THE RELATIONSHIP BETWEEN ALCOHOL USE DISORDER AND GENDER-BASED VIOLENCE AMONG WOMEN IN KIANDUTU SLUM, KIAMBU COUNTY, KENYA

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DECLARATION

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

Signed…….....Date……

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This thesis has been submitted for examination with my approval as Supervisor.

Dr. Ann Wamathai

Signed…….....Date……

Supervisor

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DEDICATION

I dedicate this work my husband; Paul Christopher Kimuhu, my children; Gabriel William Mbogo, Peter Julius Mungai, and Imani Nduta, for according me the moral support to complete this study.

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I am grateful to my supervisor for the immense support in guiding me throughout the entire process of writing up this thesis. To my family members who include my parents, husband and children, I cannot have enough words to express the kind of support you have accorded me. Am also indebted to my colleagues and course mates for having the good will in the entire research process. They were present for consultation and encouragement when the process became tougher. Special appreciations are also directed to PAC University management and staff for providing courses that are well balanced and anchored on the curriculum stipulated by the Commission of University Education. The library staff are also acknowledged for their immense professional support in ensuring that the document followed the required university guidelines as well as APA 7th edition.

ABSTRACT

Women should be empowered to strive for more growth in their personal and communal lives. That notwithstanding, there have been increased cases of gender-based violence among women in Kenya particularly during and post-covid-19 Pandemic. The main objective of this study was to establish the relationship between alcohol use disorder and gender-based violence among women in Kiandutu slum, Kiambu County, Kenya. The study was informed by two theories which were the Psychopathological Theory and the Theory of Tension Reduction. Descriptive research design was adopted since it would guide the study based on the problem at hand. The target population was 433 women and 7 managers of the rehabilitation staffs in 6 rehabilitation centers and one GBV rescue center. Simple random sampling method was used to obtain 30% of 433 women resulting to a sample size of 130 women. The other category of the rehabilitation center managers was sampled using purposive method to include all. The women were issued with the questionnaires while center managers were interviewed. The study conducted a pre-test in Stegrami rehabilitation center in Kiambu County. The study measured reliability and validity. When analyzing the quantitative data, the study examined descriptive statistics and inferential statistics. In the descriptive statistics, the study gave information related to frequencies, percentages and mean. In inferential statistics, Model Summary, ANOVA and regression coefficient were measured. When analyzing qualitative data from the interviews, the study used thematic method. The key findings on extent of Alcohol Use Disorder revealed that 82(88%) women were not able to maintain basic household hygiene, 78(75%) experienced hallucination, and 76(73%) experienced insecurity concerns when intoxicated with alcohol. Further, on extent of GBV, 85(81%) women admitted that people subjected them to verbal abuses, 89(85%) admitted to physical violence or verbal insults while 86(82%) had never thought of killing themselves. On the relationship between AUD and GBV, 93(89%) women admitted that when their partners shouted at them because of drinking. In addition, 85(81%) felt shortness of breath complications when they took excessive alcohol. On the treatment options offered to women, 94(90%) agreed that they have ever received emotional support particularly from their family and 92(88%) women also admitted that they have received aid in form of goods in kind. Further 76(72%) women admitted that they were in support groups to enable them overcome the drinking problem. The conclusion was that there was AUD among women and at the same time, they were subjected to GBV. However, when the women were offered treatment options, the AUD and GBV reduced significantly. Therefore, the study recommends that there should be more public awareness through main stream and social media to enable the public realize the negative impact of AUD and GBV.

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ABBREVIATIONS AND ACRONYMS

AGI-K	Adolescent Girls Initiative Kenya
APA	American Psychological Association
AUD	Alcohol Use Disorder
AUDIT	Alcohol Use Disorders Identification Test
BDI	Beck Depression Inventory
CAP	Counseling for Alcohol Problems
CDCP	Center for Disease Control and Prevention
CHVs	Community Health Volunteers
CPR	Cardiopulmonary Resuscitation
CTS	Conflict Tactics Scale
GAD-7	Generalized Anxiety Disorder-7
GBV	Gender Based Violence
ECHR	European Court of Human Rights
EPIP	Early Psychosis Intervention Program
FGM	Female Genital Mutilation
GBV	Gender Based Violence
HITS	The Hurt Insult Threaten and Scream
KNBS	Kenya National Bureau of Statistics
KWCWC	Kenya Women and Children's Wellness Centre
LVCT	Liverpool Voluntary Counseling and Testing, Care and Treatment
MPSSS	Multidimensional Perceived Treatment options Scale
NACADA	National Authority for the Campaign Against Alcohol and Drug Abuse

NCRC	National Crime Research Center
NGAAF	National Government Affirmative Action Fund
NGOs	Non-Government Organizations
PAC	Pan Africa Christian University
PMA	Performance Monitoring for Action
PTSD	Post Trauma Stress Disorder
SDG	Sustainable Development Goals
STI's	Sexually Transmitted Diseases
SUBS	Substance Use Brief Screen
SWOP	Sex Worker Outreach Program
UNODC	United Nations Office of Drugs and Crime
UYDEL	Uganda Youth Development Link
WERCAP	Washington Early Recognition Center Affectivity and Psychosis
WHO	World Health Organization

OPERATIONAL DEFINITION OF TERMS

Alcohol Use Disorder: This is a chronic disease that is a resultant of someone taking alcohol too much hence are not in control of their drinking problem. It has been used in the study to explain the drinking problem among the women.

County: This is an established area whereby the constitution allows the residents to receive services and facilities from a local government at a closer perspective. It has been used to represent Kiambu County in this study.

Gender Based Violence: This is any physical or emotional acts that cause pain to someone from another person of different gender. It has been used to represent the harm that women undergo from their partner and other people, which causes pain.

Slum: This includes people in a specific place smaller than a town with shared common values. It has been used to showcase where the study's respondents resided exposing them to AUD and GBV.

CHAPTER ONE: INTRODUCTION AND BACKGROUND OF THE STUDY

Introduction

This chapter provides the background of the study, statement of the problem, main objective, specific objectives and hypothesis. Assumptions, justification, significance, limitation and scope of the study are also covered.

Background to the Study

Women as with the case of men are affected by social challenges such as Alcohol Use Disorder (AUD) and gender-based violence. The value of a woman in a contemporary society is one of the factors that has ensured that there is constant growth in both family and community lives (United Nations International Children's Emergency Fund [UNICEF], 2020). Their contribution does not only end up in procreation, care-giving and cooking but also in more serious professional aspects such as local and international leadership roles (Zenger & Folkman, 2019). Therefore, the physical and mental health of women is very important towards ensuring that the great assignments they undertake are accomplished. Physical health entails everything to do with their bodies such that all the parts are functioning as required (Stoicescu et al., 2020).

Mental health handles the emotional and psychological parts of their lives such that, their minds should be in a stable state away from stress (Charlson et al., 2019). However, there are several issues that affect women mental well-being such as alcohol use and gender-based violence among others. Women just like men suffer from Alcohol Use Disorder [AUD]. According to Kranzler and Soyka (2018), AUD is a chronic disease that results from taking too much alcohol; hence, they are not in control of their drinking

problem. Alcohol use disorder is mainly portrayed among users when they have inability to interpret the reality which is mainly engulfed with hallucinations, whereby they see things that are not real (Kendagor et al., 2018). The users also experience disorganized speech which mainly includes speaking to invisible people in languages that cannot be understood easily; disorganized behaviors such as; sleeping by the roadsides, defecating openly, and undressing in public, among other behaviors (Mkuu et al., 2019). When women take alcohol in excessive amounts, AUD is expressed through high temperament, low energy to work, low memory, low concentration, poor motivation, lack of purpose, becoming guilty, negative mentality and not believing in themselves (Grunze et al., 2021).

Gender Based Violence [GBV] is defined as any physical or emotional act that cause pain to someone from another person of different gender (Raftery et al., 2022). Another definition by World Health Organization [WHO] (2018) adds that it could be any harm inflicted to a person either in private or in public. Gender-based violence mainly originates from different gender but also could originate from similar gender especially in relationships such as marriages from same-sex couple. Therefore, in the context of this study, gender-based violence is defined as any harm inflicted on a woman in form of physical, psychological and sexual actions by their perpetrators. Studies have indicated that women carry the heaviest burden of violence as compared to men (Collier et al., 2020). They suffer subsequent physical, sexual and mental gender-based violence where they have been insulted, and shouted at which stresses them (Collier et al., 2020). A study by Ramsoomar-Hariparsaad (2021) indicated that when women consume alcohol excessively, they increase their vulnerability towards GBV.

Globally, as reported by the National Survey on Drug Use and Health (2021), 13% of adult women had a drinking problem with 9% of the population experiencing alcohol use disorder. The report further noted that 18% of women had ages between 18-44 years and alarmingly, 32% of female students in American high schools consumed excessive alcoholic drinks as compared to 26% of the males. Similarly, information from Centers for Disease Control and Prevention (2023) revealed that the death rates of European and American women related to excessive alcoholic drinking increased by 14.7% when that of their counterparts was 12.5%. The Center for Disease Control and Prevention [CDCP] (2022) indicated that when women have a drinking problem, they feel hopeless since they are supposed to be role model to their children.

As a result, they feel agitated by people around them which may trigger their spouses to verbally insult or beat them. Additionally, they may have anxiety which pushes them to excessive consumption of alcohol to distort reality hence making irrational judgements which could lead to overconfidence to even fighting men. However, Daviet et al. (2022) ascertained that due to the reality that women have less strength as compared to male counterparts, in a case of physical assault they get easily overpowered and exposed to GBV. In Asian nations such as Indonesia, Deutsche (2022) complained of a lot of women that had been defiled after getting intoxicated by alcohol hence prompting enactment of a bill to punish sex offenders.

According to a report by UNICEF (2020), South Asian nations allow young women to take part in selling alcoholic drinks to complement household income which has exposed them to early unprotected sexual relations and physical assault. It was noted that among the young women selling alcoholic drinks, forty-five percent of them between 10-24 years

had already been introduced to alcoholism and were in romantic relations if not marriages. Therefore, since these young women entered marriages at young age, their spouses who were older than them, disrespected and battered them amounting to GBV (UNICEF, 2020).

Regionally in South Africa, Kerr-Wilson et al. (2020) noted that female students who engaged in binge drinking experienced risky outcomes as far as sexual experiences like rape were concerned which caused them mental distress. Swahn et al. (2021) noted that alcohol use among the Ugandan youth occurred co-currently with GBV. That means that there was a higher chance of violence occurring after a drinking spree. According to Miller et al. (2022), COVID-19 lockdown had lowered the intake of alcohol among women since 278 women admitted that they stopped taking it since the bars were closed and the available alcoholic drinks at the supermarkets were expensive.

Despite the reduced alcohol intake, the dangerous urge to take alcohol and lack of income stressed women hence, picking unnecessary fights with their spouses leading to GBV at homes (Miller et al., 2022). The cases worsened especially when the husbands were also drunkards. This eventually led to breaking Covid-19 lockdown rules whereby women went to look-out for cheap and dangerous alcohol in dens. When the authorities discovered the dens, women amongst men suffered from physical assault from police officers since they were outrun by men. That notwithstanding, Miller et al. (2022) did not inquire on whether there were any changes on levels of alcohol intake among women after Covid-19 and how that affected GBV on them.

Penal Reform International (2021) posited that when women got intoxicated, they developed challenges in making sound financial decisions thereby affecting the overall

development of their families. According to Penal Reform International (2021), the families of Ugandan women with excessive alcoholic drinking problem experienced abject poverty since most of their disposable income was channeled into buying alcoholic drinks. In Tanzania, Ndaula (2018) also revealed that women have been married off and introduced to alcohol brewing thus exposing them to drinking at very young ages which deprived them of education and the chance of becoming valuable members of the society.

Locally in Kenya, a report by National Authority for the Campaign Against Alcohol and Drug Abuse [NACADA] (2022) revealed that 1 in every 20 women (687, 356) had an alcohol drinking problem in 2021 which had risen by 144,476 from 542,880 in 2020. Additionally, there was an overall increment by 65.3% in the number of bars in Nairobi region that included Kiambu County. This meant that more women especially the underage and youth were exposed to alcoholic drinks by 67.4% since they were readily available in their neighborhood (NACADA, 2022). Considerably, when women excessively take alcohol, they get exposed to various trepidations culminating to GBV.

Beksinska et al. (2022) established that when Kenyan female sex workers took alcohol, they began portraying signs related to easily becoming irritated which made them hurl insults to their clients. Further, Mwangi (2021) found out that women who took substances such as alcohol led to being physically assaulted by their partners. Miller et al. (2022) explored how the alcohol taking patterns of women changed which affected their mental status and exposing them further to GBV from their spouses in Uganda. The nature of data collection was based on phone survey among 556 women of Wakiso region between 13-80 years.

A report by National Crime Research Center [NCRC] (2018) provided information regarding the GBV in Kenya. The report revealed that females suffered more from GBV as compared to men in Kenya. In terms of body harm,73.8% females reported the cases as compared to 68.9% by men. The men indicated that they were 'disciplining' women since they love them and it is a traditional right for men. Additionally, there were 15.2% women indicating to have experienced sexual violence as compared to 7.4% from men. In terms of rape, 37.5% of women were raped while 9.6% men complained of the same fate. A study conducted in Kibera, Kenya by Kairuki (2021) examined how alcohol abuse caused spouse related violence. The study included 32 women who lived in Kibera at the time of collection of data and had become victims of spouse violence. The reason why men were not included was because there were no men who agreed to have been victims of violence from their wives. The study therefore proceeded to interview the women guided by semi-structured interviews. Women suffered depression due to extensive physical and psychological abuse. In addition, there were few cases of sexual abuse such as rape by spouse which extended to female gendered children. The study noted that most cases went unreported since there was a kind of patriarchal nature in existence between the police officers and the locals. The current study explored the relationship between alcohol use disorder and gender-based violence among women in Kiandutu Slum, Kiambu County, Kenya.

