. In an era where students are exposed to information on fashion and body image, teachers may find it difficult to keep up with current trends. Some of the students are outspoken enough to criticize the dress code and appearance of

the teachers, therefore causing a level of discomfort. Although the teacher is regarded as a role model in all aspects, some learners from affluent families afford expensive items of clothing, which may be out of reach for teachers. Some of the teachers feel threatened and may resort to alcohol use to boost confidence. There is evidence that people who do not love themselves and who feel less smart easily fall into alcohol abuse (Nasir *et al.*, 2010; Akbari *et al.*, 2008).

4.4.6 Summary of the Influence of Psychosocial Factors on Alcohol Abuse Measured by WHOQOL-BF

The study measured the influence of personal growth, environmental mastery, self-esteem and social integration on alcohol abuse among teachers. Personal growth was assessed separately using the domains of length of stay in the current station, level of education and responsibilities given to the teachers at school. The study findings revealed that personal growth and development had a significant influence on alcohol abuse among teachers more so in the areas of responsibility in school ($\chi^2=15.012$, $df=3$, $p=.002$) and level of education ($\chi^2=6.341$, $df=2$, $p=.042$). However, the results did not reflect a significant difference in the areas of work duration and length of stay in the current station.

Environmental Mastery, Self-esteem and Social Integration were measured using the WHOQOL-BF. A box plot showing a graphical presentations of the scores is presented in Figure 4.19.

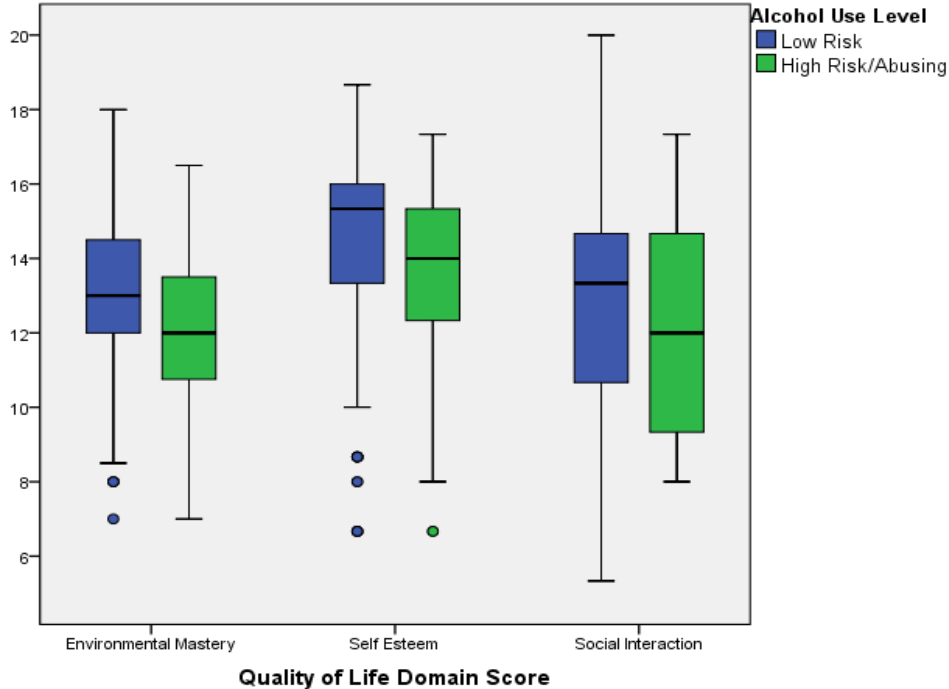


Figure 4.19: Alcohol Abuse by Environmental Mastery, Self Esteem and Social Integration

The three domains; Environmental Mastery, Self Esteem/psychological health and Social integration were compared among teachers who were abusing and those not abusing alcohol. The domains are scaled in a positive direction with higher scores indicating higher psychosocial well-being. The research focused on three domains relating to the study, that is, Environmental Mastery, Self Esteem/psychological health and Social integration. A t-test was conducted to find out if there was a significant difference between low risk and high-risk alcohol use in relation to each psychosocial variable namely, environmental mastery, self-esteem and social integration. The results are presented in Table 4.7

Table 4.7: Overall Alcohol Abuse by Constructs of Quality of Life

Quality of Life Domain	Alcohol abuse	Mean	Std. Deviation	Std. Error Mean	T df p-value
Environmental Mastery	Non consuming/Low Risk Alcohol Use	13.11	2.03	0.11	3.336 384
	Abusing/High Risk	12.10	2.14	0.30	.001*
Social integration	Non consuming/Low Risk Alcohol Use	13.18	2.94	0.16	2.926 384
	Abusing/High Risk	11.90	2.91	0.40	.004*
Self-esteem/ psychological Health	Non consuming/Low Risk Alcohol Use	14.73	2.22	0.12	3.479 384
	Abusing/High Risk	13.56	2.47	0.34	.001*

Overall, using the T-test for comparison of means at a 95% confidence interval, the constructs of Environmental Mastery, Social integration and Self-esteem/ psychological Health had a significant influence on alcohol abuse. Environmental mastery was significant at $p=0.001$, social integration was significant at $p= 0.004$, while self-esteem was significant at 0.001

The t-test for comparison of means showed a significant difference in the scores between alcohol abusing teachers and those either not consuming alcohol or at a low-risk level of alcohol consumption. Environmental mastery, personal growth, psychological health/self-esteem and social integration were all found to be significantly lower among the alcohol abusing teachers. The teachers who do not take alcohol or were assessed to be at low risk of alcohol consumption were found to be scoring significantly higher, which meant that they had a better quality of life than the alcohol abusing teachers. Overall, all the domains of the psychosocial wellbeing had a significant effect on alcohol abuse by the teachers. Therefore, contrary to the belief that it is alcohol abuse that negatively affects the

psychosocial environment, the findings in this study shows that psychosocial environment within which teachers in Nyeri County operate could be having a significant influence on alcohol abuse among teachers.

