THE EFFECT OF ALCOHOLIC DRINKS CONTROL ACT OF 2010 ON THE SOCIO-ECONOMIC WELFARE OF BAR OWNERS AND PATRONS IN NYERI COUNTY

BY

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DECLARATION

This research project is my original work and has not been presented for the award of a degree in any other university.

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I dedicate this work to my family for the sacrifice they made for me to complete this project. Their love, care, concern, support, encouragement and enthusiasm inspired me to achieve this goal.
I take this opportunity to thank God for good health and for bringing me this far. I also want to extend special gratitude to my supervisor, Dr. Mike Chepkonga, for the great partnership we made. His guidance, encouragement and patience in reading, correcting, re-reading and refining this work is commendable.

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ACRONYMS/ABBREVIATIONS

MLDA: Minimum Legal Drinking Age

NACADA: National Agency for the Campaign against Drug Abuse Authority

HIV: Human Immunodeficiency Virus

STIs: Sexually Transmitted Infections

NDSHS: National Drug Strategy Household Survey

WHO: World Health Organizations

SR: Self Regulation

KGGA: Kenya Girl Guide Association

ALD: Alcohol-Related Liver Disease
ABSTRACT

Recognizing the magnitude of alcoholism in the country, the Kenyan Parliament enacted the Alcoholic Drinks Control Act of 2010, in an attempt to bring sanity in the Alcohol sector. Nevertheless, the regulation of alcohol consumption may highly affect the socio-economic welfare of bar owners and patrons in various ways. This study therefore sought to establish the effect of Mututho law on the socio-economic welfare of bar owners and patrons in Nyeri County their physical health; family relations; livelihoods and employment status.

The research study used a descriptive research design. The target population comprised of bar owners and patrons in the 6 constituencies of Nyeri County which include Tetu, Kieni, Mathira, Othaya, Mukurwe-ini and Nyeri town. Stratified random sampling and snowball sampling were used to select 31 bar owners and 93 patrons respectively. The study used questionnaires, interview guide and observation guide to collect data. Descriptive statistics was used to analyze quantitative data with the help of Statistical Package for Social Sciences (SPSS). Content analysis was used to analyze data that was qualitative in nature. Data was then displayed by use of bar charts, graphs and pie charts and in prose-form.

From the findings, the study established that the health of both parties in the alcohol industries (patrons and bar owners) in Nyeri County has improved considerably since implementation of the Mututho law. This has been aided by the reduced hours of work for bar owners and reduced drinking hours for patrons. The study also established that most of the patrons and bar owners lived in the same compound with their immediate families and reduced working hours or drinking hours for the patrons improved relationship quality with spouse and children to a great extent. It was also found that Mututho law led to a decrease in the profitability of bar businesses. Further, the study found that reduced alcohol consumption by patrons improve employee...
behavior as well as the company’s image, reduces workplace accidents, sicknesses related to alcohol, and workplace absenteeism to a great extent.

This study recommends that the officers charged with implementation of Mututho law to be strict, thorough and to some extent seek the contribution and cooperation of the bar owners and patrons in the implementation of the Act. In addition, there is a need to develop a Follow up procedure on how to achieve a successful implementation of Mututho Law. The development of this procedure should involve or engage all stakeholders in alcohol industry starting with the alcohol producers to the consumers and even the general members of the public. Other stakeholders should include NACADA personnel, Bar Owners, Patrons, Government officials and all other interested parties.
1.1 Background of the Study

On average, worldwide alcohol consumption in the year 2005 was 6.13 liters of pure alcohol per person aged 15 years or older. A large portion of this consumption — 28.6% or 1.76 liters per person — was home-made, illegally produced or sold outside normal government controls. However, despite widespread consumption, a higher percentage of people currently do not drink alcohol at all (McMillan & Lapham, 2006).

Alcohol consumption and related problems vary widely around the world, but the burden of disease, death and its effects on the socio-economic welfare of alcohol consumers and their families remains significant in most countries (Norstrom & Skog, 2005). Alcohol consumption is the world’s third largest risk factor for disease and disability (Sheron & Brandish, 2010); in middle-income countries, it is the greatest risk. Almost 4% of all deaths worldwide are attributed to alcohol. These are more than the deaths caused by HIV/AIDS, Violence or Tuberculosis. Alcohol consumption is also associated with many serious social issues, including violence, child neglect and abuse, absenteeism in the workplace, among others (Sergio et al., 2007).

Presently, the number and frequency of deaths resulting from consumption of adulterated alcoholic drinks here in Kenya have reached alarming levels. Many people have lost their lives and/or their sight after consuming adulterated alcohol. For instance, 12 people died in Nairobi’s Shauri Moyo Estate in April 2010; 5 died in Thindigwa, Kiambu County in July 2010, 23 people died in Kibera in August 2010 and 5 died in Laikipia in August 2010 (NACADA, 2011). These comprise of only the few reported cases.
Conventionally, regulations on the availability of alcohol are used to moderate alcohol problems in communities throughout the world (Anderson, Chisholm & Fuhr, 2009). In the early and mid-20th century, policymakers in Scandinavia and the United Kingdom experimented with regulations intended to reduce or minimize alcohol problems by rationing alcohol, monopolizing sales through State agencies and otherwise restricting alcohol markets. States regulate many aspects of alcohol availability, from the age at which someone can purchase alcohol to the types of stores where alcohol is sold and the location and hours of operation of those stores (Babor, Caetano & Casswell, 2003). Recognizing the magnitude of alcoholism in the country, the Kenyan Parliament enacted the Alcoholic Drinks Control Act of 2010, in an attempt to bring sanity in the Alcohol sector.

Nevertheless, the regulation of alcohol consumption highly affects the beer industry in various ways. According to Mutegi (2013), earnings in the beer industry have come under pressure following the enactment of the alcohol law, often referred to as the Mututho law, with its main restriction being on bar opening hours that has since hurt sales by mainstream brewers. For instance, the East African Breweries Limited (EABL) saw its beer volumes in Kenya fall in the first year of the law (2011). Nevertheless, two upward revisions of product prices helped cushion its sales. The brewer has since reversed the trend but has severally warned the regulator that changing the regulatory landscape remains a threat to its business and by extension the amount of taxes remitted to the government.

According to Owino (2013) the Kenya Association of Hotel Keepers has faulted Parliament for not involving all stakeholders in the implementation of the Alcoholic Drinks Control Act of 2010. The body now warns that if the flaws and weaknesses of the Act, popularly known as ‘Mututho law’ are not addressed fully, then it will not operate effectively. The Act as it is
This will lead to job losses and discourage investment in the hospitality sector.

According to EABL (2013), East African Breweries employs about 8,232 people. Salaries and wages amounted to around 2.2 billion in the year 2012 and it is estimated that more than 1 million people are employed in the beer and soft drink value chain. The wine industry estimates that 197,579 jobs were directly and indirectly supported by the industry in 2003. Of these 108,679 were directly employed. They estimate further that if the tourism industry is taken into account, a grand total of 256,908 employees were directly and indirectly supported.

In addition, According to Yadid (2013), the prohibition of alcohol retail sales to between 10pm and 6am, the ban on all alcohol advertising as well as promotion and prohibition of new shops and bars from opening within 100m of schools and mosques negatively affected the sales in Istanbul. According to Gitonga (2013) Mututho law led to a closure of over 50 bars in the year 2013 in Naivasha only. The effects of business closures were: increased unemployment, increased poverty levels and decreased household wages. This downturn in household spending meant food shortages and a decreased quality of life for children.

On the other hand, the Mututho law reduced business hours which in turn increased the number of hours that bar owners and patrons could spend with their families and children. Accordingly, the emotional involvement of men with their children may have acts as a buffer against work related stresses. In addition, there is a positive relationship between increased involvement of fathers with their children and their subsequent hours of work and earning. This shows that since Mututho law reduces business hours and increases the number of hours Patrons and bar owners spend with their families, it helps to reduce work related stress. Further, parents who work for
family functioning, more depressive symptoms and less effective parenting.

However, since the enactment of the Alcoholic Drinks Control Act of 2010 (popularly known as Mututho law), no known studies have been conducted to assess the implication of this law on the bar owners and patrons’ socio-economic welfare. This study therefore expects to generate information on the implications of reduced business hours and reduced alcohol consumption hours on the socio-economic welfare (physical health, parent-child relations, inter-spouse relationship, family livelihoods and family income) of bar owners and patrons.

1.2 Statement of the Problem

The regulation of alcohol consumption in Kenya, by the so-called Mututho law, has affected the alcohol industry positively and negatively. First, despite the fact that the alcohol industry employs about 197,579 individuals directly and indirectly, the industry has been affected negatively by the Alcoholic Drinks Control Act of 2010. For instance, the volumes of beer sold in East Africa Breweries limited, decreased significantly in the year 2011; hence the company had to revise its product prices upwards so as to maintain its sales (EABL, 2013).

Further, the so-called Mututho law indicates that the District Committee will not grant any new license for sale of alcoholic drinks unless it is satisfied that it would be in public interest to grant the license and that the number of such premises in the locality is insufficient for the locality given the population density per square kilometer and permitted maximum number of such premises as prescribed (Kenya Gazette, 2010). This regulation is aimed at limiting the number of alcoholic drinks selling premises an objective which has led to the closure of a number of bars in some parts of the country. According to Gitonga (2013), Mututho law led to closure of over 50
According to Lerman & Soreneson (2000), business closures increases unemployment and decreases household wages. This downturn in household spending means food shortages and a decreased quality of life for children.

Further, the Act restricts that alcoholic drinks can only be served from 5pm on week days and 2-11pm on Saturdays (Njoroge, 2012). As indicated by Ochieng’s (2012), the restriction of opening hours negatively influenced the sales and profitability of bars in Kenya. However, reduction in business hours increased the number of hours bar owners and patrons spend with their families. According to Crouter et al., (2006), men’s emotional involvement with their children was found to act as a buffer against work related stresses, which means that reduction in business hours helps in the improvement of the bar owners and patrons health. Further, involvement of parents with their children reduces the social and emotional difficulties of their children and improves family relations. According to Strazdins et al. (2006), in families where parents do not spend time with their children, children are more likely to have social and emotional difficulties and these relationships are partially mediated through family relationships. This study will seek to establish how business hours influence the physical health, family relations as well as livelihoods of bar owners and patrons.

Research studies in Kenya have concentrated on extent and effects of alcohol consumption. For instance; Kobia (2011) did a study on factors influencing alcohol consumption in Majengo slums of Nyeri Municipality; NACADA (2010) conducted a study on alcohol use in Central Province of Kenya and Annastacia (2012) did a study on the Effects of Alcohol Abuse by the Family Institution in Kenya. However, none has focused on the effect of Mututho law on the socio-economic welfare of bar owners and patrons which include physical health, parent-child relations, inter-spouse relationship, family livelihoods and family Income. This study therefore

1.2.1 Key Research Questions

This study sought to answer the following questions;

1. What are the effects of reduced business hours on the physical health of bar owners and patrons in Nyeri County?

2. How has reduced business hours impacted on family relations (parent-child and inter-spouse relations) among bar owners and patron families?

3. What are the effects of the reduced business hours on the livelihoods of bar owners and patrons’ families?

4. What are the effects of reduced alcohol consumption hours on the employment status of bar patrons?

1.3 Objectives of the Study

1.3.1 Overall Objective

The overall objective of this study was to establish the effect of Alcoholic Drinks Control Act of 2010 on the socio-economic welfare of bar owners and patrons in Nyeri County.

1.3.2 Specific Objectives

The specific objectives were;

1. To establish the effects of business hours on the physical health of bar owners and patrons
To examine the effects of business hours on family relations (parent-child and inter-spouse relations) among bar owners and patron families

3. To determine the effects of business hours on the livelihoods of bar owners and patrons’ families

4. To establish the relationship between the level of alcohol consumption and employment status of bar patrons.

1.4 Study Justification

The Alcoholic Drinks Control Act of 2010 popularly known as Mututho law has been received with mixed reactions since it was implemented. Many women have celebrated this bill saying it was long overdue, since their alcohol drinking spouses arrived home earlier (by 11pm) unlike before when they would stagger home in the morning hours. In addition, a considerable number of success cases of former addicts who have gradually been rehabilitated and have become more productive at their work places.

However, the enforcement of this law has face challenges resulting in most hotels continuing to serve alcohol well past the allocated time (5pm-11pm on weekdays and 2pm-11pm on weekends), thus violating the law. In addition, NACADA and police officers have been unable to effectively enforce the law as alcohol vendors crafted ways of going around the it (Ochieng 2012). For example, bar owners close the doors after the allocated hours but continue serving drinks to those who are already in their Bars. Bar owners, feel that the law has infringed on their business rights since it limits the number of working hours which subsequently reduces their profits.
This study therefore elicited information on alternative ways of implementing the Mututho law. It also generated information that can be used by government officials and policymakers to review and implement the alcoholic drinks control Act of 2010. Furthermore, the study provided information on the effectiveness of alcoholic drinks control Act in achieving its objectives.

To academicians and researchers, valuable contributions from a theoretical standpoint. In addition, valuable information on the effects of alcoholic drinks control Act (Mututho law) on the socio-economic welfare of bar-owners and patrons. Further, a base upon which more studies can be conducted on the effects of alcoholic drinks control Act (Mututho law) on socio-economic welfare of Bar Owners and Patrons, given the fairly recent implementation of the regulations.

1.5 Scope and Limitations of the Study

This study focused on the effect of Alcoholic Drinks Control Act Of 2010 on the socio-economic welfare of bar owners and patrons in Nyeri County. The study covered Tetu, Kieni, Mathira, Othaya, Mukurwe-ini and Nyeri town. More specifically, the study sought to establish the effects of reduced business hours on the physical health of bar owners and patrons; parent-child bonding; economic welfare of bar owners and patrons and patrons’ livelihoods. The study involved bar owners in the six constituencies of Nyeri County.

Further, this study used a case study design. According to Kothari (2004), a case study cannot be of any value outside the case. This means that the findings cannot be replicated, used for prediction and cannot be generalized outside the study area.

1.6 Definition of key Terms and Concepts

Alcoholic drinks: A liquor or brew containing alcohol as the active agent. In this study alcoholic drinks will be used to mean all drinks that contain alcohol as their active ingredient.
regulation prescribed by authority, especially to regulate conduct. In this study the word regulation will be used to mean control.

**Socio-economic Welfare:** The level of prosperity and quality of living standards. In this study socio-economic welfare will be used to mean factors like health, family relations, livelihoods and economic well-being.

**Bar licensing:** Authorizing the holder of a license to sell alcoholic beverage. In this study bar licensing will be used to mean granting permission to bars to sell alcoholic beverages.

**Mututho law:** The Alcohol Drinks and Control Act of 2010. Mututho law in this study means a law regulating the selling, production, advertising, import or export of alcoholic drinks.

**Physical health:** A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. In this study physical health will be used to mean the well-being of an individual and absence of disease.

**Business Hours:** The time of the day during which business is transacted. In this study business hours will be used to mean the stipulated drinking hours in the Alcohol Drinks and Control Act of 2010 (from 5pm on week days and 2-11pm on Saturdays)

**Patrons:** A regular customer in a bar. In this research study the word patron will be used to mean daily regular customers in a bar

**Bar Owners:** Any person who owns and/or operates a bar. In this study a bar own will be used to mean any individual who owns and operates a bar.
CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter reviews other studies that have been conducted in relation to alcohol and alcohol control. The chapter begins with a thematic review, which contains history of Alcoholic Drinks Control Act, 2010, attitudes towards Mututho law, bar licensing regulation, coping mechanisms to Mututho law and availability and accessibility of alcohol, followed by a theoretical framework and conceptual framework.

2.2 Background of the Alcoholic Drinks Control Act, 2010

In early 1890s, the British Officers complained repeatedly and vehemently of the dangers posed by endemic drunkenness in the rural districts under their authority in the Central Region, Kenya. The British responded to this threat by attempting to suppress the production, sale and consumption of local beer in certain areas and to particular segments of the population. Gradually, the administration abandoned its efforts to relate the evolution and application of these policies to the shadowy reality of alcohol production and use (Ambler, 2004).

British efforts to control the alcohol consumption by Kenyan Africans in effect date from 1890 Act of Brussels, which among other provisions forbade the export of spirits to East Africa. By 1907 the first feeble attempts had been made to devise legislation regulating the manufacture and sale of locally produced native intoxicating liquors. In the year 1912, the administration banned purposelessly drinking bouts for people of any age and made nuisance drunkenness an offense. In the year 1916, the regulation was shifted towards the restrictions of essential raw material of brewing — sugar. By 1920, a complex of regulations severely limited the legal production and
During the late 1920s and 1930s state alcohol policy increasingly emphasized regulation over prohibition. Ultimately, the policy of licensing alcohol outlets discouraged the informal beer trade in the countryside, subordinating previously autonomous economic activities to the spatial model of the colonial political economy (Ambler, 2004).

The Alcoholic Drinks Control Act, 2010 come into operation on 22nd November, 2010 repealing the Changâa Prohibition Act (Cap 70) and the Liquor Licensing Act (Cap 121). This Act has 70 sections which are divided into 9 parts. The objective of the Act is to provide a law for the control of production, manufacture, sale, labeling, promotion, sponsorship and consumption of alcoholic drinks in order to protect the health of individuals, protect the consumers of alcoholic drinks from misleading and deceptive inducements, protect the health of persons under the age of 18 years, inform and educate the public on health effects of alcohol abuse, adopt and implement measures to eliminate illicit trade in alcohol like smuggling, promote and provide for treatment and rehabilitation programmes and promote research and dissemination of relevant information.

The Alcoholic Drinks Control Act, 2010 requires that alcoholic drinks should be labeled in order to differentiate between sales for local consumption and for export to eradicate smuggling of alcoholic drinks into and out of the country. Selling of alcohol to persons under the age of 18 years is prohibited and failure to comply leads to fine of Kshs. 150,000 or 12 months imprisonment or both.

