Religious Affiliation and Alcohol Abuse among Teachers in Nyeri County, Kenya
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ABSTRACT
Alcohol abuse is a major global contributing factor to death, disease and injury. Alcohol abuse results in approximately 2.5 million deaths each year, with a net loss of 2.25 million lives, considering the estimated beneficial impact of low levels of alcohol use on some diseases in some population groups. The purpose of this study was to assess the influence of religious affiliations on alcohol abuse among public school teachers in Nyeri County. The study used both correlational design and phenomenological design. Quantitative and qualitative approaches were used in determining the relationship existing between religious affiliation and alcohol abuse and establishing the perception of teachers on alcohol abuse respectively. The study utilised the stratified sampling methodology to select participating teachers in each sub-county and level of the school (primary or secondary). The study had a sample size of 385 respondents. The ratio of primary school teachers to secondary school teachers in the overall teacher population was 5:3 which was also observed in the sample mainly attributed to the high number of primary schools as compared to secondary schools. A sampling frame was obtained from Teachers Service Commission (TSC) providing a list of all teachers in the county and the schools they teach in. The study utilized the stratified sampling methodology to select participants, where strata used was the subcounty and type of school (primary/secondary). A sample of 385 teachers was selected from a population of 6,264 from Nyeri County. A self-administered questionnaire was used to collect data. Data was coded and analysed using descriptive and inferential statistics. The religious affiliations and alcohol abuse had a weak correlation of .290. However, religious affiliation had no significant effect on alcohol abuse among the teachers at .096. The study concludes that there is a relationship between religious affiliation and alcohol abuse among school teachers in Nyeri County. The study recommends religious affiliations to be encouraged as a part of prevention strategies.

1.0 Introduction
The hazardous and harmful use of alcohol is a major global contributing factor to death, disease and injury: alcohol dependence, liver cirrhosis, cancers and injuries (WHO, 2014). Alcohol abuse results in approximately 2.5 million deaths each year, with a net loss of 2.25 million people, considering the estimated beneficial impact of low levels of alcohol use on some diseases in some population groups (Rehm et al., 2012; WHO, 2014). The World Health Organization (2010) defines alcohol abuse as irresponsible use of alcoholic drinks that results in ill health and general malfunction of the abuser. These situations include failure to fulfil major work, school, or home responsibilities, drinking in situations that are physically dangerous, such as while driving a car or operating machinery, recurring alcohol-related legal problems, such as being arrested for driving under the influence of alcohol or for physically hurting someone while drunk; and continued drinking despite having ongoing relationship problems that are caused or worsened by the effects of alcohol (Willman, 2018). In Botswana alcoholism among the educationists has been associated with the high prevalence of HIV/AIDS (WHO, 2008). In Nigeria, the prevalence of alcohol use among teachers was found at 51.4%, similar to 50% in Texas and 55.4% in Zimbabwe (Babalola, Ighoroje, Awhangansi, Ayilara, 2017). These rates were higher than the general population.

Worldwide, alcohol abuse is considerably widespread among teachers (Anton et al., 2012). According to WHO (2010), the global alcohol abuse has reached alarming levels with an estimated 2 billion (33%) people worldwide consuming alcoholic beverages. This is 33% of the global population and out of these; some 76.3 million people are estimated to have diagnosable alcohol use disorders making alcohol the most widely abused substance the world over. In the United Kingdom, up to 25% of teachers engage in alcohol abuse. The World Health Organisation (2008), reports that in Sub-Saharan Africa, alcohol abuse among teachers was high contributing to high mortality rates among teachers and thus affecting the quality of education. Studies in Kenya such as the TSC (2009), Orieno (2010) and Chege (2013) investigated and found high prevalence of alcohol abuse among teachers. There is inadequacy of scholarly article on the influence of religious affiliations on alcohol abuse among teachers, which the study sought to assess.

In the United Kingdom, the prevalence of alcoholism stood at 58% in 2015 among the general population (England,
2016) while that of teachers can be inferred from the fact that according to the National Head teachers Association there is a national alcohol and drug abuse policy for teachers from which the underlying problem of alcoholism can be inferred. The same report says that many teachers are being driven to alcoholism because of work related stress. A survey conducted in the United Kingdom in 2016 found that almost half of the teachers had an alcohol related problem. The National Association of Head Teachers reported that up to 25% of teachers were engaging in stress induced alcohol dependence. With the safety of learners at risk and the reputation of the teaching profession getting compromised, there is need to take steps and find a solution.