4.5 Modelling the Influence of Psychosocial Well-Being on Alcohol Abuse

Binary logistic regression was used to model how Environmental Mastery, Self-esteem and Social integration jointly influence alcohol abuse among teachers in Nyeri County. The results are as presented in Table 4.8.

Table 4.8: Influence of Psychosocial Well-Being on Alcohol Abuse

Harmful/Hazardous Alcohol use	B	Std. Error	df	Sig.	Odds (Exp(B))
Intercept	5.279	1.452	1	.000	196.102
Environmental Mastery	-.198	.077	1	.010	1.219
Self-esteem (psychological Health)	-.209	.062	1	.001	1.233
Social integration	-.135	.054	1	.013	1.144

The study established that all three domains of psychosocial well being jointly contribute to alcohol abuse. Using alcohol abuse as the reference point, it was established that Environmental Mastery ($p=0.010$), self-esteem (psychological Health) ($p=.001$) and Social integration ($p=0.013$) all significantly influence the odds of teachers abusing alcohol. The results indicate that holding self-esteem (psychological Health) and Social integration constant a unitary increase in the overall Environmental mastery has an odd of 1.219 of one not abusing alcohol. This implies that as a single increase in environmental mastery score one is 1.219 times less likely to abuse alcohol. This study suggests that

enhanced environmental mastery, self-esteem and social integration among teachers may play a protective role in the management of alcohol abuse among teachers.

Similarly, a unitary increase in self-esteem (psychological health) implies increased odds of 1.233 of one not abusing alcohol. Better social relationships indicated by higher scores in Social relationships domain also increases the odds of not abusing alcohol by 1.144 for every unitary increase. All these holding the other two domains of psychological health constant. This sheds light on the important part played by self-esteem and social integration in reducing the chances of teachers developing alcohol use problems.

4.6 Interventions put in place to Address Alcohol Abuse among Teachers

The study sought to identify the intervention measures put in place to manage alcohol abuse among teachers in Nyeri County. This was important in order to assess the awareness levels and relevance in managing the psychosocial well-being of teachers. The results are presented in Figure 4.20.

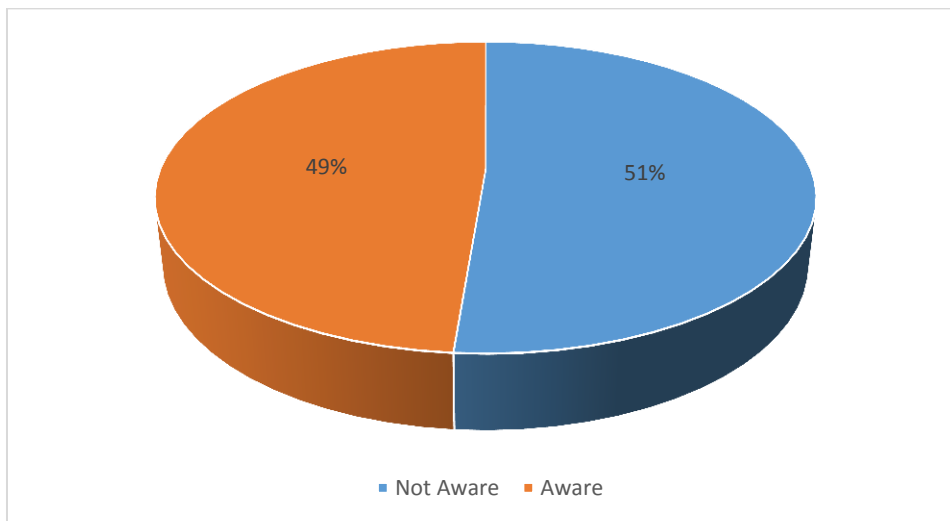


Figure 4.20: Awareness of Measures by TSC to Address Alcohol Abuse

The findings established that only 49% (n=389) of the participants were aware of the measures put in place by TSC to address the issue of alcoholism. The knowledge of measures by TSC to address alcohol abuse was at 58% (n=51) among teachers who were abusing alcohol as compared to the non-abusing teachers at 41%. (n=335)

This study found a 41% prevalence of alcohol use among teachers in Nyeri County with 32% falling under hazardous use as per the AUDIT Scale. This shows that the measures put in place, though known to 58% of teachers need to be enhanced to improve efficacy.

4.6.1 Awareness of Types of Measures Put in Place by TSC

The study found that 49% (n=389) of the respondents were aware that the TSC had put in place measures to address the issue of alcohol abuse. A follow-up question on the specific measures was asked and the responses are presented in Figure 4.21.