In relation to licensing, anyone intending to manufacture, sell, import or export alcoholic drinks will be required to apply for a license under the Act. The District Alcoholic Drinks Regulation Committee issues licenses under the Act, inspect licensed premises and any other assigned
The Committees will replace the current Liquor Licensing Courts and shall be established in every district. No licensing of alcoholic drinks selling outlets in institutions of basic education and within a radius of 300 metres from any schools or learning institution for persons below the age of 18 years and in supermarket and retail chain outlets unless alcoholic drink selling area is not accessible by persons below the age of 18 years. This will protect children from easily accessible and available alcoholic drinks that are currently not controlled.

In relation to sale and consumption of alcoholic drinks, the Act provides that drunkenness, being disorderly in public is outlawed and attracts a fine of Kshs. 500. Selling to an already intoxicated person or encouraging the person to consume alcoholic drink is an offence. Selling an adulterated drink or a non-alcoholic drink which is adulterated with alcohol is outlawed and attracts a fine of Kshs. 10,000,000.

In relation to promotion, the Act prohibits promotion of an alcoholic drink except as prescribed in law. It prohibits promotion of an alcoholic drink by means that are misleading or deceptive or that are likely to create an erroneous impression about characteristics, health effects, health hazards or social effects of an alcoholic drink. It prohibits publishing, broadcasting or dissemination of any prohibited promotion under the Act. It prohibits promotion of an alcoholic drink so as to create the false impression that a link exists between consumption of that drink and social or sexual behavior; Consumption of that drink is acceptable before or while driving, operating machinery, sports or other activities that require concentration in order to be carried out safely; the alcoholic drink has therapeutic value or that it has ability to prevent, treat or cure any human disease and it is wrong or foolish to refuse to drink. The Act also restricts that alcoholic drinks can only be served (from 5pm on week days and 2pm on Saturdays).
A survey on alcohol use in Central Province came in the background of public and Government concern over increasing alcohol use in the province. The purpose of this study was to investigate principally through quantitative means the magnitude of alcohol use and the underlying causative factors and effects. The findings point to a relatively high level of usage of alcohol in Central Province of Kenya. This vindicates the current public and policy makers concern of high alcohol use in the province. However, a more worrying question is the increasing penetration of the second generation brands that are eating into the market of the first generation alcohol. Nevertheless, the fact that many people do not know about the trend of traditional liquor and chang’aa may partly be linked to their illegality. This is because, unlike the first and second generation brands, chang’aa and traditional liquor are processed, marketed and consumed with some secrecy. Further, from the community and individual perspective there is strong consensus on the adverse implications of alcohol use in the province in general. In fact the findings show an overwhelming disapproval of alcohol use in the community implying that those who abuse alcohol do so against the expectations of the community. Across the seven districts, hard work and education as still highly treasured values. Such solid community disapproval of alcohol use augurs very well for any interventions meant to address the challenge posed by the problem of alcohol abuse in the province.

On the other hand, Kenya Girl Guide Association (KGGA) has been addressing the concerns of drug and substance abuse from a general perspective under its life skills curriculum on peer education for HIV and AIDS. However, in view of high school consumption rate amongst young people in schools, KGGA has come up with a project that focuses on alcohol prevention amongst youth in primary and secondary schools, with a focus on both teachers and students. To date the association has undertaken the following activities: training of trainers, Sports days and
2.3 Reduced Business Hours and Physical Health

A study conducted by Berniell (2010) reveals that around 30% of workers in the European Union think that their health is at risk because of their work and that the larger the number of hours worked the greater is the share of employees who agree with it. Many studies try to estimate the impact of work on health. However, the estimated sign of this effect is ambiguous. On one hand, some studies support the idea that work is good for health, showing for instance those non-working individuals are often found to have poorer health than the working population. On the other hand, some studies emphasize the negative effect of work on individual's health.

The mechanisms driving the impact of work on health are manifold. For instance, work can give an individual a sense of purpose and satisfaction, which is an important determinant of mental health (Dubowitz et al., 2001). On the other hand, the number of hours worked can also affect mental and physical individual's health by producing stress, fatigue, muscular pain, etc. Also, unhealthy lifestyle behaviors can increase when non-working time decreases. Hence, people working more hours are likely to smoke, do less physical activity, have poor eating habits and poor medical examination, which altogether affect the level of health stock.

Sparks, Cooper, Fried, and Shirom (2004) reviews the existing literature on working hours both qualitatively and quantitatively, using meta-analysis to examine the relationship between the length of the working week and health symptoms. Results indicated small, but significant positive mean correlations between overall health symptoms, physiological and psychological health symptoms and hours of work. It is worthy to note that none of the studies included in the
meta-analysis found a causal effect of working time on health, because the endogeneity problem of the number of hours worked has not been solved. Whiteside and Beswick (2003) summarizes the literature along with the econometric limitations of previous works on the relationship between working hours and fatigue, health and safety and work-life balance outcomes. They conclude that all studies suggest a positive association between working long hours and fatigue, working time and cardiovascular disorder and a negative relation of hours worked and physical health. They also conclude that there is strong evidence that people perceive that working long hours leads to poor work-life balance.

Van Der Hulst and Geurts (2001) also suggest the utilization of quasi experiments studies in order to shed light on the direction of causation with respect to the relationships found in their study about working hours and psychological health. Siegrist and Rodel (2006) did a review based on 46 studies, published between 1989 and 2006, about the associations between psychosocial stress at work and health risk behaviors. The review supports the hypothesis of a consistent association between work stress and health risk behavior. Recent literature -starting with Ruhm (2000) suggests that aggregate health indicators improve when unemployment increases. By using United States data for the years 1972-1991 Ruhm (2000) shows that a one percentage point rise in unemployment led to a 0.5-0.6% reduction in overall mortality. Similar results were found in a study about 23 OECD countries over the period 1960-1997. Ruhm (2003) establishes that also other measures of health improve when the unemployment rate rises. Furthermore and more interestingly for the purpose of the present study, Ruhm (2005) found that a reduction in number of hours worked has a positive impact on health among the United States population. Specifically, working one hour less per week is associated with a 0.011 percentage point reduction in smoking, a 0.017 percentage point decline in severe obesity, a 0.036
Dembe et al., (2005) did a study to analyze the impact of overtime and extended working hours on the risk of occupational injuries and illnesses among a nationally representative sample of working adults from the United States. After adjusting for those factors, working in jobs with overtime schedules was associated with a 61% higher injury hazard rate compared to jobs without overtime. Working at least 12 hours per day was associated with a 37% increased hazard rate and working at least 60 hours per week was associated with a 23% increased hazard rate. A strong dose-response effect was observed, with the injury rate (per 100 accumulated worker-years in a particular schedule) increasing in correspondence to the number of hours per day (or per week) in the workers’ customary schedule. These results suggest that job schedules with long working hours are not more risky merely because they are concentrated in inherently hazardous industries or occupations, or because people working long hours spend more total time at risk for a work injury. Strategies to prevent work injuries should consider changes in scheduling practices, job redesign, and health protection programmes for people working in jobs involving overtime.

The effects of alcohol abuse not only have consequences for the drinker but those around her or him as well. Alcohol abuse effects can be both psychological and physical. Alcohol consumption causes changes in behavior. The physical effects of alcohol abuse can be experienced with as little as one or two drinks. Impaired judgment and coordination needed to operate a car safely may result in the drinker having an accident (Barnett & Gareis, 2006). Alcoholism is an illness where alcoholic beverage consumption is at a level that interferes with physical or mental health, and negatively impacts social, family or occupational responsibilities. Alcohol abusers are
drinkers that may drink excessively at various times with resulting immediate alcohol abuse effects at the time of excess alcohol consumption. The immediate physical effects of alcohol abuse can be experienced as soon as ten minutes after drinking begins. With continued alcohol consumption on that occasion, the immediate effects of alcohol abuse worsen and become more serious.

Further, according to Dubowitz et al. (2001), father involvement with children is positively correlated with children's overall life satisfaction and their experience of less depression, less emotional distress, less expressions of negative emotionality such as fear and guilt, less conduct problems, less psychological distress, greater sense of social competence, higher levels of self-reported happiness, fewer anxiety symptoms and lower neuroticism.

In adoptive families, young adults' ratings of paternal nurturance and involvement were strongly and positively correlated with their reports of current psychosocial functioning (Schwartz & Finley, 2006). Likewise, paternal acceptance is significantly and positively related to youths' self-reported psychological adjustment (Veneziano, 2000).

To the bar owners the Alcoholic Drinks Control Act of 2010, reduces their working hours and increases the amount of time they spend with their families while to the patrons it increases the amount of time they spend with their families. According to Crouter et al., (2006), men's emotional involvement with their children was found to act as a buffer against work related stresses. Lerman and Soreneson (2000) found that there is a positive relationship between increased involvement of fathers with their children and their subsequent hours of work and earning. In a study conducted by Strazdins et al., (2006) workplace barriers such as longer work hours are ranked by fathers as the most important reason for low levels of paternal involvement
and family life. Men are more likely to work more hours, and less likely to take advantage of flexible work arrangements or parental leave.

Additionally, drinking too much alcohol greatly increases your risk of serious health problems. Many different health problems are caused by drinking too much. This information covers diagnosing and treating physical health problems that tend to occur in people who drink heavily over a long period of time.

Physical health problems caused by drinking alcohol include acute alcohol withdrawal, which occurs if a 'dependent' drinker suddenly stops drinking; a condition called Wernicke's encephalopathy, which is caused by a lack of thiamine (also called vitamin B1) in the body; inflammation of the pancreas (called pancreatitis) and damage to the liver (Dubowitz et al., 2001).

There are many health problems associated with alcohol abuse. The most prevalent health problems are gastrointestinal. Gastrointestinal pain, bloating, nausea and vomiting are all associated with alcohol abuse. Alcohol decreases the rate of gastric emptying, increases gastric secretions, and also damages the gastric mucosa. Gastritis and ulcers are common and with heavy drinkers, pancreatitis is prevalent. The liver is the organ most affected by alcohol. Liver problems are associated with upper-right quadrant pain (Wertheimer & Chaney, 2003).

There are many liver disorders such as cirrhosis, hepatitis, cholestasis, and portal hypertension. Alcohol-related liver disease (ALD) is the most prevalent liver disease in the United States and patients with this disease make up the largest portion of liver transplant recipients, almost 27% in 1995. Almost 20% of ALD patients require a liver transplant. The demand for human liver donations is much greater than the supply available in the United States. In 2000, only 4934
In April of 2001, there were 17,520 Americans waiting for a liver transplant. Alcohol abuse affects the entire body; it causes many cardiovascular, haematological, gynaecologic, metabolic and central nervous system problems (Ambler, 2004). Hypertension, stroke, sudden death and heart failure are common cardiovascular disorders associated with alcohol abuse. Long-term alcohol abuse can suppress the production of leukocytes, erythrocytes and platelets. Anaemia is very common, as are many vitamin deficiencies that are due to poor absorption and poor intake of vitamins. The fact that over half the alcoholic's caloric intake is alcohol further displays the problem, which causes electrolyte imbalances and also malnutrition. Alcoholism also affects neurological function, decreasing memory, motor skills, and affecting neuron transmittance. Alcoholism affects all aspects of the abuser, both physically and mentally. Not only can alcohol abuse result in physical problems, it can result in psychological disorders also. Depression affects approximately 33% of problem drinkers (Babor, Caetano & Casswell, 2003).

According to Clark et al. (2001) the medical consequences of chronic alcohol abuse and dependence have been well documented in adults. They include liver disease, lung disease, compromised immune function, endocrine disorders and brain changes. Investigations of the health problems associated with adolescent alcohol abuse are sparse and rely mainly on self-report. In general, the existing evidence suggests that adolescents rarely exhibit the more severe chronic disorders associated with alcohol dependence, such as liver cirrhosis, hepatitis, gastritis, and pancreatitis. However, more research is needed to determine whether severe alcohol-induced organ damage is strictly a cumulative process that begins in adolescence and culminates in adulthood as a result of long-term chronic heavy drinking or whether serious alcohol-related health problems can emerge during the teenage years. The few studies available indicate that
Adolescents who drink heavily experience adverse effects on the liver, bones, growth and endocrine development.

According to Kaire, Raul-Allan & Leinsalu (2013) alcohol consumption, smoking and weight problems are common risk factors for different health problems. They examine how these risk factors are associated with the use of health care services. Data for 6500 individuals in the 25–64 age group came from three cross-sectional postal surveys conducted in 2004, 2006 and 2008 in Estonia. The effect of alcohol consumption, smoking and weight problems on the use of primary and specialist care services, hospitalizations and ambulance calls was analyzed separately for men and women by using binary logistic regression. The study established that overweight and/or obesity were strongly related to the use of primary care and out-patient specialist services for both genders and to hospitalizations and ambulance calls for women. Current smoking was related to ambulance calls for both genders, whereas smoking in the past was related to the use of primary care and specialist services among men and to hospitalizations among women. Beer drinking was negatively associated with all types of health care services and similar association was found between wine drinking and hospitalizations. Wine drinking was positively related to specialist visits. The frequent drinking of strong alcohol led to an increased risk for ambulance calls. Drinking light alcoholic drinks was positively associated with all types of health care services (except ambulance calls) among men and with the use of specialist services among women.

The literature review above shows that working hours and alcohol consumption influence the physical health of individuals. Kaire, Raul-Allan and Leinsalu (2013) clearly show that beer drinking is negatively associated with all types of health care services and similar association was found between wine drinking and hospitalizations. On the other hand, Clark et al. (2001)
The medical consequences of chronic alcohol abuse include liver disease, lung disease, compromised immune function, endocrine disorders and brain changes. Nevertheless, these studies did not show whether reduction of alcohol abuse improves the physical health of individuals. On the other hand, Dubowitz et al. (2001) show that the number of hours worked can affect mental and physical individual's health by producing stress, fatigue, muscular pain, etc. Also, unhealthy lifestyle behaviors can increase when non-working time decreases. Hence, people working more hours are likely to smoke, do less physical activity, have poor eating habits and poor medical examination, which altogether affect the level of health stock. In addition, Van Der Hulst and Geurts (2001) established that there is a relationship between working hours and psychological health. However, these findings do not show how reduction of working hours by Alcohol and Drinks Act of 2010 influence the physical health of bar owners.

### 2.4 Reduced Business Hours and Family Relations

Several studies have supported the view that long hours are detrimental to personal and family wellbeing (Pocock 2003). However, Spurgeon, Harrington and Cooper (1997) point out that much of the research fails to differentiate between long hours and shift work, which can be very disruptive and between long hours and work overload, which may be both highly stressful and a central reason for long work hours.

Furthermore, other studies have failed to find an inverse relationship between work hours and the aspects of wellbeing examined, and some studies have suggested a positive relationship (Ganster & Bates 2003; Spurgeon et al. 1997). For instance, in Australia, Kelley (2001) suggests that long work hours do not adversely affect men's satisfaction with their marriage or with their children (net of the effects of age, education and occupational status). Compared with men who worked
those working 60 or more hours per week expressed higher satisfaction with their jobs and income. As Kelley (2001) notes, men's enjoyment of their jobs may be one reason why they spend so much time at work. In addition, those working 60 or more hours appeared to be marginally more satisfied with life than those working 35-48 hours.

The mixed findings are hardly surprising given differences in research methodologies adopted. These include: the definition of long hours used, the outcomes measured, the nature of any moderating or mediating factors examined, and the different contexts in which the studies took place (for example, in a country experiencing high or low job security at the time). For example, using United States data, Crouter, Bumpus, Head and McHale (2001) conclude there is little evidence of a direct link between long work hours and marital relationship quality. Rather, they provide evidence suggesting that the impact of long work hours on the relationship between partners depends on the way the partner feels about these long hours. Some spouses may feel that the benefits of long hours may outweigh any negative repercussions.

Work and family literature mostly examines the role of work and studies its connection to the family. Wharton and Blair-Loy (2006) refer to work-family conflict as a situation, in which the demands of the work interfere with fulfilling family responsibilities. The role of researchers is to explore the relationship between both domains in order to make sense of the correlation and consequences that can follow when both interact with one another. In connection to family, many predictors of work-family conflict have been researched, including demands, resources, and accommodations of employment (Friedman & Greenhaus, 2000). Stress, health-related problems, job dissatisfaction, and lower psychological well-being may result when work
demands, resources, and employment accommodations are in negative context and they may influence the worker’s efficiency to fulfill family responsibilities (Milliken & Dunn-Jensen, 2005).

One of the many theories to explain how work actually can interfere with family life is based on the spillover theory, which emphasizes that people in higher demanding jobs experience substantially higher levels of negative spillover from work into their lives off the job—jeopardizing their personal and family well-being. Almost 90 percent of more than 69 million American parents with children under the age of 18 are employed and dual-income families are characterized as being overextended, overworked, overwhelmed and over the top (Gambles, Lewis, & Rapoport, 2006). The number of families headed by single parents has increased 25 percent since 1990, to more than 7.5 million households. These trends show that it is even more important that scholars analyze ways to alleviate work-family conflict to make both spheres even more compatible and less distressing for working Americans with children since balancing work life and family is getting harder to do. By constructing better solutions for workers facing work-family conflict, single parents especially can learn how to manage work and family domains effectively.

Sense of loneliness and disconnection may enter the life of individuals who work excessively and can moreover lead to depression and conflict with family members (Gambles, Lewis & Rapoport, 2006). When one works many hours in the office because of work demands, it can be hard to keep up with the duties at home. A social hours can contribute greatly to this sense of disconnection because one is obligated to work hours outside of the regular schedule. The absence at home because of the increased work hours can also contribute to the literal disconnection with family members.
With all these physical and psychological consequences that result from increased work demands, one can see that the effects of work-family conflict are more serious than one would think. Some workers go through days thinking their stress, disconnection, sense of loneliness or other psychological factors are ‘normal’ or typical for people and thus don’t read much into it. But one should take these factors more seriously, since they may affect the worker and his/her family’s health. Both physical and psychological consequences may also bleed into the rest of an employee’s social circle and world. For example, if physical absence or decreased life satisfaction plague a person, it can negatively influence the way he/she interacts with friends, co-workers and family members around them. Although work-family conflict might not affect workers that do not experience these consequences, there is still potential for these to creep into one’s life in the future.