Statement of the Problem

Recently, there has been an increase in cases of GBV related to excessive alcoholic use among women in Kenya particularly during and post-covid-19 Pandemic (Sustainable Development Goals [SDG], 2021). A report by SDG Kenya Forum (2021), violence against women in the year 2020 increased from 477 cases in August to 593 cases in September as

compared to 169 cases to 243 cases of violence against men in the similar time. It was noted that among the women who were exposed to violence, 62% of 593 reported cases had signs of intoxication from alcoholic drinks (SDG, 2021). Over time, the alcohol consumption pattern among women has exceeded to dangerous limits that exposes them to disorders that have critical health impact. Notably, the menace about excessive alcoholic consumption has taken toll of women in all ages with its immense contribution to gender-based violence (Greaves et al., 2022). Additionally, the continued excessive consumption of alcohol has caused massive household instabilities due to alcohol complications and consistent pattern of violence against women (United Nations Programme on HIV/AIDS [UNAIDS], 2018a).

Global past studies such as a report by UNAIDS (2018b) and UNAIDS (2019) revealed that in 2018, 32% of women and 18% of men aged 18-24 years in developing nations experienced sexual form of gender-based violence after they became intoxicated with alcohol. There is need to understand how alcohol consumption plays part among women in other age groups. Local studies such as Ministry of Health-Kenya (2014) also revealed that 41 percent of women had experienced physical or sexual violence which was not articulately associated with pre or post alcohol consumption addiction effects. There however few studies addressing the nature on the relationship between AUD and GBV in Kiambu County. Therefore, the study aimed to establish whether AUD has any relationship with GBV in Kiandutu Slum, Kiambu County, Kenya.

Purpose of the Study

The purpose of this study is to establish the relationship between alcohol use disorder and gender-based violence among women in Kiandutu slum, Kiambu County, Kenya.

Objectives of the study

The study was informed by the following study objectives:

i. To establish the prevalence of alcohol use disorder among women in Kiandutu slum, Kiambu County, Kenya.
ii. To establish the prevalence of gender-based violence among women in Kiandutu slum, Kiambu County, Kenya.
iii. To explore the relationship between alcohol use disorder and gender-based violence among women in Kiandutu slum, Kiambu County, Kenya.
iv. To assess the treatment options for gender-based violence among women in Kiandutu slum, Kiambu County, Kenya.

Research Questions

The study was guided by the following research questions:

i. What is the prevalence of alcohol use disorder among women in Kiandutu slum, Kiambu County, Kenya?
ii. In what way does the prevalence of gender-based violence affect women in Kiandutu slum, Kiambu County, Kenya?
iii. What is the relationship between alcohol use disorder and gender-based violence among women in Kiandutu slum, Kiambu County, Kenya?
iv. What are the treatment options of gender-based violence among women in Kiandutu slum, Kiambu County, Kenya?

Assumptions of the Study

The study operated under the assumptions that:

i. There have been reported cases of alcohol use disorder and gender-based violence among women in Kiandutu slum, Kiambu County, Kenya. The findings revealed that there were identified cases of AUD and GBV. 82(88%) women were not able to maintain basic household hygiene, 78(75%) experienced hallucination, and 76(73%) experienced insecurity concerns when intoxicated with alcohol. Further, on extent of GBV, 85(81%) women admitted that people subjected them to verbal abuses, 89(85%) admitted to physical violence or verbal insults while 86(82%) had never thought of killing themselves.

ii. Further, it will be assumed that there are treatment options present to help women who have undergone GBV in Kiandutu slum, Kiambu County, Kenya. It was noted that 94(90%) agreed that they have ever received emotional support particularly from their family and 92(88%) women also admitted that they have received aid in form of goods in kind. Further 76(72%) women admitted that they were in support groups to enable them overcome the drinking problem

iii. The study's data collection instruments such as questionnaires and interviews would be in a position of capturing the key details that would enable the study reveal the concerns on alcohol use disorders and GBV among women.

Justification of the Study

Women have had to endure various forms of violence against them for a very long time. A huge number have suffered in silence with several ending up in hospitals or even death (Swahn et al., 2021). To numb the pain, some women who are more of addicts feel that when they take alcohol, they feel less pain and are able to fight back and defend themselves when exposed to any form of GBV (Kendagor et al., 2018). What is not known

to the women is that they are becoming addicts who are easily susceptible to issues like schizophrenia, bipolar disorder and anxiety disorders (Machisa et al., 2022). To make matters worse, when the society notices a woman is an alcohol addict, they tend to shun them from their informal and formal gatherings. This result to complete lack of support in showing the women they care about their health (Karpinskia, et al., 2018). Therefore, this leaves the women broken both psychologically and physically to a point that they even become more vulnerable to depression and further violence. It was the focus of this study to establish the relationship between alcohol use disorder and gender-based violence among women in Kiandutu slum, Kiambu County, Kenya.

Significance of the Study

The study's findings would be of importance to various audiences as described:

- Women would understand the need to speak out when exposed to any form of GBV. Additionally, there would be more insights to the women on the repulsions of alcohol use disorders.
- The general public would also understand the problems women undergo as they continue living in their midst. This information would enable the public to be more vigilant and, on the lookout for any GBV cases as they are about to happen so as to save the women from undergoing the experiences.
- The government would also benefit from the study since it will get more updated data on various forms of AUD women undergo in areas such as Kiandutu slum which is more of a slum. This will enable the government enact policies on punishments to be given on culprits responsible for selling illicit brew to them. This could be in terms of imprisonment and fines.

- The psychiatrists would also benefit from the study which they will understand how GBV has been pushing women into consuming alcohol excessively. Additionally, the psychiatrists would understand what the society is doing about it and what treatment options the women are being offered.
- The findings would add new knowledge to the field of psychology when the influence of alcohol use disorders on gender-based violence among women in Kiandutu slum, Kiambu county, Kenya is known. Additionally, future studies will find the results of the study useful since they will get the connection that exist between alcohol use disorders and GBV among women in the society.

Scope of the Study

The study was conducted in Kiambu County where Kiandutu slum is located and examined the extent of alcohol use disorder among women, the extent of gender-based violence among women, the relationship of alcohol use disorder and gender-based violence among women and the moderating influence of treatment options on gender-based violence among women. The study collected data from GBV rescue center managers, staff and women who had been rescued from GBV in Kiandutu slum, Kiambu County. Primary data was collected in form of questionnaires and interviews. The managers were interviewed while the staff and women answered the questionnaires.

Limitations

The main limitation of the study was fearful women who were afraid of taking part in the study. This was because, the nature on the sensitivity of the topic encountered challenges such as the women being too shaken from the experiences of GBV and thought

the study was a way of collecting data to prosecute the culprits thereby declining to participate in the study. To counter this limitation, the study created a friendly environment that built confidence among the women to speak up. The purpose and the need of the study were keenly explained to ensure that the women felt safe in participating in the study.

The second limitation was the short time allowed to interact with the women by the institution. This was because, the management of the centers considered the women as still recovering psychologically hence required less interaction with the external parties till they recovered. To counter this limitation, the study's researcher and research assistants were always in company of the targeted institutions' staff to create confidence among the women and also ensure that the rehabilitation center protocols were being observed at all times.

Chapter Summary

This chapter has provided a clear synopsis of the issues surrounding gender-based violence in the background of the study linking them to alcohol use disorders. From the explanations given, it was made clear that gender-based violence against a woman becomes more unbearable when there is uncontrolled intake of alcohol. From the explanation, there have been description of what is counted as GBV which include physical, mental and sexual violence. The main problem had been observed to be increased GBV cases with statistics given on how many from each gender were affected especially during and after Covid-19. Thereafter, the main objective, specific objectives and research questions have been provided. The chapter has also provided assumptions, justification, significance, limitation and scope of the study. The following chapter provides the literature that supports each of the variables, as well as theories that support them.

CHAPTER TWO: LITERATURE REVIEW

Introduction

This chapter provides a review of past studies done in relation to the variables and thereafter the theoretical framework that supports the variables. The conceptual and operational frameworks conclude the chapter.

Literature Review

The discussion of various past studies in regards to the extent of alcohol use disorder among women, extent of gender-based violence among women, the relationship of alcohol use disorder and gender-based violence among women, and the moderating influence of treatment options on gender-based violence among women is indicated.

Prevalence of Alcohol Use Disorder among Women

Alcohol Use Disorder (AUD) is a global phenomenon not only among men but also among women. A woman experiencing AUD is mainly engulfed with distress, fear, fatigue, confusion, disorganization, and lethargy (Center for Disease Control and Prevention, 2022). Several studies have pointed out these concerns and trends related to prevalence of alcohol-use disorder from global, regional and local perspective. Globally, a report by America Addiction Center [AAC] (2024) revealed that in America, 13% of women had an AUD with 18% of them between 18-44 years. A rather peculiar situation is that 32% females in basic education systems such as American high schools were reported to consume alcohol which was higher than 26% cases of males' students. In the general American society, there were 15% cases of women with AUD as compared to 13% cases

among men. Notably, AAC (2024) also revealed that this drinking problem was also among pregnant women whereby 10% consumed alcohol while 5% of the women had AUD.

Another report by White (2020) assessed the various harms caused by alcoholic intake in America. The report began by indicating global statistics on alcohol intake in various nations. The report revealed that in 2016, 32% females were reported to be alcohol takers, which was roughly 0.88 billion women. According to White (2020), in New Zealand, there is an equal ratio of men as compared to women 1:1. In America, the report noted that on average, there were 64% cases of females who consumed alcohol which was an average of 6.7 liters per woman as at 2021. White (2020) indicated that there were 4% cases of AUD among women in America at 2021. Regrettably, only 9% of the women among the high alcohol takers received treatment leaving the other 91% women with no treatment of AUD.

Further, Varlin et al. (2021) examined the frequency of alcoholic drinking problem among Canadian women. The study was anchored on the drinking patterns that were weekly or heavy drinking among women who had 15-54 years as per 2019 Canadian Community Health Survey. Shockingly, ¾, (75%) of the population under focus were regular consumers of alcohol. Among the group, those that consumed alcohol on weekly basis were 30.5% whereas 18.3% of the remaining women were heavy drinkers experiencing AUD. The impact this excessive consumption of alcohol was mainly revealed through high irritation rate and poor concentration.

Regionally, Milanzi and Ndasauka (2019) explored the alcohol addiction patterns among African nations in the South and East. The study noted that the women who were reported to have dangerous drinking patterns on average in African nations was 2.9%,

while this rate increased depending on whether they were in the urban or rural region. If in the urban, this rate was likely to go up to 33.4% and in case the woman was in rural region, it went as high as 18.3%. Further, Agiresaasi et al. (2021) explored the negative impacts of alcohol drinking problem among mature African women who were of child bearing age. The report noted that in African nations such as South Africa and Lesotho, the cases for AUD among women were often reported to be between 1.1% to 13% among women aged 15-49 years of age. In other nations such as Congo, the percentage was 25.4% while in Ghana, there were 34.9% cases of AUD among women. Tanzania and Mauritius reported the least percentages of 3.9% and 0.9% respectively.

In addition, Adjorlolo and Setordzi (2021) explored how African post adolescent women were battling out with excessive drinking habits. The study obtained data from secondary sources such as Africa Index Medicus and Scopus among others. From the results derived in Nigeria, it was established that there were 68.8% females with AUD whose 23.1% of them had sought help. The main reason for seeking help was because women greatly suffered emotional and physical violence especially after being tormented by their male partners. However, the main concentration of the study was between Nigeria and South Africa while ignoring Kenya on the basis hence the need to explore the relationship between alcohol use disorder and gender-based violence among women in Kiandutu slum

Locally in Kenya, Beksinska et al. (2022) explored how dangerous consumption of alcohol led to syndetic risk among female sex workers. The target population included 1039 community mobilisers and employees at 7 Sex Worker Outreach Program [SWOP]

clinics. The response rate was 1003. It was reported that 30% (301) of the women who respondents admitted to have an AUD problem, which was the highest abused drug in this study. According to Beksinska et al. (2022), when female sex workers took alcohol, they began portraying signs related to easily becoming irritated which made them hurl insults to their clients. As a result, they were arrested by police and in other cases forced to have sex (raped) by strong clients hence exposing them to further complications such as Sexually Transmitted Diseases [STD's] and some other cases HIV infections. However, Beksinska et al. (2022) did not explore the effect other symptoms of alcohol use disorder such as confusion, disorganization, and lethargy. This study aims at establishing the prevalence of AUD among women in Kiandutu slum.

Prevalence of Gender Based Violence among Women

Women have been enduring GBV concerns in our society which have been fueled by various actions instigated by their partners and society in general. The extent of GBV was measured through indicators such as sadness, withdrawal from people, loss of interest in activities, irritation, and suicidal thoughts (Machisa et al., 2022; UNAIDS, 2018a). There are studies that point out the concerns and trends related to extent of GBV from global, regional and local perspective. Globally, a report by World Bank (2022) revealed that at global perspective, 1 in every 3 women had experienced GBV. Among these women, 30% of the GBV cases was due to physical assault by spouses and sexual violence by non-spouses which was a total of 736 women. On this population, 245 (33%) million women with aged above 15 years had undergone GBV from their spouses at least once.