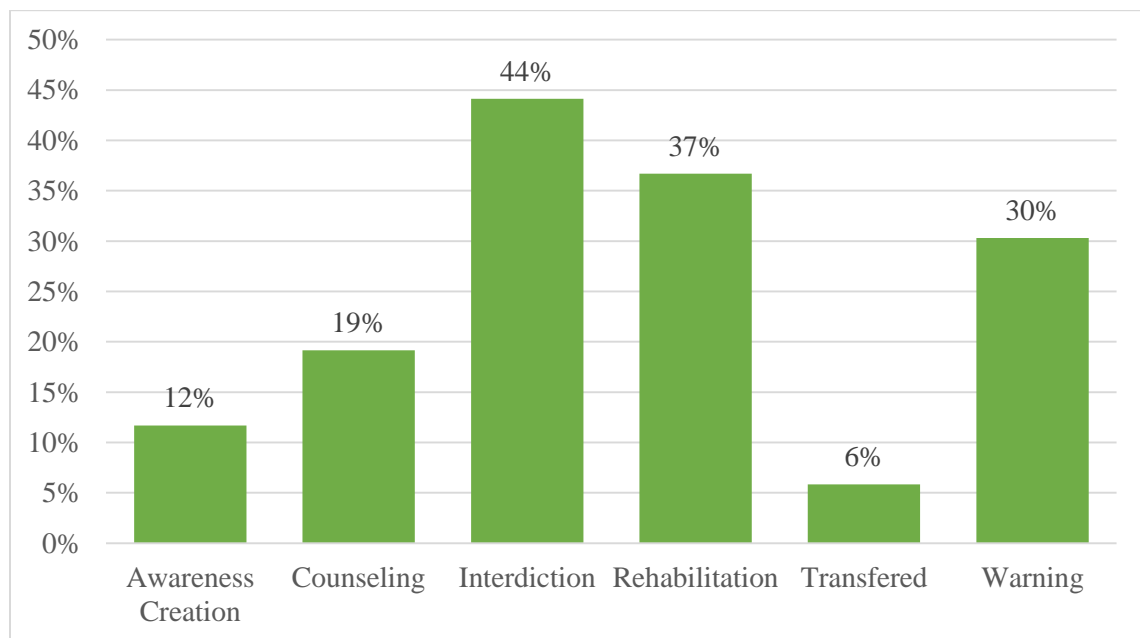


Figure 4.21: Measures put in place by TSC to Address Alcohol Abuse among teachers

A number of intervention measures were mentioned by the respondents as part of what the TSC does to address the alcohol abuse challenges in the County. The most notable measure that the teachers were aware of was interdiction and rehabilitation of affected teachers, which were reported by 44% (n=188) and 37% (n=188) of the respondents respectively. Among the psychosocial interventions reviewed in the current study, motivational interviewing was found to be effective in curbing alcohol abuse. The principles of motivational interviewing include expressing empathy, avoiding argument and direct confrontation with the client but instead choosing to support self-efficacy and optimism, which may not be achieved through interdiction, suspension and termination of teachers. There is, therefore, need to adopt psychosocial interventions to help in the reduction and/or abstinence from alcohol use among teachers.

The other intervention measure reported by 30% (n=188) of the respondents was a warning to the teachers whose performance of duty was affected by alcohol use. The least known intervention measure reported by 6% (n=188) of the respondents was the transfer of affected teachers. Awareness creation as an intervention measure on alcohol use and abuse challenge was known by only 12% of the teachers, which is low since this would ensure that teachers who do not use alcohol are prevented from starting. The Brief Intervention mentioned earlier helps individuals to understand the effects of alcohol use. There is, therefore, need to sensitize teachers and help them understand the risk that alcohol use puts them to and encourage them to reduce or stop the use.

Other than the measures mentioned by teachers, the TSC has put different mechanisms in place to address the problem. Notable among the measures is the development of an

Alcohol and Drug Abuse Policy, (TSC, 2010). According to the policy, teachers with alcohol issues are accorded three months sick leave with pay in order to undergo rehabilitation. Additionally, the TSC established a Wellness Section where teachers benefit from counselling and psycho-education. The TSC also helps teachers to identify the real cause for alcohol abuse before they are taken for rehabilitation. Unfortunately, rehabilitation services are expensive and beyond the reach of many teachers. Services for the prevention and treatment of alcohol abuse are delivered separately from other mental health and health care services. This is because alcohol abuse has been considered as a social problem (Taylor, Jenkins & Sacker, 2011). Effective integration of preventive treatment and prevention services in health care services is key to addressing alcohol abuse among teachers.

To be able to address the issue of alcoholism, the TSC holds regular seminars to create awareness on dangers of alcohol abuse among teachers and sensitize the teachers on the role they play as role models for students. Although the findings of this study on knowledge of intervention measures put in place to curb alcohol abuse were found to be at 49%, it is satisfying to know from the responses of teachers that the TSC has put measures in place which are known by teachers.