Alcohol consumption can affect relationships in various ways. Some of them can be positive such as making a couple more relaxed in social situations and some can be negative. The idea that alcohol may result in unhappiness within a relationship seems like the logical conclusion as there are many negative effects of alcohol that could contribute to relationship dissatisfaction.

The Mututho law reduced business hours which in turn increased the number of hours that bar owners and patrons spend with their families and children. Fathers who work long hours are more likely to feel overloaded, be less accepting of their adolescent children and be less effective in perspective taking. The combination of long working hours and role overload predicted this relationship quality (Crouter et al., 2001). In addition, parents working non-standard schedules reported worse family functioning, more depressive symptoms and less effective parenting. Their children are also more likely to have social and emotional difficulties and these relationships are partially mediated through family relationships and parent well-being (Strazdins et al., 2006).
Likewise, the mismatch between employed parents’ work schedules and their children’s school schedules creates parental after school stress, which is related to the psychological well being of the parent (Barnett & Gareis, 2006).

Parents involvement with their children includes frequency of contact, amount of time spent together (doing things such as shared meals, shared leisure time, or time spent reading together), and the perceived accessibility and availability of the father (Lerman & Soreneson, 2000). This can also include the amount of time fathers spend performing routine physical child care such as bathing, preparing meals and clothing in addition to the amount of time father’s spend playing with their child and how effective, mutual and reciprocal the play is.

Further, it is well established that drinking can severely impair the individual’s functioning in various social roles. Alcohol misuse is associated with many negative consequences both for the drinker’s partner as well as the children. Maternal alcohol consumption during pregnancy can result in fetal alcohol syndrome in children and parental drinking is correlated with child abuse and impacts a child’s environment in many social, psychological and economic ways (Gmel & Rehm, 2003). Drinking can impair performance as a parent, as a spouse or partner and as a contributor to household functioning. There are also other aspects of drinking which may impair functioning as a family member. In many societies, drinking may be carried out primarily outside the family and the home. In this circumstance, time spent while drinking often competes with the time needed to carry on family life. Drinking also costs money and can impact upon resources particularly of a poor family, leaving other family members destitute. Also, it is worth noting that specific intoxicated events can also have lasting consequences, through home accidents and family violence (Room et al., 2002). Implicit in the habitual drinker’s potential impact on family life is the fact that the drinking and its consequences can result in substantial mental health
The effects of men's drinking on other members of the family is often particularly on women in their roles as mothers or wives of drinkers. The risks include violence, HIV infection and an increased burden in their role of economic providers. In a paper that looked at alcohol and alcohol-related problems facing women in Lesotho, it was noted that as in many other developing countries, the cultural position of women in Lesotho facilitates a vicious circle in which women are at one time brewers of alcohol, then sellers, then become excessive consumers due to the problems created by their drinking husbands (Mphi, 2001).

Research has found that alcohol is present in a substantial number of domestic violence accidents. The most common pattern is drinking by both offender and victim. Alcohol has been shown to be a significant risk factor for husband-to-wife violence. Studies have shown that the relationship between alcohol and domestic violence is complex. Drinking frequently has been associated with interfamily violence. Reviews have found that excessive alcohol use is a strong and consistent correlate of marital violence, but that violence rates vary based on research designs, methodologies and samples. Therefore, the role of alcohol remains unclear. Studies based on interviews with abused wives tend to report higher proportions of alcohol involvement than do general population studies or police samples. In a study examining episodes of domestic violence reported to the police in Zurich, Switzerland, evidence of alcohol involvement was found in 40% of the investigated situations. Police officers thus believed there was a clear link between alcohol and violence in at least 26% of the cases studied (Maffli & Zumbrunn, 2003).
Studies also report an association between drinking patterns and intimate partner violence; excessive drinkers and alcohol-dependent individuals are more likely to act violently toward their intimate partners (White & Chen, 2002). To give some examples from the literature, a study conducted in Nigeria showed a strong association between domestic violence and alcohol use. Alcohol use was involved in 51% of the cases in which a husband stabbed a wife (Obot, 2000). In a 1998 cross-sectional study of violence against women undertaken in three provinces in South Africa, it was found that domestic violence was significantly positively associated with the women drinking alcohol and conflict over the partner's drinking (Jewkes, Levin & Penn-Kekana 2002).

Further, the role of alcohol in violence is especially controversial. Studies have found that alcohol use may aggravate marital difficulties leading to separation or divorce and alcohol problems may have an indirect effect on earnings and marriage. One longitudinal study, however, found that alcohol consumption was significantly related to physical aggression six months immediately before and after marriage, but the effects washed out at 18 months (Klingemann & Gmel, 2001). Others have suggested that structural factors such as unemployment may disrupt community and social relationships leading to greater risk behavior such as alcohol consumption. Unemployment, however, has been inconsistently related to both alcohol intake and violent incidents. Job loss has been found to be related to an increase of negative behaviors between partners, but again the relation between job loss and violence is not clear cut. While small increases in lay-offs are associated with more violent incidents, large increases are associated with reduced incidence.

Employment in itself does not necessarily protect couples from marital violence. Stressful work experiences have also been found to be associated with wife abuse. In addition, it has been
employment and transitions towards different forms of relationships may generate tensions that could increase the likelihood of marital violence (Bonu et al., 2004). This is particularly relevant given our fast changing economy and increasing employment demands on young parents, including those receiving welfare benefits.

Kellar and Green (2003) examined the relationship between alcohol consumption and relationship satisfactions within interpersonal relationships. The three mediators examined were trust, jealousy and conflict. Participants took a forty-six question survey that asked students in college who were currently in a romantic relationship. They asked them to reflect on their feelings towards their partners specifically when they were consuming alcohol. They expected to find that those with low alcohol consumption would have lower rates of jealousy, conflict and trust issues within their relationships, due to previous research on these three mediators. However, their data ended up showing that there was no significant correlation between alcohol consumption and relationship satisfaction (n.s.). The same went for alcohol consumption and all of the mediators. The Mediators all showed a significant correlation between them and relationship satisfaction respectively.

On the other hand family relationships play a central role in attempts to explain the problematic use of substances (including alcohol). Of particular importance among these relationships is marriage. The relationship between marriage and alcohol abuse has been the topic of numerous studies over the past three decades. There have been many cross-sectional studies showing a link between marital dissatisfaction and alcohol use in both populations with an abuse and/or dependency issue and populations without these issues (Marshal, 2003). Individuals frequently point to alcohol and drug use as being a prominent reason for the dissolution of their marriage
Alcohol and drug use ranked third just below infidelity and incompatibility as a reason for divorce (Amato & Previti, 2003). During marriage, frequent use of alcohol to the point of intoxication was associated with divorce (Collins, Ellickson, & Klein, 2007).

The above literatures clearly show that there is a relationship between working hours and physical health. Kelley (2001) argues that long work hours do not adversely affect men's satisfaction with their marriage or with their children (net of the effects of age, education and occupational status). On the other hand, Crouter, Bumpus, Head and McHale (2001) indicated that there is little evidence of a direct link between long work hours and marital relationship quality. Nevertheless, these studies were conducted in areas with different demographic characteristics and hence their findings cannot be generalized to bar owners and patrons.

2.5 Reduced Business Hours and Livelihoods

Reduced alcohol consumption hours reduce the amount of money spent on alcohol. The economic consequences of expenditures on alcohol consumption are significant especially in high poverty areas. Besides money spent on alcohol, a heavy drinker also suffers other adverse economic effects. These include lowered wages (because of missed work and decreased efficiency on the job), lost employment opportunities, increased medical expenses for illness and accidents, legal cost of drink-related offences and decreased eligibility of loans. A study conducted in 11 districts in Sri Lanka examining the link between alcohol and poverty found that 7% of men said that their alcohol expenditure was greater than their income. Though a relatively small percentage, this is still a worrying statistic for the families concerned and for those interested in helping the worst-off families (Baklien & Samarasinghe, 2001).
Linking alcohol problems and socioeconomic outcomes is a logical extension of human capital models of the determinants of earnings. Given a well-functioning labor market, more productive workers will earn more. Alcohol problems may have both short-run and long-run effects on productivity (Marsiglio et al., 2000). In the short run alcohol problems may cause increased absenteeism and lower productivity on the job due to the aftereffects of heavy drinking. In the long run alcohol problems may reduce productivity and wages indirectly through the worker's health capital, schooling capital and labor market experience.

Marsiglio et al., (2000) document that poverty has many detrimental effects on child development outcomes, putting them at greater risk of poor nutrition and health problems, low school grades, dropping out of school, emotional and behavioral problems such as depression, low self-esteem, conduct disorders and conflict with peers. In Mexican-American families, fathers' income was negatively associated with depressive symptoms in mothers and adolescent children in highly acculturated families (Crouter et al., 2006). In contrast, fathers' earnings are positively associated with the educational attainment, psychological well being, and earned income of young adult sons and daughters even when mother's earnings are controlled (Yeung, Duncan & Hill, 2000).

A recent paper by Bonu et al. (2004) suggests that adverse child health effects of alcohol use are primarily through two distal determinants (indirect effects) - foregone household disposable income and caretakers' time for childcare. Diversion of scant economic resources for alcohol use that could have otherwise been used for seeking health care, may lead to self-care or delay in seeking health care. The other potential ways by which alcohol use can reduce the household income are through morbidity associated with the drinking habit among the consuming individuals, resulting in increase in medical expenditures and loss of income due to lost wages,
Drugs and substance abuse, a serious global problem with adverse effects on national securities and socio-economic development is a major contributing factor to malnutrition. Jelimo (2010) conducted a study on the impact of household heads' alcohol consumption on the nutritional status of children under five years of age in Ol'lessos division, Nandi district, Kenya. Using a descriptive cross-sectional research design, her study investigated the impact of household heads' alcohol consumption on the nutritional status of children under five years of age in Ol'lessos Division, Nandi District, Kenya. The study established that a high percentage of children from alcohol consuming households were underweight, stunted and compared to children from non-alcohol consuming households. The relationship between alcohol consumption and food diversity was statistically significant. Further, from the study the relationship between alcohol consumption and food diversity of children in households' in Ol'lessos Division was established.

Dimelu, Agbo & Igbokwe (2011) examined alcohol consumption and its effects on economic and social livelihood of selected rural communities of Enugu State. One hundred and twenty randomly selected alcohol consuming heads of households and sixty four purposively selected non-alcohol consuming heads of household were used. Data were collected using structured interview schedule and analysed using percentage. Alcoholic beverages available were palm wine (100%), beer (100%), local gin (100%), spirit (89.2%), and burukutu (41.7%). Respondents indicated preference for palm wine (50.0%). Choice of alcoholic beverage was a function of several factors namely availability, ability to produce the alcohol, cost and others. Effects of alcohol consumption were evident by less commitment to livelihood activities, household welfare, incidents of violence and others. The study recommends that policies should be enacted
The regulation of alcohol enterprises in the rural areas. More importantly is the regulation of the type of alcohol marketed in the communities. Also government should promote programmes that target improved livelihood strategies and empowerment of rural people to enhance diversification of the rural economy.

Burke (2003) did a study on the economic impact of alcohol abuse and alcoholism. He argues that the economic effects of alcohol abuse are as damaging to the nation as the health effects, affecting the family, the community and persons of all ages. Underage drinking is interfering with children's development, affecting the nation's ability to respond to economic challenge in the future. The college aged may be the most difficult to educate about alcohol abuse because of drinking patterns established at an early age and susceptibility to advertising inducements. Health care costs for families with an alcoholic member are twice those for families without one, and up to half of all emergency room admissions are alcohol related. Fetal alcohol syndrome is one of the top three known causes of birth defects and is totally preventable. Alcohol abuse and alcoholism are estimated to have cost the nation $117 billion in 1983, while nonalcoholic drug abuse that year cost $60 billion. Costs of alcohol abuse are expected to be $136 billion a year by 1990, mostly from lost productivity and employment. Between 6 and 7 million workers are alcoholic, with an undetermined loss of productivity, profits and competitiveness of American business. Alcohol abuse contributes to the high health care costs of the elderly beneficiaries of Federal health financing programs. Heavily affected minorities include blacks, Hispanics, and Native Americans. Society tends to treat the medical and social consequences of alcohol abuse, rather than its causes. Although our experience with the consequences of alcohol abuse is greater than that for any other drug, public concern for its prevention and treatment is less than for other major illnesses or abuse of other drugs.
Baklien and Samarasinghe (2001) clearly shows that the economic consequences of expenditures on alcohol consumption are significant especially in high poverty areas. Besides money spent on alcohol, a heavy drinker also suffers other adverse economic effects. These include lowered wages (because of missed work and decreased efficiency on the job), lost employment opportunities, increased medical expenses for illness and accidents, legal cost of drink-related offences and decreased eligibility of loans. However, these findings do not show how reduction in drinking hours influences the profitability and the sales of bar owners.

2.6 Reduced Alcohol Consumption Hours and Employment Status

Heavy drinking at the workplace may potentially lower productivity. Sickness absence associated with harmful use of alcohol and alcohol dependence entails a substantial cost to employees and social security systems. There is ample evidence that people with alcohol dependence and problem drinkers have higher rates of sickness absence than other employees (Klingemann & Gmel, 2001).

Klingemann & Gmel (2001) note that a number of studies have demonstrated an association between heavy drinking or alcohol abuse and unemployment. Here, a causal association may go in either direction, heavy drinking may lead to unemployment, as suggested by Mustonen, Paakkaned & Simpura (2003) but loss of work may also result in increased drinking, which may become heavy drinking.

Mangione et al. (2006) found that work performance was related to volume and pattern of drinking. Blum and her colleagues found no significant relationship between work performance and average daily volume when performance was assessed by self-reports of the drinker. However, lower performance, lack of self-direction and problems in personal relations were
found to be related to heavy drinking, particularly when collateral reports were used. In the Mangione et al. study, it was found that although moderate-heavy and heavy drinkers reported more work performance problems than very light, or moderate drinkers, the lower-level-drinking employees, since they were more plentiful, accounted for a larger proportion of work performance problems than did the heavier drinking groups. A study conducted by Ames, Grube & Moore (2004) found modest but significant relationships between drinking behaviors and self-reports of workplace problems.

Some examples may highlight the extent to which alcohol affects work performance. It has been estimated that 30% of absenteeism and workplace accidents in Costa Rica were caused by alcohol dependence. According to industry association sources from India, 15% to 20% of absenteeism and 40% of accidents at work are due to alcohol consumption (Saxena, Sharma & Maulik, 2003). A study by the Department of Hygiene and Industrial Safety in three factories in La Paz, Bolivia found that 7.3% of absenteeism in the first two days of the work week and 1.2% of work-related accidents were directly related to the consumption of alcohol. It has been estimated that 20% to 22% of work-related accidents in Chile have a direct or indirect relationship with recent alcohol use. In a study of patients who required hospitalization for severe work-related accidents, it was found that 15% reported recent use of alcohol (Trucco et al., 1998). It has been reported that in Latvia, alcoholism has had adverse impacts on productivity in the workplace and increased absenteeism. No figures have been published on the extent of absenteeism due to excessive alcohol use. It is estimated that drinking and alcoholism have reduced labour productivity by some 10% (Trapenciere, 2000). A recent survey conducted in the United States of America found that farm residents who drank more frequently had significantly
higher farm work injury incidence rates (3.35 per 10,000 person days of observation) than others who consumed less frequently (1.94 injuries per 10,000 person-days) (Stallones & Xiang, 2003).

With regards to trauma, alcohol is the cause of 10% to 20% of work accidents in France (Costes & Martineau, 2002). A survey conducted in Australia of 833 employees at an industrial worksite found that problem drinkers were 2.7 times more likely to have injury related absences than non-problem drinkers (Webb et al., 1994). In a 1994 survey, 90% of personnel directors from British organizations cited alcohol consumption as a problem within their workplace. Their major concerns included loss of productivity, absenteeism, safety, employee relations, poor behavior and impacts on company image. About 814 million working days are lost annually to alcohol-related problems. With regard to safety, up to 25% of workplace accidents and around 60% of fatal accidents at work may be associated with alcohol (Hughes & Bellis, 2000). It is estimated that the annual alcohol-related costs to workplaces in the United Kingdom is £6.4 billion.

Nyavanga et al., (2008) did a baseline survey on the prevalence of alcohol and drug abuse among teachers, in Kenya. Their study revealed that alcohol was a major problem among teachers in Kenya. The study also established that most teachers who breached the Code of Regulations for teachers (especially absenteeism) had issues related to alcohol and drug abuse.

Additionally, issues around employment are more complicated for those alcohol misusers who also misuse drugs and/or have mental health problems and consequently support needs may be much greater. A recent qualitative study conducted for the UK Drug Policy Commission found that high levels of alcohol consumption were highlighted by many service providers as common among Problem Drug Users (PDUs) in recovery and a significant hindrance to their ability to obtain or keep a job (Spencer et al., 2008). They found that the main barriers were getting drug
users’ job ready and confronting their complex primary issues (including motivation, accommodation problems and health issues) and the support required to do this. They also found that although work was a key objective of treatment, there were a variety of myths reported by employers, along with perceived problems around employing PDUs. While it cannot be assumed that all these barriers are experienced by all those who misuse alcohol alone, it does give an indication of the range and complexity of issues faced by those who are users of alcohol and drugs (see Section 3.4.3 for details on alcohol use and barriers to employment).

