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Assessing the Effects of Parental Alcoholism on the Well-being of the Family: A Case of Lusaka District

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Abstract

Alcoholism in Lusaka District is increasing on a daily basis and social vices arising from it can evidently be seen. Such vices as unprotected sexual activity, physical and sexual assault, problems at school, legal problems, disruption of normal growth and sexual development, higher risk for suicide and homicide, alcohol-related car crashes and other unintended injuries (CDC, 2006). Alcoholism has been found to be related to the development of serious illnesses such as cancer, cardiovascular diseases, neuropsychiatric disorders, and cirrhosis of the liver (Hammerstein and Ncheka, 2017). The main objective of the study was to assess the effects of parental alcoholism on the wellbeing of the family in Lusaka District. A descriptive research design was used to conduct the study, employing purposive and non-probability sampling to determine the sample size. The target population were former alcoholics and family members for former alcoholics drawn from an association for former alcoholics called the Alcoholics Anonymous (AA) and also from former alcoholics belonging to the Holy Ghost Arena, a religious organization. Interviews were conducted with Eighty (80) former alcoholics and Forty (40) family members of former alcoholics. The major tool for collecting data was a self-administered questionnaire. The study found that parental alcoholism negatively affected the well-being of the family in Lusaka District**.** It was also found that parental alcoholism affected individuals as well as the community. Causes of parental alcoholism were attributed to the need to get relief from the pressures of life and stress, lack of employment, lack of recreational facilities, high number of drinking places and production of illicit beer in Lusaka district and harsh economic conditions coupled with socio-cultural change. The study recommended that in order to address and reduce the problem of parental alcoholism in Lusaka district there is need to ensure that there is a reduction in the numbers of drinking places as well as to prohibit the production of illicit alcohol, increasing the price of alcohol, establish recreational facilities for people to go to, provide people with soft loans to engage in income generating activities and lastly that bars should only be allowed to operate for a few hours in a day.

Keywords: Alcohol, Alcoholism, Effects, Family, Community, Wellbeing

1.1 INTRODUCTION AND BACKGROUND

Alcohol has always been part of society for many generations. Alcoholic beverages have served as sources of needed nutrients and have been widely used for their medicinal, antiseptic, and analgesic properties (WHO, 2010).

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In many cultures in Zambia alcohol has a place in rituals including birth, marriage and death rites. When priests communicate with ancestral spirits, they often quench the spirits' thirst with a traditionally-brewed beer. It is believed that most traditional leaders take alcohol in order to remove their shyness and fear of adjudicating in complicated heavy cases. On the social front, alcohol taken in moderation can act as a catalyst of good human relations as it might help to break social barriers (Acuta, 1988).
However, there has been an increase in the way people are abusing alcohol thereby resulting in to alcoholism. Alcoholism is one of the causes of social problems which many societies across the world are grappling with. Zambia has been facing the problem of alcoholism from as early as the time of the first republic. It is on record that the first republican President, Kenneth Kaunda threatened that he would resign as Republican President following the observation that Zambians were drinking too much alcohol at the expense of developing the nation (New York Times, 1974).
According to Wolffgramm et al., (2000) alcoholism is a disorder that progresses from social drinking to a state of uncontrolled abuse, a chronic disability manifested by persistent drinking. Alcoholism is also known as a family disease, since it may lead to serious health and socio-economic problems, not only in the short-run, but also in the long-run, through the transmission of its harmful effects to offspring.
From this, it therefore goes without saying that parental alcoholism can indeed have adverse social effects on the wellbeing of a family. Parental alcoholism may negatively affect children and other members of families in several ways (Berger 1993). In order to assess or investigate the social effects that parental alcoholism can have on the wellbeing of a family it is important that studies are carried and this is what this study aims to achieve.
This study aimed at assessing the social effects of parental alcoholism on the wellbeing of the family narrowing it down to Lusaka district. According to the Central Statistics Office (2010) census report, the district which is located in Lusaka province has a population of 1, 747,152. Lusaka district has not been spared by the problem of alcoholism. We are witnessing the mushrooming of drinking places and production of alcohol of different kinds coupled with an ever increasing number of people drinking it. It is therefore important to do a scientific study in order to appreciate the kind of effects which arise from people's abuse and dependency on alcohol.
Since some of the social problems which Lusaka as a district is facing such as the high rate of divorce, street children, mental health problems and many others can cosmetically be attributed to alcoholism, the researcher was compelled to conduct this research in order to generate empirical data which can build on to the already existing body of knowledge as well as to provide data which can guide policy makers to formulate policies which would help to address and reduce this problem which stands as an enemy to development from all fronts.

1.2 Statement of the problem

Alcohol abuse has been one of the problems that Zambia has grappled with for a very long time even before the attainment of independence.
The country has been cited by a number of studies as one of the countries where alcohol is excessively and carelessly consumed by both men and women (Zambian Daily Mail, 2017).
Despite laws and regulations put in place by different governments which have been there regarding the intake of alcohol, people still engage in the abuse of alcohol, a situation which has brought about a lot devastating effects on individuals, families and communities at large (WHO, 2010).

The problem of high alcohol consumption and abuse is seemingly becoming a norm not only among adults but also among the youth who tend to indulge in alcohol during parties and other festivities (CDC, 2006).
In Lusaka Central, alcoholism is so high that social vices arising from it can evidently be seen. Such vices as unwanted, unplanned, and unprotected sexual activity, physical and sexual assault, problems at school, legal problems, disruption of normal growth and sexual development, higher risk for suicide and homicide, alcohol-related car crashes and other unintended injuries, memory problems, drug abuse and death have been caused by alcohol abuse (CDC, 2006).
According to the World Health Organisation, (2016), Seventy Six (76) percent of men and Twenty Three (23) percent of women in Zambia consume alcohol.
Alcoholism is related to the development of serious illnesses such as cancer, cardiovascular diseases, neuropsychiatric disorders, and cirrhosis of the liver (Hammerstein and Ncheka, 2017). The problems associated with alcohol abuse and the social effects inflicted on the well-being of a family needs not so much emphasis.

1.3 OBJECTIVES

The aim of this research was to assess the effects of parental alcoholism on the wellbeing the family in Lusaka district.