A national baseline survey carried out in learning institutions found a 65% prevalence of excessive drinking with 52% of teachers having alcohol-related health problems. The study recommended the introduction and strengthening of preventive measures to replace the punitive and reactive methods that were being used to manage alcohol use among teachers (Ong'any 2004). This study found the use of reactive measures like interdiction,

warning and transfer of alcoholic teachers. This study has demonstrated, a significant influence of psychosocial wellbeing on alcohol abuse among teachers. There is, therefore, need to broaden the base for interventions aimed at identifying, managing and treating teachers experiencing alcohol problems by integrating psychosocial well-being of teachers into the management programs.

Interventions designed to raise environmental mastery may help teachers who are susceptible to alcohol abuse to control or reduce alcohol consumption. This is because results indicated a significantly better environmental mastery among the teachers not abusing alcohol as compared to the alcohol abusing teachers. In the different facets of the domain, there were significantly better financial resources ($p=0.016$), opportunities for acquiring new skills/information (0.002), participation and opportunities for recreation ($p=0.002$), and health and social care ($p=0.039$) among the teachers not abusing alcohol. This, therefore, calls for the integration of environmental mastery which has been a neglected protective factor for alcohol abuse into alcohol abuse management programs for teachers. This is because evidence has suggested that mastery reduces the risk of alcohol use disorders (Shamloo & Cox, 2010; Kiecolt, Hughes, & Keith, 2009).

The aspect of personal development should not be ignored when designing alcohol prevention programmes for teachers. This is because personal growth and development were found to influence alcohol abuse among teachers more significantly in the areas of responsibility in school and level of education. Stagnating in one level, limited responsibility, as well as low level of education, were found to be a risk factor in alcohol

abuse. This calls for teachers to engage in a process of personalised growth that allows them to internalize their sense of self without seeking it from alcohol abuse.

Measures addressing alcohol abuse among teachers need to integrate the aspect of self-esteem. This is because this study found that low self-esteem was associated with alcohol abuse. Teachers with low scores on the bodily image, appearance and negative feelings had high scores in alcohol abuse. Some measures used to manage alcohol abuse like interdiction, warning and transfers may plunge the self-esteem of teachers even deeper and worsen the problem. Programs to raise self-esteem and self-acceptance may help teachers who engage in alcohol abuse and prevent those who are just beginning from continuing.

Confirmation that social integration in the aspects of marriage and religiosity can protect teachers from alcohol abuse provides the information needed to focus health policy and interventions that serve to improve teachers mental health and thus reduce the risk of alcohol abuse. This is because teachers who were married and those affiliated to religious organisations were found to score low on alcohol abuse. Marriage and religious affiliation have been found to provide social support and accountability, which reduces incidents of alcohol consumption. Strategies of alcohol abuse among teachers need to be informed by the ecological perspective, which asserts that factors within the family system have a bearing on problematic alcohol consumption (Tenario, 2011). Awareness creation which was mentioned by 12% of the teachers as an intervention measure needs to include sensitization on the importance of social integration as a protective measure against alcohol abuse among teachers.

Counselling and rehabilitation were mentioned by 19% and 37% of teachers respectively. This study has demonstrated the importance of identifying and dealing with risk and protective factors for successful management of alcohol abuse among teachers as espoused in the MSSM Theory which guided this study. Counselling and rehabilitation of teachers who abuse alcohol need to have the ability to identify both risk and protective factors in addition to skills and resources that help people succeed in reducing incidents of alcohol abuse. This would be useful as a way of planning interventions to prevent or treat problems related to alcohol abuse among teachers.

It can, therefore, be argued that although teachers were found to be aware of the measures put in place to manage alcohol abuse, there was very little effort at incorporating constructs of psychosocial well-being, and therefore little impact on teachers behaviour towards alcohol abuse. There is, therefore, need to develop a framework that casts a wider net for alcohol management efforts, which has the ability to identify both risk and protective factors targeting teachers who are currently experiencing or are at risk for experiencing alcohol problems.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The purpose of this study was to assess the influence of psychosocial wellbeing on alcohol abuse among teachers in Nyeri County. Research findings and discussions in Chapter Four revealed several relationships. This chapter presents summaries, conclusions and recommendations from the findings.

5.2 Summary of the Findings

5.2.1 Prevalence of Alcohol Abuse among Teachers in Nyeri County

The prevalence of alcohol use among teachers in Nyeri County was found to be at 59%. Other prevalence studies among teachers such as TSC (2009), Otieno, (2010) and Chege, (2013) found higher percentages of 67.41%, 60% and 70% respectively.

However, among the teachers consuming alcohol in Nyeri County, a sizeable percentage of 32.7 % fell in the category of alcohol abuse. This, therefore, calls for strengthening of the measures put in place to address alcohol abuse among teachers in Nyeri County.

5.2.2 Influence of Personal Growth on Alcohol abuse among Teachers in Nyeri County

Personal growth was significantly higher among teachers not abusing alcohol as compared to the teachers abusing alcohol. Higher levels of responsibility and level of education were significant contributors to alcohol abuse where teachers with higher responsibility levels and those with higher education had significantly lower levels of

alcohol abuse. There is therefore need to pay attention to the aspect of personal growth of teachers when designing alcohol prevention programs. This is because stagnation in one grade, fewer responsibilities in school and lower levels of education were found to be risk factors in alcohol abuse among teachers. Engaging in a process of personalised growth would also enhance a sense of self-worth in teachers and reduce the risk of alcohol abuse.