A qualitative cross-sectional study conducted by Dean (2003) in England looked at the issue of welfare to work in respect of those with complex needs amongst a sample which included 34 with substance abuse problems. He conducted in-depth interviews with participants in two urban areas in the north and south of England. All participants had experienced unemployment and had a sporadic employment history. Many also had experiences of homelessness; the criminal justice system; and violent, abusive or disruptive family or personal relationships. Although Dean found that by and large participants embraced a desire – often a strong desire – to access the labour market, many were also conscious of the need to address their other problems and needs, including and particularly needs for housing, medical treatment or health care (Dean, 2003). Dean advocates a life-first approach to enable people to deal with problems, before entering employment.

There is little doubt that alcohol can harm the economy of the European Union (hereafter, the Union). Social costs studies suggest that alcohol leads to lost productivity costs at the workplace through both absenteeism and presenteeism (Rehm et al 2009). There is also evidence that changes in per capita alcohol consumption are associated with changes in sickness absence rates
Alcohol is also a cause of inequalities in health and premature mortality both between countries of the Union (Zatonski et al 2008) and within individual countries.

It is often expressed that alcohol generates jobs, and that alcohol policy, in particular, tax increases, might cause job losses. In fact, the long-term effects of higher alcohol taxes on employment are likely to be neutral, with less unemployment if anything, although there may be some short-term adjustments in the hospitality sector. Moreover, job losses in alcoholic beverage production have been largely due to manufacturers shifting from labour-intensive to capital-intensive production (Anderson & Baumberg 2006).

One study has investigated the relationship between per capita alcohol consumption and sickness absence, which was undertaken in Sweden for the period 1935-2002, analyzed through the Box-Jenkins method for time-series analyses (Norström 2006). Two indicators of sickness absence were used, one based on sickness insurance data, the other on data from the labour force surveys. Alcohol consumption was gauged by sales of pure alcohol (100%) per inhabitant 15 years of age and older. Because changes in the economy may affect alcohol consumption as well as sickness absence, two macroeconomic indicators were included as control variables: unemployment and real wages. A 1-litre increase in total consumption was found to be associated with a 13% increase in sickness absence among men (P < 0.05). The relationship was not statistically significant for women. This relationship is supported by micro-level data from Finland (Johansson et al 2008), which showed that alcohol consumption measured by drinks per week was positively associated with the number of sickness absence days for both men and women.

An earlier overview analyzing absenteeism rates of people at all levels of alcohol consumption yielded mixed results (Gmel and Rehm 2003). Some studies have found no association between
Ames et al. (2004) found no significant association between the drinker's usual volume of consumption or frequency of heavy drinking occasions (which they defined as occasions during the past year when a person had 10 or more drinks) and absenteeism. Moreover, though drinking at the workplace and hangovers at work were related to other negative consequences, such as workplace injuries, they were not related to absenteeism. A longitudinal study in the UK found that male abstainers had an increased risk of sickness absence compared with lighter drinkers. A J-shaped relationship has been found in other studies for sickness absence (Vahtera et al. 2002), as well as for unemployment and earnings, although it is not clear in all these studies the extent to which characteristics of the non-drinkers explain the findings, or the extent to which the absenteeism simply reflects a higher extent of health problems in the abstainers as opposed to the light drinkers. A small scale US study found a significant relationship between alcohol use and workplace absences (McFarlin & Fals-Stewart 2002). Workers were roughly two times more likely to be absent from work the day after alcohol was consumed.

Harmful alcohol use and episodic heavy drinking increase the risk of arriving to work late and leaving work early or disciplinary suspension, resulting in loss of productivity; turnover due to premature death; disciplinary problems or low productivity from the use of alcohol; inappropriate behavior (such as behavior resulting in disciplinary procedures); theft and other crime; and poor co-worker relations and low company morale (Gmel and Rehm 2003). One study conducted at 114 work sites of seven corporations showed an almost linear relationship between increasing average consumption and a summary measure of job performance, finding the strongest associations between consumption and getting to work late, leaving early, and doing less work, and only a weak association with missing days of work.
Socio-economic factors influence the onset and continuation of alcohol misuse. In turn, socio-economic status can also be influenced by alcohol use (Romelsjo et al., 2004). A number of studies, including one UK paper and one review have identified a negative relationship between alcohol dependence and employment (MacDonald & Shields, 2004). The reported impact of alcohol misuse on employment varies, and can be contradictory. The research included here uses a range of definitions of alcohol misuse. There is evidence that the quantity of consumption and the extent of physical symptoms affect employment. Two American studies found no impact of alcohol misuse (Schmidt et al., 2007) on employment. There is also some evidence that moderate alcohol consumption may have benefits for some people in terms of work attainment and remuneration (MacDonald and Shields, 2001).

The relationship between unemployment and alcohol misuse is complex and as with all unemployment, is influenced by economic conditions (Massengill, 2005). Studies from Europe and the US conclude that there is a negative correlation between problem drinking and unemployment, suggesting that alcohol misuse (particularly binge drinking) is more likely to start or escalate after unemployment begins (Dee, 2001). However, we were not able to identify any similar studies (either more recent or based on work in the UK) which might support these findings. Poverty needs to be considered as a factor independently of unemployment in considering the needs of those with alcohol misuse problems.

The relationship between alcohol dependence and other factors (such as education) and barriers to employment was explored in two quantitative studies looking at mothers receiving TANF in the USA (Schmidt et al., 2007) and one qualitative study. Similar findings on these links were highlighted in the UK Sutton review and Cebulla report (both 2004). Research with both substance users and service providers advocated a step-wise(re-) integration into the labour
market, involving voluntary, part-time, and short-term work (Cebulla et al., 2004). The importance of support programmes employing staff with an understanding of local labour markets and close links with employers in order to successfully match clients to job opportunities in their areas was also highlighted.

It is clear in the literature above that alcohol abuse affects employment of the alcoholics due to their absenteeism and lack of productivity. Nevertheless, these findings do not show whether reduction in drinking hours affect employment status. In addition, since some bar patrons have been locking themselves in bars to take alcohol, it would important to establish whether the forced reduction in drinking hours affects the employment status of the bar patrons.

2.7 Theoretical Framework

2.7.1 Self-Regulation Theory

Self Regulation refers to the ability to plan and achieve adaptive outcomes through goal-directed behavior, often by delaying gratification. Kanfer (2004) provided the first comprehensive psychological theoretical explanation concerning SR, which involved three stages, consisting of self-monitoring, self-evaluation and self-reinforcement. The process of SR involves monitoring information about one's current state and comparing it with the desired goal.

Neal & Carey (2005) expanded the framework of Self Regulation and theorized that Self Regulation Theory contains seven dimensions: (1) informational input (2) self-monitoring current progress toward a personal goal (3) motivation for change (4) commitment to reach the change goal (5) development of a plan to reach the personal goal (6) work according to the plan and (7) re-evaluation of the plan. The primary adjustment to Self Regulation theory made by
Miller and Brown involves articulating individual-difference factors (i.e., motivation and commitment) to reach the desired behavioral change or goal (Klingemann & Gmel, 2001). In addition, Miller and Brown suggested that self-regulatory impairment can occur at each of the seven dimensions and psychological interventions can be tailored to assist with the difficulties that can occur at any particular dimension that prevent efficient behavioral Self Regulation.

In summary, Self Regulation theory holds that individuals with low generalized self-regulatory capacity will be less capable of developing adaptive goals and monitoring their current status toward those goals than individuals with higher self-regulatory capacities. Furthermore, individuals with lower self-regulatory capacities will prefer activities that provide immediate gratification. Thus, Self Regulation theory applied to alcohol use suggests that individuals with lower self-regulatory capacities would be more likely to initiate alcohol consumption and be less likely to maintain moderate use and avoid negative consequences. In other words, Self Regulation theory suggests that individuals with lower self-regulatory capacities will be more likely to become heavier drinkers who frequently disregard their previous alcohol consequences as "warning signs" and fail to adjust their drinking patterns to avoid them in the future (Hustad et al., 2009).

2.7.2 Conflict Theory

When analyzing this issue from a Conflict Theory perspective, it is evident that alcohol and health problems have manifest conflict. Many people have lost family members of loved ones to accidents regarding drunk driving; they are very frustrated that alcohol has played a big role in their losses (Lancee, & Pardos-Prado, 2013). Conflict exists between the victims of these
Additionally, alcohol abuse leads to conflict between alcohol consumers and their spouses. For instance, wife battling has been a common phenomenon in Nyeri County. Husbands have been accused of not performing their family duties while over indulging in alcohol leaving all the responsibilities to their wives. In the year 2012, a 27-year-old man in Nyeri was beaten up by his wife. He sustained serious head and chest injuries. The young man also admitted that this was the fourth time he had been thoroughly beaten by his wife (Kanyi, 2012).

Although it is illegal to drink and drive or drive under the influence, many people still do and it is not difficult for them to do so. The biggest conflict mainly exists between the government and the victims of drunken driving accidents. It is easy to see that alcohol and problems regarding alcohol have created an enormous amount of conflict and it will likely still be a big problem in the years to come.

2.8 Conceptual Framework

This study sought to establish the effects of alcoholic drinks control Act (Mututho law) on the socio-economic welfare of bar owners and patrons in Nyeri County. The independent variable in this study is Mututho law. The study therefore sought to establish how the independent variable (Mututho law) influences the socio-economic welfare (physical health, parent-child relations, inter-spouse relationship, family livelihood and family income) of bar owners and patrons.

Mututho law influences the physical health, family relations and livelihoods of the bar owners. In addition, the various aspects of physical health that are influenced by reduction in business hours
 included accidents, psychological distress, sleeping time and fatigue. On the other hand, the aspects of family relations that are influenced by reduction in business hours include time spent with the family, relationship quality with children and spouse. Further, the various aspects of livelihood that are affected by reduction in business hours include profitability, sources of livelihood and earnings.

On the other hand, the reduction in consumption hours for patrons influences their physical health, family relations and livelihoods and employment status. Alcohol consumption hours influence health precautions, rate of physical injuries occurrence and occurrence of workplace accidents. Further, alcohol consumption hours influences relationship quality with spouses and children, family conflicts as well as availability and accessibility of an individual to other members of the family. Additionally, alcohol consumption influences the livelihoods of patrons in terms of income per month, affordability of basic needs and in meeting of alcohol related expenses. Lastly, alcohol consumption hours affects the productivity of patrons at workplaces, influences absenteeism and influence the rate of occurrence of accidents at workplace.
Figure 2.1: Conceptual Framework

- Physical Health
  - Accidents
  - Psychological distress
  - Sleeping time
  - Fatigue

- Business hours (Bar Owners)

- Alcohol consumption hours (Patrons)

- Family Relations
  - Time spent with the family
  - Relationship quality with children and spouse

- Livelihoods
  - Profitability
  - Sources of livelihood
  - Earnings

- Physical health
  - Health precautions
  - Physical injuries
  - Workplace accidents

- Family Relations
  - Family conflicts
  - Relationship quality
  - Availability and accessibility

- Livelihoods
  - Income per month
  - Affordability of basic needs
  - Alcohol related expenses

- Employment Status
  - Productivity at workplace
  - Absenteeism
  - Workplace accidents
CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses site description, research design and data collection methods that will be used in this study. It discusses the aspects such as research design, study population, data collection instruments, and data collection procedures pilot testing and data analysis.

3.2 Site Description

Nyeri County is situated about 150 km north of Kenya’s capital Nairobi. In addition, it is located in the country’s densely populated and fertile Central Highlands, lying between the eastern base of the Aberdare (Nyandarua) Range, which forms part of the eastern end of the Great Rift Valley and the western slopes of Mount Kenya. Its headquarters are in Nyeri town. According to 2009 Census, the county has a population of 693,558 and an area of 3,356 km². The county is located on the southwest flank of Mount Kenya. Local people are predominantly of the Kikuyu tribe. Nyeri County is located in Central Kenya and constitutes 6 constituencies (Tetu, Kieni, Mathira, Othaya, Mukurwe-ini and Nyeri town). The labor force, comprising of the population aged 15-64 years rose from 202,079 in 1999 to 359,864 in 2002 and is estimated to increase to 400,739 in 2010. The high increase in labor force has led to increase in unemployment and this may lead to crimes. Around 53% of the population is engaged in agricultural production while the rest are in commercial and public sectors.

Alcohol consumption among the general population within this county has been reported to be on the increase. In the year 2010, it was widely reported by the media that women were maiming their husbands due to excessive consumption of alcohol to the extent that they were unable to
Intoxication is the most common cause of alcohol-related problems, leading to injuries and premature deaths (Gitonga, 2013). Alcohol contributes to short-term effects including loss of work productivity through absenteeism, lateness or leaving early, feeling sick at work, having problems with job tasks, accidents, and damage to co-worker and customer relations. This further leads to organizational constraints in form of high turn-over and subsequent recruitment, consumption of health benefits, for example, in case of illness or accidents that would result in compensation (Klingemann & Gmel, 2001). Furthermore, alcohol abuse among employees can threaten public safety, for instance, in the case of neglect of essential personal health/medical care, security or aggression among workers or with clients. Besides alcohol causes enormous psychosocial losses in terms of pain and suffering experienced by the users and their dependants as well as by the employer. Understanding the level of alcohol consumption in any population is often the starting point for policy discussions, hence the rationale for the researcher picking this county as the site for research.

3.3 Research Design

The research study used a descriptive research design which generally describes the characteristics of a particular situation, event or case. A descriptive study is concerned with finding out the what, where and how of a phenomenon thus enabling a study to achieve its objectives. It seeks to elicit both qualitative and quantitative data for use in this research. As defined by Kothari (2004), descriptive research design involves gathering data that describe events and then organizes, tabulates, depicts, and describes the data collection and often uses visual aids such as graphs and charts to help the reader in understanding data distribution. In addition, it provides a picture of a situation as it naturally happens (Mugenda & Mugenda, 2003). Descriptive researcher may also be used to justify current practices, to make judgments and to
of this study, descriptive research was used to obtain a picture of the effects of Mututho law on the socio-economic welfare of bar owners and patrons.

3.4 Unit of Analysis and Observation

According to Sekaran (2003), the unit of observation is the unit on which one collects data. In this study, the unit of observation was "the effect of Mututho law on socio-economic welfare." On the other hand, the unit of analysis is the major entity that is being analyzed in the study. It is the 'what' or 'whom' that is being studied. In social science research, typical units of analysis include individuals (most common), groups, social organizations and social artifacts. In this research study, the unit of analysis was bar owners and patrons in Nyeri County.

3.5 Target Population

Target population refers to the specific population about which information is desired. According to Ngechu (2004), a population is a well defined or set of people, services, elements, events, group of things or households that are being investigated. The target population comprised of bar owners and patrons in the 6 constituencies of Nyeri County which include Tetu, Kieni, Mathira, Othaya, Mukurwe-ini, and Nyeri town.

3.6 Sample Size

Since the population is too large, the study used stratified random sampling to select 10% of the bar owners. According to Mugenda & Mugenda (2003) a sample size of between 10 and 30% is a good representation of the target population. Therefore, 31 bar owners were selected from all the six constituencies.
Since it is not possible to get actual number of patrons from the constituencies snowball sampling was used to select patrons. According to Cooper and Schindler (2003), snowball sampling, also known as chain sampling, chain-referral sampling or referral sampling is a non-probability sampling technique where existing study subjects recruit future subjects from among their acquaintances. Thus, the sample group appears to grow like a rolling snowball. As the sample builds up, enough data is gathered to be useful for research. This sampling technique is often used in hidden populations which are difficult for researchers to access; for instance alcohol consumers. The researcher depended on the bar owners to introduce him to three patrons in their bar. The sample size of this study was therefore 31 bar owners and 93 patrons.

Table 3.1: Sample Size

<table>
<thead>
<tr>
<th>Constituency</th>
<th>Bar owners population</th>
<th>Target Bar owners sample size (10%)</th>
<th>Patrons sample size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetu</td>
<td>55</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>Kieni</td>
<td>45</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Mathira</td>
<td>49</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Othaya</td>
<td>62</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Mukurwe-ini</td>
<td>46</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Nyeri town</td>
<td>84</td>
<td>8</td>
<td>24</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>339</strong></td>
<td><strong>31</strong></td>
<td><strong>93</strong></td>
</tr>
</tbody>
</table>

Source: Nyeri District Public Health Office
There are basically two categories of data sources: primary and secondary source. A primary data is the data obtained at the time of research. These documents are directly connected with the events or people being researched and they include firsthand accounts of an event, interviews, questionnaires, observations and focused group discussions (Sekaran, 2003). A secondary source is a document created at a later time than the event being researched, by someone who did not experience the said event. These documents have no direct connection with the events or people being researched and they include internet, books/ magazines, newspapers, office statistics, the government statistics service, the office of national statistics and centre for applied social surveys. The study used primary sources of data which was collected by use of questionnaires, interview guide and observation guide. The questionnaires included structured and unstructured questions. Questionnaires were used in this study as they are very economical in terms of time, energy and finances. Similarly, they yielded quantitative data which is easy to collect and analyze (Sekaran, 2003). On the other hand, an observation guide was used as observation of behaviors, actions, activities and interaction is a powerful tool for understanding people and complex situations. The information obtained relates to what is currently happening and is not complicated by either past behaviors or future intentions or attitudes of respondents (Kothari, 2004). Additionally, since the researcher visited patrons in bars, an interview guide was used as it was expected that the patrons would not be sober to fill a self administered questionnaire.

3.8 Data Collection Instruments

The study used questionnaires, interview guides and observation guide to collect data. Self administered questionnaires were administered to the bar owners as it is expected that they
The questionnaires contained both open ended questions and closed ended questions. Closed ended questions only allowed specific types of responses (such as Yes or No and likert scales) while with respect to the open ended type, the respondents stated responses as they wish. The structured questions were used in an effort to conserve time and money as well as to facilitate an easier analysis as they are in immediate usable form; while the unstructured questions were used as they encouraged the respondent to give an in-depth and felt response without feeling held back in revealing of any information. The researcher exercised care and control to ensure all questionnaires issued to the respondents are received and achieve this, the researcher maintained a register of questionnaires, which were sent, and which were received.

On the other hand, the researcher used face to face interviews to obtain information from the bar patrons. In this method, the researcher was reading the questions together with the available options (if any) for the patrons.