1.3.1 General objective

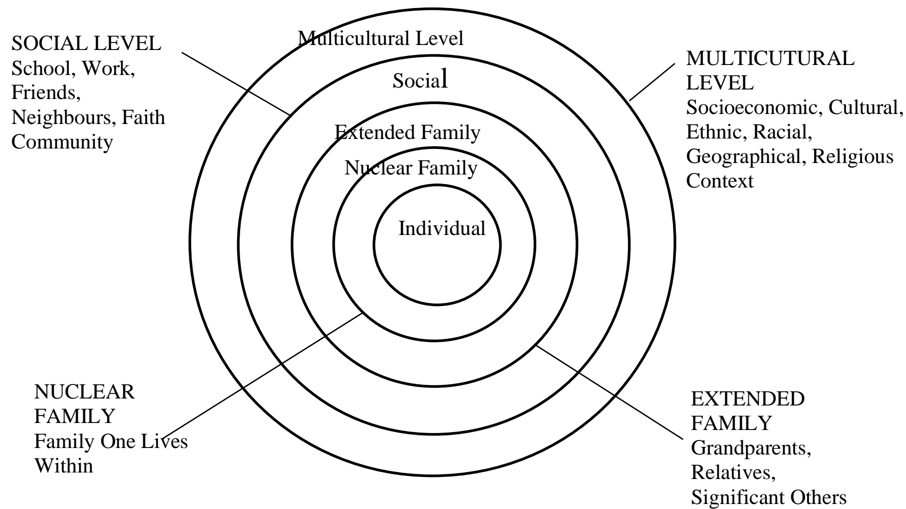
The research's general objective was to assess the effects of parental alcoholism on the wellbeing of the family in Lusaka District.

1.3.2 Specific objectives

1. To investigate the causes of parental alcoholism in Lusaka District.
2. To assess the effects of parental alcoholism on the wellbeing of the family in Lusaka District.
3. To assess the effects of parental alcoholism on individuals in Lusaka District.
4. To assess the effects of parental alcoholism on the community in Lusaka District.
5. To find out the recommended solutions to reducing parental alcoholism in Lusaka District.

1.4 Theoretical Framework

This study used the family systems theory (Bowen, 1990) and the Social disorganization theory (Rajendra,1998) as theoretical frameworks.
The family systems theory was utilized to provide an insight into why members of a family behave in the way they do in a given situation (Brandell, 2011).
The Social disorganization theory was utilized to provide an insight on how social relations among members of a particular community affect the members (Rajendra,1998).



The Diagram above depicts the Family Systems Theory

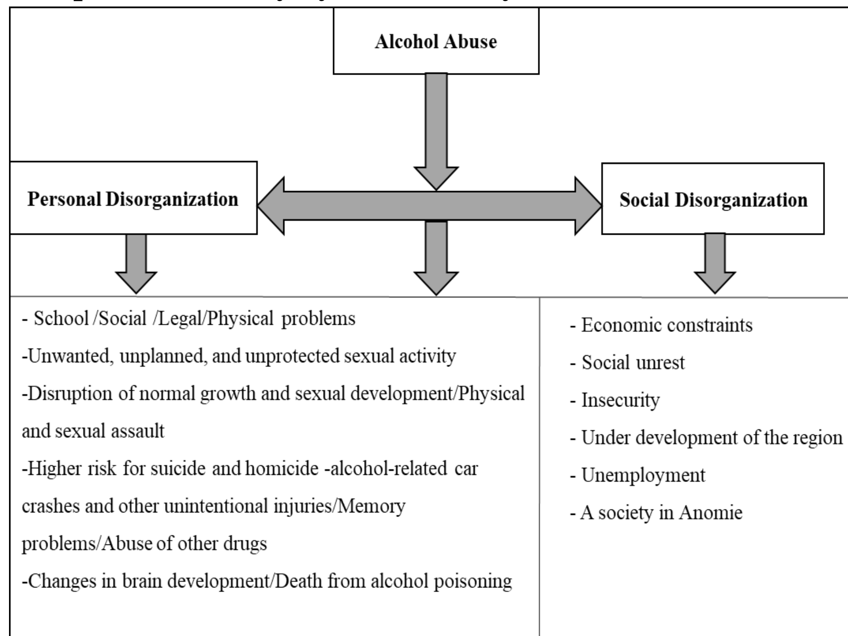


Diagram depicting the Social Disorganization Theory

2.0 LITERATURE REVIEW

At global level, a number of studies have been done more particularly by the World Health Organization (WHO). Studies have been conducted not only on the health aspect concerning the effects of alcohol, but also on how the abuse of alcohol affects families, societies as well as its effects on economic development. According to a World Health Organization Global Status Report on Alcohol and Health (2014), worldwide per capita consumption of alcoholic beverages in 2010 equaled 6.2 litres of pure alcohol consumed by every person aged 15 years or older, which translated into 13.5 grams of pure alcohol per day. A large portion of this consumption, 24.8% or 1.76 litres per person, was homemade and illegally produced alcohol or, in other words, unrecorded alcohol. Unrecorded alcohol refers to alcohol that is not taxed and is outside the usual system of governmental control, because it is produced, distributed and sold outside formal channels. Data must be culled from many sources to accurately

estimate this sector of consumption, which has been reported to account for nearly 30% at of total global adult consumption (WHO, 2009).

The study done by the World Health Organization indicated that alcohol abuse has effects on the individuals who drink in terms of health and socioeconomic status. The report also highlighted that alcohol affects other individuals and society at large (WHO, 2014).

Research has shown that a variety of factors have been identified at the individual and the societal levels, which affect the magnitude and patterns of consumption and can increase the risk of alcohol use disorders and other alcohol-related problems in drinkers and others (Shi & Stevens, 2005). Environmental factors such as economic development, culture, availability of alcohol and the level and effectiveness of alcohol policies were highlighted as being relevant factors in explaining differences in vulnerability between societies, historical trends in alcohol consumption and alcohol-related harm (WHO, 2007).