It was noted that 58.8 (24%) million adolescent women who were 15-19 years had undergone various GBV which were physical assault, sexual and psychological violence

from their spouses (World Bank, 2022) This was the same as one in every four girls. These cases were mostly rampant among Sub Saharan and South Asian adolescent women. In regards to non-partners related violence, 6% of women in the world had ever been exposed to sexual violence such as rape from people they were not in an intimate relationship with. The culprits were mostly family members and friends as noted from nations such as New Zealand which had 19% cases and 15% cases from North America. According to World Bank (2022), 60% cases of spouse or not spouse related GBVs were fueled by alcoholic influence, while 30% were caused by other types of drugs.

A study by Lasserre et al. (2022) examined the causes of GBV among women living in America. The study's population included both civilian and military women personnel in the community. The study used longitudinal survey method whereby the data was collected two times. The first data collection was conducted on 43,093 women who were interviewed face to face. The second data was collected from 34,653 women who were re-interviewed. That meant that 8440 women who had been interviewed the first time were disqualified since they were mentally/physically impaired, jailed, were actively engaged in military duties, dead, deported or simply refused to participate hence not available. According to Lasserre et al. (2022), the first test proved that among the 27, 571 women aged an average of 46 years, 1,765 of them had physically been assaulted within a 3-year span after the first interview. The study linked 1,765 high cases of assault to alcohol intake cases which propelled poor management of household finances leading to family conflicts. These exposed women to various form of depression cases such as suicide and sadness especially after divorces. That notwithstanding, Lasserre et al. (2022) did not investigate

the background characteristics of women such as past traumatic experienced at young age which could be contributory factors that pushed them to take alcohol at the advance age.

In Europe, a report by European Union [EU] (2024) revealed that two in every ten women had experienced sexual or physical violence. Specifically, 3 in every 10 women were sexually assaulted by family members, while 10 in every 20 women had ever been sexually harassed in their lifetime. It was also shocking to note that 2 in every 10 women had ever been killed by their spouses. Sadly, EU (2024) noted that 80% did not seek help. Psychological violence was noted to emanate majorly from spouses where 44% cases were reported, while 32% cases of sexual harassment was from work places. All this was happening in developed nations of whom 88% of the population believed that it was wrong to violate a woman and it should be punishable by law. Further, a report by Bjerde (2022) revealed the depth of GBV among women in various European nations such as Serbia, Roma, Montenegro, Bosnia and Herzegovina. It was sad to note that there were 92% cases of physical or sexual violence against the Roman women. There were also 18% cases of women in Montenegro and Serbia who were married at young ages of less than 15 years and 55% cases of those married at less than 18 years. As shocking as it was, Bjerde (2022) noted that half of the girls who were less than 18 years would be married any time in Roma before ever reaching the majority age.

In the United Kingdom, Chandan et al. (2020) explored the cases of women who had survived alcoholic related violence. The study had two set of women who had experienced alcoholic related GBV from their spouses (18,547) and those who did not (17,768). According to Chandan et al. (2020), 9174 (49.5%) of women who had experienced GBV from their spouses had cases of physical assault, sexual violence and

emotional violence. Further, out of these, 7,242 cases were as a result of physical aggression from their spouses. However, Chandan et al. (2020) did not examine cases of women who had experienced depression that led to GBV from other people apart from their spouses.

Further, in Serbia, Europe, Dostanic et al. (2022) examined how women whose husbands have ever been admitted in the hospital to treat AUD cope with depression and violence from them. The study adopted a cross-sectional approach to collect data from one hundred and four women spouses who had accompanied their husbands for treatment in Special Hospital for Addictions in Serbia. The study's response rate was 104 women who were issued with questionnaires to respond to. They were supposed to indicate various issues related with their depression rate, anxiety, use of alcohol and GBV. The study further measured GBV against women measured using Conflict Tactics Scale (CTS 2).

As per Dostanic et al. (2022), 50(48.1%) women whose male spouses have ever been treated or are presently being treated with AUD, got exposed to GBV in the last one year. Further, the women who were 50 years and above, stayed in the marriage/relationship for 21-30 years experienced 10.8 times more physical assault episodes, mainly because their partners either demanded from them money to buy alcoholic drinks especially after re-occurrence of alcoholism or forced them to drink alcohol with them. However, Dostanic et al. (2022) collected data from only women who had taken part during their husband's treatment procedures hence physically attending the sessions in the hospital.

Regionally, United Nations Women [UN-W] (2024) provided the trend of GBV in South African nations. The report noted that among the 89,000 women killed, African had the largest share of cases. Notably, 37% women had ever been physically assaulted or

sexually violated by their spouses. In nations such as Angola and Namibia and Mozambique, GBV cases on women had happened over 62%, 57% and 44% respectively. UN Women (2024) noted with a lot of concern that a woman living in Africa has 2.8 women per 100,000 women experience GBV while in America the rate is 1.5; Asia 0.8 and Europe 0.6. This revelation posed a great risk for women in Africa such that it does not only end at GBV but also death especially when alcohol is involved in either of the parties.

In Southern Ethiopia, Swalem and Molla (2022) conducted a cross-sectional study on how women who have previously experienced alcoholic related violence cases which had been taken to court were coping with the situation in Gedeo and Hawasa. The sample size included 423 women who were selected using consecutive sampling method. They were issued with structure questionnaires in which there was hundred percent response rate. According to Swalem and Molla (2022), 60(56.6%) of all women assessed were alcohol takers and when asked why they were taking alcohol despite having experienced negative ordeal of assault emanating from alcohol, they revealed that they felt secure to be in a position of facing their assaulters. Therefore, Swalem and Molla (2022) advised that courts should offer psychosocial care services to victims of GBV attending court cases. However, Swalem and Molla (2022) did not collect data using interview method which could have provided more in-depth information especially on violence against women after court cases have been determined.

Additionally, Owoso et al. (2018) did a comparative study on how war related psychotic and prevalent symptoms affected students who were from Rwanda and Kenyan secondary schools. The study screened two thousand two hundred and fifty-five students from Rwanda and two thousand and eight hundred students from Kenya. The screening

method was Washington Early Recognition Center Affectivity and Psychosis [WERCAP]. According to Owoso et al. (2018), female students from Rwanda experienced more psychotic symptoms than males because, they have literally been involved in wars such as pre and post genocide era which exposed them to physical, emotional and sexual violence. In Kenya, the psychotic symptoms were mainly experienced as a result of tribal clashes of 1992 and 2007. However, Owoso et al. (2018) assessment of psychosis was not linked to alcohol hence creating a gap of ascertaining on how female students exposed to alcohol suffered various form of violence in Kiandutu, Kiambu County. Additionally, the study's research instruments were written in Swahili and Kinyarwanda; hence, interpretation by respondents was different.

In South Africa, Machisa et al. (2022) investigated how depression factors such as suicide thoughts combined with excess alcohol consumption led to spouse violence and rape among female students of black origin. The study targeted 9 public universities and Technical Vocational Education and Training [TVET] colleges in rural areas of South Africa. The respondents were 840 female students from universities and 565 from TVET. They were sampled to have 774 universities and 519 TVET female students who answered the questionnaires. According to Machisa et al. (2022), female students who engaged in binge drinking experienced risky outcomes as far as sexual experiences like rape were concerned which caused them mental distress. Extensive periods of mental distress resulted to depressive symptoms such as loss of interest in activities, irritation, suicidal thoughts. The various intervention programs higher institutions had adopted to reduce GBV of any form included gender-transformative interventions and violence prevention programs. That notwithstanding, Machisa et al. (2022) did not consider the opinions from female students

of other origins such as white and Caucasian. Probably, their experiences on GBV were different especially the ones' that were in relationships with African men.

In Kampala Uganda, Swahn et al. (2021) examined how dangerous alcohol consumption related to GBV on sexual experiences and HIV among the female youths. The study included female youths aged 12-18 years who were living in the urban streets of Kampala and were actively engaged in Uganda Youth Development Link [UYDEL] drop-in centers for disadvantaged street and slum female youths. The respondents who included the 1,134 female youths who were sampled through convenience sampling method among whom 635 were females. They were issued with questionnaires and after they completed the study, they were issued with a snack for participating in the study. The study by Swahn et al. (2021) noted that alcohol use among the female youth occurred co-currently with GBV.

Additionally, 50% of the 115 HIV positive female youths admitted that they had experienced GBV. It was further noted that alcohol use led to defiance of parental instructions. In addition, the female youths engaged in risky sexual activities like prostitution which placed them at the risk of contracting HIV worsening their depression status. However, Swahn et al. (2021) did not include other female youths between 19-35 years of age. Further, the study concentrated on female youth who were members attending the UYDEL centers, hence limiting it to generalize to other population of the female youths such as the ones not in the streets but in universities and colleges. In consideration of COVID-19, Miller et al. (2022) explored how the alcohol taking patterns of women changed which affected their mental status and exposing them further to GBV from their

spouses in Uganda. The nature of data collection was based on phone survey among 556 women of Wakiso region between 13-80 years.

According to Miller et al. (2022), COVID-19 lockdown had lowered the intake of alcohol among women since 278 women admitted that they stopped taking it since the bars were closed and the available alcoholic drinks at supermarkets were expensive. Despite the reduced alcoholic intake, the dangerous urge to take alcohol and lack of income led to unnecessary fights with their spouses leading to GBV at homes. The cases were worsened especially when the husbands were also drunkards. This eventually led to breaking of Covid-19 lockdown rules, whereby women went to look-out for cheap and dangerous alcohol in dens. When the authorities discovered the dens, women amongst men suffered from physical assault from police officers since they were outrun by men. That notwithstanding, Miller et al. (2022) did not inquire on whether there were any changes on levels of alcohol intake among women.

Locally in Nairobi, Mwangi (2021) conducted a study to assess how alcohol drinking patterns caused risky sexual experiences, physical violence and depression of women in informal urban settlements. The study was cross-sectional in nature and included 306 women who had attained the majority age. They were traced from 9 alcoholic sites in Nairobi area, where data was collected through questionnaires interpreted through peer educators and focus groups of 48 women randomly selected.

The study by Mwangi (2021) found out that 67% of women who took illicit brew were most likely to be depressed (stressed, despair and sadness) lead them to being physically assaulted by their partners (77%). They also engaged in risky sexual behaviors such as anal penetration (69%) which is a great violation to a woman's body. There was

therefore need to assess whether women in other informal urban settlement areas such as Kiandutu in Kiambu County, suffered from the same or different fate after taking alcohol.

Further in Nairobi slums, Wado et al. (2022) paid attention to how adolescent girls' mental health was affected after being exposed to alcoholic related violence. Data was collected from 2106 girls who were within an age group of 12-19 and were members of Adolescent Girls Initiative Kenya [AGI-K]. Mental health was assessed through Patient Health Questionnaire (PHQ 9) assessment tool. According to Wado et al. (2022), 13.3% cases of the girls was due to sexual violence. Additionally, the 22% cases were as a result of physical violence. From the explanation given, violence occurs especially because of poverty, crime and excessive alcoholic drinking problem. However, Wado et al., (2022) accessed girls from AGI-Kenya and not any other girl empowerment institution such as those in Kiandutu Slum.

Relationship between Alcohol Use Disorder and Gender Based Violence

In the contemporary society, the ability of women to live their lives to the fullest, enables them contribute significantly to the community members' general wellbeing. However, this is not normally the case since some women experience GBV which is related to AUD as pointed out by several studies. Globally, in Poland, Florek et al. (2022) examined how alcohol consumption during the time of COVID-19 led to increased aggression on women especially when anxiety was present. The study included four hundred and thirteen women who were assessed using AUDIT (Alcohol Use Disorders Identification Test), and GAD-7 (Generalized Anxiety Disorder-7) and the Buss–Perry Aggression Scale. According to Florek et al. (2022), women were susceptible to anxiety after alcohol consumption exposing their vulnerability to sexual violence. They

experienced trembling and immense sadness since they were worried on what would happen to their lives now that there was no income nor stable jobs. Therefore, since the study was conducted during Coronavirus disease [COVID-19], there is need to assess the alcohol consumption rate of women after COVID-19 subsidized and how it leads to GBV.

A report by Stankewicz et al. (2022) documented a breakdown on the key details that are associated with confusion among women emanating from alcohol in America. The study noted that AUD among women was so rampant to an extent that in every ten women, 68% of them had this problem. Additionally, 30% of women with AUD risked being diagnosed with further distress portrayed as chronic schizophrenia-like syndrome. According to Stankewicz et al. (2022), women experiencing the disorder after taking alcohol, tended to be vulnerable to mainly sexual abuse. This is because, when they got out of touch with the reality, men seized the chance and rape them in the name that they are 'saving' them from what they are fearing in their imaginations. In addition, Stankewicz et al. (2022), also pointed that the patients who were women also became violent to people around them which subjected them to physical abuse such as assault. Further, according to Stankewicz et al. (2022), failure to treat this disorder caused a patient to kill themselves or get into deeper depression. The treatment includes sedating them with haloperidol and when there were seizures, lorazepam was also used.

Regionally, in South Africa, Makhene (2022) investigated the impact that alcoholic led GBV had on students in higher education institutions. The study used secondary data ranging from 2010-2021 from the databases such as CINAHL, Medline, Pro-quest and Pubmed. The study narrowed down through inclusion and exclusion criteria to twelve articles relating to violence against women in higher learning institutions. According to

Makhene (2022), campus and college female students were mainly involved in excessive alcoholic drinking which impaired their cognitive abilities resulting to fighting and hurling insults which exposed them to physical violence. However, Makhene (2022) choice to use databases was engulfed with limited studies and the available ones were specifically related to a university where harassment and rape often occurred.