Further, the researcher used an observation guide to observe the physical appearance (clothing and body size), alcohol smell as well as the presence of tremor in any organ of the body (mostly the hands).

3.9 Pilot Test

Pilot survey is a small scale replica and rehearsal of the main study. It assists in determining the suitability and ease of use of the research instruments and the operational aspects of administering the questionnaires. The purpose of a pilot test is to discover possible weaknesses, inadequacies, ambiguities and problems in any aspect of the research process. A pilot test is used to test the validity and reliability of the research instrument. The validity of the instruments was ensured by having objective questions included in the questionnaire. In addition, the validity of
Reliability on the other hand was ensured by pre-testing the questionnaire with a selected sample that was not included in the main study. An internal consistency technique was applied by use of Cronbach’s Alpha. The alpha value ranges between 0 and 1 with reliability increasing with the increase in value. Coefficient of 0.6-0.7 is a commonly accepted rule of thumb that indicates acceptable reliability and 0.8 or higher indicated good reliability (Mugenda & Mugenda, 2003). The pilot data was not included in the actual study.

3.10 Data Analysis

This study collected both quantitative and qualitative data. Descriptive statistics was used to analyze quantitative data with the help of Statistical Package for Social Sciences (SPSS). Descriptive statistics include percentages, frequency distribution and measures of central tendencies (mean). The data was presented in tables and graphs. Descriptive statistics enable the researcher to meaningfully describe distribution of measurements and to also describe, organize and summarize data (Mugenda & Mugenda, 2003). Qualitative data was coded thematically and then analyzed statistically. Content analysis was used to analyze data that is qualitative in nature, ie on data collected from open ended questions. Data was then displayed by use of bar charts, graphs and pie charts and in prose-form.
4.1 Introduction

This chapter focuses on data analysis, results presentation and discussion of the findings. The general objective of this study was to establish the effect of Alcoholic Drinks Control Act of 2010 on the socio-economic welfare of bar owners and patrons in Nyeri County. The study also sought to establish the effects of business hours on the physical health of bar owners and patrons; examine the effects of business hours on family relations (parent-child and inter-spouse relations) among bar owners and patron families; determine the effects of business hours on the livelihoods of bar owners and patrons’ families; and establish the relationship between the level of alcohol consumption and employment status of bar patrons. The research findings were presented in form of tables, graphs and charts.

The sample size of this study was 31 bar owners and 93 patrons in the 6 constituencies of Nyeri County, out of which 29 bars owners filled and returned their questionnaires and 93 interviews were carried out. This represents a 98.39% response rate. According to Babbie (2002) any response of 50% and above is adequate for analysis thus 80% is even better.

4.2 Bar Owners’ Findings

4.2.1 General Information

The respondents were asked to indicate their gender, age bracket and marital status. The results are shown below

4.2.1.1 Gender of the Bar owners

The bar owners were asked to indicate their gender. The results are shown in table 4.1 below.
Table 4.1: Gender of the Bar owners

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percent</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>72.41%</td>
<td>21</td>
</tr>
<tr>
<td>Female</td>
<td>27.59%</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>100.00%</td>
<td>29</td>
</tr>
</tbody>
</table>

According to the findings, 72.41% of the bar owners indicated that they were male while 27.59% indicated that they were female. This shows that most of the bar owners in Nyeri County are male.

4.2.1.2 Age bracket of the Bar owners

The respondents were also asked to indicate their age bracket. The results are shown in table 4.2 below.

Table 4.2: Age bracket of the Bar owners

<table>
<thead>
<tr>
<th>Age Bracket (in years)</th>
<th>Percent</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 years and below</td>
<td>17.24%</td>
<td>5</td>
</tr>
<tr>
<td>30-39 years</td>
<td>41.38%</td>
<td>12</td>
</tr>
<tr>
<td>40-49 years</td>
<td>31.03%</td>
<td>9</td>
</tr>
<tr>
<td>50-59 years</td>
<td>10.34%</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>100.00%</td>
<td>29</td>
</tr>
</tbody>
</table>

In relation to age bracket, 41.38% of the bar owners reported that they were aged between 30 and 39 years, 31.03% indicated that they were aged between 40 and 49 years, 17.24% reported that they were 29 and below years in age while 10.34% of the respondents indicated that they were aged between 50 and 59 years. This shows that most of the bar owners in Nyeri County are aged between 30 and 39 years.
The bar owners were also requested to indicate their marital status. The results are shown in table 4.3 below.

Table 4.3: Marital Status of the Bar owners

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Percent</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>79.31</td>
<td>23</td>
</tr>
<tr>
<td>Separated/divorced</td>
<td>13.79</td>
<td>4</td>
</tr>
<tr>
<td>Widow/widower</td>
<td>6.90</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.00</strong></td>
<td><strong>29</strong></td>
</tr>
</tbody>
</table>

Further, as illustrated in table 4.1 above, 79.31% of the respondents indicated that they were married, 13.79% indicated that they were separated/divorced and 6.9% indicated that they were widows/widowers. This clearly shows that most of the bar owners in Nyeri County are married.

4.2.1.4 Bar owners’ Highest Level of Education

The respondents were also asked to indicate their highest level of education. The results are shown in figure 4.1 below.

Figure 4.1: Bar owners’ Highest Level of Education
From the findings, 58.62% of the respondents indicated that they had diplomas, 20.69% indicated that they had secondary education, 10.34% indicated that they had primary education and the same percent indicated that they had bachelors degree. These findings clearly show that most of the bar owners in Nyeri County had secondary education.

4.2.1.5 Duration in Bar Business

The bar owners were asked to indicate for how long they had been working in the bar business. The results are shown in figure 4.2 below.

![Figure 4.2: Duration in Bar Business](image)

According to the findings, 34.48% of the bar owners indicated that they had been in the bar business for between 6 and 9 years, 31.03% indicated that they had been in the bar business for between 3 and 6 years, 20.69% reported that they had been in the bar business for more than 9 years and 13.79% reported that they had been in the bar business for less than 3 years. This shows that most of the bars in Nyeri County were between 6 and 9 years.

4.2.2 Business Hours and Physical Health

The first objective of this study was to establish the effects of business hours on the physical health of bar owners.
The bar owners were asked to rate their business as compared to other types of businesses. The results are shown in figure 4.3 below:

![Pie chart showing ratings of the business compared with others]

**Figure 4. 3: Ratings of the Business Compared with Others**

As illustrated in figure 4.9 above, 55.17% of the respondents reported that the bar business was good compared to other types of businesses, 27.59% reported that the bar business was excellent compared to others and 17.2% reported that the bar business was moderate compared to others. This shows that according to bar owners, the bar business was good compared to other types of businesses.

**4.2.2.2 Major Changes/Requirements Have Affected This Business**

The study also sought to establish major changes/requirements that have affected the bar business. From the findings, the bar owners indicated that there were stiff competition, licensing, capital, experience and hours. The bar owners explained the issue of competition citing the fact that the number of business people operating liquor, wine and beer had been increasing over the years. They also indicated that while some bars could pick in the black-market within a few months, many especially those existing in accordance with the rule of law took three to five
They further pointed out lack of enough capital as the cause of failure by bar operation to take off. More importantly, the bar owners indicated that Mututho law led to a decrease in business hours which lead to a decrease in sales and hence profit reduction. Additionally, government officials especially Police officers responsible for enforcing the Mututho law have been demanding more bribes than the period before Mututho law came into existence.

4.2.2.3 Impact of Mututho law on the operation of Bars

The bar owners were asked to indicate whether Mututho law had impacted their business in any way. The results are shown in figure 4.4 below.

![Figure 4.4: Bar owners’ Family](image)

As illustrated in figure 4.4 above, all the respondents (100%) reported that Mututho law had impacted their business. From these finding we can infer that Mututho law had impacted on bar businesses in Nyeri County.
Mututho law reduced the number of operating hours and even though they were closing doors while patrons were drinking even past the restricted hours, the fines and bribes if arrested were high. They also indicated that unlike before the introduction of Mututho law, obtaining a bar license is a hard task.

4.2.2.4 Influence of Number of Working hours on Physical Health

The bar owners were asked to indicate the extent to which the number of working hours were influencing their physical health before and after the introduction of Mututho law in a scale of 1 to 5 where 1 was no extent at all, 2 was low extent, 3 was moderate extent, 4 was great extent and 5 was very great extent. The results are shown in table 4.4 below.

**Table 4. 4: Influence of Number of Working hours on Physical Health**

<table>
<thead>
<tr>
<th></th>
<th>No extent at all</th>
<th>Low extent</th>
<th>Moderate extent</th>
<th>Great extent</th>
<th>Very Great extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before the Introduction of Mututho law</td>
<td>24.1</td>
<td>41.4</td>
<td>27.6</td>
<td>6.9</td>
<td>0.0</td>
</tr>
<tr>
<td>After the Introduction of Mututho law</td>
<td>0.0</td>
<td>0.0</td>
<td>31.0</td>
<td>65.5</td>
<td>3.4</td>
</tr>
</tbody>
</table>

According to the findings, 41.4% of the respondents indicated that the number of working hours was influencing their physical health before the introduction of Mututho law to a great extent, 27.6% indicated to a moderate extent, 24.1% indicated to no extent at all and 6.9% indicated to a great extent. On the other hand, 65.5% of the respondents indicated that the number of working hours was influencing their physical health after the introduction of Mututho law to a great extent, 31% indicated to a moderate extent and 3.4% indicated to a very great extent.

When the bar owners were asked to explain their responses above, they indicated that before the introduction of Mututho law, they could work until morning without going home or even
Mututho law they close their bars at 11.00 pm. However, some bar owners indicated that there was no difference as even after the introduction of Mututho law, they sell beer up to around 2.00am. They also indicated that before the introduction of Mututho law, they could accumulate stress, fatigue, muscular pain for a long time but after the introduction of Mututho law, they get time to sleep.

4.2.2.5 Effects of reduction of working hours

The bar owners were asked to indicate the extent to which they agreed with the effects of reduction of working hours in a scale of 1 to 5 where 1 was no extent at all, 2 was low extent, 3 was moderate extent, 4 was great extent and 5 was very great extent. The results are shown in table 4.5 below

Table 4. 5: Effects of reduction of working hours

<table>
<thead>
<tr>
<th></th>
<th>No extent at all</th>
<th>Low extent</th>
<th>Moderate extent</th>
<th>Great extent</th>
<th>Very Great extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved individual’s physical health</td>
<td>0.0</td>
<td>6.9</td>
<td>51.7</td>
<td>37.9</td>
<td>3.4</td>
</tr>
<tr>
<td>Reduced accidents on the way home</td>
<td>20.7</td>
<td>51.7</td>
<td>10.3</td>
<td>10.3</td>
<td>6.9</td>
</tr>
<tr>
<td>Reduced stress, fatigue, muscular pain</td>
<td>0.0</td>
<td>3.4</td>
<td>41.4</td>
<td>48.3</td>
<td>6.9</td>
</tr>
<tr>
<td>Reduced psychological distress</td>
<td>0.0</td>
<td>0.0</td>
<td>34.5</td>
<td>55.2</td>
<td>10.3</td>
</tr>
<tr>
<td>Increases the amount of time they spend with their families which reduces depression</td>
<td>0.0</td>
<td>0.0</td>
<td>44.8</td>
<td>34.5</td>
<td>20.7</td>
</tr>
<tr>
<td>Increased sleeping time</td>
<td>0.0</td>
<td>0.0</td>
<td>48.3</td>
<td>44.8</td>
<td>6.9</td>
</tr>
</tbody>
</table>

From the findings, 55.2% of the bar owners reported that the reduction of working hours as a result of introduction of Mututho law reduced psychological distress to a great extent, 34.5% indicated to a moderate extent and 10.3% indicated to a very great extent. In addition, 44.8% of
of working hours increased the amount of time they spend with their families which reduces depression to a great extent, 34.5% reported to a great extent and 20.7% indicated to a very great extent. Further, 48.3% of the bar owners reported that reduction of working hours reduced stress, fatigue, muscular pain to a great extent, 41.4% reported to a moderate extent, 6.9% reported to a very great extent and 3.4% reported to a low extent. Additionally, 48.3% of the bar owners reported that reduction of working hours increased sleeping time to a great extent, 44.8% reported to a great extent and 6.9% reported to a very great extent. Further, 51.7% of the bar owners reported that reduction of working hours improved individual's physical health to a moderate extent, 37.9% reported to a great extent, 6.9% reported to a low extent and 3.4% reported to a very great extent. Lastly, 51.7% of the bar owners reported that reduction of working hours reduced accidents on the way home to a low extent, 20.7% reported to no extent at all, 10.3% reported to a great extent and 6.9% reported to a very great extent.

4.2.3 Business Hours and the Family Relations
The second objective of this study was to examine the effects of business hours on family relations (parent-child and inter-spouse relations) among bar owners

4.2.3.1 Bar owners’ Family
The respondents were also asked to indicate whether they had families. The results are shown in figure 4.5 below.
As illustrated in figure 4.12 above, all the respondents (100%) reported that they had families. This clearly shows that all the bar owners in this study had families and hence they were suitable in meeting the objectives of this study.

4.2.3.2 Bar Owners Wives and Children

The bar owners were also asked to indicate the number of wives and children they had. The results are presented in table 4.6 below.

Table 4.6: Bar Owners Wives and Children

<table>
<thead>
<tr>
<th>Number</th>
<th>Wives</th>
<th></th>
<th></th>
<th>Children</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>86.21</td>
<td>25</td>
<td>10.34</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>13.79</td>
<td>4</td>
<td>34.48</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>0</td>
<td>0</td>
<td>27.59</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>0</td>
<td>0</td>
<td>20.69</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>More than 4</td>
<td>0</td>
<td>0</td>
<td>6.89</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>29</td>
<td>100</td>
<td>29</td>
<td></td>
</tr>
</tbody>
</table>
According to the findings, 86.21% of the respondents indicated that they had one wife while 13.79% indicated that they had 2 wives. This shows that most of the bar owners in Nyeri County had one wife.

On the other hand, 34.48% of the bar owners indicated that they had 2 children, 27.59% indicated that they had 3 children, 20.69% indicated that they had 4 children, 10.34% indicated that they had one child and 6.8% indicated that they had more than 4 children. This shows that most of the bar owners in Nyeri had two children.

4.2.3.3 Relationship of bar owners with their family

The respondents were asked to rate their relationship with their spouse and children in a scale of 1 to 5 where 1 was poor, 2 was bad, 3 was moderate, 4 was good and 5 was excellent.

![Bar chart showing relationship of bar owners with their families]

Figure 4.6: Relationship of bar owners with their families

As shown in figure 4.6 above, 58.6% of the bar owners reported that their relationship with their children was good, 31% indicated that it was excellent and 1.03% indicated that it was moderate. On the other hand, 41.4% of the respondents indicated that the relationship with their spouses
was moderate, 37.9% indicated that it was good, 10.3% indicated that it was excellent and the same percent indicated that their relationship was bad. From these findings, we can infer that the relationship between the bar owners and their children was good and the relationship with their spouses was moderate. This also shows that the bar owners had a better relationship with their children as compared to their spouses.

The bar owners further indicated that the relationship with their children was good as they were taking care of them in an appropriate manner. They also indicated that they were spending more time with their children and this had enhanced their relationship. On the other hand, bar owners indicated that their wives were still complaining that getting home at 11.00 was late and hence their relationship was moderate.

4.2.3.4 Effects of Reduced working hours on Family Relations

The bar owners were asked to indicate whether reduced working hours had affected their family relations in any way. The results are shown in figure 4.7 below.

![Figure 4.7: Effects of Reduced working hours on Family Relations](image)
With regard to whether reduced working hours had affected their family relations in any way, 89.36% of the respondents indicated that reduced working hours had affected their family relations while 10.34% disagreed. From these findings we can deduce that reduced working hours had affected bar owners family relations.

The respondents who indicated that reduced working hours had not affected their family relations further indicated that they were closing their bars at late night.

**4.2.3.5 Reduced working hours and family relations**

The respondents were further asked to indicate the extent to which they agreed with the outlined statements in relation to reduced working hours and family relations in a scale of 1 to 5 where 1 was no extent at all, 2 was low extent, 3 was moderate extent, 4 was great extent and 5 was very great extent.
### Table 4: Reduced working hours and family relations

<table>
<thead>
<tr>
<th></th>
<th>No extent at all</th>
<th>Low extent</th>
<th>Moderate extent</th>
<th>Great extent</th>
<th>Very Great extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced working hours increases amount of time spent together (doing things such as shared meals, shared leisure time, or time spent reading together)</td>
<td>0</td>
<td>0</td>
<td>24.1</td>
<td>58.6</td>
<td>17.2</td>
</tr>
<tr>
<td>Reduced working hours improves relationship quality with spouse and children</td>
<td>0</td>
<td>13.8</td>
<td>20.7</td>
<td>44.8</td>
<td>20.7</td>
</tr>
<tr>
<td>Reduced working hours minimizes family members depressive symptoms and leads to effective parenting</td>
<td>0</td>
<td>0</td>
<td>31.0</td>
<td>55.2</td>
<td>13.8</td>
</tr>
<tr>
<td>Reduced working hours improves the perceived accessibility and availability of the father</td>
<td>0</td>
<td>0</td>
<td>31.0</td>
<td>48.3</td>
<td>20.7</td>
</tr>
<tr>
<td>Reduced working hours minimizes social and emotional difficulties of the children</td>
<td>0</td>
<td>0</td>
<td>10.3</td>
<td>58.6</td>
<td>31.0</td>
</tr>
</tbody>
</table>

From the findings, 58.6% of the bar owners reported that reduced working hours minimizes social and emotional difficulties of the children to a great extent, 31% reported to a very great extent and 10.3% reported to a moderate extent. Further, 58.6% of the bar owners reported that reduced working hours increases amount of time spent together (doing things such as shared meals, shared leisure time, or time spent reading together) to a great extent, 24.1% reported to a moderate extent and 17.2% reported to a very great extent. In addition, 48.3% of the bar owners reported that reduced working hours improves the perceived accessibility and availability of the
father to a great extent and 20.7% reported to a very great extent. Additionally, 55.2% of the bar owners reported that reduced working hours minimizes family members' depressive symptoms and leads to effective parenting to a great extent, 31% reported to a moderate extent and 13.8% reported to a very great extent. Lastly, 44.8% of the bar owners reported that reduced working hours improves relationship quality with spouse and children to a great extent, 20.7% reported to a very great extent and 13.8% reported to a low extent.