It was found that children, adolescents and elderly people are typically more vulnerable to alcohol-related harm from a given volume of alcohol than other age groups (WHO, 2010). Also, early initiation of alcohol use (before 14 years of age) was found to be a predictor of impaired health status because it was associated with increased risk for alcohol dependence and abuse at later ages (Grant, 1998) alcohol-related motor vehicle crashes, and other unintentional injuries (Cherpitel, 2013).

Studies have shown that parental alcohol use disorders have been found to negatively affect the family situation during childhood. Parents with alcohol use disorders are said to display particular patterns of alcohol consumption and thereby increase the likelihood that their children will develop drinking patterns associated with high risk of alcohol use disorders when they are introduced to alcohol (Shin et al., 2009).

Alcohol consumption is said to cause harm far beyond the physical and psychological health of the drinker (Hibell et al., 2009). It also causes harm to the well-being and health of others. Some social harm to the drinker was implied in the health conditions (WHO, 2009).

Research has found that the ability of a parent or guardian to care for children is adversely affected by intoxication. There may be serious adverse immediate and long-term effects for the children because of neglect or abuse by the drinker. There also may be serious consequences for the drinker from family members, social services or public safety authorities in response to neglect or abuse by the drinker. Drinking and intoxication has also been found to adversely affect intimate and family relations. The adverse effects were often most clearly visible in small and isolated communities (Room et al., 2002).

Alcoholism has been reported as the most common substance abuse problem in sub-Saharan Africa (Parry et al., 2002) and has been associated with risky sexual behavior and HIV incidence and prevalence. Studies on alcohol have been done and different literature has been written with the different researchers and writers respectively touching on various aspects of alcohol. (Fritz et al., 2002).

Within the southern region, a study was done in Kenya in the Nandi community on the effects of alcohol abuse and the family. The main objective of this study was to establish the socio-economic impact of alcoholism on the family in the Nandi Community while the specific objectives were to, study the socio economic status of the household, to identify the causes of alcohol abuse by the families involved, to capture the effects of alcoholism on the families involved and to document the coping mechanisms employed by the affected families. According to the study the Nandi community have three types of alcohol being consumed namely the *changaa,* which is distilled alcohol, *busaa*, a traditional brew, fermented from maize and millet, and commercially produced beer sold in bars (Birech, et al, 2013) .

It was said that many people who suffered from stress and depression could resort to take alcohol so as to lift up their spirits. However, the research found that overindulgence in alcohol led to domestic violence and that it affected the emotional development of children because children whose parents were alcoholics would show signs of emotional disturbances such as feelings of insecurity, anxiety and they also suffer disorder behaviours such as traces mainly manifested during adolescence when they developed withdrawal attitudes towards the parent and identified with peer group leading to deviant behaviour (Birech, 2013).

A similar study was carried out in the region in the Embu county of Kenya to investigate alcohol abuse and its effects on the welfare of rural households covering, impact on the family, and the health of the consumers as well as what society is doing about it. The study showed that the impact of alcohol problems on families could reach into every area of life, physical and psychological health, finances, employment, social life and relationships. Seven key aspects of family life were found to be adversely affected, and these included roles, rituals, routines, social life, finances, communication and conflict. Families were reported to be spending millions of shillings to rehabilitate their sons and daughters who were addicted to drugs and alcohol and the cost of rehabilitation had left wealthy and influential families on the verge of financial ruin and in some cases led to divorce and/or suicide (Babor, 2003).

Findings from a National Survey on Alcohol and Drug Abuse conducted by NACADA in 2012 shows that 13.3% of Kenyans are currently using alcohol, 9.1% tobacco, 4.2% *miraa*, 1.0% bhang and 0.1% heroin. Overall, bhang is the most easily available illicit drug in the country at 49% followed by cocaine while heroin is the least available illicit drug in the country (NACADA, 2012). According to the study, alcohol misuse caused parents to be unable to look after their children or provide the practical and emotional support the children needed.. Parents could be inconsistent, unpredictable, and in many cases added to the pressure by reversing the roles and relying on the children for their own emotional and physical support (Obondo, 1996).

The Government of Malawi acknowledged the potential damage that alcohol misuse was having on its population, and the manner in which the misuse might serve to perpetuate poverty. Malawian policy makers and other stakeholders, including NGOs working in the area of alcohol and drugs, expressed a desire to address the issue using an evidence-based approach. The 'Fighting Poverty through Alcohol Misuse Prevention in Malawi' (ALMA), project was developed and carried out in collaboration with a reference group consisting of policy makers, program executors and stakeholders. The overall aim was to support the goals of the reference group by producing national data on alcohol use and misuse, and by contributing to increasing the capacity for Malawi to collect these data on a long-term basis through research, collaboration and training. The study shed light on the association between alcohol use and poverty within the Malawian context. This study was to meet the expressed needs of Malawian policymakers and stakeholders for empirical evidence that could be used in the development of national alcohol policies and their enforcement (Ntaba, 2008). The main objective of the study was to document, describe and explore patterns of alcohol use in the Malawian population. The Specific objectives were to determine the prevalence of alcohol consumption and misuse in Malawi, to explore the association between alcohol use/misuse and different dimensions of poverty, the association between alcohol use/misuse and gender, the general drinking pattern among adult population in Malawi and to explore people's opinions and experiences of current and future policy and interventions related to alcohol use (Braathen, 2008.

According to the research findings generally, hazardous drinking was said to lead to severe changes in the family setup, which becomes stressful and demanding. The father often fails to fulfil family obligations and other members struggle to maintain the homeostasis in the family. The mother may have to be the only breadwinner and fulfil all parental duties. Children in these families were said to frequently struggle to cope with responsibilities such as caring for younger siblings. The overall wellbeing of the family where alcohol was misused was said to be at risk when a father is misusing alcohol (Fisher & Harrison, 2013). The research found that alcohol abuse led to changes in family functioning. When a family could no longer deal with their problems and basic security, or physical and effective emotional support, could not provide for its members, the family system suffered detrimental changes to its wellbeing. Many aspects negatively affected the wellbeing of a family such as Alcohol Use Disorders and resultant domestic violence (Guez & Allen, 2000).