Religion and religious affiliations are under social integration paradigm which is an indication of an individual’s appraisal of the quality of their own relation with society and community. Kerry et al., (2011) define social integration as the bond that attaches people to the larger society including participation in religious and social organizations as well as social organizational membership. Teachers all over the world work to uplift the lives of people in the society. However, although teaching is valued in policy and theory, in practice many teachers face daunting demands from the society. In Kenya the society has placed a heavy burden upon teachers to ensure that learners pass their examinations irrespective of their abilities. News media is fraught with news about condemnation of teachers every year when the national examination results are released. Teachers have therefore become generally prone to stress due to their working environment, the pressure society puts on them, the need to meet personal commitments, have quality time with family and friends, enjoy social integration and improve their socio-economic life (Furnham, 2012). The psychological trauma therefore impairs religious affiliations and can subject teachers into bad vices such as substance abuse – alcohol abuse. However, studies conducted on alcohol abuse have not addressed the influence of religious affiliation on alcohol abuse among teachers which this study investigated.

Religion and religious affiliations are perceived as the cushion against life difficulties and challenges. However, the question emerges, what role does religion play in managing alcoholism amongst believers and non-believers? According to Bryant-Davis & Wong (2013), participation in a religious organization and coping through prayer may be important protection against the development of alcohol abuse. Further, the study reiterated that religious organisations to encourage healthy choices relating to alcohol in order to avoid more extensive problems. Religious affiliations promote social well-being which connotes processes that are external comprising of social networks, community, family and environment and having the ability to get involved with other people in the community in a variety of contexts that show respect for self and others (Bonelli et al., 2012).

The lack of purpose in life is an important background factor of depression. Similarly, boredom proneness has been found to significantly correlate with depression, anxiety, and substance use and abuse (Castellanos-Ryan et al., 2013). Teachers who have stagnated in their career with no indication of personal growth may abuse alcohol due to boredom and frustration. Self-evaluation is essential for both personal and spiritual growth. Majority of teachers in Kenya have many challenges that in most cases makes them prone to hopelessness and depression and may be driven into alcohol abuse (Muriungi, & Ndetei, 2013). Teachers who abuse alcohol may have limited opportunities for career advancement and lose respect among students (Rukundo & Magambo, 2013; Tao, 2013). Teachers are regarded as role models in society and therefore students may end up imitating the harmful use while in school and later on in life. Studies have been done in the area, however, none addressed religious affiliations on alcohol abuse.

In Kenya, there is a high prevalence rate of alcohol use among teachers. In 2010, a survey by the TSC revealed a prevalence of 67.41% of alcohol and drug abuse among teachers (TSC, 2010; NACADA, 2012; Chege, 2013). Religious involvement in individual’s life is a significant protective factor from substance abuse (Kasen et al., 2012). Salas-Wright et al. (2012), found that adolescents who considered religion as an important part of their life were half as likely to use drugs as compared to those who did not. The studies examined two constructs of psychosocial well-being namely marriage and religious participation but did not investigate religious affiliations on alcohol abuse among teachers, a gap which this study explored.

2.0 Statement of the Problem
Religion plays an important role of keeping people in check against engaging in socially undesired behaviours such as alcohol abuse. People who have difficulties in managing thoughts, feelings, maintaining relationships and functioning in expected social roles may be driven into alcohol abuse. Alcohol abuse has been found to be prevalent among teachers in Kenya. There exists a number of studies such as: TSC (2010), conducted the study on prevalence, characteristics and patterns of substance abuse in learning institutions; Otieno (2010) and Chege (2013) investigated the effects of alcohol abuse on teacher’s professionalism in Ugenya and Laikipia districts respectively. However, few studies have assessed the influence of religious affiliations on alcohol abuse among teachers. Nyeri County records a high percentage (69.4%) of teachers involved in alcohol usage hence the need for the study to assess the influence of religious affiliations on alcohol abuse among teachers in Nyeri County, Kenya (Muturi, 2015).

2.1 Research Objective
The study was guided by the main objective of assessing the influence of religious affiliations on alcohol abuse among teachers in Nyeri County. Religion being the protector of an individual’s character was explored with the intention of understanding its influence on alcohol use and abuse amongst the teaching staff in the County.