4.2.3.6 Living with their Immediate Family

The patrons were requested to indicate whether they lived in the same house/compound with their immediate family.

![Figure 4.8: Living with their Immediate Family](image)

As shown by figure 4.8 above, 65.6% of the patrons indicated that they lived in the same compound with their immediate families while 34.4% reported that were not living in the same
From these findings we can infer that most of the bar patrons in Nyeri County were living with their immediate families.

From the patrons that indicated that they were not living with their immediate families in the same compound, the study sought to establish how long they took to visit them.

Table 4. 8: Duration taken to Visit Immediate Families

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A month</td>
<td>7</td>
</tr>
<tr>
<td>3 months</td>
<td>16</td>
</tr>
<tr>
<td>6 months</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
</tr>
</tbody>
</table>

According to the findings, 50% of the patrons reported that they took 3 months to visit their immediate families, 28.1% reported that they took 6 month and 21.9% reported that they took a month. This clearly shows that most of the patrons who were not living with their immediate families in the same compound took 3 months to visit them.

4.2.4 Reduced business hours and the livelihoods

The third objective of this study was to determine the effects of business hours on the livelihoods of bar owners

4.2.4.1 Other Sources of Livelihood

The respondents were asked to indicate apart from the bar business, how else they were supporting themselves and their dependants/family. From the findings, the bar owners reported that they were supporting their families by using money from tea earnings. The bar owners also indicated that they were supporting their families by using money obtained from milk and coffee.
Additionally, the bar owners indicated that they were also doing short-scale farming in their homes which provided them and their families with food like maize, beans, arrowroots, sweet potatoes, cassava and yams.

4.2.4.2 Profitability of the Bar Business

The bar owners were also asked to rank the profitability of their business in a scale of 1 to 5 where 1 was poor, 2 was bad, 3 was moderate, 4 was good and 5 was excellent.

Table 4. 9: Profitability of the Bar Business

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Bad</th>
<th>Moderate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before the Introduction of Mututho law</td>
<td>0</td>
<td>0</td>
<td>6.9</td>
<td>48.3</td>
<td>44.8</td>
</tr>
<tr>
<td>After the Introduction of Mututho law</td>
<td>0</td>
<td>55.2</td>
<td>44.8</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

According to the findings, 48.3% of the bar owners rated the profitability of their business before the introduction of Mututho law as good, 44.8% rated it as excellent and 6.9% rated it as moderate. On the other hand, 55.2% of the bar owners reported that profitability of their business after the introduction of Mututho law as bad and 44.8% reported that it was moderate.

The bar also indicated that they attributed reduction in the profitability of their business to reduced working hours, increased bribes to government officials especially police officers. The bar owners also attributed reduction of their profitability to increased homemade beer and other liquor (Muratina and Changaa).
4.2.4.3 Aspects of Livelihoods before the Introduction of Mututho law

The bar patrons were asked to rate the following aspects of livelihoods before the introduction of Mututho law in a scale of 1 to 5 where 1 was poor, 2 was bad, 3 was moderate, 4 was good and 5 was excellent.

Table 4.10: Aspects of Livelihoods before the Introduction of Mututho law

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Bad</th>
<th>Moderate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordability of food</td>
<td>0</td>
<td>6.9</td>
<td>31.0</td>
<td>51.7</td>
<td>10.3</td>
</tr>
<tr>
<td>Affordability of clothing</td>
<td>0</td>
<td>24.1</td>
<td>20.7</td>
<td>44.7</td>
<td>10.3</td>
</tr>
<tr>
<td>Ability to pay school fees for the children</td>
<td>0</td>
<td>0</td>
<td>20.7</td>
<td>58.7</td>
<td>20.7</td>
</tr>
</tbody>
</table>

As indicated in table 4.10 above, 51.7% of the bar owners rated the affordability of food as good before the introduction of Mututho law, 31% rated it as moderate, 10.3% rated as excellent and 6.9% rated it as bad. In addition, 44.7% of the bar owners rated affordability of clothing before the introduction of the Mututho law as good, 24.1% rated it as bad, 20.7% rated it as moderate and 10.3% rated it as excellent. Further, 58.7% of the bar owners rated the ability to pay school fees for the children as good before the introduction of Mututho law, 20.7% rated it as moderate and the same percent rated it as excellent.

4.2.4.4 Aspects of Livelihoods after the Introduction of Mututho law

The bar patrons were asked to rate the following aspects of livelihoods after the introduction of Mututho law in a scale of 1 to 5 where 1 was poor, 2 was bad, 3 was moderate, 4 was good and 5 was excellent.
### Table 4.11: Aspects of Livelihoods after the Introduction of Mututho law

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Poor</th>
<th>Bad</th>
<th>Moderate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordability of food</td>
<td>6.9</td>
<td>48.3</td>
<td>37.9</td>
<td>6.9</td>
<td>0.0</td>
</tr>
<tr>
<td>Affordability of clothing</td>
<td>0.0</td>
<td>20.7</td>
<td>58.6</td>
<td>20.7</td>
<td>0.0</td>
</tr>
<tr>
<td>Ability to pay school fees for the children</td>
<td>0.0</td>
<td>0.0</td>
<td>55.2</td>
<td>34.5</td>
<td>10.3</td>
</tr>
</tbody>
</table>

As indicated in table 4.11 above, 48.3% of the bar owners rated the affordability of food as bad after the introduction of Mututho law, 37.9% rated it as moderate and 6.9% rated as good. In addition, 58.7% of the bar owners rated affordability of food after the introduction of the Mututho law as moderate, 20.7% rated it as great extent and the same percent rated it as bad. Further, 55.2% of the bar owners rated the ability to pay school fees for the children as moderate after the introduction of Mututho law, 34.5% rated it as good and 10.3% rated it as excellent.

### 4.3 Bar Patrons Findings

#### 4.3.1 General Information

In the general information, the bar patrons were asked to indicate their gender, age bracket and marital status.

#### 4.3.1.1 Gender of Bar Patrons

The bar patrons were asked to indicate their gender. The results are shown in table 4.12 below.
According to the findings, 84.9% of the bar patrons reported that they were male while 15.1% indicated that they were female. This shows that most of the bar patrons in Nyeri County were male.

### 4.3.1.2 Age bracket of Bar Patrons

The bar patrons were asked to indicate their age bracket. The results are presented in table 4.13 below.

**Table 4.13: Age bracket of Bar Patrons**

<table>
<thead>
<tr>
<th>Age Bracket (in years)</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 years and below</td>
<td>22</td>
<td>23.7</td>
</tr>
<tr>
<td>30-39 years</td>
<td>38</td>
<td>40.9</td>
</tr>
<tr>
<td>40-49 years</td>
<td>25</td>
<td>26.9</td>
</tr>
<tr>
<td>50-59 years</td>
<td>8</td>
<td>8.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>93</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

On the other hand, 40.9% of the bar owners reported that they were aged between 30 and 39 years, 26.09% reported that they were aged between 40 and 49 years, 23.7% reported that they were 29 years and below in age and 8.6% reported that they were aged between 50 and 59 years. This shows that most of the bar patrons in Nyeri County were aged between 30 and 39 years.

### 4.3.1.3 Marital status of Bar Patrons

The bar owners were also asked to indicate their marital status. The results are shown in table 4.14 below.
Table 4.14: Marital status of Bar Patrons

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>38</td>
<td>40.9</td>
</tr>
<tr>
<td>Never married/ single</td>
<td>16</td>
<td>17.2</td>
</tr>
<tr>
<td>Separated/ divorced</td>
<td>30</td>
<td>32.3</td>
</tr>
<tr>
<td>Widow/ widower</td>
<td>9</td>
<td>9.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>93</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Further, 40.9% of the bar patrons reported that they were married, 32.3% reported that they were separated/divorced, 17.2% reported that they were single/never married and 9.7% reported that they were widowed. From these findings we can infer that most of the bar patrons in Nyeri County are married.

4.3.1.4 Bar Patrons’ Level of Education

The bar patrons were also asked to indicate their highest level of education. The results are shown in figure 4.9 below.

![Bar Patrons’ Level of Education](image)

*Figure 4.9: Bar Patrons’ Level of Education*
% of the bar patrons reported that they had secondary education, 23.7% indicated that they had primary education and the same percent reported that they had primary education. In addition, 21.5% of the bar patrons reported that they had bachelors degree and 3.2% reported that they had postgraduate degrees. This shows that most of the bar patrons in Nyeri county had education that was below secondary education.

4.3.1.5 Bar Patrons’ Family

The bar patrons were asked to indicate whether they had families. The results are presented in figure 4.10 below.

![Figure 4.10: Bar Patrons’ Family](image)

According to the findings, 86% of the respondents reported that they had families while 14% indicated that they did not have families. This clearly shows that most of the bar owners had families.
From the bar patrons who indicated that they had families the study also sought to establish the number of children and wives. The results are shown in table 4.15

**Table 4.15: Bar Patrons Wives and Children**

<table>
<thead>
<tr>
<th></th>
<th>Children</th>
<th></th>
<th>Wives</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>one</td>
<td>28</td>
<td>30.1</td>
<td>79</td>
<td>84.9</td>
</tr>
<tr>
<td>two</td>
<td>26</td>
<td>28.0</td>
<td>14</td>
<td>15.1</td>
</tr>
<tr>
<td>three</td>
<td>33</td>
<td>35.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>four</td>
<td>6</td>
<td>6.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>93</td>
<td>100.0</td>
<td>93</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As indicated in table 4.15 above, 35.5% of the bar patrons reported that they had three children, 30.1% reported that they had one child, 28% reported that they had two children and 6.5% reported that they had four children. On the other hand, 84.9% reported that they had one wife and 15.1% reported that they had two wives. From these findings, we can infer that most of the bar patrons had one wife and three children.

**4.3.1.7 Bar Patrons Employment**

The bar patrons were also asked to indicate whether they were employed. The results are shown in figure 4.11 below.
Figure 4. 11: Bar Patrons Employment

According to the findings, 65.6% of the bar patrons indicated that they were not employed while 34.4% reported that they were employed. This clearly shows that most of the bar patrons in Nyeri County were not employed.

From the bar patrons who indicated that they were not employed, the study sought to establish whether they were self employed, business people or farmers.

Table 4. 16: Unemployed

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self employed</td>
<td>9</td>
<td>9.7</td>
</tr>
<tr>
<td>Business Person</td>
<td>18</td>
<td>19.4</td>
</tr>
<tr>
<td>Farmer</td>
<td>34</td>
<td>36.6</td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>65.6</td>
</tr>
<tr>
<td>Missing</td>
<td>32</td>
<td>34.4</td>
</tr>
<tr>
<td>Total</td>
<td>93</td>
<td>100.0</td>
</tr>
</tbody>
</table>
From the findings, 36.6% of the bar patrons who indicated that they were not employed reported that they were farmers, 19.4% reported that they were business people, and 9.7% reported that they were self-employed. From these findings we can deduce that the bar patrons who were not employed were farmers, self-employed or business people.

4.3.1.9 Main Source of Livelihood

The bar patrons were asked to indicate what their main source of livelihood was. From the findings, they indicated that their main source of livelihood was earnings from tea and coffee. The bar patrons also reported that their main source of livelihood was farming as they could get food as they grew cassava, arrowroots, sweet potatoes, potatoes, maize, beans as well as vegetables. Other patrons indicated that earnings from their job were their main source of livelihood while others indicated that their businesses were their main source of livelihood.

4.3.1.10 Drinking Duration

The patrons were further asked to indicate for how long they had been drinking. The results are shown in figure 4.12 below.

![Figure 4.12: Drinking Duration](image-url)
Of the patrons reported that they had been drinking for between 3 and 6 years, 24.73% reported that they had been drinking for between 6 and 9 years, 23.66% reported that they had been drinking for more than 9 years, 12.90% reported that they had been drinking for between 1 and 3 years and 4.3% reported that they had been drinking for less than 3 years. Therefore a majority of the patrons indicated that they had been drinking for between 3 and 6 years.

4.3.1.11 Favorite Brew

The patrons were also asked to indicate their favorite brew. The results are shown in figure 4.13 below.

![Favorite Brew Chart](image)

Figure 4.13: Favorite Brew

From the findings, 29.03% of the patrons indicated that summit malt was their favorite brew, 25.81% reported that summit larger was their favorite brand, 17.20% indicated that tusker was their favorite brand, 12.90% indicated that pilsner and crescent were their favorite brands and 2.15% reported that valley wine was their favorite brand.
The patrons were further asked to indicate the number of bottles they could take at a go. The results are shown in figure 4.14 below.

![Bar chart showing number of bottles per session](image)

**Figure 4.14: Number of Bottles at a go**

From the findings, 34.41% of the patrons reported that they could take 5 to 7 bottles per session, 30.11% reported that they could take 3 to 5 bottles per session, 24.73% reported that they could take less than three bottles per session and 10.75% reported that they could take more than 7 bottles per session. This shows that most of the bar patrons in Nyeri could take between 5 and 7 bottles of beer per session.

**4.3.2 Business Hours and Physical Health**

The first objective of this study was to establish the effects of business hours on the physical health of bar owners.
The patrons were requested to indicate the number of days in a week that they could drink before and after the introduction of Mututho law. The results are shown in table 4.17 below.

**Table 4.17: Drinking Days in a Week**

<table>
<thead>
<tr>
<th></th>
<th>Before introduction of Mututho law</th>
<th>After introduction of Mututho law</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>one day</td>
<td>10</td>
<td>10.8</td>
</tr>
<tr>
<td>2 to 3 days</td>
<td>11</td>
<td>11.8</td>
</tr>
<tr>
<td>4 to 5 days</td>
<td>19</td>
<td>20.4</td>
</tr>
<tr>
<td>weekend</td>
<td>20</td>
<td>21.5</td>
</tr>
<tr>
<td>everyday</td>
<td>33</td>
<td>35.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>93</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

As illustrated in table 4.17 below, 35.5% of the respondents reported that before the introduction of Mututho law they could drink every day, 21.5% reported that they could drink during weekends, 20.4% reported that they could drink between 4 and 5 days, 11.8% reported that they could drink between 2 and 3 days and 10.8% reported that they could drink only one day in a week.

On the other hand, 49.5% of the patrons indicated that after the introduction of Mututho law, they drink between 2 and 3 days in a week, 24.7% indicated that they drink only one day, 17.2% indicated that they could drink between 4 and 5 days, 5.4% indicated that they could drink during weekends and 3.2% indicated that they could drink every day. From these findings, we can
deduce that the bar patrons in Nyeri County had reduced the number of drinking days in a week after the introduction of Mututho law.

4.3.2.2 Health Issues Associated with Drinking

The patrons were also requested to indicate the health issues associated with drinking. From the findings, they reported that alcohol drinking leads to Gastrointestinal pain, inflammation of the pancreas (called pancreatitis) and liver disorders such as cirrhosis, hepatitis, cholestasis, and portal hypertension. The patrons also indicated that alcohol drinking increases the risk of getting cardiovascular diseases.

4.3.2.3 Effect of alcohol consumption

The patrons were requested to indicate whether alcohol consumption affect them in any way. The results are shown in figure 4.15 below.

![Figure 4.15: Effect of alcohol consumption](image-url)
From the findings, 82.8% of the patrons reported that alcohol consumption affect them while 17.2% reported that alcohol consumption was not affecting them. This clearly shows that most of the patrons knew that alcohol consumption was affecting them.

4.3.2.4 Reduction in drinking hours and health

The respondents were asked to indicate the extent to which they agreed with the statements in relation to reduced drinking hours and health in a scale of 1 to 5 where 1 was no extent at all, 2 was low extent, 3 was moderate extent, 4 was great extent and 5 was very great extent.

Table 4. 18: Reduction in drinking hours and health

<table>
<thead>
<tr>
<th>Statement</th>
<th>No extent at all</th>
<th>Low extent</th>
<th>Moderate extent</th>
<th>Great extent</th>
<th>Very great extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced drinking hours reduces car accidents</td>
<td>3.2</td>
<td>5.4</td>
<td>23.7</td>
<td>38.7</td>
<td>29.0</td>
</tr>
<tr>
<td>Reduced drinking hours reduces the risk of acquiring alcohol related diseases</td>
<td>3.2</td>
<td>12.9</td>
<td>23.7</td>
<td>36.6</td>
<td>23.7</td>
</tr>
<tr>
<td>Reduced drinking hours reduces workplace accidents</td>
<td>1.1</td>
<td>7.5</td>
<td>24.7</td>
<td>38.7</td>
<td>28.0</td>
</tr>
<tr>
<td>Reduced drinking hours reduces physical injuries</td>
<td>3.2</td>
<td>10.8</td>
<td>24.7</td>
<td>34.4</td>
<td>26.9</td>
</tr>
</tbody>
</table>

According to the findings, 38.7% of the bar patrons reported that reduced drinking hours reduces car accidents to a great extent, 29% indicated to a very great extent, 23.7% indicated to a moderate extent, 5.4% indicated to a low extent and 3.2% indicated to no extent at all. Further,
36.6% of the patrons indicated that reduced drinking hours reduces work place accidents to a great extent, 23.7% indicated to a very great extent, the same percent indicated to a moderate extent, 12.9% indicated to a low extent and 3.2% indicated to no extent at all. In addition, 38.7% of the patrons indicated that reduced drinking hours reduces physical injuries to a great extent, 28% indicated to a very great extent, 24.7% indicated to a low extent and 1.1% indicated to a no extent at all. Lastly, 34.4% of the patrons reported that reduced drinking hours reduces the risk of acquiring alcohol related diseases to a great extent, 26.9% indicated to very great extent, 24.7% indicated to a moderate extent, 10.8% indicated to a low extent and 3.2% indicated to a no extent at all.