Where harmful drinking was present, the family members experienced stressful changes in their functioning. The wellbeing of family members where alcohol is misused was said to be negatively affected (Wagman et al. 2016). It was also found that alcohol misuse often led to a downward spiral into poverty in which the drinking behaviour eroded income capacity, through absenteeism, lack of motivation, poor quality of work, loss of employment, while any money earned was spent on alcohol, leaving a shortfall for life's necessities. Reduced earnings or even unemployment was therefore a frequent consequence of excessive drinking, and this affected the other family members. The research reported that it became impossible for children to attend school outings, and rent could not be paid. Almost all the participants indicated that financial problems became endemic in families where there was excessive drinking (Brandell, 2011).

Further, it was reported that alcohol misuse usually led to conflict in the couple subsystem and could also turn violent, there was much evidence that domestic violence and alcohol misuse are often related. Conflict between couples was inevitable when a father was misusing alcohol. According to the research, conflict directly related to the quality of the relationships. Excessive drinking was said to usually contribute to conflict situations between couples (Fisher & Harrison, 2013). Many conditions could also lead to the breakdown of relationships. The hazardous drinking of a partner often led to divorce or separation (Guez & Allen, 2000). It was reported that some that couples separated because of the father's misuse of alcohol. Research indicated that heavy alcohol consumption and frequent drinking episodes were associated with elevated rates of separation and divorce (Hutchinson et al., 2014).

The parent-child subsystem was also said to be severely affected when a father was drinking excessively. Parent-child relationships were reported to be usually toxic when alcohol was being misused. According to Hooper et al., (2012) a father's alcohol problems placed children at risk of adverse childhood experiences as well as long-term mental health issues. Children were said to be experiencing Emotional and physical abuse. Children were found to be the most severely affected by alcohol misuse, since they could do little to protect themselves from the direct or indirect consequences of alcohol abuse by a father. Such children, according to Klingemann (2001), get exposed to severe emotional abuse. A significant number of children were also said to be abused physically. Children in a household were a father was abusing alcohol, were reported to suffer greatly when a father was drinking excessively. The child sometimes had to take on the role of parent. The study highlighted that alcohol misuse by the parent, specifically by the father, had a detrimental effect on both the physical and emotional development of children. It was noted that some children in Alcohol Use Disorders (AUD)

homes often felt trapped and they did not know who to trust for help, as they did not have their parents to rely on. This constituted a form of emotional abuse (Werner & Malterud, 2016).

Hooper et al. (2012) found that parentification often occurred in families where there was alcohol misuse and that had a negative effect on children's wellbeing. McCarthy and Galvani (2012) raised another important aspect, that of trust. In families where alcohol was misused, trust was often broken. Children then took over their parents' roles and could not rely on their parents to help them deal with their own needs and challenges. In instances of excessive drinking by the father, the children often were made to start fearing him because intoxication might make him aggressive or withdrawn. This consequently would contribute to poor scholastic performance by the children (Kafuko & Bukuluki, 2008).

More recent data indicates that around a third of cases held by a long-term child care social services team involved parental alcohol misuse, with just under half of those negatively influenced by alcohol misuse and a further third by combined alcohol and drug misuse, alcohol caused the most harm to children and appeared to cause the most professional difficulties (Harwin and Forrester, 2002). In the London Borough of Camden, a Child Protection Statistical Report for 1998-99 showed that domestic violence, drug misuse and alcohol misuse continue to be the highest contributory factors within the family unit that affected the welfare of the child (Babor et. al, 2003). A 1994 study in New Zealand (Lynksey et al., 1994) found that young people reared in a family in which a parent was described as having 'alcoholism' (sic) had rates of psychiatric disorder at the age of 15 years that were 2.2 - 3.9 times higher than other young people. Other studies have shown that young people with problematic drinking parents are more likely to be using alcohol at an earlier age and in a risky fashion (22.4% vs. 12.5%), and are more likely to be using other substances (i.e. illicit drugs) in a risky fashion (21.8% vs. 10%).

And according to the Zambia Global School Health Survey (2004) alcohol and other drug abuse in Zambia has resulted in both uncalled for injury, death, loss of property as well as violence and engagement into myriad risky behaviors. The Global School Health Survey revealed that the prevalence of alcohol use among students, that is to say drinking at least one drink containing alcohol on one or more of the past 30 days, was found to be at 42 percent. Estimates suggest that alcohol dependence was found in 25% persons seen in primary care settings who drink above recommended limits of alcohol use. A study by the World Health Organization indicated the intake of alcohol among adults in Zambia in 2010. For this study, consumption of alcohol was defined as having taken alcohol in the past 30days. The study showed that the prevalence of alcohol consumption was 20.7 % (37.9 % of males and 12.2% of females). And the consumption of alcohol in the previous 12 months was reported to be 26.3 (43% of male and 17.7% of female) participants of the study. Current alcohol consumption in Lusaka according to the study was about twice the estimate for the country (WHO, 2014).

Nzala et al. (2011) there is a paucity of data on alcohol consumption in Zambia, especially in the cities. However, a study conducted by in Lusaka showed that men were more likely to abuse alcohol than women. This is similar to statistics at the global and regional level. Zyaambo, et. al., (2013) a survey was done in Zambia in Kitwe on alcohol consumption and its correlates among residents of Mining town, Kitwe, Zambia in 2011. The survey had a population sample of 1627 people. It was gathered that correlates for alcohol consumption may vary between communities and it is important that determinants for alcohol consumption are established so that public health workers are well informed when designing interventions to curtail alcohol consumption. Further, anecdotal evidence suggested that alcohol consumption among mining communities was higher than those in none mining communities. The aim

of the survey was to determine the prevalence and correlates for alcohol consumption in a mining town (Zyaambo, et. al., 2013).

A total of 1627 individuals took part in the survey, out of which 42.3% were males. According to the survey, about half of the participants were of age 25-34 years (56.0%) and 41.7% had attained secondary level of education. It was found that, 22.3% of participants consumed alcohol during the 30 days prior to the survey, with significantly more males (36.2%) than females (12.1%) having consumed alcohol (Zyaambo, et. al., 2013).