3.0 Research Methodology
The study was conducted in Nyeri County in Kenya. Nyeri County is home to 693,558 people (male-49% and female-51%), according to the 2009 National Census (KNBS, 2009). Majority of the people living in Nyeri County are Kikuyu a populous tribe in Kenya at 22% of the country's population. Majority of people living in the County are affiliated with a religion. Christians are the majority - Presbyterian, Methodist, Catholic, Anglican Pentecostals and Akorino denominations. There’s a small number of residents, mainly found in major towns, who prophesy to the Muslim and Hindu religions.

The County has had several cases of alcohol abuse reported, both among teachers and the general population (NACADA, 2007). Nyeri County lies between the Aberdare Ranges and Mount Kenya. It has eight sub counties, 37 locations and 194 sub-locations. Schools were selected from the eight sub-counties. The target population for the study were all primary and secondary school teachers employed by the TSC in Nyeri County.
According to the office of the Nyeri County TSC Director there are 367 public primary and 212 public secondary schools in Nyeri County and a total of 6,264 teachers. The county was selected because a national baseline survey on prevalence of alcohol abuse was standing at 69.4% (NACADA, 2010).

The study used both correlational design and phenomenological design. The correlational aspect of the study allowed the study to establish whether there existed an association between religious affiliations and alcohol abuse. The phenomenological component allowed the study to understand the perception of teacher managers and teachers on the alcohol problem among teachers. Quantitative and qualitative approaches were used in determining the relationship existing between religious affiliations and alcohol abuse and establishing the perception of teachers on alcohol abuse respectively.

The study utilised the stratified sampling methodology to select participating teachers in each sub-county and level of the school (primary or secondary). The study had a sample size of 385 respondents. The ratio of primary school teachers to secondary school teachers in the overall teacher population was 5:3 which was also observed in the sample mainly attributed to the high number of primary schools as compared to secondary schools.

3.1 Research Instruments

Questionnaires and in-depth interviews schedules were used. Questionnaires were used to gather data from teachers while in-depth interview schedules were used for the school heads and the TSC Director for Nyeri County in Kenya. The Alcohol Use Disorders Identification Test (AUDIT) was used to predict problematic alcohol use by measuring the frequency of drinking, typical quantity and frequency of heavy drinking. The score of 2 and above was an indicator of alcohol abuse.

3.2 Data Analysis and Presentation

Descriptive analysis method was used which included means and proportions. Data was analysed by Statistical Package for Social Scientist (SPSS Version 20). Data was presented in graphs, pie-charts and percentages. Inferential analysis was done using t-test for comparison of means to compare different categories’ mean and Chi-Square test for independence for comparison of variations between proportions.

Qualitative data was analysed thematically, focusing on contributors to alcohol abuse, effects of alcohol abuse and addressing alcohol abuse. The notes taken during the in-depth interview were organized by the thematic area of discussion in religious affiliations and alcohol abuse.

4.0 Results

The results have been presented on prevalence of alcohol use among teachers, religious affiliations and alcohol abuse.

4.1 Prevalence of Alcohol Use among Teachers

The study sought to find out the prevalence of alcohol use among teachers in Nyeri County. This was important in order to capture the drinking patterns using the AUDIT Scale. The results are presented in the Figure 4.1.

The alcohol use prevalence rate among the interviewed teachers in Nyeri sub-county was at 59% (159). This was slightly higher than what was reported in the Kenya Demographic Health Survey (2013) which showed alcohol consumption of 36.7% among males in central province of Kenya and 5.6% among women within the same region (KNBS, 2015). An earlier survey by the TSC (2009) had found a 67.41% alcohol prevalence among teachers in five sampled districts while Ongany et al. (2004) found a 65% prevalence of alcohol use with 52% of teachers having alcohol related health problems.

The findings of this study resonate with similar studies in Zimbabwe where alcohol prevalence of 38.6 % and 8.2 % was reported among male and female teachers respectively (Cubbins et al., 2012; Grant, 2013). In Nigeria, prevalence of alcohol was not just found among students but also among teachers undergoing training (Ekechukwu & Ogu, 2016). A prevalence of 59% of alcohol use requires attention considering the modelling role played by teachers to learners especially in the formative years. The AUDIT Scale utilised in this study measures three domains of hazardous alcohol use, dependence symptoms and harmful use. Without proper management of alcohol use among teachers, there is a likelihood of alcohol users developing hazardous use. Measures of managing alcohol use among teachers therefore need to reign all teachers at whatever level of alcohol use in order to forestall incidents of hazardous use.