4.3.2.5 Physical appearance

The patrons appeared cheaply clothed, which was ironic taking into account the amount of alcohol they had taken to produce the effect they were in. One in particular was shabby and under dressed. He was dressed in slippers, a short and a vest. This is a clear indication that he was straight from bed and had not engaged in any economic activity since the morning of that day.

Generally, most of the patrons in most joints were devoid of dignity that is depicted by neat dressing. Those that were in better dressing relatively messed up their neatness by lying on the floor.

A majority of the patrons were emaciated and wasted. The cold weather in Nyeri must have had an effect on them because most of them were coughing helplessly. This proves that they are generally vulnerable to opportunistic illnesses. A common feature in all of them was the discolored lips. With the long hours spent in these drinking joints, most of the patrons had little time to have a proper meal. This explains the weak bodies.
and had hefty hanging stomachs. They appeared sluggish especially once they were drunk. They had to be assisted in standing on their feet whenever nature called.

4.3.2.6 Alcohol smell

They all had a common odor of alcohol. Even the well dressed ladies with expensive perfumes were reduced to alcohol-smelling patrons. Whenever they passed in the streets of Nyeri people could tell they were drunk by the unfriendly looks they accorded the victims. This applied even to those who simply had "one for the road" as they put it.

4.3.2.6 Body tremor

Each and every patron that I observed had shaky hands. They could not hold the glass of alcohol for long and had to place it hastily on the table. Even the waiters (who most likely were alcohol consumers as well) had problems balancing a tray full of a customer's order. Their hands did not seem as the only thing that was shaky, even their tongues. Most of them stammered a lot such that their own friends could not make up what they were saying.

4.3.3 Business Hours and the Family Relations

The second objective of this study was to examine the effects of business hours on family relations (parent-child and inter-spouse relations) among bar owners

4.3.3.1 Relationships before the introduction of Mututho law

The patrons were asked to rate their relationship with their spouses, children, extended family and neighbors before and after the introduction of Mututho law in a scale of 1 to 5 where 1 was poor, 2 was bad, 3 was moderate, 4 was good and 5 was excellent.
Table 4.19: Patrons’ Relationships

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Bad</th>
<th>Moderate</th>
<th>Good</th>
<th>Excellent.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>6.5</td>
<td>38.7</td>
<td>35.5</td>
<td>16.1</td>
<td>3.2</td>
</tr>
<tr>
<td>Children</td>
<td>0.0</td>
<td>32.3</td>
<td>47.3</td>
<td>20.4</td>
<td>0.0</td>
</tr>
<tr>
<td>Extended family</td>
<td>3.2</td>
<td>18.3</td>
<td>24.7</td>
<td>26.9</td>
<td>26.9</td>
</tr>
<tr>
<td>Neighbors</td>
<td>18.3</td>
<td>33.3</td>
<td>29.0</td>
<td>11.8</td>
<td>7.5</td>
</tr>
</tbody>
</table>

On the other hand, 38.7% of the patrons their relationship with their spouses before the introduction of Mututho law as good, 35.5% indicated that it was moderate, 16.1% indicated that it was good, 6.5% indicated it was poor and 3.2% indicated that it was excellent. Further, 47.3% of the patrons also rated their relation with their children after the introduction of Mututho law as good, 32.3% rated it as bad and 20.4% rated it as good. Further, 26.9% of the patrons rated their relationship with extended families as good, 24.7% rated it as moderate, 18.3% rated it as bad and 3.2% rated it as poor. Lastly, 33.3% of the patrons rated their relationship with their neighbors as good, 29% rated it as moderate and 18.3% rated it as poor.

4.3.3.2 Relationships after the introduction of Mututho law

The patrons were asked to rate their relationship with their spouses, children, extended family and neighbors after the introduction of Mututho law in a scale of 1 to 5 where 1 was poor, 2 was bad, 3 was moderate, 4 was good and 5 was excellent.
Table 4: Patrons’ Relationships after the introduction of Mututho law

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Bad</th>
<th>Moderate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>0</td>
<td>14.0</td>
<td>28.0</td>
<td>35.5</td>
<td>21.5</td>
</tr>
<tr>
<td>Children</td>
<td>0</td>
<td>0</td>
<td>33.3</td>
<td>31.2</td>
<td>35.5</td>
</tr>
<tr>
<td>Extended family</td>
<td>0</td>
<td>6.5</td>
<td>25.8</td>
<td>40.9</td>
<td>26.9</td>
</tr>
<tr>
<td>Neighbors</td>
<td>0</td>
<td>4.3</td>
<td>20.4</td>
<td>40.9</td>
<td>34.4</td>
</tr>
</tbody>
</table>

On the other hand, 35.5% of the patrons indicated that their relationship with their spouses after the introduction of Mututho law as good, 28% indicated that it was moderate, 21.5% indicated that it was excellent and 14% indicated it was bad. Further, 35.5% of the patrons also rated their relationship with their children after the introduction of Mututho law as excellent, 33.3% rated it as good, 31.2% rated it as moderate and 6.5% rated it as bad. Further, 40.9% of the patrons rated their relationship with extended families as good, 26.9% rated it as excellent, 25.8% rated it as moderate and 6.5% rated it as bad. Lastly, 40.9% of the patrons rated their relationship with their neighbors as good, 34.4% rated it as excellent, 20.4% rated it as moderate and 4.3% rated it as bad.

These findings clearly show that the relationship between bar patrons and their spouses, children, extended family and neighbors had improved after the introduction of Mututho law. The patrons further explained that the relationship with their children had improved as they gave them more attention and could spend quality time with them after work. They also indicated that their relationship with their spouse had improved as they were now providing for their families unlike before when they could not provide for their families. On the other hand, they explained that their relationship with their neighbors and extended families had improved as they now very peaceful as a result of reduction in hours and amount of drinking.
The respondents were further asked to indicate the extent to which they agreed with the statements in relation to working hours and family relations in a scale of 1 to 5 where 5 was strongly agree, 4 was agree, 3 was moderately agree, 2 was disagree and 1 was strongly disagree.

**Table 4. 21: Working hours and family relations**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Moderately agree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced drinking hours increases amount of time spent together (doing things such as shared meals, shared leisure time, or time spent reading together)</td>
<td>0</td>
<td>0</td>
<td>21.5</td>
<td>50.5</td>
<td>28.0</td>
</tr>
<tr>
<td>Reduced alcohol consumption hours reduces family conflicts</td>
<td>0</td>
<td>0</td>
<td>26.9</td>
<td>34.4</td>
<td>38.7</td>
</tr>
<tr>
<td>Reduced alcohol consumption hours improves relationship quality with spouse and children</td>
<td>0</td>
<td>3.2</td>
<td>11.8</td>
<td>41.9</td>
<td>43.0</td>
</tr>
<tr>
<td>Reduction in drinking hours improves the perceived accessibility and availability of the father</td>
<td>0</td>
<td>6.5</td>
<td>28.0</td>
<td>39.8</td>
<td>25.8</td>
</tr>
</tbody>
</table>

According to the findings, 50.5% of the patrons agreed that reduced drinking hours increases amount of time spent together (doing things such as shared meals, shared leisure time, or time spent reading together), 28% strongly disagreed and 21.5% moderately agreed. In addition, 38.7% of the bar owners agreed that reduced alcohol consumption hours reduces family conflicts, 34.4% agreed and 26.9% moderately agreed. In addition, 39.8% of the bar owners
reduction in drinking hours improves the perceived accessibility and availability of the father, 28% moderately agreed, 25.8% strongly agreed and 6.5% disagreed. Further, 43% of the patrons agreed that reduction in drinking hours improves the perceived accessibility and availability of the father, 41.9% agreed, 11.8% moderately agreed and 3.2% disagreed.

4.3.4 Reduced business hours and the livelihoods

The third objective of this study was to determine the effects of business hours on the livelihoods of bar owners.

4.3.4.1 Earnings before and after the introduction of Mututho law

The bar patrons were requested to rate their earnings before and after the introduction of Mututho law in a scale of 1 to 5 where 1 was poor, 2 was bad, 3 was moderate, 4 was good and 5 was excellent.

Table 4.22: Earnings before and after the introduction of Mututho law

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Bad</th>
<th>Moderate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before the introduction of Mututho law</td>
<td>3.2</td>
<td>26.9</td>
<td>26.9</td>
<td>26.9</td>
<td>16.1</td>
</tr>
<tr>
<td>After the introduction of Mututho law</td>
<td>0</td>
<td>0</td>
<td>15.1</td>
<td>52.7</td>
<td>32.3</td>
</tr>
</tbody>
</table>

From the findings, 26.9% of the bar patrons rated their earnings before the introduction of Mututho law as moderate, the same percent indicated that it was good, 16.1% indicated that it was excellent and 3.2% indicated that it was poor. On the other hand, 52.7% of the bar patrons rated their earnings after the introduction of Mututho law as good, 32.3% rated it as excellent and 15.1% rated it as moderate. These findings clearly show that the introduction of Mututho law had improved the earnings of bar patrons.
they were now spending less as compared to the time before the introduction of Mututho law. However, some patrons reported that they were spending more as they had to bribe chiefs, police and government administrators.

4.3.4.2 Aspects of Livelihoods before the Introduction of Mututho law

The bar patrons were asked to rate the following aspects of livelihoods before the introduction of Mututho law in a scale of 1 to 5 where 1 was poor, 2 was bad, 3 was moderate, 4 was good and 5 was excellent.

Table 4. 23: Aspects of Livelihoods before the Introduction of Mututho law

<table>
<thead>
<tr>
<th>Aspects of Livelihoods</th>
<th>Poor</th>
<th>Bad</th>
<th>Moderate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordability of food</td>
<td>5.4</td>
<td>37.6</td>
<td>34.4</td>
<td>10.8</td>
<td>11.8</td>
</tr>
<tr>
<td>Affordability of clothing</td>
<td>29.0</td>
<td>44.1</td>
<td>20.4</td>
<td>6.5</td>
<td>0.0</td>
</tr>
<tr>
<td>Ability to pay school fees for the children</td>
<td>15.1</td>
<td>46.2</td>
<td>19.4</td>
<td>14.0</td>
<td>5.5</td>
</tr>
</tbody>
</table>

As indicated in table 4.23 above, 37.6% of the bar patrons rated affordability of food before the introduction of the Mututho law as moderate, 34.4% rated it as moderate, 11.8% rated it as excellent, 10.8% rated it as good and 5.4% rated it as poor. In addition, 44.1% of the bar patrons rated the ability to pay school fees for the children as bad before the introduction of Mututho law, 29% rated it as poor, 20.4% rated it as moderate and 6.5% rated it as good. Further, 46.2% of the patrons rated affordability of clothing before the introduction of Mututho law as bad, 19.4% rated it as moderate, 15.1% rated it as poor, 14% rated it as good and 5.5% rated it as excellent.
The bar patrons were asked to rate the following aspects of livelihoods after the introduction of Mututho law in a scale of 1 to 5 where 1 was poor, 2 was bad, 3 was moderate, 4 was good and 5 was excellent.

Table 4.24: Aspects of Livelihoods after the Introduction of Mututho law

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Bad</th>
<th>Moderate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordability of food</td>
<td>0</td>
<td>4.3</td>
<td>24.7</td>
<td>47.3</td>
<td>23.7</td>
</tr>
<tr>
<td>Affordability of clothing</td>
<td>0</td>
<td>0</td>
<td>5.4</td>
<td>47.3</td>
<td>47.3</td>
</tr>
<tr>
<td>Ability to pay school fees</td>
<td>0</td>
<td>3.2</td>
<td>24.7</td>
<td>44.1</td>
<td>28.0</td>
</tr>
<tr>
<td>for the children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As indicated in table 4.24 above, 47.3% of the bar patrons rated affordability of food after the introduction of the Mututho law as good, 24.7% rated it as moderate, 23.7% rated it as excellent, and 4.3% rated it as bad. In addition, 47.3% of the bar patrons rated the ability to pay school fees for the children as bad after the introduction of Mututho law, the same percent rated it as poor and 5.4% rated it as moderate. Further, 44.1% of the patrons rated affordability of clothing after the introduction of Mututho law as good, 28% rated it as excellent, 24.7% rated it as moderate and 3.2% rated it as bad.

From these findings, we can infer that the bar patrons ability to pay school fees for the children, affordability of food and affordability of clothing had improved after the introduction of Mututho law.

4.3.5 Reduced alcohol consumption hours and employment status
The study sought to establish the relationship between the level of alcohol consumption and employment status of bar patrons.
Before and after the introduction of Mututho law

The bar patrons were asked to indicate the number of hours they were working before and after the introduction of Mututho law.

Table 4. 25: Number of Working hours before and after the introduction of Mututho law

<table>
<thead>
<tr>
<th></th>
<th>Before introduction Mututho law</th>
<th>After the introduction Mututho law</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>less than 4 hours</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>4 to 6 hours</td>
<td>28</td>
<td>30.1</td>
</tr>
<tr>
<td>6 to 8 hours</td>
<td>42</td>
<td>45.2</td>
</tr>
<tr>
<td>8 to 10 hours</td>
<td>19</td>
<td>20.4</td>
</tr>
<tr>
<td>Total</td>
<td>93</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As illustrated in table 4.25 above, 45.2% of the bar patrons reported that they were working for between 6 and 8 hours before the introduction of Mututho law, 30.1% reported that they had been working for between 4 and 6 hours, 20.4% indicated that they had been working for between 8 and 10 hours and 4.3% indicated that they had been working for less than 4 hours.

On the other hand, 48.4% of the bar patrons reported that they work for between 6 and 8 hours after the introduction of Mututho law, 32.3% reported that they work for between 4 and 6 hours, 14.1% reported that they work for between 8 and 10 hours and 4.3% reported that they work for less than 4 hours.

These findings clearly show that there was minimal effect or change in the patrons’ number of working hours before and after the introduction of Mututho law.
The respondents were asked to rate their employment status before and after the introduction of Mututho law in a scale of 1 to 5 where 1 was poor, 2 was bad, 3 was moderate, 4 was good and 5 was excellent.

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Poor</th>
<th>Bad</th>
<th>Moderate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before the introduction of Mututho law</td>
<td>0</td>
<td>18.3</td>
<td>41.9</td>
<td>39.8</td>
<td>0</td>
</tr>
<tr>
<td>After the introduction of Mututho law</td>
<td>0</td>
<td>0</td>
<td>22.6</td>
<td>60.2</td>
<td>17.2</td>
</tr>
</tbody>
</table>

From the findings, 41.9% of the patrons rated their employment status before the introduction of Mututho law as moderate, 39.8% rated it as good and 18.3% rated it as bad. On the other hand, 60.2% of the patrons their employment status after the introduction of Mututho law as good, 22.6% moderate and 17.6% rated it as excellent. This shows that the employment status of the bar patrons had improved after the introduction of Mututho law.

The patrons further explained that since they had reduced their drinking they had also reduced their absenteeism. They also indicated that they had reduced their jobs turnover and sackings.

### 4.3.5.3 Reduction of drinking hours and employment

The bar patrons were asked to indicate whether the reduction of drinking hours by the Mututho law affected their employment negatively or positively.
According to the findings, 49.5% of the respondents reported that the reduction of drinking hours by the Mututho law affected their employment positively, 31.2% indicated negatively and 19.4% indicated that it had no effect. From these findings, we can deduce that the reduction of drinking hours by the Mututho law affected their employment positively.

4.3.5.4 Effects of reduced drinking hours on employment or job

The bar patrons were asked to indicate the extent to which they agreed with the statements in relation to reduced drinking hours and employment or job in a scale of 1 to 5 where 5 was strongly agree, 4 was agree, 3 was moderately agree, 2 was disagree and 1 was strongly disagree.
<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Moderately agree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced drinking hours increases productivity at workplace</td>
<td>3.2</td>
<td>16.1</td>
<td>30.1</td>
<td>32.3</td>
<td>18.3</td>
</tr>
<tr>
<td>Reduced drinking hours reduces sicknesses related to alcohol and reduces workplace absenteeism</td>
<td>0</td>
<td>2.2</td>
<td>38.7</td>
<td>24.7</td>
<td>34.4</td>
</tr>
<tr>
<td>Reduced alcohol consumption increases personal relations with other employees</td>
<td>0</td>
<td>8.6</td>
<td>29.0</td>
<td>38.7</td>
<td>23.7</td>
</tr>
<tr>
<td>Reduced alcohol consumption reduces workplace accidents</td>
<td>0</td>
<td>8.6</td>
<td>17.2</td>
<td>43.0</td>
<td>31.2</td>
</tr>
<tr>
<td>Reduced alcohol consumption improves employee’s behavior as well as the company’s image</td>
<td>0</td>
<td>5.4</td>
<td>20.4</td>
<td>39.8</td>
<td>34.4</td>
</tr>
</tbody>
</table>

According to the findings, 32.3% of the patrons agreed that reduced drinking hours increases productivity at workplace, 30.1% moderately agreed, 18.3% strongly agreed, 16.1% disagreed and 3.2% strongly disagreed. In addition, 38.7% of the patrons also agreed that reduced drinking hours reduces sicknesses related to alcohol and reduces workplace absenteeism, 34.4% strongly agreed, 38.7% moderately agreed and 2.2% disagreed. Additionally, 38.7% of the patrons agreed that reduced alcohol consumption increases personal relations with other employees, 29% moderately agreed, 23.7% strongly agreed and 8.6% disagreed. Furthermore, 43% of the patrons that reduced alcohol consumption reduces workplace accidents, 31.2% strongly agreed, 17.2% moderately agreed and 8.6% disagreed. Lastly, 39.8% of the patrons agreed that reduced alcohol
consumption improves employee’s behavior as well as the company’s image, 34.4% strongly agreed, 20.4% moderately agreed and 5.4% disagreed.
CHAPTER FIVE: SUMMARY OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the findings, conclusions, practical recommendations and areas for further research. The purpose of this study was to establish the effect of Alcoholic Drinks Control Act of 2010 on the socio-economic welfare of bar owners and patrons in Nyeri County; their physical health; family relations; livelihoods; and employment status.