In Nigeria, Oseni et al. (2022) explored how alcohol drinking could lead to spouse GBV. The study stratified various six cities such as Benin City, Uselu, Auchi, Igarra, Ekpoma and Irrua. The study sampled 1227 people through purposive sampling method, who were in marriage arrangements for the past one year. They were issued with questionnaire while alcohol content was assessed through use of Substance Use Brief Screen [SUBS]. The study established that 332(27.1%) women took alcohol excessively exposing them to various forms of violence included degradation of women, insults, physical assault and to some extent sexual violence. Therefore, women were always fearful, trembling or panicking the moment the violence began. That notwithstanding, Oseni et al. (2022) concentrated on only alcoholic caused violence emanating from spouses and not from any other people.

Locally, National Crime Research Centre [NCRC] (2018) reported that there have been 21,341 cases of GBV survivors who have sought shelter among which 92% were females. It is also disheartening to learn that in Kenya 45% women aged 15-49 years have at one time in their lives experienced physical or sexual violence which could be translated to mean one in every five women experienced alcohol related violence. NCRC (2018) further provided that when women abused drug and substances such as alcohol since it's

the focus of the current study, they experienced 31% more GBV related cases which at times led to their swollen faces, broken bones, paralysis or worst-case scenario, death.

Additionally, Ondichu (2018) explored how alcoholic led GBV on women was a prevalent problem in Kenya. The study collected data from respondents through observation and from secondary sources. The observations made by Ondichu (2018) were that women who had undergone GBV due to excessive consumption of alcohol suffered physical injuries like swollen faces, broken limbs, memory loss and blury vision. Therefore, based on this report, it was observed that women took alcohol to manage GBV against them; hence, were more likely to continue taking alcohol at dangerous levels which would eventually lead to more and other types of violence since they are weak to defend themselves.

Treatment Options on GBV

Women who suffer from GBV require treatment support to moderate the effects of these challenges. Treatment options is the medical and social support that empowers a woman who has undergone GBV (American Psychological Association, 2022). The study considered various treatment options such as social support, social network, emotional support, informational support, tangible goods support and affirmation support (European Court of Human Rights, 2022). Globally, a study by Stoicescu et al. (2020) in America addressed a very important phenomenon about the challenges and solutions available for women who took excessive alcoholic drinks and had undergone sexual violence episodes which has posed the risk of being infected with HIV. The study reviewed secondary data to get more information on the challenges and solutions that have been previously used. According to Stoicescu et al. (2020), women experienced alcoholism caused GBV such as

forced risky sexual activities that put them at dangers of contracting HIV infection by 28.5%. Therefore, the study suggested that there should be Integrated IPV, HIV and Substance use Prevention Interventions such as Women CoOp (WC) which teaches on how women can negotiate safer sex practices with their companions; Trauma-informed Interventions such as INSPIRE (Integrating Safety Promotion with HIV Risk Reduction); and Community-level and Structural Interventions.

In India, Mahapatro et al. (2021) examined the nature of support women were getting during and past COVID-19 lockdown, especially having endured domestic violent after an alcoholic drinking spree. Being explorative in nature, the study included 36 women who had registered complaints against GBV at Mahila Salah and Suraksha Kendra [MSSK] in Alwar. The women were interviewed via phone by a counselor at MSSK. According to Mahapatro et al. (2021), women undergoing alcoholism caused GBV were given emotional support by family members, monetary support, and advice. That notwithstanding, Mahapatro et al. (2021) admitted that it was rather difficult and, in some cases, not able to collect data from the women via telephone. This was because the women felt that there was no privacy and also cautious that their spouses do not hear them selling them out. The study could have considered paying a visit to rescue center to be in a relaxed environment that would enable them gather relevant and accurate data on treatment options system available for women.

Further, Richardson et al. (2022) explored the support system women got especially when their spouses caused alcoholism caused GBV in rural areas of Pakistan. The study collected data for a period of three years from a sample of 945 women. Further, Richardson et al. (2022) measured the level of support from friends and family using Multidimensional

Perceived Social Support Scale [MPSSS]. The results revealed that when family support was adequate, GBV decreased and an increase in GBV led to decreased family and friend support, in a year's time. It was additionally noted that support from friends, though important, it hardly had any effect on GBV severity. Notably, Richardson et al. (2022) did not examine other types of treatment options such as affirmation support from government through enactment of policies and enforcement of laws against alcoholism caused GBV against women.

Regionally, Koris et al. (2022) in Nigeria investigated the benefits and issues surrounding social support systems given on adolescent girls from alcoholism caused GBV. The study was mainly interested on the gender transformative, whole family support programs running in the Northeast region of the nation. The study interviewed 21 adolescent girls, and 21 female caregivers who were active members of the program and recently recovered from alcoholic drinking problem. The caregivers were interviewed while the girls formed one focus group while the boys the other. According to Koris et al. (2022), the program provided in-depth training and sensitization to the girls such that they are able to get help particularly by understanding that no person is supposed to abuse them physically, emotionally or sexually; the girls were taught on how to communicate properly to avoid irritating people around them especially after being intoxicated with alcohol such as parents, older sibling, relatives and others; empowerment of the rights of a girl child; community training on how girl child's safety should be maintained. The challenges facing the program were linked to lack of clear policies from the government which protected the rights of the girls and strict traditional systems that valued a boy more than a girl.

In South Africa, Machisa et al. (2018) explored how women in Gauteng who had undergone alcoholism caused GBV, were being helped to regain their psychological resilience through social support factors. The study selected 189 women who were subjected to various alcoholism caused GBV measurements scales in a questionnaire as recommended by World Health Organization [WHO]. The study found out that women were able to regain resilience from post-traumatic disorders or depressive symptoms especially after alcoholism caused GBV episodes because of strong support system. According to Machisa et al. (2018), when a woman found out that the community was always there to help her through social network, emotional and tangible support, and that they would be able to get money to jumpstart their lives, they became resilient. However, the women who would have extremely high binge drinking which led to GBV, hardly got any support from the community. As a result, they relied on only psychosocial services from medical centers hence hardly remained resilient. However, Machisa et al. (2018) did not explore other social support systems that were available for the women who were binge drinkers.

In Somalia, Perrin et al. (2019) conducted a study on the various social norms and beliefs that existed related to alcoholism caused GBV on women and what prevention programs were in place in the region. The study included 301 men and 301 women who were 15 years and above who answered a semi-structured questionnaire. According to Perrin et al. (2019), the social norms related to protecting family honor, husband right to use violence, and response to sexual violence. The results on the social norm of protecting the family honor, revealed that the women reported cases of alcoholism caused GBV to clan elders instead of relevant authorities where punishment would be administered without

favors. The other social norm about husband 'right to use violence' revealed that husbands were allowed to discipline their wives as a way of demonstrating love to them especially when they were found drinking. The society often blamed the intoxication of the woman after an incidence of sexual violence or physical assault. Therefore, Perrin et al. (2019) advised that the prevention programs should involve training, empowerment and counseling on social norms that do not favor women who undergo alcoholism caused GBV.

Locally, a report by United Nations Trust Fund [UNTF] (2020) documented the various sources of funding that have been implemented to ensure that alcoholism caused GBV against 1900 women aged 15-24 years ended in Nakuru County. The study revealed that the funding provided by UNTF was used to organize training and empowerment programs in which the young ladies would be equipped with information on their worth as women in the contemporary society. Additionally, the funding was also used to provide committees responsible for ensuring that the women who have undergone alcoholism caused GBV have a place to speak out and provide evidence before its tampered with for action. According to UNTF (2020), the county government of Nakuru County had also provided financial support of 59.5 million for the construction of alcoholism caused GBV rescue centers and social support to women with disabilities. The national government implemented policies such as the Protection against Domestic Violence Act of 2015. This creates a need to examine the various sources of funding of alcoholism caused GBV programs in Kiandutu, Kiambu County.

Additionally, Amisah (2018) explored what connection existed between social support and depression from women abused by their spouses after excessively consuming alcohol in Kayole. The study included 193 women who were 18 to 60years of age. The

study measured violence against these women using The Hurt Insult Threaten and Scream [HITS] screening. According to Amisah (2018), women who had undergone alcoholism caused GBV were either depressed (44.6%) or had post trauma stress disorder [PTSD] (59.1%). According to Amisah (2018), the women who have previously undergone alcoholism caused GBV, should get a chance of accessing social support such as pastoral care, enforcement of laws by the government, counseling from mental health staff, and financial help from NGOs and the community at large. That notwithstanding, Amisah (2018) did not consider including women population who came from wealthy social-economic backgrounds but rather those from medium and low backgrounds.

Theoretical Framework

The study was informed by two theories which were the Psychopathological Theory to inform the AUD and the Theory of Tension Reduction to inform the GBV.

Psychopathological Theory

The Psychopathological Theory was coined by (Karl, 1913 as cited by Berrios, 1996) and it informed the AUD. The theory states that too much addiction to alcohol can be instigated by a mental disorder or simply put, addiction to alcohol could be as a resultant of symptomatic factors related to psychiatric disorders like cognitive issues. According to Karl (2013), the theory instigates the aspect of personality which pushes someone to take alcohol such as revived impulsivity, looking for excitement, sociability, and extravagance characters, among other traits (Wanjohi, 2021). That means that alcohol taking aspect from the psychology point of view is mainly pushed by the characteristics that a person has embodied with them.

This theory was used in explaining AUD in women from the point of view of what pushes them to take alcohol and the resultant effects. Women have had a desire to interact with their colleagues and friends from time to time (Ramsoomar-Hariparsaad, 2021). As a result, the interaction mainly happens at social places whereby they feel secure and unlimited to express themselves. These social places include hotels, bars and other entertainment joints and which offer various types of drinks. Their personalities will push the women to avoid taking soft drinks such as sodas and head to the hard drinks such as wines. As they continue to interact, they develop a more urge to become intoxicated due to a revived impulse in them, pushes them to shift to spirits and other hard drinks that make the urge to become intoxicated faster (Mwangi, 2021). At the end, they become deeply intoxicated such that they experience episodes of psychosis such as hallucinations, distress, fear of the unknown, confusion and lethargy.

Theory of Tension Reduction

The Theory of Tension Reduction was coined by Cappell and Herman (1972) and it guided the GBV. The theory stated that a woman consumed alcohol to minimize the pressures of life, and they mostly ended up undergoing GBV ordeal. The pressures of life emanated from school, work, family, friends, and the community at large (Raftery et al., 2022). The theory informs GBV through the violence that women underwent through insults, physical slapping, punching or pinching from people disappointed with their decision-making process (Abu-Elenin et al., 2022). The main defense for this kind of gender-based violence due to the tendency of correcting and bringing back the intoxicated woman to their actual senses for illogical decision that depleted household finances causing violence from their spouses and family (European Court of Human Rights, 2022).

However, whether intoxicated or not, GBV was administered through physical assault to the women.

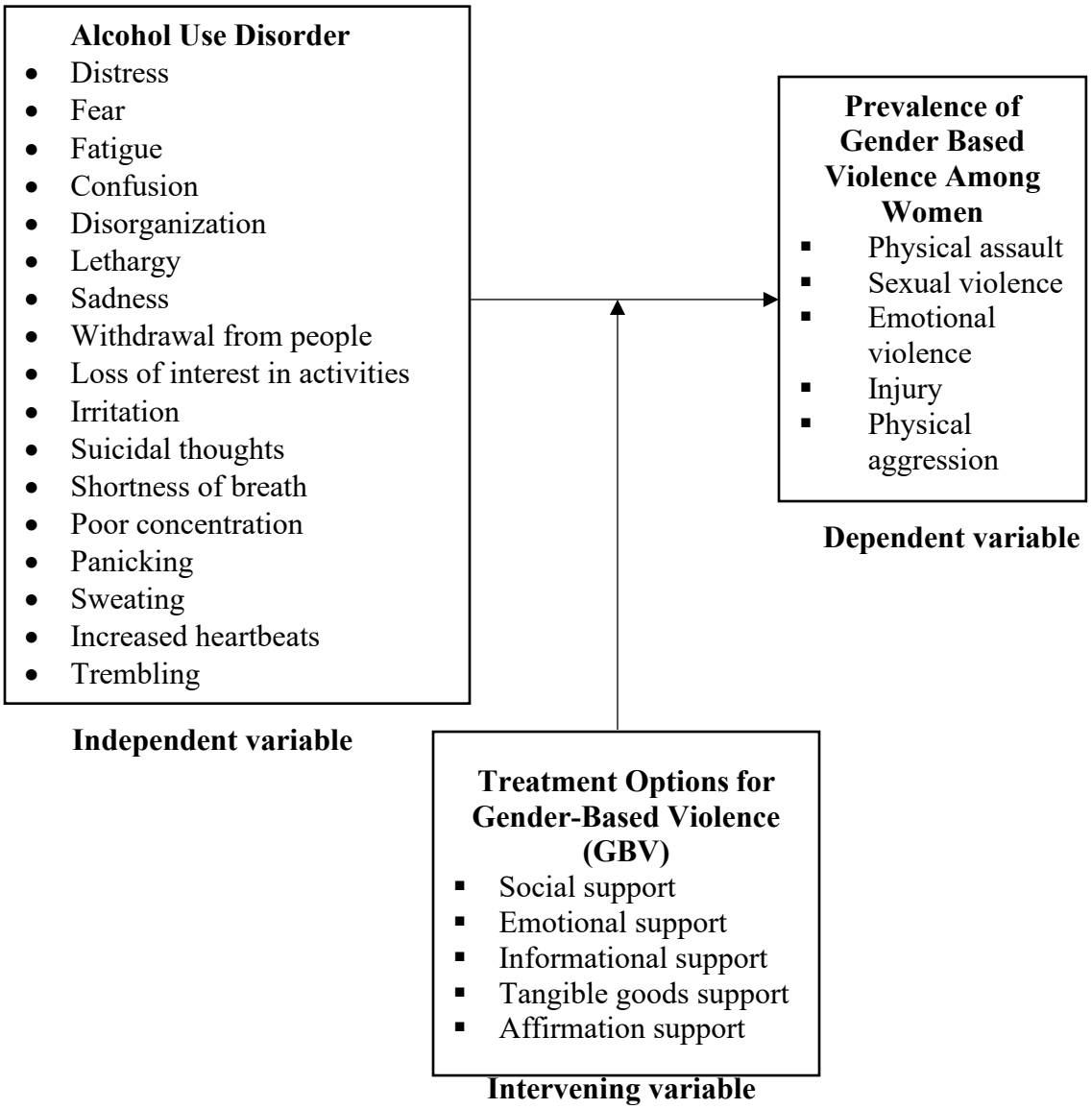
Interaction of the Two theories

The Psychopathological Theory revealed that when a person took alcohol, they developed other clinical personalities such as paranoia, hallucinations, inability to think clearly and logically (Carels et al., 2022). Therefore, in interaction with the theory of Tension Reduction, it was clear that as women were seeking to reduce tensions in life, taking alcohol worsened the situation causing more illogic decisions that exposed them to GBV (Daviet et al., 2022). Therefore, the entire process of the relationship of AUD and GBV among the women was based on illogical and unclarity of mind exposing them to vulnerable situations that resulted to physical, sexual and emotional violence.