The survey indicated that among the factors considered to be associated with alcohol consumption, the most important predictors for alcohol consumption were age and gender. Compared to respondents age 25-34 years, respondents of age 35-44 years were 38% reported more likely to have consumed alcohol and respondents aged 45 years or older were 26% less likely to report consuming alcohol. In terms of gender, the survey showed that female respondents were 47% less likely to report consuming alcohol compared to male respondents (Zyaambo, et. al., 2013). Indications of this study corresponds with other studies which show that male spouses in families are more likely to be abusing alcohol in a family. What also can be concluded from the study is that families of partners who are abusing alcohol are more susceptible to economic deprivation as the partners tend to spend much of the money on alcohol. This study however did not bring out what was leading to the abuse of alcohol in the mining town although intake was reported to be more in older people than younger ones. However, the study indicated that the prevalence of alcohol consumption was lower than that reported in Botswana, Zimbabwe and South Africa. Differences in prevalence of alcohol consumption between studies were attributed to differences in study methodologies which were used (Weiser et al., 2006).

In a similar study investigating the prevalence of alcohol consumption in Lusaka district, Zambia, Nzala et al. (2011) found a prevalence of 20.7%. It was observed that since both study sites in Kitwe and Lusaka are urban, money might have been available to buy alcohol. The age of the respondent was a predictor of alcohol consumption. Results of the survey showed that those who were 35-44 years old consumed alcohol more than those who were 25-34 years old. These findings were different as compared to those of regional studies, which showed the peak age of alcohol consumption to be 25-34 ye2ars (Parry et al., 2005). The difference in age was reported to imply that an individual might have had no parental restrictions and had the ability to access money to purchase alcohol.

However, the study observed no association between level of education and alcohol consumption, which was similar to observations made in Tanzania (Mbatia et al., 2009). Alcohol consumption is reported to be higher in men than in women in other parts of Africa and even other regions of the world (Nzala et al., 2011). World Health Organization's country profile report for Zambia, (2014), showed that heavy episodic drinking is higher in males than females. The proportions of binge drinking were said to be high in late adolescence and early adulthood though the sex ratio was different from the general population especially among student populations where an estimated 45.1% females compared to 38.7% males got drunk. The explanation for this phenomenon was stated to be that it was not yet socially acceptable for women to consume alcohol and that might have led to underreporting of alcohol consumption among women. Another plausible explanation which was given was that women might not have had no access to money to purchase alcohol. Although the prevalence of alcohol consumption among women in Kitwe (12.1%) was lower than that in the region as a whole (Weiser et al., 2006), it was twice the reported prevalence of the entire country (5.9% of women countrywide).

3.0 RESEARCH METHODOLOGY

3.1 Research Design

The study used a descriptive research design in order to gain a deeper understanding of the question under study. Descriptive studies are primarily concerned with finding out "what is," and seeks to obtain information that describes existing phenomena by asking individuals about their perceptions, attitude, behaviour or values. A descriptive research can be either quantitative or qualitative (Glass & Hopkins, 1984).

The design was considered appropriate for the type of objective of this study and the implied comparative analysis to determine the effects of alcoholism on the well-being of the family in Lusaka District.

3.2 Target population

A target population is the set of well-defined elements that the research focuses upon and to which the results obtained by testing the sample should be generalized (Bless and Achola, 1990). This research had a target population from Lusaka district. The research had a target population of 120 participants who are parents above the age of 18 years both male and female. Forty One (41) participants were family members of former alcoholics and Seventy Nine (79) were the very individuals who have either recovered fully or are on the path to recovery from alcoholism.

3.3 Sample size and sampling procedure

3.3.1 Sample size

The sample size for this research was 120 participants above the age of 18 years. Fourty One (41) were family members of former alcoholics and Seventy Nine (79) were parents who have either recovered fully or are on the path to recovery.

3.3.2 Sampling procedure

The sampling procedure for this research was non-probability sampling and in particular heterogeneous purposive sampling. This is the sampling where the subjects are selected subjectively to represent as accurately as possible the characteristics of the population of interest. It is judgmental sampling because it will depend on the researcher as to who should be included in the sample (Bless and Achola, 1990).

3.4 Data collection methods and procedures

3.4.1 Data collection instruments

The research study used interview guide and self-administered questionnaires to collect data from the respondents in order to find out the effects of parental alcoholism on the wellbeing of the family in Lusaka district..

3.4.2 Data collection procedure

Going by the nature of participants of the study who requested to remain anonymous, data was collected using self-administered questionnaires which were delivered and collected from them. In cases where some participants were unable to read, the questions in the questionnaire were read to them by the researcher and answers were recorded accordingly.

3.5 Data analysis

Data was analyzed qualitatively and quantitatively using percentages and statistical method. Quantitative data was analyzed using excel and Statistical Package for Social Sciences (SPSS).

3.6 Triangulation

Triangulation refers to the use of multiple methods or data sources in qualitative research to come up with or develop a comprehensive understanding of a phenomenon (Partton, 1999). Theory triangulation used by the researcher in this study involved the Cognitive Behaviour Theory (Piaget 1896 – 1989), Behaviour Theory (Cesare Lombroso) and the Social Learning Theory (Bandura, 1977).

4.0 RESULTS/FINDINGS

4.1 Introduction

This chapter presents findings obtained from the collection of data from Lusaka District on the Effects of Parental Alcoholism on the Wellbeing of the family.

4.2 Background information

There were a total of One Hundred Twenty (120) participants who fully participated in the study, which included the former addicts themselves and family members for former alcoholics who belong to an Association for former alcoholics, the Alcoholics Anonymous (AA) and another group from a church ministry. The participants were involved in either filling in a questionnaire or availing themselves to be interviewed. Of the 120 participants who took part in the study Sixty Seven (67) were male participants representing 68% and Thirty Two (32) were females representing 32% of the former alcoholics while twelve (12) males and nine (9) females representing 57% and 43% respectively of family members.

Table 1: Shows the specific gender and status of participants

	Former Alcoholics		**Family Members**	
Gender	Frequency	Percentage	Frequency	Percentage
Male	67	68	12	57
Female	32	32	9	43
Totals	**99**	**100**	**21**	**100**

Source: SPSS Data Analysis (2017)

Of the 120 respondents who participated in the study 99 were former alcoholics while 21 were family members of former alcoholics in Lusaka District coming from the Anonymous Alcoholics Association of Zambia and a group from church ministry.