4.2 Religious Affiliation

The study also sought to establish the religious affiliation of the teachers. This was important because religion is known to shape alcohol use among people. The results are shown in the Figure 4.2.

Figure 4.2. Teachers by Religious Affiliations.

Almost all the respondents were affiliated with a religion (97.2%) with only 2.8% stating not to be affiliated with any religion. This is similar to the Kenya population Census of 2009 where only 2.4% of the population (KNBS, 2010) were found to be non-religious. Religious attendance is important in improving and maintaining good healthy behaviours and social relationships. Devoted religious individuals (teachers) with regular attendance have lower risks of alcoholism, as compared to those with less attendance. Religious affiliations were found to be associated with less favourable attitudes toward drinking and alcoholism.

4.3 Religious Affiliations and Alcohol Abuse

The study sought to find out the correlation between religious affiliation and alcohol abuse. This was important as religious affiliations and belonging has been found to act as a buffer against alcohol abuse. The results are presented in Figure 4.3.
Teachers without religious affiliations had a higher level of hazardous alcohol use (18.2%), while those with religious affiliations had the least at (13.3%). Perhaps religious affiliation is a protective factor in alcohol abuse because participation in religious activities creates a positive peer group that provides social support. One aspect of religion that is important in alcohol abuse is that it protects against self‐rejection and creates a positive sense of self‐worth through the affiliation with a higher power. Additionally, religion provides stress outlets through prayer, friends and positive religious affiliations.

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

Salas‐Wright et al. (2003) established that religious involvement was a significant protective factor from alcohol abuse. This may be attributed to the fact that religious affiliation involves affiliation with a Supreme Being or higher supernatural force as well as formalized code of conduct to live by which gives a perception of life as having meaning beyond one self. Belonging to a religious group may also offer chances of social support to teachers especially the one working far away from home and family.

To find out whether the differences were significant, a chi square test was conducted. The results are shown in the table below.

| Table 4.1. Relationship and Significance of Religious Affiliations on Alcohol Abuse. |
|---------------------------------|-----------------|----------------|
| **Correlations**               | Religious Affiliation | Alcohol Abuse |
| Religious Affiliation          | Pearson Correlation | .290          |
| Sig. (2‐tailed)                | .096             |
| N                               | 384              |
| Alcohol Abuse                  | Pearson Correlation | 1             |
| Sig. (2‐tailed)                | .096             |
| N                               | 384              |

Religious affiliation and alcohol abuse have a weak correlation of .290. Religion however was not found to be a significant contributor to alcohol abuse at .096.

4.4 Discussions

According to Neighbors et al. (2013), teachers with strong religious affiliations consume less alcohol or drink in moderation were less likely to engage in alcoholism than teachers with weaker religious affiliations. The study found that there was no significance between religious affiliations and alcohol abuse at p‐value of 0.642. Religious conviction was not significantly related to alcohol consumption or risky sexual behaviour, but the inconsistent use of condoms and having multiple sex partners were significantly positively correlated with alcohol consumption. Men had higher rates of alcohol consumption and unprotected sexual activity than women did, although the two groups did not differ in the overall frequency of sexual activity.

Koenig, Koenig, King & Carson (2012) reported the problem of teachers’ over drinking has health problems and thus affected their abilities to dispense assigned duties and responsibilities. Primary and secondary school teachers in Kenya are at a higher risk for alcohol related problems because they have high rates of heavy consumption where they tend to drink more recklessly. Religion and religious affiliations have certain protective factors that prevent drinking or excessive drinking. WHO (2014) reported that there is strong evidence that religious involvement is generally associated with decreased risk of alcohol abuse, problems and dependence. Increasing alcohol abuse among teachers may arise from self‐rejection, which religious affiliations may counter by fostering a positive self‐image and providing personal norms that inhibit the use of substances. Topalli, Brezina & Bernhardt (2013), conflict exists between religious affiliation and the general attitudes of most teachers deterring self‐control and coping processes.

5.0 Conclusions and Recommendations

The study concludes that there is a weak correlation (.290) between religious affiliation and alcohol abuse. Religious affiliations were found not to have significant effects in relation to alcohol abuse in Nyeri County. The study recommends religious affiliations to be encouraged as a part of prevention strategies.

6.0 References


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