Conceptual Framework

A conceptual framework is defined as a diagram that shows the relationship among the variables of the study as indicated on Figure 1.

Figure 1 Conceptual Framework



Source: Researcher (2024)

The left side comprised the independent variable which was AUD with indicators such as distress, fear, fatigue, confusion, disorganization and lethargy, sadness, withdrawal from people, loss of interest in activities, irritation, and suicidal thoughts, shortness of

breath, poor concentration, panicking, sweating, increased heartbeats and trembling. The 'treatment options' was the intervening variable that had indicators such as social support, social network, emotional support, informational support, tangible goods support and affirmation support. On the right side, the dependent variable was indicated which was the gender-based violence. Its indicators were physical assault, sexual violence, emotional violence, injury, and physical aggression.

Summary of Gaps

The gaps identified under the extent of alcohol-use disorder revealed that women failed to seek early treatment hence there were symptoms such as being irritated easily, moody, fearful, or loss of interest particularly after engaging in alcohol consumptions episodes. They were therefore considered as being dramatic and any persistence attracted various abuses such as being insulted. There was need to assess why women would hesitate seeking treatment. The current study thus examined the treatment plans present to support women experiencing AUD and reasons for not taking the treatment plans. In relation to methodology, studies such as (Adjorlolo & Setordzi, 2021; Mazza et al., 2021) used secondary sources which were prone to biasness. The current study collected primary data. Other studies such as Swalem and Molla (2022) did not collect data using interview method which could have provided more in-depth information especially on violence against women after court cases have been determined. The current study interviewed the managers of rehabilitation to get in-depth information.

The gaps identified under the extent of GBV revealed that women became depressed mainly after taking alcohol which contributed to poor management of household finances leading to family conflicts. The current study ascertained if this was the same case

in Kiambu county by including women in the study. Studies such as Lasserre et al. (2022) did not investigate the background characteristics of women such as past trauma experienced at young age which could be contributory factors that pushed them to take alcohol at the advanced age. The current studies asked background characteristics to assess their past traumatic experiences. Other studies such as Chandan et al. (2020) did not examine cases of women who had experienced depression that led to GBV from other people apart from their spouses. In the current study, GBV from both spouse and non-spouse partners was examined. Some studies such as Machisa et al. (2022) did not consider the opinions from female students of other origins such as white and Caucasian but only concentrated with the ones from black African origin. The current study did not seclude women from other origins and included the opinion of all the women admitted at rehabilitation centers.

The gaps identified on the relationship between AUD and GBV revealed that women showed more signs of susceptibility to anxiety as compared to men especially after alcohol consumption. The studies reported that women experienced trembling, immense sadness and other anxiety related weaknesses which increased their chance of becoming victims of forced sexual activities and other types of GBV. There was a need to examine other forms of policies that guided Kenya as far as drug and substance use such as alcohol was concerned. The current study assessed the policy framework present in rehabilitation centers to reduce drug and substance abuse. Studies such as Hegarty et al. (2022) documented on domestic and sexual violence and little was mentioned on emotional violence. The current study assessed all forms of violence affecting women as a result of AUD.

Additionally, Carel et al. (2022) failed to assess various government interventions provided to end harmful alcoholism and GBV. The current study examined the various government and non-governmental intervention to end GBV and AUD among women. Makhene (2022) choice to use databases was engulfed with limited studies and the available ones were specifically related to a university where harassment and rape often occurred. The current study collected primary data in form of questionnaires and interview guides. Other studies such as Wanjohi (2021) revealed that 49.1% women indicated they did not seek any intervention after GBV. That notwithstanding, irrespective of Wanjohi (2021) using open ended questionnaire, there was no further inquiry on why almost half of the women who undergone through GBV made decisions not to do anything about it. The current study examined the nature of decisions made by women after undergoing GBV.

The gaps identified under treatment options revealed that support to women who had binge drinking problem that eventually led to GBV was low from the community. Additionally, there was lack of clear policies from the government which protected the rights of the girls and strict traditional systems that valued a boy more than a girl. Studies such as Mahapatro et al. (2021) admitted that it was rather difficult to collect data from the women via telephone. This was because the women felt that there was no privacy and were also cautious that their spouses do not hear them selling them out. The study sought information from women who were admitted at rehabilitation centers where they felt protected. Others such as Richardson et al. (2022) did not examine other types of treatment options such as affirmation support from government through enactment of policies and enforcement of laws against women GBV. The current study examined the various treatment options present such as from government, policies and regulatory frameworks.

Further, studies such as Amisah (2018) did not consider including women population who came from wealthy social-economic backgrounds but rather those from medium and low backgrounds. The current study collected to women from all social status admitted at rehabilitation centers.

Chapter Summary

The chapter has addressed various studies that have been done regarding the extent of AUD, the extent of GBV, relationship between AUD and GBV, and treatment options. The studies have been presented based on funnel approach whereby they have addressed global, regional and local perspective. Thereafter, the chapter has included the summary of gaps discovered after reviewing the studies. The chapter also presents the two theories which were Psychopathological Theory and Theory of Tension Reduction. On the theories, there is keen description on the initiators and what they state. Thereafter, the chapter has also provided how the previous authors informed the assigned variables and their criticisms. The chapter also provides the conceptual framework with clear description of its indicators.

CHAPTER THREE: RESEARCH METHODOLOGY

Introduction

This chapter indicates the various methods used to collect data. Therefore, the chapter provides the research design used, target population, and sampling technique and sample used. Thereafter, data collection methods, pilot study, reliability, validity, data collection procedures, data analysis and ethical consideration are presented.

Research Design

A research design is referred to as a plan that a researcher would wish to adopt in the bid of collecting data (Siedlecki, 2020). This study adopted the correlation research design to ascertain the relationship of AUD and GBV among women in Kiandutu slum in Kiambu County. Additionally, the research design was relevant since the study did not manipulate the AUD and GBV variables.

Target Population

A target population includes the participants that are qualified to take part in answering the study's research instruments (Taherdoost, 2021). The study's main target population was 433 women whose distribution in 6 alcohol rehabilitation centers and one GBV rescue center, is indicated in Table 1 (Liverpool Voluntary Counseling and Testing, Care and Treatment [LVCT], 2015). Other category of respondents who were to support the response from women were 7 rehabilitation center managers in Kinadutu slum, Kiambu County, Kenya (LVCT, 2015). Kiandutu slum is an informal settlement in Thika town. Kiandutu slum contains people who are categorized as poor with no employment.It contains at least 30,000 people who live in 10 slum clusters (Department of Urban and

Regional Planning-UON, 2022). The study conducted the data collection process from people from Kiandutu admitted in 7 alcoholic rehabilitation centers and GBV rescue centers within the municipality of Thika town. Kiandutu town is a slum area located within Thika town which has suffered from adverse effects of GBV particularly related to AUD (Performance Monitoring for Action [PMA], 2020). Appendix VII shows a map of Kiandutu slum within Thika Town. The women were the study's main respondents since, having undergone the ordeal of GBV due to AUD, they were well knowledgeable on the problems arising from that. Table 1 indicates the target population.

Table 1: Target Population

No.	Institution	Center Managers	Women	Total
1.	Msichana Mwafrika	1	64	65
2.	Thika rehabilitation home	1	81	82
3.	Taada rehabilitation center	1	32	33
4.	Prudent camp rehabilitation center	1	27	28
5.	RFO Addiction support group	1	63	64
6.	Cafric center	1	79	80
7.	Stegrami rehabilitation center	1	87	88
	Total	7	433	440

Sampling Method

A sampling technique is the method used to select samples from the target population (Cooper & Schindler, 2018). Further, according to Mugenda and Mugenda (2003), a sample size should be between 10% to 30% where by 10% should be applied to population above 10,000, while 30% is applied to population less than 10,000. In relation to the study, the study used 30% on 433 women to obtain a sample size of 130 women, who were selected using simple random sampling method in all of the 7 facilities. This was

whereby; the willing women were randomly selected as long as they had consented to take part in the study.

The study used purposive sampling method to collect data from each institution's manager to have a sample size of 7 managers. Table 2 indicates the sample size.

Table 2: Sample Size

No.	Institution	Center managers	Women	Total
1.	Msichana Mwafrika	1	19	20
2.	Thika rehabilitation home	1	24	25
3.	Taada rehabilitation center	1	10	11
4.	Prudent camp rehabilitation center	1	8	9
5.	RFO Addiction support group	1	19	20
6.	Cafric center	1	24	25
7.	Stegrami rehabilitation center	1	26	27
	Total	7	130	137

Types of Data

Therefore, the study collected both quantitative and qualitative type of data. When collecting quantitative data from women, the study administered closed-ended questionnaires that had 5-point Likert Scale. When collecting qualitative data, the center managers were interviewed since they were more experienced on the trends of GBV particularly the ones related to AUD

Data Collection Methods

These are means that the study used to ensure it captured the required data from the respondents (Taherdoost, 2021). The study collected data using closed-ended questionnaire and interview guides for assessing the relationship between AUD and GBV (Appendix II).

The use of questionnaire was relevant since the women would use the shortest time possible to answer the questions. Additionally, the total number of women sampled was high requiring closed-ended questionnaires that would guide their responses for quality data analysis process. The center managers were interviewed since they were more experienced on the trends of GBV particularly the ones related to AUD (see Appendix III). Their feedback would complement the data from women.

The choice to use the questionnaires and interviews enabled the study relate with the Psychopathological theory which revealed that when a person took alcohol, they developed other clinical personalities such as paranoia, hallucinations, inability to think clearly and logically. Therefore, the study examined of the same was true from the perspective of the women and also from the managers.

Data Collection Procedure

The researcher got approval from PAC University through issuance of an introduction letter. Additionally, the researcher got ethical clearance form from PAC University. The introduction letter and ethical clearance letter were useful when applying for a research permit from NACOSTI. The researcher employed two research assistants who came in handy when collecting data. They were appointed based on a minimum of 1-year experience in data collection in health facilities, familiarity with the place of data collection and their confidence level. They were briefed on the statement of the problem, purpose of the study and the methodology parts of the study. Additionally, the study required them to be composed and compassionate particularly when communicating with the women. The researcher conducted several mock tests on the research assistants so as to examine these attributes before the main study.

On the day of data collection, the researcher accompanied the research assistants to the sampled institutions. They requested to meet with the center managers whom they introduced themselves to. They briefed the managers on the purpose of the study and whom they intended to collect data from in the organization who were majorly women. The researcher then requested the managers to direct them on how to meet with the sampled women. After being identified, the researcher then sought their consent from the women to take part in the study (Appendix I). They were issued with the questionnaires and after completing filling them, the research assistants thanked them and collected the filled in questionnaires awaiting further analysis. Later on, the researcher also interviewed the managers and other staff. Their interview responses were noted down in a notebook as the interview was going on.

Reliability

The study ensured reliability of the research instruments through internal consistency test which is measured based on the correlations between different items on the same test. Specifically, Cronbach's alpha coefficient was used to examine the internal consistency test. Cronbach Alpha Coefficient which has a scale of 0 to 1. According to Ko et al. (2017), when the coefficients are measured, they should have a Cronbach alpha value of 0.7 to 1 to be termed as reliable. However, if they are below 0.7, they are termed as unreliable.

The study examined reliability of instruments by conducting a pre-test in Stegrami Rehabilitation Center in Kiambu County. The respondents were 1 center manager, 13 women and 2 staff. The results were measured using the Cronbach Alpha Coefficients as in Table 3.