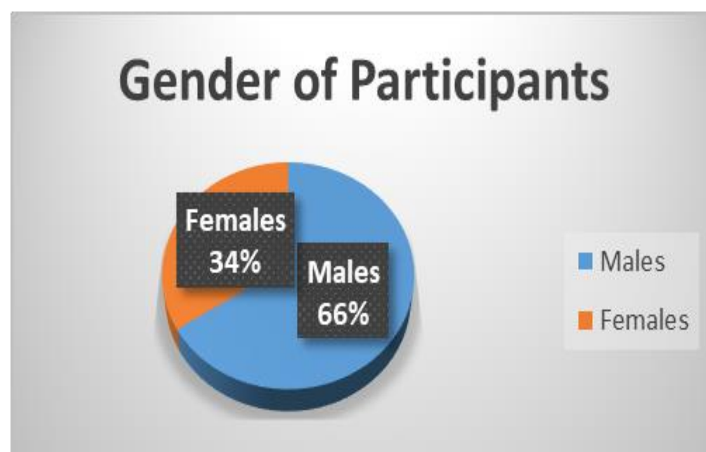


Figure 1: Gender of Participants

Figure 1 below shows that Seventy Nine (79) participants representing 66% of the participants who participated in the study were males while Forty One (41) participants representing 34% were females, which indicates that there were more male participants than females in the study.

Source: Microsoft Excel

Table 2: Shows responses on whether parental alcoholism affects families

Responses	Frequency	Percentage
Yes	120	100
No	0	0
Total	**120**	**100**

Source: SPSS Data Analysis (2017)

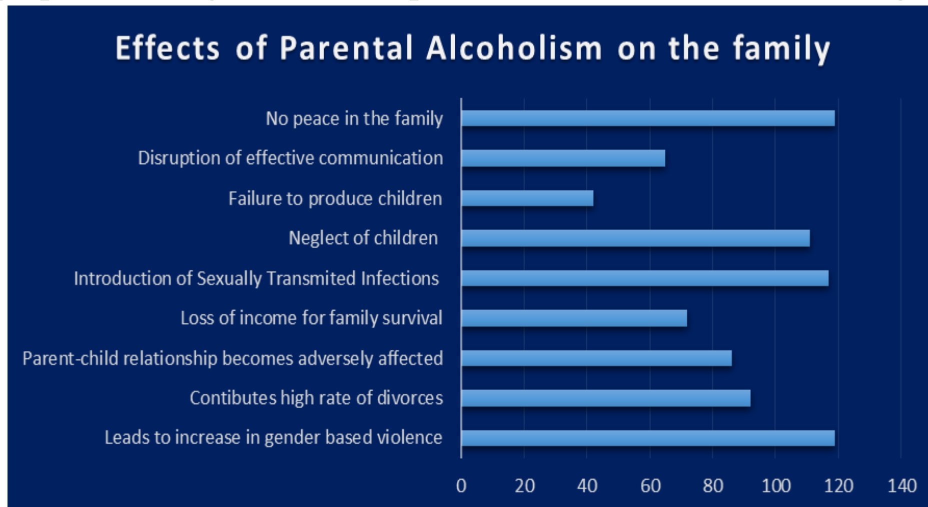
The table above shows the participants responses to the question on whether parental alcoholism affects families. As can be seen from the table all the 120 participants representing indicated that parental alcoholism does affect the family.

Figure 2: Causes of parental alcoholism in Lusaka District

Source: Microsoft Excel

From the figure above, it shows that all the One Hundred Twenty (120) participants stated that parental alcoholism is caused by the need to get rid of life's pressure and stress, the environment in which one stays, family background and lack of recreational facilities. One Hundred Eighteen (118) respondents said parental alcoholism is caused by peer pressure while One Hundred Seventeen (117) said it is caused by the need for leisure. One Hundred Ten (110) of the respondents indicated that parental alcoholism is cause by lack or loss of employment and Ninety Nine (99) said that the vice is caused by the production of illicit beer.

Figure 3: Bar graph indicating the effects of parental alcoholism on the wellbeing of the family.



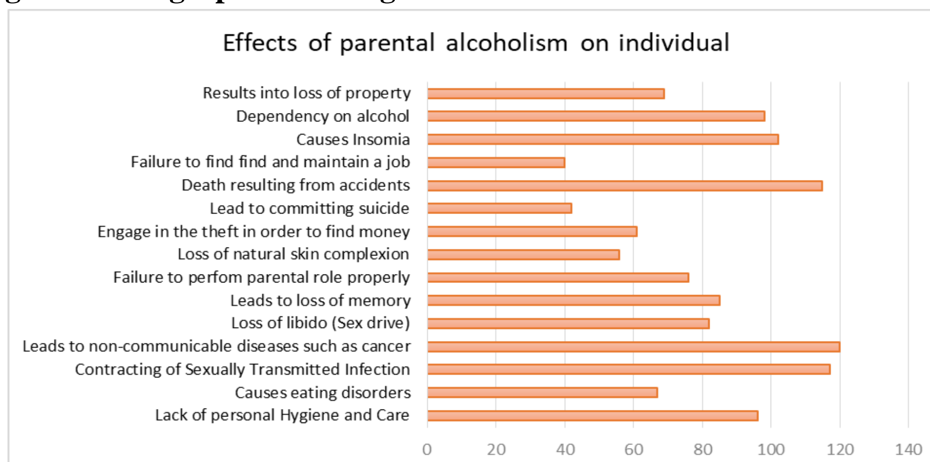
Source: Microsoft Excel

From the figure above, it clearly shows that the majority 119 respondents state that parental alcoholism leads to gender based violence and that there is no peace in the family, 117 participants indicated that it can also lead to the introduction of Sexually Transmitted Diseases such as HIV/AIDS, 111 participants said that among the effects of parental alcoholism on the wellbeing of the family include neglect of children by parents which compromises the upbringing of children. Another effect which was brought out by 92 participants was that it contributes to high rates of divorce. Eighty Six (86) respondents indicated that parent-child relationship becomes adversely affected by parental alcoholism while Seventy-two (72) participants said that it results in the loss of income for family survival. Six Five (65) participants indicated that parental alcoholism causes a disruption in effective communication between spouses and Forty two (42) respondents said that the vice can cause failure to bare children.