5.2.3 Environmental Mastery and Alcohol Abuse

Findings from the study indicated significantly better environmental mastery among the teachers not categorized as abusing alcohol as compared to the teachers abusing alcohol. Though Environmental mastery was significant as a whole, there was significantly better financial resources, opportunities for acquiring new skills/information, participation and opportunities for recreation, and health and social care among the teachers not abusing alcohol. Opportunities for acquiring new knowledge and skills were found to mediate in alcohol abuse. New knowledge not only enlightens teachers but also increases their competence thus boosting the self-confidence. There is therefore need to sensitize teachers on the importance of environmental mastery which entails a sense of self-mastery, self-efficacy and competence. This would boost the ability of teachers to effectively manage work stress, manage emotions and regulate behaviour thus reducing the risk of alcohol abuse. A strong understanding of risk and protective factors associated with environmental mastery would help to direct initiatives for management of alcohol abuse among teachers.

5.2.4 Self-Esteem and Alcohol Abuse among Teachers in Nyeri County

Self-esteem was found to have an influence on alcohol abuse in the areas of Body image, appearance and negative feelings. Teachers with low scores in body image, appearance and negative feelings had a high score in alcohol abuse. Teachers with low self-esteem were also found to score high on alcohol abuse. Self-esteem has been found to play a meaningful role in alcohol abuse. When self-esteem is low teachers may get depressed and apathetic and this may cause some to adapt maladaptive coping mechanisms including alcohol abuse. The need arises to sensitise teachers on the role of self-esteem in alcohol abuse and encourage them to engage in activities that boost self-esteem.

5.2.5 Social Integration and Alcohol Abuse among Teachers in Nyeri County

In Social integration which has three facets as per the WHOQOL-BF tool, only social support had an effect on alcohol abuse among teachers. This was also supported by an in-depth interview with teachers. Teachers who scored low on social support were found to score high on alcohol abuse. This may be attributed to the fact that social support which may be derived from family, marriage and belonging to religious and social groups may act as a buffer to alcohol abuse. Relationships with other people increase the chances for social support especially during times of adversity. If teachers find a supportive environment in the workplace, they are likely to settle well even when they are far from their families and hence refrain from alcohol abuse.

At an overall level, all the four domains of quality of life scale examined in this study; personal development, environmental mastery, social relationships and self-esteem/

psychological Health had an influence on alcohol abuse among the teachers in Nyeri County.

5.2.6 Measures put in place to address alcohol abuse among teachers in Nyeri County

The study found that the respondents were aware that the TSC had put in place measures to address the issue of alcohol abuse. A number of intervention measures were mentioned by the respondents such as interdiction and rehabilitation of affected teachers. In addition, warning and transfer of teachers whose performance was affected by alcohol use were reported by some of the respondents. The least known measure was awareness creation which needs to be enhanced as a prevention measure.

Although the findings on knowledge of intervention measures were found to be at 49%, it is satisfying to know that the TSC has put in place measures that are known to teachers. This study found a significant influence of psychosocial well-being on alcohol abuse among teachers in the areas of environmental mastery, personal growth, self-esteem and social integration. It is therefore imperative to employ psychosocial interventions in the management of alcohol abuse among teachers. The inclusion of Motivational Interviewing, Brief Interventions and Family Therapy to the already existing intervention measures would increase the chances of success in managing alcohol abuse among teachers.

5.3 Conclusion

In line with the objectives and findings, this study concludes that psychosocial well-being is negatively correlated with alcohol abuse. For example, teachers who were found to

score low on environmental mastery, personal development, self-esteem and social integration had higher scores in alcohol abuse. However, the low scores were found to be more on environmental mastery and personal development than self-esteem and social integration.

The psychosocial dimensions do not operate in isolation from one another but are interrelated and integrated. Where one has adversely affected it tips the scale in other dimensions. It is therefore important to take cognizance of the intertwined nature of the dimensions as they ultimately affect the functioning of the individual teacher holistically. The MSSM Theory illustrates the need to consider the balance of risk and protective factors for an individual or community when planning interventions for alcohol abuse. This study demonstrates the usefulness of a holistic view of factors either protecting or promoting alcohol abuse among teachers. Any measures developed to manage alcohol abuse among teachers needs to ingrain psychosocial well-being. Consequently, treatment programs for teachers that incorporate psychosocial factors have better chances of providing the impetus to maintain alcohol-free lives among teachers.

5.4 Recommendations

- i. Adopt psychosocial interventions such as Motivational Interviewing, Brief Interventions and Family Therapy into the Alcohol and Drug Abuse Policy for Teachers.
- ii. Develop a coaching program to equip teachers with life skills including self-mastery, personal development, self-esteem and social integration.
- iii. Provide psycho-education to equip teachers with skills for promoting psychosocial well-being as a protective factor against alcohol abuse.