Table 3: Reliability Results

Instrument	Cronbach's Alpha	N of Items
Interview	0.827	1
Questionnaire	0.884	13

Table 3 discloses that the interview instruments had a Cronbach Alpha of 0.827, whereas questionnaire instruments had 0.884. The results meant that both instruments were reliable to be used in the main study. This is because according to Ko et al. (2017), when the coefficients were measured and had a Cronbach alpha value of 0.7 to 1, they were termed as reliable.

Validity

According to Surucu (2020), the ability of a research instrument to measure and attain the intended objectives is referred to as validity. In developing the questionnaire and the interview guide, sufficient number of items was generated to cover adequately the research questions of this study. In essence, all the domains that were to inform this study were covered to establish content validity. For construct validity, the questions were operationalized to measure what they were intended to. To increase validity, the questions were framed in the least ambiguous way under the guidance of the supervisors. Readability and comprehension of the questionnaire was improved and then verified by peers.

Instrument Pre-testing

The study conducted a pre-test in Stegrami Rehabilitation Center in Kiambu County. This is because the center had recorded an increased number of complaints due to upsurging GBV cases caused through AUD among women. According to Mugenda and

Mugenda (2003), pre-testing should be done as a 10% of the sampled population. In the case of the current study, 10% of 7 institutions was one. The respondents who were 13 women were sampled using simple random method while I center manager was selected using purposive sampling method respectively. The center manager and staffs were interviewed while the women answered the questionnaire.

Data Analysis Plan

The study analyzed both quantitative and qualitative type of data once the data collection process ended. However, before analysis begun, the researcher assessed the filled in questionnaires and interview responses to rule out any ambiguous and incomplete instruments. After that the, researcher encoded the data in SPSS Version 24 to be in a position to generate the reports.

Analysis of Quantitative Data

When analyzing the quantitative data, the study examined descriptive statistics and inferential statistics. In the descriptive statistics, the study gave information related to frequencies, percentages and mean of the questionnaire data. The results hence were presented using tables accompanied by a discussion on the same.

Analysis of Qualitative Data

When analyzing qualitative data, the study used a thematic method, whereby similar responses were grouped under certain headings to which values were accorded that could be used in further analysis using SPSS Version 27.

Therefore, both quantitative and qualitative data supported the psychopathological theory and the theory of tension reduction in allowing collecting of opinions from both the managers and women. Notably, the entire process of the relationship of AUD and GBV among the women was based on illogical and unclarity of mind exposing them to vulnerable situations that resulted to physical, sexual and emotional violence. Therefore, having affirmation support by managers of rehabilitation centers enabled reduction of tension and clarity.

Ethical Considerations

During the data collection process, the study observed various ethical requirements such obtaining all authorizations like an introduction letter from PAC University, ethical clearance from PAC University, and (National Commission for Science, Technology and Innovation [NACOSTI] research permit. Additionally, the study got informed consent from the respondents to volunteer in participating in the study through an introduction letter (see Appendix I). Further, the researcher kept the responses such as the ones from interview, AUDIT and questionnaires under lock and key since they touched on a very sensitive topic. The researcher delivered raw data to a research analyst within one week after the data collection process had ended. Immediately the analyst completed the process of analysis, the researcher requested the responses (interview responses and filled questionnaires) back and stored them for a period of one year in a safety box within the premises of the researcher.

Additionally, the researcher assured the respondents of their confidentiality by omitting their personal details such as their names, mobile number and emails. When providing the explanations on reports of the study, the respondents were accorded codes

such as M01-M07 for interview respondents. The researcher and research assistants requested the respondents to be as truthful as possible when responding to the questions of the study. In case a respondent did not want to disclose a part of the questions asked, the researcher did not force them to do so. They were advised to answer the questions they were comfortable with but emphasis was on answering every question if possible. Further, the study also ensured that all assistance gotten in the research process was duly acknowledged according to APA 7th edition. The study ensured that there was no fabrication of data from past studies and also ran a plagiarism check of the study to ensure that it was concurrent with the university requirement. The results were published in the university website and also in a journal for public access.

Chapter Summary

The chapter addressed the methodological aspect of the study which include describing the correlation research design which was followed by target population provision. Additionally, the study has also provided the sampling procedure that was adopted and the sample size derived. Thereafter, data collection instruments and procedures used during data collection exercise. Reliability, validity and pre-test study has also been provided. Data analysis method and ethical considerations concluded the chapter.

CHAPTER FOUR: RESULTS AND DISCUSSION

Introduction

The purpose of this study was to establish whether there was a relationship between Alcohol Use Disorder and Gender-Based Violence among women in Kiandutu Slum, Kiambu County, Kenya. This chapter provides analysis of all the data collected from the area of study during the research period of 6 months. Data was collected through a researcher designed format: questionnaire with open and closed-ended questions for the women and an interview guide for the center administrators. Respondents totaling to 137 were used. After the presentation of the demographic characteristic of the study; findings are presented according to the research questions, namely;

i. What is the prevalence of alcohol use disorder among women in Kiandutu slum, Kiambu County, Kenya?
ii. In what way does the prevalence of gender-based violence affect women in Kiandutu, Kiambu County, Kenya?
iii. What is the relationship between alcohol use disorder and gender-based violence among women in Kiandutu, Kiambu County, Kenya?
iv. What are the treatment options of gender-based violence among women in Kiandutu, Kiambu County, Kenya?

The results of data analysis formed the basis for discussion, conclusions, and interpretation of the findings and recommendations of the study in Chapter Five.

Response Rate

The study sampled 130 women and 7 center managers. The women answered the questionnaires, while managers were interviewed to complement their results. The response rate of the study's instruments is presented in Table 4.

Table 4: Response Rate

Respondents	Sampled	Response	Percentage
Center Managers	7	4	57%
Women	130	104	80%
Total	137	108	79%

Table 4 discloses that 80% of women answered the questionnaires. Further on 57% of center managers agreed to be interviewed. The total response rate was 79% which signified a good response rate because Mugenda and Mugenda (2003) pointed that when response rates were more than fifty percent, they are good while those were more than seventy percent are excellent.

Background Information

The study also issued questionnaires to women which sought various demographic information from them. Table 5 indicates the ages, marital status and sources of income of the women who participated in the study.

Table 5: Demographic Information of Women

Age	Frequency	Percent	Cumulative Percent
Above 51 years	18	17	17
40-50 years	19	18	35
29-39 years	30	29	64
18-28 years	26	25	89
Below 18 years	11	11	100
Marital Status	Frequency	Percent	Cumulative Percent
Single	10	10	10
Married	51	49	59
Divorced	43	41	100
Number of Children/ Dependents	Frequency	Percent	Cumulative Percent
Above 5	40	38	38
2 to 5	33	32	70
1 to 3	22	21	91
None	9	9	100
Source of Income	Frequency	Percent	Cumulative Percent
Employment	8	8	8
Business	7	7	15
Retirement benefits	4	4	19
Parents	13	13	32
Spouse	36	34	66
No income	36	34	100

Table 5 discloses that most women who comprised 29% were aged 29-39 years and 25% were 18-28 years. However, only 11% of the women were below 18 years. Therefore, the results reveal that most of the women within the age groups of 18-39 years had suffered from AUD which had previously exposed them to GBV. This trend was seen to reduce as women approached 51 years and above. These results are in agreement with NCRC (2018) who indicated that women who were above 18 years to 49 years seemed to experience high GBV especially the ones that abused drugs and substances. In addition, Table 5 discloses that 49% of women were married, while 41% were divorced. Nevertheless, 10% were single. The results reveal that married women experienced high GBV cases caused by

excessive AUD. Also, in agreement, Wanjohi (2021) indicated that apart from age, the martial status of women increased their chances of being in domestically violent homes.

Notably, Table 5 discloses that 38% of women had more than five children/dependents, while 32% had 2 to 5 children/dependents. However, 9% had no child/dependents. Further on, Table 5 discloses that 34% of women had no income, while 34% relied on the allowances given by their spouses. However, 4% depended on retirement benefits to survive. In agreement, Chiang et al. (2018) associated the cycle of violence to poverty and high birth rate among women. The harder it was for the women to generate their own income and also have large number of children, the easier it was for them to be in abusive marriages.

Prevalence of Gender Based Violence

This was the dependent variable and was examined using questionnaires and interviews. It had constructs such as physical assault, sexual violence, emotional violence, injury and physical aggression. The questionnaires were measured through a 5- point Ordinal Likert Scale, whereby 1 = strongly disagree, 2 = disagree, 3 = neutral, 4= agree and 5 = strongly agree. Table 6 presents the results of GBV.

Table 6: Gender Based Violence

Statements N=104	1	2	3	4	5	Mean
Insults, yelling and shouting from people after drinking	11(11%)	14(13%)	4(4%)	25(24%)	50(48%)	3.86
Injury due to fights with people after drinking	1(1%)	16(15%)	0(0%)	35(34%)	52(50%)	4.16
Physical assault from male partner	6(6%)	12(12%)	0(0%)	46(44%)	40(38%)	4.40
Experiences of rape	10(10%)	7(7%)	4(4%)	15(14%)	68(65%)	4.19
Agitation to close people when already drunk.	17(16%)	10(10%)	4(4%)	25(24%)	48(46%)	3.74

The Table 6 shows that 84% of women had been injured after they picked fights with other people when drunk. Additionally, 82% of women have been assaulted by their male partners, while 79% complained that they had been raped when drunk. These results imply that women who had a problem of regulating their alcoholic intake majorly suffered from rape and physical assault which brought them both mental and physical injuries. These cases were either caused by their male partners or other people the women interacted with. The same was also pointed out by Abu-Elenin et al. (2022) who complained that the human rights of Egyptian women were vehemently violated more during the Covid-19 Pandemic. This was because their spouses, friends or close relatives spent most time

indoors; hence, ending up ordering alcoholic drinks to force the women to take. Once drunk, the inevitable happened giving space to GBV and rape among women.

This was further supported by managers who were interviewed. They were asked three questions relating to GBV. The first question required them to name the common types of GBV women underwent. Their feedback was categorized under two themes which related to physical torture and mental torture. On physical torture, the respondents indicated that women went through experiences of being beaten, being burnt, and cut using knives. In regards to mental torture, women were called abusive names, scolded and blackmailed. An interviewee M01 was quoted saying;

"The GBV among women is so bad to a point that some get literally burnt using paraffin ignited fire"

This therefore means that GBV was happening especially to women who were drunk. This is higher than what was reported by the European Court of Human Rights [ECHR] (2022). They reported that 70% cases of violence against women were taking place at home in Europe. The other 30% of violence cases happened in entertainment joints, work places and places of religion in that order.

The questionnaire and interview results provided on GBV support the theory of tension reduction since it has been noted that when women made poor decisions of being intoxicated, they experienced GBV. This cause them not only physical injuries but also psychological instability. Therefore, an affirmation that indeed women experienced GBV frequently whose scale increased when intoxicated.

Prevalence of Alcohol Use Disorder among Women

Prevalence of AUD was measured through distress, fear, fatigue, confusion, disorganization, lethargy, sadness, withdrawal from people, loss of interest in activities, irritation, suicidal thoughts, shortness of breath, poor concentration, panicking, sweating, increased heartbeats, and trembling. Five questions were asked regarding the extent of alcohol use disorder among women. They were required to provide their opinion through an Ordinal Likert scale. Their findings are presented in Table 7.

Table 7: Extent of Alcohol Use Disorder

Statements N=104	1	2	3	4	5	Mean
Hallucination after intake of alcohol	13(12%)	9(9%)	4(4%)	13(12%)	65(63%)	4.04
Insecurity when intoxicated	6(6%)	22(21%)	0(0%)	30(29%)	46(44%)	3.85
I have lost interest in activities	23(21%)	11(11%)	10(10%)	11(11%)	49(47%)	3.50
Blackout after taking alcohol	23(22%)	22(21%)	6(6%)	26(25%)	27(26%)	3.12
Poor household hygiene after alcoholism	4(4%)	8(8%)	0(0%)	22(21%)	70(67%)	4.40

From Table 7 it was established that 88% of women were not able to maintain basic household hygiene, 75% of women experienced hallucination, and 73% experienced insecurity concerns when intoxicated with alcohol. Other issues related to psychosis were

that 58% lost interest in activities that were previously exciting them and 51% blacked out completely after taking alcohol. Therefore, the deduction from the finding was that the kind of psychosis women suffered vehemently was unhygienic existence, hallucinations and living in constant fear that someone was out there to harm them.

Other consequences related to being unfriendly and disinterested with some part of their life activities and constantly blacking out. In agreement with Beksinska (2022), women who took excessive alcohol experienced black outs and when they recovered, they had low moods with not interests in anything or anyone. Further on, managers were interviewed on three questions relating to AUD. The first question required them to highlight the symptoms that they had observed when treating cases of AUD. They named hallucinations, constant trembling for unknown fear and blackouts. An interviewee M05 was quoted saying,

"Not once have we received cases of women retrieved from sideroad oozing blood from their mouth and being fearful of imaginary people hurting them."

Comparatively, Mkuu et al. (2019) revealed that psychotic cases emanating from unrecorded alcohol is growing in Kenya such that alcoholics are perishing at an alarming rate.

The second question required them to explain the various challenges they faced when dealing with women who had undergone GBV mainly because of AUD. The respondents pointed out that they faced issues linked to resistance from women to name the people responsible for beating, raping or even torturing them. The respondents also mentioned loss of memory such that a woman does not remember what happened to her

especially when a rape case had occurred; and relapse to going back to use of alcohol. An interviewee M01 was quoted saying,

"An alcoholic with AUD conditions is mainly affected mostly by relapse and loss of memory."