4.3 Effects of parental alcoholism on individuals.

The figure below is showing responses on the effects of parental alcohol abuse on individuals in Lusaka district.

Figure 4: Bar graph indicating the effects of alcohol abuse on individuals.

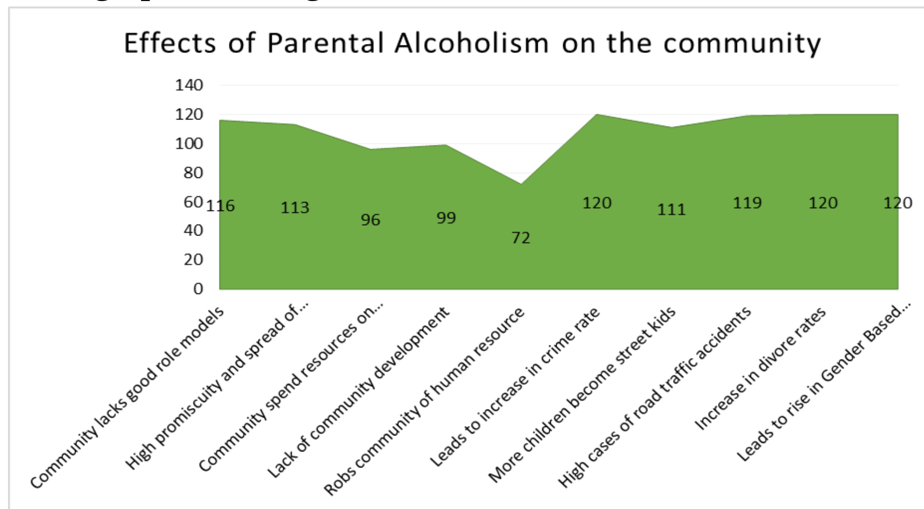


SOURCE: Microsoft Excel

The figure above shows participants' responses on the effects of parental alcoholism on an individual. According to the figure 120 respondents said that the individual may develop non-communicable diseases such as cancer, One Hundred Seventeen (117) participants indicated that the individual may contract Sexually Transmitted Infection, One Hundred Fifteen (115) respondents said parental alcoholism causes deaths from accidents, One Hundred Two participants said it causes insomnia in an individual, while Ninety Eight participants said alcoholism leads to dependency on alcohol. Ninety Six (96) respondents said that parental alcoholism makes an individual lack personal hygiene and care, Eighty Five (85) of the respondents indicated that it leads to loss of memory and Eighty Two (82) participants said alcoholism leads to loss of libido or sex drive. Seventy Six (76) respondents said that parental alcoholism causes about failure for one to perform parental role properly. Sixty Nine (69) of the participants said that it results into loss of personal property, Sixty Seven (67) indicated that alcoholism causes eating disorders, Sixty One (61) said that it leads to individuals engaging in thefts in order to find money. Fifty Six (56) of the respondents said that parental alcoholism cause loss of natural skin complexion, Forty Two (42) participants indicated that is leads to committing of suicide and lastly Forty (40) participants indicated that it leads to failure to finding and maintain a job.

4.4 Effects of parental alcohol abuse on the community.

Figure 5: Bar graph indicating the effects of Parental alcoholism on the community.



SOURCE: Microsoft Excel

The figure above is showing responses on the effects parental alcoholism on the community. From the graph it can be seen that One Hundred Twenty (120) participants said that parental alcoholism leads to the rise is cases of Gender Based Violence, increase in divorce rates and leads to rise in crime rate, One Hundred Nineteen (119) said that it increases cases of Road Traffic Accidents, while One Hundred Sixteen (116) respondents said that communities lack good role models due to parental alcoholism and One Hundred Thirteen (113) indicated that parental alcoholism affects the community by leading to high occurrence of promiscuity and spread of diseases. One Hundred Eleven (111) participants said that alcoholism brings about more children on the streets. Ninety Nine (99) respondents said that the vice causes lack of community development, Ninety Six (96) of the participants said that community spends resources to rehabilitate individuals and Seventy Two (72) participants indicated that parental alcoholism robs the community of human resource

4.5 Measures to help address and reduce the problem of alcoholism.

The table below is showing measures to be put in place to help address and reduce the problem of alcoholism in Lusaka District.

Table 3: Solutions to addressing and reducing the problem of parental alcoholism in Lusaka District.

Solutions to addressing and reducing the problem of parental alcoholism	Frequency	Percentages
Empower people with soft loans	116	97
Reduce the number of bars and night clubs	115	96
To provide recreation facilities	112	93
Stop people from producing illicit beer	100	83
To introduce high taxes on alcohol	80	67
Bars to operate for a few hours in a day	50	42
Conduct community awareness on the effects of alcohol	42	35

Source: SPSS Data Analysis (2017)

Table 8 above has been summarized by highlighting the suggested measures which can help to address and reduce the problem of parental alcoholism in Lusaka District. According to the table, One Hundred Sixteen (116) respondents representing 97% of the participants proposed for the empowerment of people with soft loans by the government and other stakeholders, One Hundred Fifteen (115) participants representing 96% of the respondents said that to help address and reduce the problem of parental alcoholism in Lusaka district there is need to reduce on the number of drinking places, One Hundred Twelve (112) participants with a representation of 93% proposed for the establishment of more recreational facilities in Lusaka district and One Hundred (100) participants representing 83% of the respondents said the government should prohibit the production of illicit beer. Eighty (80) participants with a representation of 67% proposed for increased alcohol taxes which would subsequently lead to the increase in the price of alcohol. Fifty (50) participants representing 42% of the respondents said as a way of addressing and reducing the problem of parental alcoholism bars should only be allowed to operate for a few hours in a day while Forty Two (42) respondents representing 35% of participants proposed the conducting of community awareness and sensitization on the effects of alcohol.