- iv. Review and develop integrated management programs and adopt psychosocial wellbeing of teachers as a policy goal.
- v. Redirect alcohol management strategies to address teachers' professional growth and development.
- vi. Emphasis to be given to the initial training of prospective teachers so as to prepare them to face the realities of the profession.
- vii. Liaise with teacher training colleges to revise their curriculum to incorporate training on alcohol abuse and its effects on psychosocial well-being.
- viii. Introduce peer-based programs for at-risk teachers to give them an increased sense of belonging, social connectedness and support, increased self-esteem, and self-worth through social validation by peers.
- ix. Teachers need to take responsibility for their well-being by making the right lifestyle and dietary choices. TSC may also need to sensitize teachers on the need to make healthy choices for optimal well-being.
- x. Develop indicators for psychosocial support and strengthen monitoring capacity.
- xi. Sensitise and raise awareness to all stakeholders and policymakers on the psychosocial needs of teachers.
- xii. Create platforms to share good practices and information across countries so as to promote the psychosocial well-being of teachers in Kenya.
- xiii. Support TSC and MOE to develop, implement and monitor initiatives to improve the psychosocial well-being of teachers.

Mobilise resources to strengthen the capacity of mainstreaming and delivering psychosocial support for teachers in Kenya.

5.5 Suggestions for Further Research

1. The influence of other constructs of psychological and social well-being on alcohol abuse among teachers.
2. Influence of psychosocial well-being on alcohol abuse among other professional groups
3. Influence of psychosocial well-being on alcohol abuse among primary and secondary school teachers in private schools.
4. Models of alcohol abuse prevention which are specifically for teachers.

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APPENDICES

Appendix I: Letter of Introduction

My name is Beatrice M. Maingi a student from the Department of Psychology, Kenyatta University. I am carrying out research on the **Influence of psychosocial wellbeing on alcohol abuse among teachers in Nyeri County**. This knowledge will be used for my PhD Dissertation in Counselling Psychology.

Although I got approval from the Ministry of Education, TSC County Director and your Principal, I would like to explain to you what I intend to do so that you can decide for yourself whether you wish to participate or not.

You will be given a questionnaire that has three sections. The first section will identify your social-demographic factors. The second section will measure patterns of alcohol use while the third section will measure your quality of life.

The results of this study may be used by the Ministry of Education, Teachers Service Commission and other stakeholders in Education in the mitigation against the psychosocial correlates of alcohol abuse among teachers.

There will be no physical procedures although some information will be highly confidential. If for any reason you need help, you can contact me using my contacts as shown below.

Yours Sincerely

Beatrice M. Maingi

PhD student in Counselling Psychology

Department of Psychology

Kenyatta University

E-mail beatricemaingi@yahoo.com

Appendix II: Demographic Questionnaire for Teachers

Section A: Background Information

1. Indicate your gender.

Male

Female

2. Indicate your age in years

Below 20 years

20-29 years

30-39 years

40-49 years

50-59 years

above 60 years

3. What is your religion?

Protestant

Catholic

Muslim

No Religion

Other.....

4. What is the highest educational level completed?

Diploma

Degree

Masters

Others.....

5. How long have you worked as a teacher?

Less than 1 year

1-5 years

6-10 years

More than 10 years

6. How long have you worked in this school?

Less than 1 year

1-5 years

6-10 years

More than 10 years

7. Do you drink alcohol?

Yes

No

8. If yes, above how long have you been drinking?

Less than 1 year

1-5 years

6-10 years

More than 10 years

Appendix III: Quality of Life Scale (QOLS) for Teachers

Instructions:

This assessment asks how you feel about your quality of life, health, or other areas of your life. Please answer all the questions. If you are not sure about which response to give to a question, please choose the one that appears most appropriate. This can often be your first response

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the last two weeks. For example, thinking about the last two weeks a question might ask:

		Not at all	A little	Moderately	Mostly	Completely
	Do you get the kind of support from others that you need?	1	2	3	4	5

You should circle the number that best fits how much support you got from others over the last two weeks. So you would circle the number 4 if you got a great deal of support from others and circle 1 if you did not get any of the support you needed from others in the last two weeks

		Very poor	Poor	Neither poor nor good	Good	Very Good
1	How would you rate your quality of life?	1	2	3	4	5
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied
2	How satisfied are you with your health	1	2	3	4	5

The following questions ask about how much you have experienced certain things in the last two weeks						
		Not at all	A little	A moderate amount	Very much	An extreme amount
3	To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3	4	5
4.	How much do you need any medical treatment to function in your life daily?	1	2	3	4	5
5.	How much do you enjoy life?	1	2	3	4	5
6.	To what extent do you feel your life to be meaningful?	1	2	3	4	5
7.	How well are you able to concentrate?	1	2	3	4	5
8.	How safe do you feel in your daily life?	1	2	3	4	5
9.	How healthy is your physical environment?	1	2	3	4	5
The following questions ask about how completely you experience or were able to do certain things in the last two weeks						
		Not at all	A little	moderate ly	Mostl y	Complete ly
10	Do you have enough energy for everyday life?	1	2	3	4	5
11	Are you able to accept your bodily appearance?	1	2	3	4	5
12.	Have you enough money to meet your needs?	1	2	3	4	5
13.	How available to you is the information you need in your daily life?	1	2	3	4	5
14	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5
15	How well are you able to get	1	2	3	4	5

	around?					
<p>The following questions ask you to say how <u>good or satisfied</u> you have felt about various aspects of your life over the last two weeks</p>						
16	How satisfied are you with your sleep?	1	2	3	4	5
17	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
19	How satisfied are you with yourself?	1	2	3	4	5
20	How satisfied are you with personal relationships?	1	2	3	4	5
21	How satisfied are you with your sex life?	1	2	3	4	5
22	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24	How satisfied are you with your access to health services?	1	2	3	4	5
25	How satisfied are you with your transport?	1	2	3	4	5
<p>The following question refers to <u>how often</u> you have felt or experienced certain things in the last two weeks</p>						
		Never	Seldom	Quite often	Very often	Always
26	How often do you have negative feelings such a blues mood, despair, anxiety, depression	1	2	3	4	5

Do you have any comments about this assessment?