In support with the finding, Ramsoomar-Hariparsaad (2021) agreed that a relapse in alcoholism, has a lethal effect which could quickly escalate to the death of a patient. Therefore, once a patient decides to get rehabilitation help, they should never consider taking alcohol as an alternative seeking pleasure.

The questionnaire and interview results provided on prevalence of alcohol use disorder among women agree with psychopathological theory since it was discovered that the women were experiencing psychotic disorders such as hallucination and fear that some is out to harm them. These types of prejudices did not affect non-intoxicated women hence a sign that excessive of alcohol plunged them into a mental disorder resulting to cognitive issues.

Relationship between AUD and GBV

The study was also set to examine the relationship that existed between AUD and GBV. Regression analysis and coefficients were used to examine the relationship.

4.6.1 Regression Analysis to examine the Relationship between AUD and GBV

The study examined regression of the relationship of AUD and GBV through model summary, ANOVA, and regression coefficient, as shown in Tables 8-10.

Table 8: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.838[a]	.703	.691	2.51957

a. Predictors: (Constant), Relationship of AUD and GBV

According to Table 8, the relationship between AUD and GBV had an R of 0.838 and R-square of 0.703. This indicated that AUD had a 70.3% influence on GBV, while other 29.7% were other factors not examined in this study.

ANOVA was also examined to test whether the relationship between AUD and GBV was positive or negative. The results are as in Table 9.

Table 9: ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	76.355	4	19.089	3.007	.022[b]
	Residual	666.563	105	6.348		
	Total	742.918	109			

a. Dependent Variable: GBV

b. Predictors: (Constant), AUD

According to Table 9, p-value was 0.022 which was less than 0.05. This therefore meant that there was a positive relationship between AUD and GBV.

The study also conducted a regression coefficient to examine how GBV was increased by AUD. Table 10 indicates the regression coefficients.

Table 10: Regression Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	17.204	3.530		4.873	.000
	AUD	.276	.097	.273	2.832	.006

a. Dependent Variable: GBV

According to Table 10, Constant was 17.204 and AUD was 0.276 with a p-value of 0.06. This meant that without AUD, GBV was 17.204, but when AUD was increased by 1%, it increased GBV by 0.276. at a p-value of less than 0.05. Therefore, it was discovered that AUD increased significantly the GBV among women.

Relationship of AUD and GBV

Additionally, a total of five questions were asked and the interviewees provided their responses. Table 11 indicates the questionnaire findings.

Table 11: Relationship of AUD and GBV

Statements N=104	1	2	3	4	5	Mean
Consumption of alcohol causes shortness of breath	13(13%)	6(6%)	0(0%)	18(17%)	67(64%)	4.13
Disconnection when partner shouts at me	0(0%)	11(11%)	0(0%)	44(42%)	49(47%)	4.36
Panick due to the amount spent on alcohol	6(6%)	27(26%)	1(1%)	33(32%)	37(35%)	3.39

Sweating after excess alcohol and unable to pay	16(15%)	14(14%)	6(6%)	15(14%)	53(51%)	3.22
Heart complication	20(19%)	20(19%)	7(7%)	25(24%)	32(31%)	3.22

From Table 11, 89% of women admitted that when their partners shouted at them because of drinking, they felt so disconnected resulting to heated exchange of words. This meant that when women perpetrated verbal violence, it led to physical harm from their partners. Therefore, intoxication effect in the women's system caused them to feel courageous enough to hurl insults when in reality they could not defend themselves from the oncoming physical violence from their partners. Additionally, even when drinking started having health issue to the women whereby 81% felt shortness of breath complications when they took excessive alcohol, the people close to them thought it was just alcoholism tantrums. Anxiety was also brought about by panicking based on the money spent. 67% agreed with the statement. In support, UNAIDS (2018a), reported that ignorance on side effect of alcohol-induced anxiety among Kenyan families, culminated into GBV due to disconnect on flow of ideas and instructions.

Additionally, managers were interviewed whereby they were asked three questions relating to alcohol induced psychosis. The first question required them to highlight the first aid procedure administered to women who had experienced anxiety attack such as shortness of breath and increased heartbeats. They named letting the affected women chew Asprin, offering nitroglycerin, and if necessary, begin Cardiopulmonary Resuscitation [CPR]. An interviewee M06 was quoted saying,

"Anxiety attack is so common hence such cases are mainly treated through a simple aspirin but on escalated cases CPR has to be administered."

An interviewee M03 was quoted saying,

"A regular dose of nitroglycerin is needed to ensure that the chest is cleared to easy breathing."

The findings coincide with WHO (2018) who poised that CPR and nitroglycerin as the most effective and safe treatment methods to sort anxiety issues brought about by alcoholism. The second question required them to describe the various partners they worked with to ensure that women who required urgent medical attention had gotten, to minimize loss of life. They named ministry of health under national and County Government of Kiambu, St. John's Ambulance, Partner for Care 370, e-plus, and Thika partners in prevention house. An interviewee M05 was quoted saying,

"The County Government of Kiambu and St Johns ambulance services have helped in saving these women from their deathbeds"

The third question required them to explain the various challenges they faced when dealing with women who had undergone GBV mainly because of AUD. The respondents indicated that these women were prone to nightmare, mistrust to anyone around them, aggression and even death. In agreement, Wado et al. (2022) proclaimed that consistent and extreme violence cases due to alcoholism anxiety were a major cause for hostility and mental breakdown for adolescent girls.

The questionnaire and interview results provided on the relationship of AUD and GBV agree with psychopathological theory by revealing that as a result of being

intoxicated, the decision-making ability of the women was negatively affected portraying poor communication patterns. However, the findings also disagreed with theory of tension reduction in the manner that at times the effect of consuming alcohol did not necessarily lead to GBV but health issues and panic due to overspending. At times, some women expressed tantrums but other women did not hence GBV was not witnessed on the latter.

Treatment Options on Gender-Based Violence

This was a moderating variable and comprised of indicators like social support, emotional support, informational support, tangible goods support and affirmation support. The study examined this variable using questionnaires and interviews. The questionnaire findings are indicated in Table 12.

Table 12: Treatment Options on GBV

Statements N=104	1	2	3	4	5	Mean
Treatment due a fight with male partner	14(14%)	22(21%)	4(4%)	30(29%)	34(32%)	3.46
Support groups to overcome drinking problem	10(10%)	14(14%)	4(4%)	25(24%)	51(48%)	3.89
Provision of emotional support by family	1(1%)	9(9%)	0(0%)	16(15%)	78(75%)	4.55
Churches, NGO's and	0(0%)	12(12%)	0(0%)	22(21%)	70(67%)	4.44

government provide aid						
Reception of counseling services	21(20%)	10(10%)	5(5%)	15(14%)	53(51%)	3.66

Table 12 discloses that 90% of women were receiving emotional support particularly from their family. 88% of women also admitted that they received aid in form of food, clothing and money from churches, NGO's and government. Further, 72% also admitted that they were in support groups to enable them overcome the drinking problem. This meant that the major support system that women received related to family emotional support, financial and material aid and group support system. In agreement, Wanjohi (2021) also claimed that various interventions made to end GBV were mainly related to empowering women to be self-sufficient and earn their income, as well as group support. This was because poverty and seclusion were the leading causes of vulnerability to GBV.

Moreover, managers and other staff were interviewed on three questions relating to alcohol induced psychosis. The first question required them to highlight various types of treatment options they offered. The responses were based on three themes; material support, emotional support and medical treatment. Under material support, they indicated that they offered food, shelter, clothing and money. Besides the emotional support that was provided, they also gave professional counseling sessions, group support and religious support. Additionally, on medical treatment, they mainly offered physical therapy support and humane treatment. An interviewee M01 was quoted saying,

"Support groups and emotional help are the major needs women experiencing GBV as a result of being alcoholic require."

Additionally, there were also other treatments like use of benzodiazepines administered through the mouth, lorazepam and chlordiazepoxide depending on the case at hand.

An interviewee M07 was quoted saying,

"It is difficult for a woman who was self-empowered and had a group lobbying towards her welfare to be exposed to GBV."

An interviewee M06 was quoted saying,

"We mainly offer treatment but mostly it's all about changing their mental perception on the effects of alcoholism".

An interviewee M09 said,

"Benzodiazepines is the best option of medical support since its after effects are not so sever to the women."

These discussions were also echoed by Owoso et al. (2018) who observed that treatment of AUD conditions is 30% based on medicine and 70% based on the behavioral and support groups a patient receives.

The second question required them to explain the sources of finances that catered for treatment options. The responses included government funding, well- wishers donations and grants. In support, a report by APA (2022) indicated that the provision of new law through which funding from the government and grants are issued to institutions, they would reach out the masses to raise awareness on negative effects of alcoholism.

The third question required the respondents to explain the various challenges they faced when offering treatment options to women who had undergone GBV mainly because of alcohol use disorder. The responses given were; resistance from women, suicide attempts, and relapse to alcohol taking. An interviewee M02 was quoted saying,

"Women are delicate beings, one wrong word from a member of social group could send them back to alcoholism hence the need to place them in mature and sober groups."

In agreement with the results Center for Disease Control and Prevention [CDCP] (2022) poised that apart from having health concerns, serious alcoholic behavior when not treated and the patient admitted to a serious social group, they tend to easily slip back to alcoholism

The last question required the respondents to highlight other government institutions they worked with to ensure women were protected. The respondents reported that they worked closely with the National Authority for the Campaign Against Alcohol and Drug Abuse [NACADA], police service, 'nyumba kumi' program headmen, and the National Government Affirmative Action Fund [NGAAF]. An interviewee M07 was quoted saying,

"NGAAF has pushed the agenda of saving women from being killed. We work with the institution to trace the women, retrieve them and rehabilitate them."

Another interviewee M04was said;

"At times when the situation gets out of hand, we have involved the police so as to maintain order when saving these women."

An interviewee M02 was quoted saying,

"The headmen act as quick link to survey the situation of GBV in an area. They provide this information as it happens."

Basically, all these responses point to the need of every responsible body working towards ensuring vulnerable women are taken out of dangerous situations on time. In agreement, King et al. (2021) indicated that it is one thing to have plans on saving a woman experiencing GBV, and it is another thing actually doing it. Probably, when the action is not taken up on time, it may get out of hand and become fatal.

The questionnaire and interview results provided on treatment options supports the psychopathological theory in ascertaining that alcoholism brought about cognitive issues but there were support mechanism such as family emotional support, financial and material aid, medical treatment in severe cases, and group support system. Through these support systems, women experiencing AUD were able to be rehabilitated and restored back to the community.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

The main objective of this study was to examine the relationship between alcohol use disorder and gender-based violence among women in Kiandutu slum in Kiambu County, Kenya. The study adopted descriptive research design to collect data from a sampled population of 433 women in 6 alcohol rehabilitation centers and one GBV rescue center. Other respondents were 7 center managers. The study used purposive sampling method to collect data from each institution's manager, while simple random sampling method was used to select the women. The study collected data using interviews and questionnaires (Garcia-Moreno et al. 2006; World Health Organization, 2001). The center managers were interviewed, while the women answered the questionnaires.

Summary of Results

The following are the key findings of the study:

1. On gender-based violence, 84% of the women under study had been injured after they picked fights with other people when drunk, 82% had been assaulted by their male partners while 79% had been raped when drunk.
2. On the extent of alcohol use disorder, 88% of the women were not able to maintain basic household hygiene, 75% women experienced hallucination, and 73% experienced insecurity concerns when intoxicated with alcohol. Other issues related to AUD were that 58% lost interest in activities that were previously exciting them and 51% blacked out completely after taking alcohol.

3. On the extent of GBV, 97% of the women felt immense sadness especially after taking alcohol, while 81% admitted that people subjected them to verbal abuses which made them seclude themselves to avoid undergoing the mental abuse. However, when the situation was unbearable, 85% women admitted to physical violence or verbal insult, while 82% also revealed that they had ever thought of killing themselves.
4. On the relationship between AUD and GBV, 89% of the women admitted that when their partners shouted at them because of drinking, they felt so disconnected hence poor concentration. Additionally, even when drinking started having health issues with 81% of them experiencing shortness of breath complications when they took excessive alcohol, the people close to them thought it was just alcohol tantrums. Anxiety was also brought about by panicking based of the money spent. 70(67%) agreed with the statement.
5. On treatment options, 90% of the women were receiving emotional support particularly from their family. 88% admitted to receiving aid in form of food, clothing and money from Churches, NGO's and government. Further 72% of the women also admitted that they were in support groups that enabled them overcome drinking problems.

Conclusions of the Study

On the extent of AUD, the study concluded that there was high prevalence of alcohol use disorder among women in Kiandutu slum, Kiambu County, Kenya. Additionally, most women and society in general confused AUD with depression. Therefore, the basic care program was not fully developed due to low experience in treating and managing the disorder. Further, the study also noted that women experiencing AUD were unhygienic which could be a reason for increased cases of GBV.

On the extent and prevalence of GBV, the study concluded that it caused physical and emotional pain on women in Kiandutu, Kiambu County, Kenya. When women were subjected to verbal or physical abuses, it made them seclude themselves to avoid undergoing the mental abuse. If the situation was unbearable, the women portrayed physical violence or verbally insulted anyone questioning their lifestyle and some of them opting for suicide. In addition, it was established that the main reason why most chronic women got drunk was to escape harsh economic times which caused stressful survival with limited resources. Therefore, they thought that by taking alcohol, they would be happy even though for a short-time. However, the consequences were far much worse. Additionally, the counseling services offered were at a high cost which the women would not afford.