5.0 DISCUSSION

According to figure 2, all the 120 participants, responded that parents indulged into alcohol in order get rid of life's pressure and stress. It was also found that one of the causes of parental alcoholism was the environment in which one stays. By environment they referred to places where individuals lived and spent most of their time including work places. Those parents who lived in places where there is a lot of abuse of alcohol also found themselves engaging in the vice. Lack of recreational facilities for parents to go and spend time with their colleagues away from drinking places was found to be another cause of parental alcoholism in Lusaka District. Another cause of parents in Lusaka district taking alcohol was said to be family background. Some parents grew up in families where alcohol was abused very much by

the parents and siblings hence they themselves also end up as abusers of alcohol. Peer pressure was also recorded as one of the causes of parental alcoholism. Among the reasons that cause parents to engage in alcoholism which is related to this one according to the findings is the need for leisure. According to the participants, another cause for parental alcoholism was said to be the production of cheap illicit beer. Lack or loss of employment was said to be one of the causes of parental alcoholism in Lusaka District.

These findings are in agreement with the work of Birech, et al, (2013) who investigated an increase in the abuse of alcohol in Kenya who found that the increase was attributed not only to the change in social and cultural factors whereby the rules and regulations that guarded its abuse were broken down, but also to other factors such as harsh economic conditions and pressure that faced the community and high inflation rates resulting from the prices of commodities rising compounded with high unemployment levels. Campbell, (1988) also stated that due to harsh economic conditions people get subjected to, there is a possibility that the affected could be stressed and get forced to indulge in alcohol as way of reducing the stress. Despite its negative effects on families alcohol is also considered as a good medicine for stress when taken in moderation.

5.1 Effects of parental alcoholism on the wellbeing of the family

According to the findings gathered, it was indicated that parental alcoholism affects the wellbeing of families negatively financially. It was also found that parental alcoholism leads to gender based violence and robs the family of peace, led to high rates of divorce, and also leads to the introduction of Sexually Transmitted Diseases such as HIV/AIDS and brought about the disruption of effective communication between spouses. Due to parental alcoholism, children tend to be neglected and that parent-child relationship is adversely affected.

According to (Shin et al., 2009), studies has shown that parents with alcohol use disorders are said to display particular patterns of alcohol consumption and thereby increase the likelihood that their children will develop drinking patterns associated with high risk of alcohol use disorders when they are introduced to alcohol. Heavy drinking by parents has been pointed at as affecting family functioning, the parent-child relationship and parenting practices, which in turn affects child development adversely (Babor, 2003.

5.2 Effects of Parental alcoholism on individual in Lusaka district

According to the findings in figure 8, alcoholism affects individuals in that the individual may contract Sexually Transmitted Infections (STIs) such as HIV/AIDS as well as develop non-communicable diseases like cancer. It was also gathered that alcoholics may develop insomnia.

Another effect of parental alcoholism on an individual was that they may lose or fail to find and maintain a job due to alcoholism. Parental alcoholism was said to make an individual to lack personal hygiene and care and can lead to loss of memory. Loss of libido or sex drive was also brought out as one of the effects of parental alcoholism on individual. This research found that parental alcoholism led loss of personal property. Another effect of parental alcoholism on an individual was that it led to eating disorders. It was also indicated parental alcoholism can result into death from accidents resulting from impaired vision and compromised judgement.

These finding were in line studies done by the World Heal Organization on the harmful use of alcohol (WHO, 2014). Kafuko and Bukuluki (2008) found that harm to personal finances, poor health and loss of relationships are but some of the consequences of alcoholism, the most important being psychological harm and emotional turmoil inflicted on others, and the consequent breakdown of relationships.

5.3 Effects of Parental Alcoholism on the Community in Lusaka District

Figure 9 indicates that parental alcoholism has an effect on the entire community in which the alcoholics themselves reside as can be noted from the respondents. The research found that parental alcoholism leads to the rise is cases of Gender Based Violence in the community and contributes to an increase in divorce rates. Parental alcoholism was said to be one of causes in increased cases of Road Traffic Accidents the occurrence of promiscuity which led to the spread of diseases in the community. Parental alcoholism was also found to have an effect on the development of the community. Another effect on the community of parental alcoholism was said to be the use of community resources which could have been channeled on other needy areas like community sanitation towards the rehabilitation of alcoholics.

5.4 Solutions to reducing parental alcoholism in Lusaka district

Ninety Seven percent of the respondents proposed that in order to address the problem of parental alcoholism in Lusaka district, there is need for the government and other cooperating partners to provide individuals with soft loans through such facilities as the Citizens Economic Empowerment Committee and others in order to provide people with capacity to engage in income generating activities.

Respondents said that there is need to reduce on the number of bars, night clubs and taverns and instead the government should establish recreational facilities in the communities. It was found that there is also a need for local authorities to move in and stop the production of illicit brewing of alcohol in compounds. Another recommended solution was that bars should only be allowed to operate for a few hours in a day from say from 17:00 hours to 20:00 hours. Respondents proposed that the government should come up with proper legislation to regulate and monitor the supply of alcohol. It was also proposed that awareness and sensitizations on the effects of alcohol should be done by relevant authorities.

The proposed solutions are in agreement with what the World Health Assembly of the World Health Organization (WHO) recommends to its members. The World Health Organization urges its member states to develop intensive preventive programmes and appropriate legislation and other measures enabling effective action to be taken to reduce the harmful use of alcohol (WHO, 1979). The World Health Assembly recommended that member states formulate comprehensive national alcohol policies, with preventive measures as a priority (WHO, 1983). And in 2005, the World Health Assembly again called on Member States to develop, implement and evaluate effective strategies and programmes for reducing the negative health and social consequences of harmful use of alcohol (WHO, 2005).

CONCLUSION

Form the research conducted and the findings gathered it was found that the effects of parental alcoholism on the wellbeing of the family, individuals and the general community are grave and that they required serious attention by all stakeholders. From the findings of the research it was seen that parental alcoholism does not only affect an individuals who drinks, but that it does affect even the people around them, their immediate family and society as a whole. Resources which are supposed to be spent on the development of the family and community are channeled towards acquiring medicines to help alcoholics thereby delaying the process.

This study met all its targeted objectives in that information was gathered from the participants which can be used by policy makers, social workers and other stakeholders in trying to address the effects of parental alcoholism on the wellbeing of the family. However, the study had some challenges to do with finances. The other challenge was that the researcher had some difficulties in meeting with some of the

respondents due to their busy schedule.

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