.....

.....

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Appendix IV: AUDIT Scale for Teachers

These are questions asking you about your alcohol use levels. Please indicate what applies to you in the boxes against the question as accurately as possible.

		0	1	2	3	4
1	How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more drinks a week
2.	How many drinks containing alcohol do you have on a typical day when you are drinking	1 or two drinks	3 or 4 drinks	5 or 6 drinks	7 or 8 or 9 drinks	10 and more drinks
3	How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	weekly	Daily or almost daily
4	How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	weekly	Daily or almost daily
5	How often during the last year have you failed to do what was normally expected from you because of drinking	Never	Less than monthly	Monthly	weekly	Daily or almost daily
6	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	weekly	Daily or almost daily
7	How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	weekly	Daily or almost daily
8	How often during the last year have you been unable to remember what happened the night before because you have been drinking?	Never	Less than monthly	Monthly	weekly	Daily or almost daily

9	Have you or someone else been injured because of your drinking?	No, never		Yes but not in the last one year		Yes during the last one year
10	Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?	No, never		Yes but not in the last one year		Yes during the last one year

Appendix V. Indepth Interview Schedule for Teachers

1. Type of school taught (i.e. boarding, day, mixed, girls, boys, etc.):

2. How long have you been a teacher?

3. Do you take alcohol, and if yes, for how long?

4. Do you know of teachers in this county who drink alcohol excessively?

5. What are some of the issues that contribute to alcohol abuse among teachers in this county?

6. How has the role of teachers been affected by alcohol use?

7. How do teachers influence the future behaviour of students?

8. How has alcohol use among teachers affected the community in this county?

9. How has alcohol use affected the teachers and their families?

10. What are some of the methods used by TSC to deal with cases of alcohol use among teachers in this county?

11. What is your opinion on the methods being used?

12. Give any suggestion on how the TSC can address the issue of alcohol use among teachers.

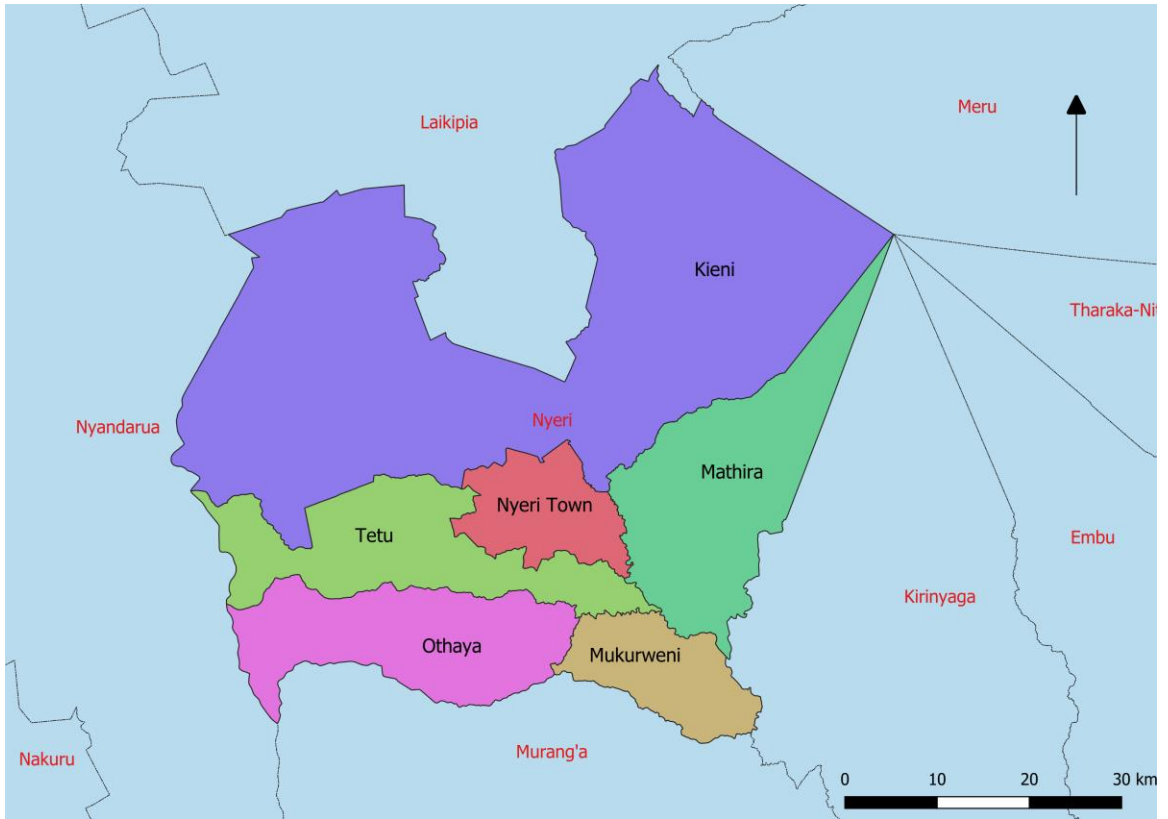
13. Any other comment on alcohol use among teachers?