The study also concluded that there was a positive relationship between AUD and GBV. This was because the women experiencing this disorder experienced frequent nightmares, mistrust to anyone around them, aggression and even death. Therefore, they

were so vulnerable since they could easily plunge into bipolar disorders whereby at once instance, they would be happy and the next moment moody.

On the treatment options, the study concluded that they had an influence on GBV. Notably, it was also observed that government, religious institutions and NGOs had put effort to ensure that the women addicted to alcoholism receive treatment by providing medication, money, shelter, clothes and food. There was also social support groups established to ensure that the women had a platform that they could use to speak out. However, some women resisted this help since they felt that they did not need help. As a result, they would go back to drinking which exposed them further to GBV.

Recommendations of the Study

The followings are the recommendations from this study:

1. The rehabilitation center management should raise more awareness through main stream and social media to enable the public realize their existence. This sis to enable victims of GBV to seek timely help.
2. The Ministry of Gender should come up with funding through NGAAF to enable women receive training on that psychological harmful effects of alcoholism and how it could escalate GBV.
3. NACADA should enforce the alcohol taking laws such that all bars should not operate after 5pm so that the women do not get a chance to be exposed to available liquor; hence, spending more time in self-development and cleaning their homesteads.
4. The County Government of Kiambu in conjunction with the national government should come up with policies that guide on the scale that local institutions like hospitals

charge to ensure that it's affordable for any woman in need of the services after an occurrence of GBV.

5. The County Government of Kiambu should increase training on how to identify and distinguish AUD symptoms among women. This would enable them seek treatment as early as they notice the symptoms to avoid escalation to GBV.
6. Treatment of women by rehabilitation centers should be expanded beyond material support. This should extend to daily communication through dedicated CHVs to the women on how they could turn around their drinking behavior around for personal growth and development.

Contribution to Policy and Practice

The findings of the study act as a support mechanism for increased prevention, treatment, social support and rehabilitation measures to curb the prevalence of AUD and GBV among women. This includes suggestion to modern methods of treatment and social support to increase the coverage of the number of women being provided with care and treatment.

Suggestion for Future Studies

This study was done on rehabilitation centers in Kiambu County, Kenya. Future studies should expand to other rescue centers within the country to reach out to women for further inquiry. Notably, the study incorporated managers and women as respondents but failed to incorporate government representatives such as chiefs. Future studies should consider including government representatives to get deeper details on the measures they have been taking to curb the supply of cheap and harmful liquor.

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APPENDICES

Appendix I: Questionnaires for Women

You are requested to answer the following questions as truthfully as you can.

SECTION A: DEMOGRAPHIC INFORMATION

What is your age?

a) Below 18 years ☐

b) 18-28 years ☐

c) 29-39 years ☐

d) 40-50 years ☐

e) Above 51 years ☐

Marital status

a) Single ☐

b) Married ☐

c) Divorced ☐

Number of Children/ dependents

a) None ☐

b) 1 to 3 ☐

c) 2 to 5 ☐

d) Above 5 ☐

Source of Income

a) Employment ☐

b) Business ☐

c) Retirement benefits ☐

d) Parents ☐

e) Spouse ☐

f) No income ☐

SECTION B: EXTENT OF ALCOHOL USE DISORDER

This part has questions regarding the extent of alcohol use disorder. Kindly respond with the response that matches your opinion. Please tick as appropriate in the boxes. 1-strongly disagree, 2-disagree, 3-neutral, 4, agree, 5- strongly agree.

No	Statement	1	2	3	4	5
1.	I begin to hallucinate when I consume alcohol					
2.	I feel insecure when I get intoxicated					
3.	I have lost interest in activities such as going to church/mosque, women meeting and general interaction with people					
4.	After an episode of drinking, I black-out and do not remember things hence being confused					
5.	My house is so dirty since I do not find time to clean it after taking alcohol					

SECTION C: EXTENT OF GENDER-BASED VIOLENCE

This part has questions regarding the extent of gender-based violence. Kindly respond with the response that matches your opinion. Please tick as appropriate in the boxes. 1-strongly disagree, 2-disagree, 3-neutral, 4, agree, 5- strongly agree.

No	Statement	1	2	3	4	5
1.	Sadness always engulfs me when I take alcohol since I know I have misused family money which could lead to conflicts					
2.	I always stay away from people who judge and probably insult me because of my drinking problem					

3.	The more I drink alcohol the more I lose interest with most of personal activities such as visiting friends.					
4.	I physically try to beat or insult anyone that seems to be bothered with my drinking lifestyle					
5.	I have ever thought of committing suicidal since I felt that my life was hopeless.					

SECTION D: RELATIONSHIP BETWEEN ALCOHOL USE DISORDER AND GENDER BASED VIOLENCE

This part has questions regarding the relationship between alcohol use disorder and gender-based violence. Kindly respond with the response that matches your opinion. Please tick as appropriate in the boxes. 1-strongly disagree, 2-disagree, 3-neutral, 4, agree, 5- strongly agree.

No	Statement	1	2	3	4	5
1.	When I consume alcohol in huge quantities, I develop shortness of breath complications					
2.	When my partner shouts at me because of drinking, I feel so disconnected resulting to poor concentration					
3.	At the end of each drinking spree, I always start panicking due to the amount I have spent on alcohol					
4.	At times I start sweating when consume excess alcohol and not able to pay.					
5.	I have developed heart complications such as increased heartbeats due to always being anxious.					

SECTION E: TREATMENT OPTIONS OF GENDER BASED VIOLENCE

This part has questions regarding treatment options and gender-based violence. Kindly respond with the response that matches your opinion. Please tick as appropriate in the boxes. 1-strongly disagree, 2-disagree, 3-neutral, 4, agree, 5- strongly agree.

No	Statement	1	2	3	4	5
1.	I have ever been treated by a doctor (M.D.) or needed to see a doctor because of a fight with my male partner					

2.	I am in a support group to enable me overcome the drinking problem					
3.	My family always provides emotional support to reduce the adverse effect of excessive consumption of alcohol					
4.	Churches, NGO's and government aids in form of money, food, and clothing					
5.	I have been receiving counseling services that have affirmed to me that all is not lost and there is hope					

SECTION F: GENDER BASED VIOLENCE

This part has questions regarding gender-based violence. Kindly respond with the response that matches your opinion. Please tick as appropriate in the boxes. 1-strongly disagree, 2-disagree, 3-neutral, 4, agree, 5- strongly agree.

No	**Statement**	**1**	**2**	**3**	**4**	**5**
1.	People have insulted or swore or shouted or yelled at me?					
2.	I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with people					
3.	My male partner pushed, shoved, or slapped me					
4.	Someone has ever used force (like hitting, holding down, or using a weapon) to make me have sex with them					
5.	I easily agitate my partner especially when I am already drunk.					

Appendix II: Interview Guide for Center Managers

SECTION A: DEMOGRAPHIC INFORMATION

1. Please state your academic qualifications.
2. How long have you worked in this institution?

SECTION B: EXTENT OF ALCOHOL USE DISORDER

1. Highlight the symptoms you have observed when treating alcohol use disorder.
2. Explain the various challenges you face when dealing with women who have undergone GBV mainly because of alcohol use disorder.

SECTION C: EXTENT OF GENDER BASED VIOLENCE

1. Provide information on the methods used to ensure that the women do not have a relapse of AUD which pushes them to depression related violence.
2. Explain how the institution makes a follow-up when women are released back to their world so that they do not undergo GBV.
3. Explain the various challenges you face when dealing with women who have undergone GBV mainly because of alcohol use disorder.

SECTION D: RELATIONSHIP BETWEEN ALCOHOL USE DISORDER AND GENDER BASED VIOLENCE

1. Highlight the first aid procedure you administer to a woman who has experienced anxiety attack such as shortness of breath and increased heartbeats.
2. Describe the various partners you work with to ensure that women who require urgent medical attention have gotten to minimize loss of life.
3. Explain the various challenges you face when dealing with women who have undergone GBV mainly because of alcohol-induced anxiety.

SECTION E: TREATMENT OPTIONS AND GENDER BASED VIOLENCE

1. Briefly highlight various types of treatment options you offer.

2. Explain the sources of finances that cater for treatment options such as material support.
3. Explain the various challenges you face when offering treatment options to women who have undergone GBV mainly because of alcohol use disorder.
4. Highlight other government institutions you work with to ensure women are protected.

SECTION F: GENDER BASED VIOLENCE

1. What are common types of GBV women undergo that your institution has handled in the past?

Appendix III: Introduction Letter

Dear Participant,

I am a postgraduate student pursuing Master of Arts degree in marriage & family therapy at Pan Africa Christian University. Am conducting a study entitled *The relationship between alcohol use disorder and gender-based violence among women in Kiandutu Slum, Kiambu County, Kenya*. I will be asking questions in form of interviews and questionnaires to various respondents such as center managers, staff (psychologists and nurses) and women who have undergone GBV and also have excessive alcohol drinking problem.

Your responses will remain confidential and anonymous. Data from this survey will be kept under secure systems and reported as a collective effort. If you agree to participate in this survey, please answer the questions on the questionnaire/ interview as best you can. It should take approximately 20 minutes to complete. The names of the respondents who will participate in the study will not be disclosed to anyone. In case the identity of a respondent who needs protection is breached, the researcher or research assistant responsible will be legally liable to fines or jail term accorded by a court of law.

Yours faithfully,

Nicoleta Wambui Mungai
MMFT 10417/0/18

Appendix IV: Ethical Clearance Letter from PAC University

Certificate of Ethical Clearance

Pan Africa Christian University

Thika Road Campus | Valley Road Campus
P.O. Box 56875-00200 | +254 730955000 | +254 730955501/2
enquiries@pacuniversity.ac.ke | www.pacuniversity.ac.ke

INSTITUTIONAL SCIENTIFIC ETHICSREVIEW COMMITTEE (ISERC)

This Certificate is awarded to

NICOLETA WAMBUI MUNGAI(MMFT 10417/0/18)

For the research titled

INFLUENCE OF ALCOHOL USE DISORDER ON GENDER BASED VIOLENCE AMONG WOMEN IN KIANDUTU, KIAMBU COUNTY, KENYA

Ref/PAC/ISERC/23/6/23

having complied with PAC University Institutional Scientific Ethics Review Committee's guidelines and Standard Operating Procedures for ethical clearance.

This Certificate is issued subject to compliance with the following requirements:

i. Before commencing the study, you are required to obtain a Research License from the NationalCommission for Science, Technology and Innovation (NACOSTI) as well as other institutional clearances as and where needed.

ii. Only approved documents including research instruments and informed consent forms will beused.

iii. All changes including amendments and/or deviations are to be submitted for review andclearance by PAC University Institutional Scientific Ethics Review Committee before use.

iv. Any expected or unexpected changes that may increase the risks to study participants or affectthe integrity of the study must be reported in writing to PAC University Institutional Scientific Ethics Review Committee within two days.

v. Any request for renewal or approval must be submitted to PAC University Institutional Scientific Ethics Review Committee at least four weeks prior to the expiry of this Certificate and must be accompanied by a comprehensive progress report to support the renewal.

Date of issue	29/6/2023	**Expiry date**	29/6/2024

DR.JANE KINUTHIA

Secretary PAC_ISERC

Appendix V: Introduction Letter from PAC University

PAN AFRICA CHRISTIAN UNIVERSITY

P.O. Box 56875 - 00200
Nairobi, Kenya
Lumumba Drive, Roysambu
off Kamiti Rd, off Thika Rd
Tel: 0734 400694/0721 932050
Email: enquiries@pacuniversity.ac.ke
website: www.pacuniversity.ac.ke

30TH June, 2023

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION & ETHICS CLEARANCE LETTER FOR MUNGAI NICOLETA WAMBUI REG. NO: MMFT/10417/0/18

Greetings! This is an introduction letter for the above named person a final year student at Pan Africa Christian University (PAC University), pursuing Masters of Arts in Marriage and Family Therapy.

She is at the final stage of the programme and she is preparing to collect data to enable her finalize on the thesis. The thesis title is ***"Influence of Alcohol Use Disorder on Gender Based Violence among Women in Kiandutu, Kiambu County, Kenya."***

We kindly request that you allow her obtain a research permit so as to proceed and collect data from selected Women in Kiandutu, Kiambu County, Kenya.

Kind Regards,

PAN AFRICA CHRISTIAN UNIVERSITY
REGISTRAR
P. O. Box 56875 – 00200.
TEL: 0721 932050 0734 400694
NAIROBI.KENYA

Dr. Lilian Vikiru
Registrar Academic Affairs
Pan Africa Christian University
Lumumba Drive, Roysambu, off Kamiti Rd, off Thika Rd
P.O Box 56875-00200, Nairobi, Kenya
Tel: +254 721-932050/726-595863/734-400694
Email: registrar.aa@pacuniversity.ac.ke
Website: www.pacuniversity.ac.ke

Appendix VI: NACOSTI Permit

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **435213**

Date of Issue: **25/July/2023**

RESEARCH LICENSE

This is to Certify that Miss.. NICOLETA WAMBUI MUNGAI of Pan Africa Christian University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Kiambu on the topic: INFLUENCE OF ALCOHOL USE DISORDER ON GENDER BASED VIOLENCE AMONG WOMEN IN KIANDUTU, KIAMBU COUNTY, KENYA for the period ending : 25/July/2024.

License No: **NACOSTI/P/23/27890**

435213

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

See overleaf for conditions

Appendix VII: A Map of Kiandutu Slum Location within Thika