5.2 Summary of the findings

5.2.1 Business Hours and Physical Health

1. Mututho law reduced business hours which in turn reduces the chances of bar owners overworking themselves hence improved health status.

2. The reduced business hours guaranteed enough time for bar owners to sleep. This in turn reduces fatigue, work-related stress and muscular pains as was experienced by them before the introduction of Mututho law.

3. It was established that no bar owner anticipated any physical injury caused by car accidents due to work related reasons. The law guaranteed them enough time to rest, hence alert while driving.

4. In addition, the reduction of working hours increased the amount of time they spend with their families which reduces depression to a great extent as well.
5. From the description of their health status since they started taking alcohol, it became apparent that at some point in their lives the patrons had suffered from such ailments as:

Gastrointestinal pain, inflammation of the pancreas (called pancreatitis) and liver disorders such as cirrhosis, hepatitis, cholestasis and portal hypertension among others.

6. On the other hand, it was established that the bar patrons in Nyeri County had reduced the number of drinking days in a week after the introduction of Mututho law. This among other changes in their lifestyle contributed to their improved physical health.

5.2.2 Business Hours and Family Relations

1. It was established that before Mututho law, bar owners had brief or no encounters with their family members. But with the law coming into effect, it reduced working hours and increased the amount of time bar owners spend with their families. This guaranteed the bar owners a sense of family responsibility, satisfaction and security to entire members of the family.

2. It was established that reduced working hours minimizes social and emotional difficulties of the children and increases amount of time spent together (doing things such as shared meals, shared leisure time, or time spent reading together) to a great extent.

3. It was also established that reduced working hours improves the perceived accessibility and availability of the father to other members of the family. Reduced working hours improves relationship quality with spouse and children to a great extent.
The study established that the relationship between bar owners and their children was good and that of their spouses was moderate. The bar owners had a better relationship with their children as compared to their spouses.

5. It was also found that the relationship between bar patrons and their spouses, children, extended family and neighbors had improved after the introduction of Mututho law to a great extent.

6. It was established that the relationship between bar patrons and their family members had improved as they were now providing for their families unlike before when they could not provide owing to their overspending in alcohol consumption.

5.2.3 Reduced business hours and livelihoods

1. The study established that Mututho law led to a decrease in the profitability of bar businesses. This was attributed to reduced working hours and increased bribes to government officials and police officers.

2. Mututho law also affected the ability of the bar owners to meet family expenses. It was established that the bar owners ability to pay school fees for the children, afford food and clothes had reduced after the introduction of Mututho law.

3. The study found that bar owners were also supporting their families by using money from tea earnings as well as the money obtained from milk and coffee as bar businesses was no longer providing enough to meet all familial needs.

4. On the other hand, it was established that the patrons’ earnings improved after the introduction of this law resulting in their improved ability in affording such necessities of
purchase of clothes and food items for their families. This is attributable to the fact that bar patrons were now spending less on alcohol as compared to the time before the introduction of Mututho law.

5.2.4 Reduced alcohol consumption hours and employment status

1. The number of working hours before and after the introduction of Mututho law had no great change in the patrons' number of working hours. However, the employment status of the bar patrons had improved after the introduction of Mututho law. This was due to increased productivity at work.

2. The study established that reduced alcohol consumption improves employee's behavior as well as the company's image, reduces workplace accidents sicknesses related to alcohol and workplace absenteeism to a great extent.

3. Further, reduced alcohol consumption increases personal relations with other employees and increases productivity at workplace.

5.3 Conclusions

In relation to the first objective, the study concludes that the health of both parties in the alcohol industries (patrons and bar owners) in Nyeri County has improved considerably since implementation of the Mututho law. This has been aided by the reduced hours of work and drinking.

In relation to the second objective, the study concludes the relationship between bar owners, patrons and their children being good and that of their spouses being moderate. The reduced working hours or drinking hours for the patrons improved relationship quality with spouse and
In conclusion therefore, Mututho law has helped in improving family relationships among bar owners and patrons in Nyeri County.

In connection to the third objective, the study established that Mututho law led to a decrease in the profitability of bar businesses. On the other hand, the study revealed that bar patrons were now spending less on alcohol consumption as compared to the time before the introduction of Mututho law. This study concludes that Mututho law has positively influenced economic lives of the patrons.

The study further established that reduced alcohol consumption improves employee’s behavior as well as the company’s image, reduces workplace accidents sicknesses related to alcohol and workplace absenteeism to a great extent. It can therefore be concluded that the implementation of Mututho law helped in increasing productivity of most employees in Nyeri County who are alcohol consumers.

5.4 Recommendations

In light of the findings in this study to the effect that the bar owners still continue to sell past 11pm, this study recommends that the officers charged with implementation of Mututho law to be strict, thorough and to some extend seek the contribution and cooperation of the bar owners and patrons in the implementation of the Act. There is a need to develop a Follow up procedure on how to achieve a successful implementation of Mututho Law. The development of this procedure should involve or engage all stake holders in alcohol industry starting with the alcohol producers to the consumers and even the general members of the public. Other stake holders should include NACADA personnel, Bar Owners, Patrons, Government officials and all other interested parties.
Each county government needs to come up with alcohol rehabilitation centers where alcohol addicts are admitted on voluntary basis. The county rehabilitation centers would then employ staff who would be carrying out extensive education campaigns against excessive consumption of alcohol. Indeed, this strategy would guarantee that more institutions and personnel are involved in trying to convince addicts who want to get out of it on voluntary basis other than being forceful especially by forcing the Mututho law down their throats. The yet to be found strategy should be out of extensive consultations that involve all and sundry without forgetting the would be beneficiaries; (bar owners and patrons).

The central government should reduce the tax imposed on alcohol. This will lower alcoholic drinks' prices and in turn patrons will not spend so much on them. In that case, they will have savings to be able to purchase clothes, dress well and support their families better. Once the prices are lowered, the patrons would prefer taking the bottled beer and abandon illegal brew like changaa which endanger consumers' health even more.

Also, action needs to be taken against those government officials who take bribes from bar owners and patrons. This can be achieved if officers from Anti-corruption commission are actively involved as stakeholders in the Implementation of Mututho Law. Anti corruption officers should mount random surveillance as police effect arrests of violators of Mututho law in ensuring that Mututho law is obeyed to the letter. They should charge heavy fines to those found to be soliciting bribes from bar owners and patrons. The current scenario is that police extort bribes from bar owners and patrons and go unpunished.

Farming should be accorded due attention by the Government since it was identified by the study as a source of income supplementing the income from the bars. If farming is offered support for
it to thrive in this county, it will reduce the dependency on the bar by the bar owners. This could be realized if the agricultural extension officers educate the population in the county to also develop interest in the growing of traditional yet nutritious food crops like cassava, arrow roots, and sweet potatoes among others. The government can also subsidize the cost of fertilizers, seeds and other farm inputs for the bar owners and other farmers in order to boost their farm outputs.

5.5 Areas for Further Research

This study focused on the effect of Mututho law on the socio-economic welfare of bar owners and patrons in Nyeri County. Since this was a case study of Nyeri County, the findings of this study cannot be generalized to other counties. This study therefore recommends further studies on the effect of Mututho law on the socio-economic welfare of bar owners and patrons in other counties in Kenya. The study also recommends further studies on the influence of Mututho law on Family Relations in Kenya.


Kellar, A. & Green, K. (2003). The Effects of Alcohol Consumption on Relationship Satisfaction. Hanover College


Appendix I: Questionnaire for Bar Owners

Kindly answer the following questions as accurately as possible. Your individual responses are strictly confidential and anonymous. Your answers shall be used for academic purposes only. Please tick your answer against each question in the spaces provided.

**General Information**

1. Gender
   
   Male [   ]
   
   Female [   ]

2. Age Bracket (in years):

   29 years and below [   ]
   
   30-39 years [   ]
   
   40-49 years [   ]
   
   50-59 years [   ]
   
   60 years and above [   ]

3. Marital status:

   Married [   ]
   
   Never married/ single [   ]
   
   Separated/ divorced [   ]
   
   Widow/ widower [   ]

4. What is your highest level of Education?

   Postgraduate [   ]
   
   Bachelors [   ]
   
   Diploma [   ]
   
   Certificate [   ]
   
   Secondary Education [   ]
   
   Primary Education [   ]
   
   No education [   ]
How long have you been in the bar business?

- Less than 3 years [ ]
- 3 to 6 years [ ]
- 6 to 9 years [ ]
- More than 9 years [ ]

Business Hours and Physical Health

6. How do you rate this business compared to others?

- Excellent [ ]
- Good [ ]
- Moderate [ ]
- Bad [ ]
- Poor [ ]

7. What major changes/requirements have affected this business, since you started?

...  ..
...  ..
...  ..

8. Has the Mututho law impacted in any way on your business?

- Yes [ ]
- No [ ]

9a. If Yes, how exactly

...  ..
...  ..

9b. If no, why not?

...  ..
...  ..

10. To what extent has the number of working hours influenced your health? (Key: 1=no extent at all, 2=low extent, 3=moderate extent, 4=great extent, 5=very great extent)

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10a. Explain, each response

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<td>Before the Introduction of Mututho law</td>
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11. To what extent has the reduction of working hours led to the following? (Key: 1=no extent at all, 2=low extent, 3=moderate extent, 4=great extent, 5=very great extent)

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<tr>
<td>Increased mental and physical individual's health</td>
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<td>Reduced accidents on the way home</td>
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<td>Reduced stress, fatigue, muscular pain</td>
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<tr>
<td>Reduced psychological distress</td>
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<tr>
<td>Increases the amount of time they spend with their families which reduces depression</td>
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<tr>
<td>Increased sleeping time</td>
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Business Hours and the Family Relations

13. How do you rate your relationship with your spouse and children? (Key: 1=poor, 2=bad, 3=moderate, 4=good, 5=excellent)

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<tr>
<td>Spouse</td>
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<td>Children</td>
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</tbody>
</table>
14. Has the reduced working hours affected your family relations in any way?

Yes [ ]  No [ ]

14a. If yes or no, explain

Reduced working hours increases amount of time spent together (doing things such as shared meals, shared leisure time, or time spent reading together)

Reduced working hours improves relationship quality with spouse and children

Reduced working hours minimizes family members depressive symptoms and leads to effective parenting

Reduced working hours improves the perceived accessibility and availability of the father

15. To what extent do you agree with the following statements in relation to reduced working hours and family relations? (Key: 1=no extent at all, 2=low extent, 3=moderate extent, 4=great extent, 5=very great extent)

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<tr>
<th>Statement</th>
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<th>2</th>
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<tbody>
<tr>
<td>Reduced working hours increases amount of time spent together</td>
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<tr>
<td>Reduced working hours improves relationship quality with spouse and children</td>
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<td>Reduced working hours minimizes family members depressive symptoms and leads to effective parenting</td>
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<td>Reduced working hours improves the perceived accessibility and availability of the father</td>
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</table>
16. What other implications has the reduction in working hours had on your family relations?

Reduced business hours and the livelihoods

17. Apart from this bar business, how else do you support yourself and dependants/family/

18. How do you rank the profitability of your business? (Key: 1= poor, 2=bad, 3=moderate, 4=good, 5=excellent)

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<tbody>
<tr>
<td>Before the Introduction of Mututho law</td>
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<td>After the Introduction of Mututho law</td>
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</table>

19. If there is change, what do you attribute to the change(s)?

20. How do you rate the following aspects of livelihoods before and after the introduction of Mututho law?
<table>
<thead>
<tr>
<th></th>
<th>Before introduction</th>
<th>After the introduction</th>
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</thead>
<tbody>
<tr>
<td><strong>Affordability of food</strong></td>
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<tr>
<td><strong>Affordability of clothing</strong></td>
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<tr>
<td><strong>Ability to pay school fees for the children</strong></td>
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</table>
Appendix II: Interview Schedule for Patrons

**General Information**

1. Gender
   - Male [ ]
   - Female [ ]

2. Age Bracket (in years)
   - 29 years and below [ ]
   - 30-39 years [ ]
   - 40-49 years [ ]
   - 50-59 years [ ]
   - 60 years and above [ ]

3. Marital status
   - Married [ ]
   - Never married/ single [ ]
   - Separated/ divorced [ ]
   - Widow/ widower [ ]

4. What is your highest level of Education?
   - Postgraduate [ ]
   - Bachelors [ ]
   - Diploma [ ]
   - Certificate [ ]
   - Secondary Education [ ]
   - Primary Education [ ]
   - No education [ ]

5. Do you have a family?
   - Yes [ ]
   - No [ ]

5a. If yes how many wives, children?

7. Are you employed?
   - Yes [ ]
   - No [ ]

7a. If no, are you?
8. Which is your main source of livelihood?  
   - Business Person [ ]  
   - Farmer [ ]  
   - None [ ]  

9. How long have you been drinking?  

10. Which is your favorite brew?  

11. Which is your favorite brew and why?  

12. How many bottles do you take at a go?  

13. How many days in week do you drink?  
   Before introduction of Mututho law [ ]  
   After introduction of Mututho law [ ]  

14. What health issues are associated with drinking?  
   - Reduced Business Hours and Physical Health  
   - [ ]  
   - [ ]  
   - [ ]  
   - [ ]  
   - [ ]  

15. Does alcohol consumption affect you in any way?  
   - Yes [ ]  
   - No [ ]  

15a. If yes/no, explain  
   - [ ]  
   - [ ]
10. Do you experience any health precautions?

11.

12.

13.

14.

15.

16.

17. To what extent do you agree with the following statements in relation to reduced drinking hours and health? (Key: 1=no extent at all, 2=low extent, 3=moderate extent, 4=great extent, 5=very great extent)

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<tr>
<th>Statement</th>
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<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td>Reduced drinking hours reduces car accidents</td>
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<td>Reduced drinking hours reduces the risk of acquiring alcohol related diseases</td>
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<td>Reduced drinking hours reduces work place accidents</td>
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<tr>
<td>Reduced drinking hours reduces physical injuries</td>
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</table>

Business Hours and the Family Relations

18. Do you live in the same house/compound with you immediate family?

Yes [ ] No [ ]

18a. If no how long do you take to visit them?

A month [ ] 3 months [ ]

6 months [ ] 9 months [ ]

12 months [ ]
Which of the following rankings best describes your relationship with your spouse, children, extended family members and neighbors? (Key: 1= poor, 2=bad, 3=moderate, 4=good, 5=excellent)

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<td>Children</td>
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<td>Extended family</td>
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19a. Explain each ranking (probe deeply for each)

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20 Which ranking best describes your relationship with the following persons? (Key: 1= poor, 2=bad, 3=moderate, 4=good, 5=excellent)

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20a. Explain, major changes (probe deeply)

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<tr>
<td>Neighbors</td>
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</tbody>
</table>
21 To what extent do you agree with the following statements in relation to working hours and family relations? (5=Strongly agree, 4=Agree, 3=Moderately agree, 2=disagree, 1=strongly disagree)

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced drinking hours increases amount of time spent together (doing things such as shared meals, shared leisure time, or time spent reading together)</td>
<td></td>
<td></td>
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<tr>
<td>Reduced alcohol consumption hours reduces family conflicts</td>
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<td></td>
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<tr>
<td>Reduced alcohol consumption hours improves relationship quality with spouse and children</td>
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<tr>
<td>Reduction in drinking hours improves the perceived accessibility and availability of the father</td>
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</tr>
</tbody>
</table>

**Business Hours and the Livelihoods**

22. How do you rate your earnings before and after the introduction of Mututho law? (Key: 1=poor, 2=bad, 3=moderate, 4=good, 5=excellent)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before the introduction of Mututho law</td>
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<tr>
<td>After the introduction of Mututho law</td>
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</table>

22a. Explain your answer above

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23. To what extent has reduced drinking hours affected the following aspects of livelihoods?

(Key: 1=no extent at all, 2=low extent, 3=moderate extent, 4=great extent, 5=very great extent)

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Before introduction Mututho law</th>
<th>After the introduction Mututho law</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordability of food</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Affordability of clothing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to pay school fees for the children</td>
<td></td>
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</tr>
</tbody>
</table>

**Reduced alcohol consumption hours and employment status**

24. How many hours do you work before and after the introduction of Mututho law?

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25. How do you rate your employment status before and after the introduction of Mututho law?

(Key: 1=poor, 2=bad, 3=moderate, 4=good, 5=excellent)

<table>
<thead>
<tr>
<th>Employment status</th>
<th>1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before the introduction of Mututho law</td>
<td></td>
</tr>
<tr>
<td>After the introduction of Mututho law</td>
<td></td>
</tr>
</tbody>
</table>

25a. Explain your answer above

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20. Has the reduction of drinking hours by the Mututho law affected your employment negatively or positively?

   Negatively [ ]  Positively [ ]  No effect [ ]

27. To what extent do you agree with the following statements in relation to reduced drinking hours and employment or job? (5=Strongly agree, 4=Agree, 3=Moderately agree, 2=disagree, 1=strongly disagree)

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<tbody>
<tr>
<td>Reduced drinking hours increases productivity at workplace</td>
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<tr>
<td>Reduced drinking hours reduces sicknesses related to alcohol and reduces workplace absenteeism</td>
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<tr>
<td>Reduced alcohol consumption increases personal relations with other employees</td>
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<tr>
<td>Reduced alcohol consumption reduces workplace accidents</td>
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<tr>
<td>Reduced alcohol consumption improves employee's behavior as well as the company's image</td>
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</tbody>
</table>
1. Physical appearance (clothing)

2. Physical appearance (body size)

3. Alcohol smell

4. Presence of tremor in any organ of the body (mostly the hands)