Appendix VI: Interview Schedule for TSC County Director:

1. Name of interviewee
2. Duration at the current position
3. What are the expectations of the TSC on the role of teachers
4. Do you know of teachers in this county who drink excessively?
5. How has the role of teachers been affected by alcohol use
6. Do you think teachers influence the future behaviour of students
7. If yes, in what way?
8. Are there teachers in this county with alcohol-related health problems
9. How has alcohol use affected the psychological health of teachers
10. How has alcohol use affected the social relationships of teachers?
11. How has alcohol use among teachers affected the community in this county
12. Are there any habits associated with alcohol use that students have copied from teachers in this county?
13. How has alcohol use affected the families of teachers?
14. Do you know of teachers in this county who have suffered physical injuries due to alcohol use?
15. Do you know of any teacher who has died due to alcohol use?
16. What are the common methods of dealing with cases of alcohol use among teachers in this county
17. Give your opinion on the methods above
18. Give any suggestion on how the Tsc can address the issue of alcohol use among teachers.

Any other comment on alcohol use among teachers?

Appendix VII. Map Of Nyeri County



Appendix 1X: Research Authorization from the Ethics Review Committee



KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE

Fax: 8711242/8711575
Email: kuerc.chairman@ku.ac.ke
kuerc.secretary@ku.ac.ke
Website: www.ku.ac.ke

P. O. Box 43844,
Nairobi, 00100
Tel: 8710901/12

Our Ref: KU/R/COMM/51/834

Date: 13th October, 2016

Maingi Beatrice Muthoni
Kenyatta University
P.O. Box 43844 – 00100
NAIROBI

Dear Beatrice

APPLICATION NUMBER **PKU/581/1669** – “ASSESSMENT OF INFLUENCE OF PSYCHOSOCIAL WELL-BEING ON ALCOHOL ABUSE AMONG PUBLIC SCHOOL TEACHERS IN NYERI COUNTY, KENYA”

1. IDENTIFICATION OF PROTOCOL

The application before the committee is with a research topic “Assessment of Influence of Psychosocial Well-being on Alcohol Abuse among Public School Teachers in Nyeri County, Kenya” received on 20th September, 2016 and discussed on 11th October, 2016.

2. APPLICANT

Maingi Beatrice Muthoni

3. SITE

Nyeri County, Kenya

4. DECISION

The committee has considered the research protocol in accordance with the Kenyatta University Research Policy (section 7.2.1.3) and the Kenyatta University Ethics Review Committee Guidelines AND APPROVED that the research may proceed for a period of ONE year from 13th October, 2016.

5. ADVICE/CONDITIONS

- i. Progress reports are submitted to the KU-ERC every six months and a full report is submitted at the end of the study.
- ii. Serious and unexpected adverse events related to the conduct of the study are reported to this board immediately they occur.
- iii. Notify the Kenyatta University Ethics Committee of any amendments to the protocol.
- iv. Submit an electronic copy of the protocol to KUERC.

When replying, kindly quote the application number above.

If you accept the decision reached and advice and conditions given please sign in the space provided below and return to KU-ERC a copy of the letter.

DR. TITUS KAHIGA
CHAIRMAN ETHICS REVIEW COMMITTEE

I MAINGI B. MUTHONI accept the advice given and will fulfill the conditions therein.

Signature..... MB Dated this day of..... 21.10..... 2016.

cc. Vice-Chancellor
DVC-Research Innovation and Outreach



Appendix X: Research Authorization from NACOSTI



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

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when replying please quote

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NAIROBI-KENYA

Ref. No:

NACOSTI/P/17/48472/15406

Date:

13th February, 2017

Beatrice Muthoni Maingi
Kenyatta University
P.O. Box 43844-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*Assessment of influence of psychosocial well being on alcohol abuse among public school teachers in Nyeri County Kenya,*" I am pleased to inform you that you have been authorized to undertake research in **Nyeri County** for the period ending **10th February, 2018**.

You are advised to report to **the County Commissioner and the County Director of Education, Nyeri County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.


BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Nyeri County.

The County Director of Education
Nyeri County.

Appendix XI: Research Authorization from County Commissioner Nyeri County



**THE PRESIDENCY
MINISTRY OF INTERIOR AND CO-ORDINATION OF NATIONAL
GOVERNMENT**

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When replying please quote

COUNTY COMMISSIONER
NYERI COUNTY
P.O. Box 33-10100
NYERI

REF: NYC/ADM I/57 VOL. V/86

25th April, 2017


Beatrice M. Maingi
P.O. Box 8410-00300
NAIROBI

RE: RESEARCH AUTHORIZATION

Reference is made to your letter dated 25th April, 2017 on the above subject.

Approval is hereby granted to carry out a research on ***“Assessment of influence of psychosocial well-being on alcohol abuse among public school teachers in Nyeri County”***

The period of study ends on 10th February, 2018.


F. Mwangi
For: County Commissioner
NYERI COUNTY